Policy on Responding to Concerns, Complaints and Compliments

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<td>Susan Ball, Patient Experience Manager</td>
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<td>Lynne Swiatczak, Chief Nurse and Director of Patient Care Standards</td>
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# Final Responding to Concerns, Complaints and Compliments Version 3.1

**June 2012**

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Definitions:

1. The **Trust** is Buckinghamshire Healthcare NHS Trust.

2. A **Concern** is an issue raised by a patient, their relative or carer that has not been made in writing and can be resolved by the end of the next working day.

3. A **Complaint** is ‘an expression of dissatisfaction requiring a response’ as defined by the Citizens Charter Complaints Task force and used in the Department of Health Good Practice in Complaints Toolkit (DH 2004).

4. **PALS** is the Patient Advice and Liaison Service, dealing primarily with concerns which can be resolved by the end of the next working day. PALS also deals with concerns exceeding this time constraint, which must therefore be classified as complaints, unless the issue has been graded as requiring a formal investigation.

5. The **Patient Experience Team** encompasses the PALS, Complaints and Litigation Teams. It has overarching responsibility for the resolution and investigation of concerns and complaints and for the processing of clinical and non-clinical claims against the trust.

6. **Categorising of Complaints**: Complaints are categorised according to complexity, length of time needed to resolve, the level of investigation required and the possible impact on the individual and the trust.

7. **Independent Complaints Advocacy Service (ICAS)** is a free, independent and confidential service provided to support people in expressing concerns or making complaints.

8. **Parliamentary and Health Service Ombudsman (PHSO)** provides a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England have not acted upon properly or fairly or have provided a poor service.

9. **Care Quality Commission (CQC)** is the independent regulator for all health and social care services in England, whether they are provided by the NHS, local authorities, private companies or voluntary organisations.
References:

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 – Statutory Instrument 2009 No. 309

‘Listening. Responding. Improving – A guide to better customer care’ – Department of Health ref 11215 26/2/09

‘Principles of Good Complaint Handling’ – Parliamentary and Health Service Ombudsman 10/2/09


1. Introduction

1.1. In a patient centred NHS, patients should be able to express their views – positive and negative – about the treatment and services they receive, with the knowledge that it will not affect their future care. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force in April 2009 with the accompanying guidance ‘Listening, Responding, Improving’.

1.2. These regulations and guidance place an emphasis on better complaint resolution and learning from the issues raised, as well as requiring changes to the way in which complaints and other concerns are dealt with by NHS Trusts and Local Authority Social Service departments.

1.3. If complainants are not satisfied with the response they receive they are entitled to a review by the Parliamentary and Health Services Ombudsman, who has identified six key principles for the handling of complaints. These are:-

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

1.4 The Trust has developed a process for dealing with complaints in a manner that embodies these principles and reflects the Regulations. The policy provides the overarching framework to support the process and ensure that the principles described are met. All staff within the Trust must take responsibility for resolving concerns and complaints when they arise. If this is not possible, patients, relatives and carers are to be advised of the Trust’s policy and procedure. It is recognised that early resolution of concerns and complaints, as close as possible to the point at which the concern or complaint has arisen, is most likely to lead to a satisfactory outcome for both the complainant and the Trust.

2. Purpose and Principles

2.1. The Trust recognises the need to learn from complaints, concerns and compliments. They are all an important source for improving patient safety within the organisation and a tool for improving care. In Appendix 1 the Policy describes the procedures it is using for the investigation and resolution of complaints and concerns, proportionate to their complexity. These procedures look beyond the individuals concerned and seek to understand the underlying causes, to support effective change and service improvement.

2.2. The principles underlying the policy are the commitment of the Trust to:

- Ensure that staff have the information and guidance necessary to resolve concerns or complaints in a manner and timescale that meets complainants’ needs.
- Use the National Patient Safety Authority (NPSA) Root Cause Analysis (RCA) Tool for the investigation of complaints where appropriate.
- Ensure that staff have the necessary advice and information to be able to advise patients and members of the public on how to raise concerns and complaints in a manner and timescale that meets their needs.
- Ensure that the complaints process does not result in patients being treated differently if they raise a concern or make a complaint.
• Ensure that all complaints and concerns are dealt with in the following manner:-
  o Within the Trust’s Service Standards.
  o In an open, honest and constructive manner in line with the Trust’s ‘Being Open’ policy.
  o As speedily as possible and in a manner appropriate for the complainant.
  o That complainants are reassured that they will not be treated differently as a result of making a complaint.

• Where a full written response is required, to do this within 25 working days unless otherwise agreed with the complainant.

• Ensure that the organisation values complaints and concerns as a means of identifying unsatisfactory service delivery and as an opportunity for learning, and has in place the processes and mechanisms with which to do so.

• Ensure compliments and accolades are shared across the organisation.

• Equity of Access (see section 3)

3. **Equity of Access**

3.1 The aim of the Trust is to provide open and easy access to all users of its services wishing to make a complaint, raise a concern or convey a compliment.

3.2. If interpreting services are needed, the Trust will make every effort to ensure that these are available in a timely manner so that a complainant can voice their opinion.

3.3. The Trust will try to provide information in whatever form the complainant requires, according to the complainant’s needs.

3.4. The Trust’s staff are happy to meet with complainants and their advocates, to ensure all people can access the Complaints process in an equally timely and appropriate manner.

4. **Duties**

4.1. **The Board** has a duty to:

4.1.1. Ensure that the Trust complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and to conduct complaint handling with reference to the accompanying guidance ‘Listening, Responding, Improving’ and the Ombudsman’s Principles of Complaint Handling.

4.1.2. Assure itself that the Trust is meeting its obligations, through:
  • Implementation of this policy
  • Implementation of the Trust’s Procedure for Responding to Learning from Incidents, Complaints and Claims (BHT Pol 097)
  • Appropriate reports to the Board from the Committee with overarching responsibility
  • The identification of a ‘Responsible Person’ and of
  • Designated Board members with a special interest in this policy.
4.2. **The Healthcare Governance Committee** of the Board is the sub-committee with overarching responsibility for:

- Ratifying the Policies on Responding to Concerns, Complaints and Compliments, and the Procedure for Responding to Learning from Incidents, Complaints and Claims (BHT Pol 097)
- Receiving a verbal report from the Associate Director of Healthcare Governance on the proceedings of the Risk Monitoring Group.
- Receiving the quarterly Healthcare Governance Report including performance reports on concerns, complaints and compliments.
- Providing the Board with an Annual Report on Healthcare Governance including all aspects of Complaints.

**N.B.** For the relationship of this Sub-Committee to Risk Management as a whole, see the Risk Management Strategy and Risk Management Policy of the Trust.

4.3. **The Risk Monitoring Group** is a forum for monitoring clinical risk issues from the Divisions and identified risk sub-groups. In support of this policy, it is responsible for:

- Monitoring trends for complaints in Divisional reports, discussing causal factors and the implications for the Divisional Risk Registers.
- Ensuring performance against related targets are monitored.
- Communicating learning from complaints where there is a wider application than the Division where it occurred.
- Informing the ongoing development, review and implementation of related policies.
- Assuring the Healthcare Governance Committee that clinical risk arising through complaints is being monitored and managed.

4.4. **Designated Board Members**

Two Non-Executive Directors of the Trust are designated to review the complaint handling process and they:

- Sample 10 complaint files each month.
- Scrutinise compliance with the process followed from receipt of the complaint through to the final resolution.
- Scrutinise the identification of lessons to be learned, their effective translation into an Action Plan, its implementation, and the identified improvement that is the intended outcome.
- Report their findings to the Patient Experience Manager.

4.5. **The Trust Chief Executive**, on behalf of the Board, is the ‘Responsible Person’ identified by the Board, as required, to ensure compliance with arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and any subsequent amendments.

4.6. **The Medical Director / Chief Nurse and Director of Patient Care Standards** jointly hold the portfolio for Governance and are the responsible members of the Board to ensure that outcomes and learning from complaints, and any subsequent organisational change, are reported to the Board. They are responsible for ensuring that a process is in place to respond to all forms of concern and complaint expressed by patients and members of the public.

4.7 **The Associate Directors of Operations, Associate Directors of Nursing / Head of Midwifery** are responsible for ensuring that:
The Complaints team has an up-to-date record of staff and contact details relating to complaints handling.

A member of staff is appointed as the sole contact for each incoming complaint, namely an **Investigating Officer**.

Each complaint is investigated fully within the required timescale and to the satisfaction of the **Chief Executive**.

The investigation report and any supporting documents are supplied to the Complaints department within the required timescale and to approve and sign off the investigation report prior to it being sent to the Complaints team.

They, or the most appropriate member of staff, are available to meet with complainants to resolve issues, if this is the best way forward for the complainant.

Key information and outcomes are shared within the Division and across the organisation.

The complaint response is full and satisfactory in order to avoid the complaint being further referred on to the Health Service Ombudsman for re-investigation.

All complaint responses are prepared in line with the principles within the Trust’s Being Open policy of apologising and explaining what happened to patients and their carers and relatives.

Divisional reports on complaints to the Risk Monitoring Group are assessed for causal factors and the implications for the Divisional Risk Register.

### 4.8. The Investigating Officer

- Conducting a full investigation into the complaint following the same process as required for investigating an incident. See appendix 7 ‘Complaint Investigation Report’.
- Providing the Complaints Coordinator/Officer assigned to their division with a full report on the findings of the investigation within the appropriate timescale.
- To ensure that the investigation report has been reviewed by all staff involved in the complaint and has been approved and signed by the Associate Director of Nursing, Associate Director of Operations or Head of Midwifery prior to sending to the Complaints Coordinator/Officer.
- Ensure that the Complaints Coordinator/Officer is provided with the details of all staff involved in the complaint and all statements used to compile the investigation report.
- Working with their Complaints Coordinator/Officer to draw up a covering letter to the complainant to accompany the investigation report or to provide a full and explanatory letter to the complainant where it is not appropriate to produce an investigation report.
- To identify any actions required as a result of the complaint and draw up and implement an action plan to address any issues.
- Ensuring that all staff involved in a complaint are included in the investigation process and made aware of the findings and outcome.

### 4.9. The Patient Experience Manager

- Reviewing the guidance and templates provided to **Investigating Officers**, and providing training to staff in handling complaints and writing reports.
- Providing an analysis of complaints as requested by specific areas.
- Monitoring progress of complaints against defined timescales, and taking action where required.
- Providing advice to **Investigating Officers** and **Associate Director of Operations, Associate Directors of Nursing, Head of Midwifery** in complex cases.
- Ensuring that when complaints that include issues relating to more than one organisation have been identified, the trust’s joint working protocols with other organisations, as required by the regulations, are used and managed effectively.
- Ensuring that response rates and requests for re-investigation are monitored, and notified to the organisation through the corporate governance structure.
- Collation and analysis of reports from Complaints and PALS activity, including themes, causal factors and recommended actions.
• Provision of analysis to appropriate governance, risk and patient safety leads and committees on a quarterly basis, e.g. Risk Monitoring Group, including main themes and actions taken to improve services.
• Provision of Complaints information for the Board reports and Healthcare Governance Annual report.
• The facilitation of patient-led improvement projects as a result of complaints, where appropriate.
• Ensuring that compliments and accolades are collated, recorded centrally and that they are shared with departments and individuals across the trust to encourage best practice and learning.
• Ensuring that, when required, the trust complies with requests for assistance from the Parliamentary and Health Service Ombudsman (PHSO), and addresses the recommendations made by the PHSO as a result of their reviews.

4.10 **The Complaints Team** are responsible for:

• Maintaining regular contact with their identified divisions.
• Developing good relationships with those divisions, to support them in the investigation and reporting process, with advice and practical help.
• Providing regular performance reports on complaints to their respective Divisions.
• Ensuring files are appropriately opened, coded, maintained and closed on DATIX as well as the hard copy corporate Complaints file.
• Following up with the Investigating Officer when an action plan is not received back with a complaint response.
• Ensuring that all complainants are advised of the availability of the Independent Complaints Advocacy Service (ICAS) and to work with ICAS to ensure that complainants have support where needed.
• Ensuring that complainants have been properly advised of their right, if dissatisfied with the response they have received, to approach the Parliamentary and Health Service Ombudsman to review their case. Ensuring that all complainants have been advised of their right to contact the care Quality Commission to provide feedback on their experience; however the CQC will not investigate their complaint in its own right.

4.11 **The PALS Team** are responsible for:

• Responding to concerns and complaints received. See page 3 Definitions above.
• Aiming to achieve a quick and flexible response for the complainant.
• Recording concerns and complaints received and resultant actions and outcomes in DATIX and hard copy as required.
• Providing a quarterly report to the Patient Experience Manager of improvement actions identified during that period.
• Ensuring that all complainants are advised of the availability of the Independent Complaints Advocacy Service (ICAS) and to work with ICAS to ensure that complainants have support where needed.

4.12 **All Staff**

All members of staff have a responsibility to resolve any complaints and concerns as quickly and effectively as possible and to highlight any issues which could warrant further investigation. All staff must be fully open and cooperative with any process to investigate complaints and concerns. At all times, staff should be mindful of the Trust’s Service Standards and the Being Open Policy.
5. **Support for Patients, Carers and Relatives**

It is recognised that raising a concern or making a complaint is stressful and that the trust should make an effort to support patients, their carers and relatives through the process. PALS will assist those complainants who find it difficult to make a complaint in writing, have special needs or find the experience daunting. All complainants are to be made aware of any appropriate independent bodies such as ICAS who can support them through the process. The trust’s Being Open policy requires the trust to apologise and explain what has happened as part of the trust’s commitment to the principle of a culture of openness with other healthcare organisations, healthcare teams, staff, patients, relatives and carers.

6. **Support for and Liaison with Staff**

6.1. The Trust ensures that all managers are fully aware of the policy and procedure for handling concerns and complaints by:

- Placing the policy on the Trust intranet(s).
- Informing staff of its publication in the weekly Staff Bulletin.
- Dissemination of the policy/procedure and any subsequent amendments through Associate Directors of Nursing and Associate Directors of Operations.
- Inclusion of complaints training in the online induction and mandatory training provided for all staff.

6.2. It is recognised that involvement in a complaint can be a stressful and upsetting experience for staff. The Complaints Team ensure that all possible support is provided to staff throughout the process of a complaint.

6.3. Members of staff named in a complaint either personally or by role, must be informed of the complaint by their manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely and should not apportion blame. Consideration should be given to the appropriateness of staff attending complaint meetings and if they do it is essential that they are supported by senior staff at the meeting.

6.4. The Trust’s Stress Policy provides advice for staff who find themselves in stressful situations in the workplace. It has guidance and contact information both for staff who find themselves in stressful situations and for managers who identify potential or actual stress in the workplace arising from complaints. The Trust’s Workplace Health Department is able to support staff following self or management referral, and can obtain external help if it is required.

7. **Who can make a complaint?**

7.1. A complaint can be made by any person who is receiving or has received NHS treatment or services. Any person can also complain if they are or may have been affected by an action or decision of the trust.

7.2. A complaint can also be made by a representative acting on behalf of a person who receives or who has received services from the above, who

- is a child.
- 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.
- has requested the representative to act on their behalf.
7.3 If a complaint is made on behalf of an individual, then the trust needs to obtain consent from the patient before carrying out a full investigation. If the individual is not able to provide consent for a person to make the complaint on their behalf (for example, they are incapable due to lack of physical or mental capacity or they are a child) then their legal guardian, or parent, or other verified appropriate representative will be accepted to act on their behalf.

7.4 If a patient is deceased, the relationship of the complainant to the deceased patient must be clarified and confirmed as the next of kin or Executor of Estate.

7.5 If a Member of Parliament (MP) makes a complaint on behalf of a constituent, it will be considered that the MP has obtained consent from the patient prior to contacting the trust (in line with requirements of the Data Protection Act 1998 Processing of Sensitive Personal Data – Elective Representatives Order 2002). In the event that consent is not received, the complaints team will notify the MP in writing confirming that they will not receive any details relating to the patient or any information obtained via health records.

8. Complaints that will not be dealt with under this policy.

8.1 The following complaints will not be dealt with under the NHS Complaints regulations:

- A complaint made by a local authority, NHS body, Primary Care Provider or independent provider.
- A complaint made by an employee or a local authority or NHS body about any matter relating to employment.
- A complaint which is the same as a complaint that has previously been made and resolved.
- A complaint which has previously been investigated under the 2004, 2006, or 2009 regulations.
- A complaint which is or has been investigated by a Health Service Commissioner under the 1993 Act.
- A complaint arising out of the alleged failure by the organisation to comply.

9. Confidentiality

9.1 Complaints and concerns will be handled in the strictest confidence at all times. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it. Information will not be disclosed to patients or complainants unless the person who has provided the information has given explicit consent to the disclosure of that information. If the complaints team require consent from an individual they will send a consent form which can be signed and returned to the trust.

9.2 Particular care must be taken where the patient’s record contains information provided in confidence by or about a third party who is not a health professional.

9.3 Complaints and concerns will be dealt with in the strictest of confidence and must be kept separately from patients’ medical records.

10. Dissemination

10.1 The policy is available on the Trust intranet(s) for all staff. Any re-issue following review is notified to all staff through the weekly Staff Bulletin.

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June 2012
10.2 The Trust ensures that all staff are fully aware of the policy and procedure for handling concerns and complaints by providing training sessions as part of induction and mandatory training and when requested by individuals or departments.

11. Monitoring Compliance with the Contents of this Policy

The methods of monitoring the implementation and compliance with the policy are shown in the table below. Where there is evidence that there is a lack of compliance it is the responsibility of the Lead to ensure that this is addressed. Reporting of identified gaps in compliance is to the Risk Monitoring Group in the Quarterly Healthcare Governance Report of by exceptional reporting when required.

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<td>Submission of percentage response rate for Trust Board report</td>
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<td>Patient Experience Manager</td>
<td>Monthly Board report</td>
</tr>
<tr>
<td>Divisional compliance with response targets</td>
<td>• Provision of performance reports to divisions</td>
<td>Weekly and monthly</td>
<td>Patient Experience Manager</td>
<td>Weekly and monthly reports</td>
</tr>
<tr>
<td></td>
<td>• Performance reports are considered in the context of divisional risk registers</td>
<td>Monthly</td>
<td>Associate Directors of Nursing/Associate Directors of Operations</td>
<td>Divisional Board reports</td>
</tr>
<tr>
<td>Overall performance, identification of learning and effectiveness of action plans</td>
<td>• Inclusion of information in the Healthcare Governance report received by the Risk Monitoring Group and the Healthcare Governance committee and considered in the context of corporate and</td>
<td>Quarterly</td>
<td>Patient Experience Manager</td>
<td>Quarterly report</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Minutes of Healthcare Governance Committee and Risk Monitoring Group</td>
</tr>
</tbody>
</table>
12. Learning from Complaints

12.1 It is Trust Policy that staff adopt the National Patient Safety Agency (NPSA) Root Cause Analysis tool when investigating complex complaints. This ensures a rigorous and systematic approach to identifying the root cause of issues.

12.2. Lessons learned from complaints are shared across the organisation as described above, and disseminated through the routine reports, through the Division Boards and in the Staff Bulletins.

12.3. The themes of current complaints and the identified actions from recently closed complaints are reviewed on a monthly basis and analysis is provided through the structure of governance and service delivery unit meetings.

13. Contacts

13.1 PALS can be contacted at:
- Stoke Mandeville hospital on 01296 316042
- High Wycombe hospital on 01494 425882.

13.2 The Trust’s Complaints team can be contacted on 01494 734958.

13.3. The Trust’s Patient Experience Manager can be contacted on 01494 734843.

13.4. Independent Complaints Advocacy Service (ICAS) for South East England can be contacted at 01424 457601.

13.5.1 Parliamentary and Health Service Ombudsman (PHSO) can be contacted at 0345 0154033.

14. Duties to Outside Organisations

14.1. The trust has an obligation to work with a number of other organisations in order to comply with the complaint regulations and to provide an efficient and effective complaint-handling process.

14.2 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires NHS Trusts to work with other NHS trusts and local authority Social Services departments when handling complaints that include issues relating to more than one organisation in order to provide the complainant with a single combined response where possible.
The Trust has joint working protocols with local NHS trusts in order to ensure that this is managed effectively.

14.3. Under the Complaints Regulations 2009 a complainant has a right if dissatisfied with the response they have received to approach the Parliamentary and Health Service Ombudsman (PHSO) to review their case. It is the duty of the trust to advise complainants of their right to ask the PHSO for a second stage review and to comply with the PHSO’s requests as part of their investigations. It is also the trust’s responsibility to address the recommendations made by the PHSO as a result of their review.

14.4 Since the complaint process is often difficult for complainants the Independent Complaints Advocacy Service (ICAS) is available to provide impartial support and advocacy for those complainants who require this type of support. The trust has a duty to advise all complainants of the availability of this service and to work with ICAS to ensure that complainants have support where needed.

14.5 The Care Quality Commission (CQC) cannot consider individual complaints about health and social care services, apart from when they involve the Mental Health Act. However, the CQC does invite service users to provide feedback about their experience. The trust therefore has a duty to advise complainants of this right in correspondence relating to their complaint.
Appendix 1 – Process for Handling Concerns and Complaints

PROCESS FOR HANDLING CONCERNS AND COMPLAINTS

1. INITIAL CONTACT BY COMPLAINANT
There are various methods by which a complainant may contact the trust with a concern or complaint. These are:-

1.1. Verbally
- By talking to staff in the ward, department or service concerned who will seek to resolve the concern at this stage.
- By telephone or in person to the PALS team on 01296 316042 at High Wycombe and on 01494 425882 at Stoke Mandeville.
- By requesting that a written record of their complaint be made on their behalf and passed to the Complaints team.

NB. The aim is always to resolve concerns the outset at a local level. If not successfully resolved at the time the staff member or PALS Officer involved will record the complaint on a verbal complaint form which is then forwarded to the Complaints team. A copy of the verbal complaint form is to be found at Appendix 18.

1.2. In Writing
- By e-mail to the PALS mailbox on the trust website.
- By letter to the Chief Executive.

2. CATEGORISING CONCERNS AND COMPLAINTS
Concerns and complaints received by the PALS and Complaints teams will be categorised on the same working day of receipt using the flowchart and matrix at appendices 2 and 3. These have been designed to simplify the process of determining how the concern or complaint should be handled in a flexible manner to meet the needs of the complainant and the organisation.

3. ACKNOWLEDGMENT

3.1 Timescale
- Categories 1 and 2 to be acknowledged by the PALS team by the end of the next working day.
- Categories 3, 4 and 5 to be acknowledged within 3 working days of receipt by the Complaints team.

3.2 Process
All complaints should be categorised and acknowledged as soon as possible after receipt.

3.2.1 Concerns (Category 1) and Category 2 complaints are handled by PALS with a view to a quick resolution. The following should be established or advised at acknowledgement:-
- Complainant’s preferred method of communication.
- When it is best to contact them.
- What outcome the complainant is hoping to receive.
- When the PALS Officer or other staff member will next contact them.
- When they are likely to receive a resolution.

3.2.2 Categories 3, 4 and 5 complaints are handled by the complaints team with an aim to respond within the defined timescales. As part of the acknowledgement process it is important to agree on how the complaint will be handled and so the acknowledgement letter (or telephone call or e-mail if appropriate) will offer the complainant the opportunity to call to discuss the following:-
- Complainant’s preferred method of communication.
- When it is best to contact them.
- What outcome the complainant is hoping to receive.
- How they would like their complaint handled and responded to.
- Expected response timescales.
- Any consent required if the complainant is not the patient.

3.2.3 Verbal Complaints will be processed in the same manner as other written complaints. However, the completed verbal form will be sent to the complainant at the time of acknowledgement for verification if not done so when the complaint was initially recorded.

4. RESOLUTION AND RESPONSE

4.1.1 Resolution of Concerns (Category 1) and Category 2 Complaints by PALS
- Concerns to be resolved by the end of the next working day
- Category 2 complaints to be resolved as quickly as possible and if possible within 5 working days of receipt.
- Concerns and complaints to be passed by telephone or preferably in person to the relevant staff as soon as possible in order to achieve a quick resolution.
- Agree with staff and complainant as to appropriate action required, which may include staff calling complainant direct or meeting with them.
- All details of concerns and complaints to be recorded on PALS contact forms. These forms to include all actions taken, outcomes and any further actions or learning as a result of the concern or complaint.

4.1.2 Categories 3, 4 and 5 Complaints – Investigation and Response
- A flowchart identifying actions and timescales is to be found at Appendix 5.
- Complaints are sent by e-mail by the complaints staff to the relevant Investigating Officer and Associate Director of Nursing, Associate Director of Operations or Head of Midwifery requesting a response within the prescribed timescale.
The Investigating Officer commences an investigation and root cause analysis of the complaint, having identified and advised all staff involved in their division and other divisions if needed, and draws up an action plan.

If the complainant has requested a meeting this will be organised by the complaints team once there is an understanding of which staff are required to attend. The timing of the meeting will determined by the complainant and will usually take place once the investigation has taken place and the response has been sent, although it may take place earlier in the process if requested or appropriate.

An investigation report is completed by the Investigating Officer and forwarded to complaints team, along with a list of the staff involved in the complaint and copies of all statements and evidence used in the complaint response. The finalised investigation report must be approved by all staff involved and signed off by the Associate Director of Nursing, Associate Director of Operations or Head of Midwifery as appropriate for that division.

The Complaints team prepare the response letter using the information and outcomes within the investigation report.

The response letter is reviewed by the Investigating Officer and then sent by the complaints team to the Chief Executive for approval and signature.

The response letter, a copy of the investigation report and a copy of the action plan is sent to complainant.

If the complaint requires information from more than one organisation (if the trust is leading on the response) it is the responsibility of the complaints team to coordinate the response.

The complaints team will be the point of contact for the complainant during the complaints process unless it is clear that it is likely that the timescale will be exceeded. It will be the responsibility of the Investigating Officer to contact the complainant to discuss this extension and negotiate a new timescale.

4.2 Timescales for responding to Category 3, 4, and 5 complaints

4.2.1 Meetings

The timescales designated for the categories of complaint are considered reasonable for an investigation of a complaint and for the written response to be signed by the Chief Executive, but do not allow for meetings. If a meeting is requested by the complainant then the following should apply:

- The completion date will remain as the date on which the response is sent to the complainant even if it is not possible to hold a meeting until after that date.
- If the complainant requests a meeting prior to receiving the response and it is not possible to hold that meeting in the timescale the completion date will remain as that on which a response was made ready for sending.

4.2.2 Timescales for Categories of Complaints

- Category 1 (Concerns) - to be resolved by the end of the next working day
- Category 2 complaints – to be resolved as quickly as possible with an aim to complete in 5 working days. Timescale will depend on the issues and the requirements of the complainant.
Categories 3 and 4 complaints – final response letter to be sent in 25 working days if possible.

Category 5 complaints – final response letter to be sent in 25 working days but it is recognised that more complex or joint complaints may take longer. Dependent on the complexity this could be up to 40 working days with a provision for longer if required.

4.2.3 If it likely that the timescales for category 3, 4 or 5 complaints will be exceeded then it will be the responsibility of the Investigating Officer to contact the complainant to discuss this and renegotiate the timescale.

4.2.3 Reopened complaints

It is recognised that on occasions the response sent to a complainant is not adequate in their view or they would like a further investigation as a result of the information provided. In these situations it may be necessary to re-open a complaint that has been closed. A reasonable timescale should be set to respond that is acceptable to the complainant and is reasonable for further investigation to be completed.

4.2.4 Joint complaints with other organisations

Where this trust has agreed to lead on collating a response to a complaint that relates to more than one trust, then this trust’s timescales will apply. This will be made clear as part of discussions with the other trust(s) to determine which trust should lead based on the number and complexity of the issues relating to each trust within the complaint. If another trust is not in the position to provide the information required within this trust’s deadline then consideration may be made to extending the timescale. Complaints staff will negotiate with the complainant and agree this with a view to sending a separate response if that is more appropriate.
Appendix 2

FLOWCHART FOR PROCESS FOR HANDLING CONCERNS AND COMPLAINTS

- Telephone call or visit to PALS
- E-mail to PALS Mailbox
- Letter to Chief Executive

PALS/Complaints categorise complaint

- Category 1
- Category 2
- Category 3
- Category 4
- Category 5

- Acknowledged by PALS staff
- Acknowledged in 3 working days by complaints staff
- Investigation to be carried out by division
- Response letter sent to complainant within agreed timescale

PALS staff to resolve
Appendix 3

DECISION MAKING FLOWCHART FOR CATEGORISING COMPLAINTS

Contact made by telephone or in person

- Can complaint feasibly be resolved by end of next working day?
  - Yes
    - Category 1
  - No
    - Does the issue need a quick resolution?
      - Yes
        - Record as verbal complaint
        - Follow flowchart written complaints
      - No
        - Category 2

Complaint received in writing

- Is an investigation required?
  - Yes
    - Does complaint require a joint response?
      - Yes
        - Multiple issues or more than one division involved?
          - Yes
            - Category 4
          - No
            - Category 5
      - No
        - Is the trust leading?
          - Yes
            - Category 3
          - No
            - Category 2
### MATRIX FOR CATEGORISING COMPLAINTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Handled By</th>
<th>Contact Method</th>
<th>Criteria</th>
<th>Estimated Timescale for Resolution/Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE - Concern</td>
<td>PALS team</td>
<td>Telephone, In person</td>
<td>Full investigation* not required, Single issue, Multiple issues but readily resolved</td>
<td>By the end of next working day</td>
</tr>
<tr>
<td>TWO – Complaint</td>
<td>PALS team</td>
<td>Telephone, In person, E-mail, Letter</td>
<td>Full investigation* not required, Single complex issue, Multiple issues, Bereavement, Advocacy/support</td>
<td>Within 5 working days if possible but dependent on type of resolution required and complainant’s needs</td>
</tr>
<tr>
<td>THREE – Complaint</td>
<td>Complaints team, Division Investigating Officer</td>
<td>E-mail, Verbal complaint form, Letter</td>
<td>Full investigation* required, Single issue, Multiple/complex issues, Required as part of a complaint lead by another trust, Complaint not raised by patient or their representative</td>
<td>Aim to investigate and respond in 25 working days</td>
</tr>
<tr>
<td>FOUR – Complaint</td>
<td>Complaints team, Division Investigating Officer</td>
<td>E-mail, Verbal complaint form, Letter</td>
<td>Full Investigation* required, Single issue, Multiple issues within same division</td>
<td>Aim to investigate and respond in 25 working days</td>
</tr>
<tr>
<td>FIVE – Complaint</td>
<td>Complaints team, Division Investigating Officer(s)</td>
<td>E-mail, Verbal complaint form, Letter</td>
<td>Full investigation* required, Single complex issue, Multiple issues, Involves more than one division, Trust is leading on a joint response</td>
<td>Aim to investigate and respond in 25 working days but may need to consider longer timescale of 40 working days</td>
</tr>
</tbody>
</table>

*Full investigation including collecting written statements from staff involved and root cause analysis conducted where required.
Appendix 5
Investigation and Response Flowchart for Categories 3, 4 and 5 Complaints

**Complaints team**

- Days 1-3
  - Sends acknowledgement
  - Categorises complaint
  - E-mail complaint to IO

- Days 3-15
  - Arranges meeting if requested

- Days 15-17
  - Collects statements
  - Completes investigation
  - Draws up action plan
  - Writes up investigation report
  - Contacts complainant if timescale likely to be exceeded

- Days 18-24
  - Prepares response letter
  - Sends response letter to IO for approval
  - Passes approved letter to Chief Executive for approval and signing

- Day 25
  - Response letter, investigation report and action plan sent to complainant.
  - File closed and action plan recorded.

**Investigating Officer (IO)**

- Days 1-3
  - Reads complaint
  - Reviews medical records
  - Identifies staff/departments/divisions involved in complaint
  - Requests statements
  - Commences investigation

- Days 3-15
  - Collects statements
  - Completes investigation
  - Draws up action plan
  - Writes up investigation report
  - Contacts complainant if timescale likely to be exceeded

- Days 15-17
  - Completes investigation report
  - Forwards report to ADN/ADO/HOM/clinicians for approval

- Days 18-24
  - Sends approved signed report to complaints team with list of doctors and all statements
  - Approves response letter

- Day 25
  - Ensures action plan and complaint are discussed at SDU meetings
  - Shares complaint response and learning with staff involved
Appendix 6 – Resolution of Concerns and Complaints

Resolution of Concerns and Complaints - Responsibilities and Support

It is everyone's responsibility to respond to concerns and complaints that are brought to them by patients or their representatives. Staff may wish to seek support from the person in charge of the service who should support you in trying to resolve the issues 'on the spot'.

Early personal contact with the complainant can be a highly effective way of resolving concerns. However, if not handled sensitively, it can sometimes make matters worse and it is therefore essential that the following points are considered, particularly with respect to more serious issues:

- Find somewhere private and free from interruptions, where practically possible, taking due regard for your personal safety.
- Allow sufficient time for people to relax and feel listened to.
- Reflect on the main issues of what is being said, and record the key points.
- Apologise for any distress caused – do not try and blame other causes, and do not worry that an apology is an admission of fault; this is not the case.
- Assure the complainant that any concern or complaint raised will not affect their or their relative’s care and that it will not be recorded in any relevant medical records.
- Complainants often wish to ensure others do not experience the same problems, so make efforts to reassure them of this, and pass actions on to the senior manager responsible for the service.
- Ensure you give the person the contact details to take their concern further if they wish to (see Appendix 4 below).
- Dealing with complaints can be stressful and staff are reminded that the Trust has a policy on Stress that can be found on the Trust intranet (Trust policies/OH Policies).

If it has not been possible to resolve the concern or if the complainant wishes it, the complaint must be recorded on a Verbal Complaints Form (see Appendix 4) and sent to the complaints team for processing as a written complaint. The form must not be included in the patient’s medical notes and complainants reassured that making a complaint will not have any effect on their care.

Support during evenings, weekends and Bank Holidays

If you require immediate assistance from someone more senior to help resolve a concern or complaint, in the evenings you should contact the Bed Managers, and at night, the Night Nurse Practitioner.
**Appendix 7 – Complaint Investigation Report**

**COMPLAINT INVESTIGATION REPORT**

Report authors please note the following:

- This report will be forwarded to the complainant as part of the response to the complaint.
- Staff involved in the investigation should be named in the report.
- All statements and other evidence should be retained in the division.
- Once completed the report must be checked and approved by the Associate Director of Nursing, Associate Director of Operations, Head of Midwifery and clinicians
- Once approved the report should be forwarded to the complaints officer handling the complaint.

<table>
<thead>
<tr>
<th>SUBJECT OF REPORT</th>
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<tbody>
<tr>
<td>COMPLAINT REFERENCE NUMBER</td>
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<tr>
<td>STAFF INVOLVED IN INVESTIGATION</td>
<td></td>
</tr>
<tr>
<td>AUTHOR OF REPORT</td>
<td></td>
</tr>
<tr>
<td>DATE OF REPORT</td>
<td></td>
</tr>
<tr>
<td>APPROVED BY</td>
<td></td>
</tr>
<tr>
<td>DATE</td>
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Purpose and scope of investigation:

Method of inquiry:

Detailed history of events:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Fact</th>
<th>Supplementary Information</th>
</tr>
</thead>
<tbody>
<tr>
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Conclusion on the sequence of events:

Lessons to be learned:

Recommendations for remedial action:

Action plan (this is a mandatory section of the report):

<table>
<thead>
<tr>
<th>Site</th>
<th>Issue</th>
<th>Action Planned</th>
<th>By When</th>
<th>Lead</th>
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</thead>
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<tr>
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Actions if complaint covers a Service Standard Area

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<th>Service Standard</th>
<th>Action Planned</th>
<th>By When</th>
<th>Lead</th>
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<tbody>
<tr>
<td>Say it</td>
<td>Tell people you are caring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring</td>
<td>Imagine patients feelings to create empathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dignity</td>
<td>Imagine it’s your loved one</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely</td>
<td>Imagine it’s your time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take ownership</td>
<td>Deliver for each other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In the loop</strong></td>
<td>Involve and communicate</td>
<td></td>
<td></td>
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<tr>
<td>----------------</td>
<td>-------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Listen</strong></td>
<td>Ask open questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>On stage</strong></td>
<td>Professional and positive</td>
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</tr>
<tr>
<td><strong>Eyes open</strong></td>
<td>Seek out people to help</td>
<td></td>
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</tr>
<tr>
<td><strong>Be polite</strong></td>
<td>Attentive to each individual</td>
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**Points from action plan for future audit:**

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<th>Action plan reference</th>
<th>Limitations on the scope of the Audit.</th>
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The NPSA root cause analysis (RCA) training event contributory factor classification framework
### Individual Factors

<table>
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<th>Individual Factors</th>
<th>Components</th>
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</thead>
<tbody>
<tr>
<td>Physical issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General Health (e.g. nutrition, diet, exercise, fitness)</td>
</tr>
<tr>
<td></td>
<td>Physical disability (e.g. eyesight problems, dyslexia)</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
</tr>
<tr>
<td>Psychological Issues</td>
<td>Stress (e.g. distraction / preoccupation)</td>
</tr>
<tr>
<td></td>
<td>Specific mental health illness (e.g. Depression)</td>
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<tr>
<td></td>
<td>Mental impairment (e.g. illness, drugs, alcohol, pain)</td>
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<td></td>
<td>Motivation (e.g. boredom, complacency, low job satisfaction)</td>
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<tr>
<td></td>
<td>Cognitive factors (e.g. attention deficit, distraction, preoccupation, overload and boredom)</td>
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<tr>
<td>Social Domestic</td>
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<td>Domestic / lifestyle problems</td>
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<tr>
<td>Personality Issues</td>
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<td></td>
<td>Low self confidence / over confidence</td>
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<tr>
<td></td>
<td>Gregarious / interactive, reclusive</td>
</tr>
<tr>
<td></td>
<td>Risk averse / risk taker</td>
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### Team and Social Factors

<table>
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<th>Components</th>
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<tbody>
<tr>
<td>Role Congruence</td>
<td>Is there parity of understanding</td>
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<tr>
<td></td>
<td>Are role definitions correctly understood</td>
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<tr>
<td></td>
<td>Are roles clearly defined</td>
</tr>
<tr>
<td>Leadership</td>
<td>Is there effective leadership – clinically</td>
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<tr>
<td></td>
<td>Is there effective leadership – managerially</td>
</tr>
<tr>
<td></td>
<td>Can the leader lead</td>
</tr>
<tr>
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<td>Are leadership responsibilities clear and understood</td>
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<tr>
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<td>Is the leader respected</td>
</tr>
<tr>
<td>Support and cultural factors</td>
<td>Are there support networks for staff</td>
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<tr>
<td></td>
<td>Team reaction to adverse events</td>
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<td>Team reaction to conflict</td>
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<td>Team reaction to newcomers</td>
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<td>Team openness</td>
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### Communication Factors

<table>
<thead>
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<th>Communication Factors</th>
<th>Components</th>
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<tr>
<td>Verbal communication</td>
<td>Verbal commands / directions unambiguous</td>
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<td>Tone of voice and style of delivery appropriate to situation</td>
</tr>
<tr>
<td></td>
<td>Correct use of language</td>
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<td></td>
<td>Made to appropriate person(s)</td>
</tr>
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<td></td>
<td>Recognised communication channels used (e.g. head of service)</td>
</tr>
<tr>
<td>Written communication</td>
<td>Are records easy to read</td>
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<tr>
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<td>Are all relevant records stored together and accessible when required</td>
</tr>
<tr>
<td></td>
<td>Are the records complete and contemporaneous (e.g. availability of patient management plans, patient risk assessments, etc)</td>
</tr>
<tr>
<td></td>
<td>Are memo’s circulated to all members of team</td>
</tr>
<tr>
<td></td>
<td>Are communications directed to the right people</td>
</tr>
<tr>
<td>Non verbal communication</td>
<td>Body Language issues (closed, open, aggressive, relaxed, stern faced)</td>
</tr>
</tbody>
</table>

### Task Factors

*Final Responding to Concerns, Complaints and Compliments Version 3.1
June 2012*
<table>
<thead>
<tr>
<th>Task Factors</th>
<th>Components</th>
</tr>
</thead>
</table>
| Guidelines Procedures and Policies | - Up-to-date  
- Available at appropriate location (e.g. accessible when needed)  
- Understandable / useable  
- Relevant; Clear; Unambiguous; Correct Content; Simple  
- Outdated; Unavailable/missing; Unrealistic  
- Adhered to / followed  
- Appropriately targeted (e.g. aimed at right audience) |
| Decision making aids | - Availability of such aids e.g. CTG machine, risk assessment tool, fax machine to enable remote assessment of results  
- Access to senior / specialist advice  
- Easy access flow charts and diagrams  
- Complete information - test results, informant history |
| Procedural or Task Design | - Do the guidelines enable one to carry out the task in a timely manner  
- Do staff agree with the ‘task/procedure design’  
- Are the stages of the task such that each step can realistically be carried out |

### Education and Training Factors

<table>
<thead>
<tr>
<th>Education and Training</th>
<th>Components</th>
</tr>
</thead>
</table>
| Competence | - Adequacy of knowledge  
- Adequacy of skills  
- Length of experience  
- Quality of experience  
- Task familiarity  
- Testing and Assessment |
| Supervision | - Adequacy of supervision  
- Availability of mentorship  
- Adequacy of mentorship |
| Availability / accessibility | - On the job training  
- Emergency Training  
- Team training  
- Core skills Training  
- Refresher courses |
| Appropriateness | - Content  
- Target audience  
- Style of delivery  
- Time of day provided |

### Equipment and Resources Factors

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Components</th>
</tr>
</thead>
</table>
| Displays | - Correct information  
- Consistent and clear information  
- Legible information  
- Appropriate feedback  
- No interference |
| Integrity | - Good working order  
- Appropriate size  
- Trustworthy  
- Effective safety features  
- Good maintenance programme |
<p>| Positioning | - Correctly placed for use |</p>
<table>
<thead>
<tr>
<th>Executive</th>
<th>Correctly stored</th>
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<tbody>
<tr>
<td>Usability</td>
<td>Clear controls</td>
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<td>User manual</td>
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<td>Familiar equipment</td>
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<td>New equipment</td>
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<td>Standardisation</td>
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## Working Conditions

<table>
<thead>
<tr>
<th>Work Environment Factor</th>
<th>Component</th>
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<tbody>
<tr>
<td>Administrative factors</td>
<td>The general efficiency of administrative systems e.g. reliability</td>
</tr>
<tr>
<td></td>
<td>Systems for requesting medical records</td>
</tr>
<tr>
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<td>Systems for ordering drugs</td>
</tr>
<tr>
<td></td>
<td>Reliability of administrative support</td>
</tr>
<tr>
<td>Design of physical environment</td>
<td>Office design: computer chairs, height of tables, anti-glare screens, security screens, panic buttons, placing of filing cabinets, storage facilities, etc.</td>
</tr>
<tr>
<td></td>
<td>Area design: length, shape, visibility, cramped, spacious</td>
</tr>
<tr>
<td>Environment</td>
<td>Housekeeping issues – cleanliness</td>
</tr>
<tr>
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<td>Temperature</td>
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<td>Lighting</td>
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<tr>
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<td>Noise levels</td>
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<tr>
<td>Staffing</td>
<td>Skill mix</td>
</tr>
<tr>
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<td>Staff to patient ratio</td>
</tr>
<tr>
<td></td>
<td>Workload / dependency assessment</td>
</tr>
<tr>
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<td>Leadership</td>
</tr>
<tr>
<td></td>
<td>Use Temporary staff</td>
</tr>
<tr>
<td></td>
<td>Retention of staff / staff turnover</td>
</tr>
<tr>
<td>Work load and hours of work</td>
<td>Shift related fatigue</td>
</tr>
<tr>
<td></td>
<td>Breaks during work hours</td>
</tr>
<tr>
<td></td>
<td>Staff to patient ratio</td>
</tr>
<tr>
<td></td>
<td>Extraneous tasks</td>
</tr>
<tr>
<td></td>
<td>Social relaxation, rest and recuperation</td>
</tr>
<tr>
<td>Time</td>
<td>Delays caused by system failure or design</td>
</tr>
<tr>
<td></td>
<td>Time pressure</td>
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</tbody>
</table>

## Organisational and Strategic Factors

<table>
<thead>
<tr>
<th>Organisational Factor</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational structure</td>
<td>Hierarchical structure, not conducive to discussion, problem sharing, etc.</td>
</tr>
<tr>
<td></td>
<td>Tight boundaries for accountability and responsibility</td>
</tr>
<tr>
<td></td>
<td>Clinical versus the managerial model</td>
</tr>
<tr>
<td>Priorities</td>
<td>Safety driven</td>
</tr>
<tr>
<td></td>
<td>External assessment driven e.g. Star Ratings</td>
</tr>
<tr>
<td></td>
<td>Financial balance focused</td>
</tr>
<tr>
<td>Externally imported risks</td>
<td>Locum / Agency policy and usage</td>
</tr>
<tr>
<td></td>
<td>Contractors</td>
</tr>
<tr>
<td></td>
<td>Equipment loan</td>
</tr>
<tr>
<td></td>
<td>PFI</td>
</tr>
<tr>
<td>Safety culture</td>
<td>Safety / efficiency balance</td>
</tr>
<tr>
<td></td>
<td>Rule compliance</td>
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</tbody>
</table>
- Terms and Conditions of Contracts
- Leadership example (e.g. visible evidence of commitment to safety)
- Open culture

**Patient Factors**

<table>
<thead>
<tr>
<th>Patient Factors</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical condition</td>
<td>Pre-existing co-morbidity</td>
</tr>
<tr>
<td></td>
<td>Complexity of condition</td>
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<td></td>
<td>Seriousness of condition</td>
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<td>Treatability</td>
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<tr>
<td>Social factors</td>
<td>Culture / religious beliefs</td>
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<td>Life style (smoking/ drinking/ drugs/diet)</td>
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<tr>
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<td>Language</td>
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<td>Living accommodation (e.g. dilapidated)</td>
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<td>Support networks</td>
</tr>
<tr>
<td>Physical factors</td>
<td>Physical state – malnourished, poor sleep pattern, etc.</td>
</tr>
<tr>
<td>Mental/ psychological factors</td>
<td>Motivation (agenda, incentive)</td>
</tr>
<tr>
<td></td>
<td>Stress (family pressures, financial pressures)</td>
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<tr>
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<td>Existing mental health disorder</td>
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<td>Trauma</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>Staff to patient and patient to staff</td>
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<td>Patient to patient</td>
</tr>
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<td>Inter family – siblings, parents, children</td>
</tr>
</tbody>
</table>
Appendix 8: Front Sheet for Investigating Officers

Investigating Officer:

<table>
<thead>
<tr>
<th>Complaint Reference Number:</th>
<th>Date Investigation Report due:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Record Number:</td>
<td>Date Notes Requested:</td>
</tr>
<tr>
<td></td>
<td>Date Received:</td>
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Staff involved in complaint

### Medical Staff

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Grade</th>
<th>Date Statement Requested</th>
<th>Date Statement Obtained</th>
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### Nursing Staff

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<th>Full Name</th>
<th>Grade</th>
<th>Date Statement Requested</th>
<th>Date Statement Obtained</th>
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### Other Staff / Divisions or Departments

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Grade</th>
<th>Date Statement Requested</th>
<th>Date Statement Obtained</th>
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Date Completed Investigation Report to Divisional Lead Nurse for approval:

Date Approved Investigation Report sent to Complaints Department:
GUIDE TO WRITING STATEMENTS
You may be asked by the Complaints Department to provide a statement to help respond to a complaint. In this case, it is important that you note all the points complained of and give a response to each referring to the patient notes throughout. This applies even if you just say you cannot remember some of the details or the issue has not been documented. This will show that you have read the complaint and considered all the points. The Complaints Department will be happy to discuss anything with you should you wish to speak to someone before completing your statement. Please contact 01494 734958 (130 4958) at Amersham Hospital.

WHAT SHOULD I AIM FOR IN WRITING THE STATEMENT?
You should aim to include any appropriate information that will allow someone who was not present to understand as clearly as possible what actually happened. If necessary you could include a sketch plan or diagram to help explain what happened and include copies of relevant pages from the patient notes.

HOW DO I WRITE IT?
- Your statement must be legible. It does not have to be typed but must be clear.
- State your name, designation and grade.
- State the name, designation and grade of each member of staff mentioned in your statement.
- Give the name and patient number of any patient involved. Also give the name and address of any other people involved, such as relatives, visitors or persons who are not employees of the trust.
- Always date the statement.
- Where possible, include times of the events. If the accuracy of the timing is important, try and state which clock you looked at.
- The statement must be factual:
  - Wherever possible, avoid phrases such as "Dr X was telephoned" or "the floor was cleaned". Instead, use "I called Dr X" or "Mrs Y cleaned the floor".
  - You need to give sufficient explanation of clinical terms or issues.
  - Do not use abbreviations unless you explain them in full at the outset.
  - Explain the significance of important entries.
  - Explain the procedure (and enclose a copy of the protocol, procedure or guidelines if appropriate. If there was a departure from the agreed or usual procedure, explain why this happened).
  - If you cannot remember anything state this at the beginning of your statement and then go on to reconstruct the course of events as far as you were involved.

NB Do not place a copy of your statement in the patient’s notes.
Appendix 10 – Guidance on Report Writing

Guidance on Writing a Complaint Investigation Report

The following is guidance relating to the process of producing an investigation report based on individual statements and reports produced by the staff involved along with other relevant records related to the complaint.

1. It is sometimes hard for the staff concerned in a complaint to remain objective when making their statements or writing a report. It is therefore very important that responses from staff, unless conforming to this guidance, are not reproduced exactly as written in replies to complainants. This particularly applies to comments of irritation about patients or their relatives, and comments which appear to pass the buck to others and not accept personal or corporate responsibility.

2. Sometimes an individual member of staff concerned is very critical in their statement or report about the way the NHS is organised either nationally or internally. Discretion must be used in including these in the investigation report and therefore conveying them to the complainant. An investigation report is not the right place for a political debate about a government policy – even though it is reasonable to identify a policy as the source of a decision, if that is the case.

3. Any individual statement or report for an investigation will normally be used within the trust as evidence on which to base the investigation report and therefore the response to the complainant. On occasion a statement or report may have to disclosed when an investigation is being undertaken by an external body such as the Coroner, the Parliamentary and Healthcare Ombudsman of in the event of a claim against the trust. The author of any statement or report should bear this in mind.

4. The Investigating Officer conducting the investigation of a complaint and completing the investigation report should have the following approach:
   - be committed to answering the complainant’s questions as a fundamental part of good practice in the NHS;
   - recognise that members of staff may find complaints difficult to handle or threatening and may need support in working through that towards an objective statement or report;
   - show understanding for the member of staff concerned, be prepared to help with their statement or report if necessary. However, the issue must be thoroughly investigated. The Trust is discredited if the complainant can pick holes in the Chief Executive’s final reply to them.

5. If the member of staff identifies a problem within the Trust that has created the issue of concern then the Trust must acknowledge this but **must** always indicate what is being done to rectify the situation.

6. All individual statements and reports arising from a complaint should:
   - Be timely, accurate, factual, signed, dated, and clearly expressed
   - Exclude personal opinions (unless expressly requested) and emotional statements
   - Establish the sequence of events referred to and all those involved
   - Contain where appropriate an acknowledgement of errors or shortcomings

7. The Investigation Report should incorporate all of the above, and
   - Confirm and address all the issues raised in the complaint
   - Demonstrate that the investigation has been thorough, that conclusions drawn are based on evidence, and that appropriate action has been taken or planned
   - Not contain medical terminology unless translated into clear layman’s terms.
Finally, a reminder that this report will be sent to the complainant as part of the response and so the very best test of whether the investigation report has been drafted appropriately is to read it through as if you were the complainant and consider how you issues and conclusions.
Appendix 11 – Role of PALS and ICAS

The Role of PALS (Patient Advice and Liaison Service) and ICAS (Independent Complaints Advocacy Service)

The Patient Advice and Liaison Service is a service run by the Trust. PALS is available to advise and assist patients or their relatives, and can be a useful intermediary to help communication and resolution of issues. PALS aims to help patients and their relatives to resolve problems or difficulties, particularly where the issue may involve a number of areas in the organisation, which can be complex to co-ordinate. PALS should not replace the role of the person in charge of the ward, area or department, but will be available to support them if needed. PALS can be contacted on:-
•  Stoke Mandeville hospital on 01296 316042
•  High Wycombe hospital on 01494 425882.

The Independent Complaints Advocacy Service is a nationally organised service with local offices to support people who request independent help and support when making a complaint against healthcare organisations. If a complainant needs help with making a complaint, they can contact the Independent Complaints Advocacy Service (ICAS) who will assist them in making sure all their concerns are represented and resolved. The Complaints Department can supply local contact details for ICAS.
Appendix 12 - Compliments and Accolades

Compliments and Accolades

Patients and relatives who take the trouble to write in about their positive experiences can make a significant difference to morale, and to standards of practice in that area or service.

If a compliment or accolade is received, the manager responsible for that area should ensure that:-

- It is shared with the team.
- It is shared with their line manager.
- It is recorded and sent to the Complaints Department, which will ensure it is circulated more widely where appropriate.

The numbers of compliments and accolades received should be recorded on the form at Appendix 17 and sent to the Complaints department at Trust HQ on a monthly basis. A total of all types of complaints and accolades, including cards and gifts, must be recorded on the form. Please do not send the cards, letters or gifts to the Complaints team.

These figures are included in the quarterly Healthcare Governance reports to the Healthcare Governance Committee and are reported to the Board.
Appendix 13 – Exclusions from the policy on responding to concerns, complaints and compliments

Matters that are Excluded from this Policy

- A request for information relating to general service provision or protocols from an MP or another NHS organisation, where the request is not connected to any complaint from their constituent.
- A complaint made by an employee about any matter relating to their contract of employment.
- A complaint that has been investigated by the Parliamentary and Health Service Ombudsman.
- A complaint about which the complainant has stated in writing that they intend to take legal proceedings.
- When it is decided that investigation should take place or is already taking place under the disciplinary procedure. However, if there are other matters in the complaint not relating to the disciplinary procedure, these other matters should continue to be investigated under the Complaints Policy.
- A complaint that has been referred to the Police or to a health regulatory body.
- A complaint made by an independent provider or an NHS Foundation Trust about any matter relating to arrangements made with them.
- A complaint arising from the alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000.

NHS Private Pay beds
This Policy does not cover complaints about private medical treatment provided in an NHS setting, but it does cover any complaint made about an NHS organisation’s staff or facilities relating to care in their private pay beds.
Independent Review – Handling and Consideration of Complaints by the Parliamentary and Health Service Ombudsman

1. Complainants have a right to ask for a review of their complaint by the Health Service Ombudsman. After the complainant has received the Trust’s final response the complainant may ask the Parliamentary and Healthcare Ombudsman to conduct an independent review of their complaint if:

- they are not satisfied with the result of the local resolution investigation.
- the local resolution investigation is not completed, without good reason, within six months of the date on which the complaint was made.
- the Patient Experience Manager has decided not to investigate the complaint on the grounds that the complaint was made ‘out of time’.

2. The complainant must make their request to the PHSO verbally or in writing (including electronically) within one year from the time they first became aware of the matters complained about.

3. Having considered the request, the PHSO will notify the complainant as to whether the PHSO proposes to:
   a) take no further action
   b) make recommendations to the Trust as to what action might be taken to resolve the complaint
   c) investigate the complaint further
   d) consider the subject matter of the complaint as part of or in conjunction with any other investigation which it is conducting or proposes to conduct
   e) refer the complainant to a health regulatory body.

4. In order to make any of the above decisions, the PHSO may take specialist advice as required.

5. If the decision is made to investigate the complaint, the PHSO will contact the Trust and request the appropriate documentation. The Trust will be given the opportunity to comment on the complaint before the investigation commences and the PHSO will normally contact the Trust to advise of the outcome. The PHSO will not normally contact the Trust about a case if it has been decided not to investigate.

6. The Trust’s Complaints Department will take responsibility for ensuring that all Trust staff involved in the complaint are kept fully informed of its progress through all stages of the complaints procedure.

7. There is a general duty to co-operate under these regulations, to answer questions reasonably posed by the body carrying out the investigation, provide any information relating to the complaint which is reasonably requested, and attend any meeting reasonably required to consider the complaint. If a panel is set up, participants will be given the opportunity to be being heard in person.

8. If the complaint is referred back to the Trust for further action, and the complainant remains dissatisfied after this action has been taken, the complainant may ask the PHSO to look at the complaint again. The PHSO is likely to be critical of the Trust if a complainant requests independent review again, and the PHSO find the Trust has not acted on the initial recommendations for further action unless there are good reasons.

Where the PHSO investigates a complaint, a written report of the investigation will be prepared, which:

- Summarises the nature and substance of the complaint.
- Describes the investigation and summarises its conclusions including any findings of fact, the PHSO’s opinion of those findings, and the reason for the opinion.
- Recommends what action should be taken and by whom to resolve the complaint.
- Identifies what other action, if any, should be taken and by whom.

The PHSO’s report will be sent to the complainant and to the Trust.
Appendix 15 – Vexatious Complainants

Vexatious or Habitual Complainants

All complaints should be processed in accordance with the Local Authority Social Services and National Health Service Complaints Regulations 2009. During this process, staff may have contact with a small number of complainants who absorb a disproportionate amount of resources in dealing with their complaints. The aim of this policy is to identify situations where the complaint might be considered to be habitual or vexatious and to suggest ways of responding to these situations.

In determining how to appropriately manage complaints, the following must be considered in order to be able to identify the stage at which a complaint has become habitual or vexatious:

- The complaints procedure has been correctly implemented so far as is possible and that no material element of a complaint has been overlooked. It must be appreciated that even habitual or vexatious complaints may have aspects which contain some genuine substance.
- An equitable approach has been followed.

Definitions

Complainants may be deemed to be habitual or vexatious, where previous or current contact with them shows that they meet two or more of the following criteria:-

The complainant:

- persists in pursuing a complaint when the complaints procedure has been fully and properly implemented and exhausted (e.g. where an investigation had been denied as ‘out of time’ or where the PHSO has declined a request for independent review).
- changes the substance of a complaint, or continually raise new issues, or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. However, care must be taken not to discard new issues, which are significantly different from the original complaint, and these should be addressed as separate complaints.
- is unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, hand-written or computer records, nursing records, or deny receipt of an adequate response, despite correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period has elapsed.
- does not clearly identify the precise issues they wish to be investigated, despite the reasonable efforts by staff to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate.
- focuses on a trivial matter, to an extent that it is out of proportion to its significance and continues to focus on this point (it is recognised that determining what is ‘trivial’ can be subjective and careful judgement must be used in applying this criterion).
- has threatened or used actual physical violence towards staff or their families or associates at any time. This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication (all such incidents must be documented and logged).
- has, in the course of addressing a registered complaint, had an excessive number of contacts with the Trust, placing unreasonable demands on staff (a contact may be in person or by telephone, letter or fax and discretion must be used in determining the precise number of ‘excessive contacts’).
- has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. However, staff must
recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. All incidents of harassment must be documented and logged.

- is known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of the other parties involved.
- displays unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

Options for dealing with vexatious complainants

Where a complainant has been identified as habitual or vexatious, in accordance with the above criteria, the Chief Executive and Chairman (or appropriate deputies in their absence) will determine what action to take. The Chief Executive (or deputy) will implement such action and will notify the complainant in writing of the reasons why they have been classified as habitual or vexatious complainants and the action to be taken. This notification may be copied for information to others already involved in the complaint. A record must be kept for future reference, of the reasons why a complainant has been classified as habitual or vexatious.

The Chief Executive and Chairman (or deputies) may decide to deal with such complainants in one or more of the following ways:

- Try to resolve matters, before invoking this policy, by drawing up a signed ‘agreement’ with the complainant, which sets out a code of behaviour for the parties involved, if the Trust is to continue to process the complaint. If these terms were contravened, consideration would then be given to implementing other action as indicated further.
- Once it is clear that a complainant meet any one of the criteria above, it may be appropriate to inform the complainant in writing that they may be classified as a habitual or vexatious complainant, with a copy of this policy to them and advice to take account of the criteria in any further dealings with the Trust.
- Decline contact with the complainant either in person, by telephone, fax, letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party.
- Notify the complainant in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint, but there is now nothing more to add and continuing contact on the matter will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged, but not answered.
- Inform complainants that in extreme circumstances, the Trust reserves the right to pass unreasonable or vexatious complaints to the Trust’s solicitors.
- Temporarily suspend all contacts with the complainants or investigations of a complaint, whilst seeking legal advice or guidance from the Strategic Health Authority, NHS Executive or other relevant agencies.

Withdrawing “habitual” or “vexatious” status

Once a complainant has been determined as habitual or vexatious, there needs to be a mechanism for withdrawing this status at a later date if, for example, a complainant subsequently demonstrates a more reasonable approach, or if they submit a further complaint for which normal procedures would appear appropriate.
Complaints staff should previously have used discretion in recommending habitual or vexatious status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate.

Where this appears to be the case, discussion will be held with the Chief Executive and/or the Chairman (or their deputies). Subject to their approval, normal contact with the complainants and the application of the complaints regulations of 2009, procedures will then be resumed.
Frequently Asked Questions and Guidance on Making a Complaint

1. Time Limit for Making a Complaint

There is a time limit within which a complaint can normally be made. This will usually be within **twelve months** of the date on which the matter which is the subject of the complaint occurred, or within twelve months of the date on which the matter which is the subject of the complaint came to the complainant’s notice. However, the Trust reserves the right, at its own discretion, to extend this time limit in cases where it would have been unreasonable to expect the complaint to have been made earlier and it is still possible to investigate the case effectively and efficiently.

2. Who can make a complaint?

- A patient or their authorised representative
- A deceased patient’s next of kin
- Any person who is affected by, or likely to be affected by, the action, omission or decision of the NHS body which is the subject of the complaint
- If a patient is either a) a child, or b) is unable by reason of physical or mental incapacity to make the complaint themselves, their authorised representative can be the point of contact.

NB It must be remembered that an assessment of capacity is time and decision specific. A lack of capacity in regard to one issue may not equal a lack of capacity in another (Mental Capacity Act Code of Practice).

3. What can be the subject of a complaint?

The potential subject of a complaint is wide and not just related to medical care. A complaint may be made about a decision taken by an NHS organisation that is likely to affect the complainant. Each complaint must be taken on its own merits, and responded to appropriately.

4. Can someone complain about the same incident more than once?

Regulation 8(e) of the Local Authority Social Services and NHS Complaints Regulations 2009 provides that a complaint can only be investigated once, under the Principal Regulations. There is, of course, nothing to prevent a complainant bringing a further complaint about a different incident and complaints staff should be careful not to imply a further complaint will not be treated appropriately.
Appendix 17 - Recording Compliments

Record of Compliments Received 1 April 20.. to 31 March 20..

Ward/Area/Department:...........................................................................................................

Contact Details/Name................................. ...... .ext no. & email..............................

<table>
<thead>
<tr>
<th>2009/10</th>
<th>Card/letters</th>
<th>Gifts</th>
<th>Phone calls/other</th>
<th>Donations</th>
<th>Total</th>
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Please note that if a card/letter is received with a gift this should count as 1 entry (card/letter). Please ensure that you figures are returned to the Complaints Department at Amersham Hospital no later than the 7th working date each month. Either send your return in the post to the Complaints department at Amersham Hospital or fax to 01494 734753. If you have any queries please contact us on 01494 734958.
Verbal Complaint Process Flowchart

Complainant makes complaint **by telephone** which is recorded by staff member on to a verbal complaint form.

- Verbal complaint form is sent to complaints department

Complainant makes complaint **in person** which is recorded by staff member on a verbal complaint form.

- Is it possible that complainant can sign to approve verbal complaint form at this point?
  - **No**
    - Type up verbal complaint form and send to complaints office.
    - Verbal complaint form is sent to complainant to approve and sign as correct account.
  - **Yes**
    - If possible give complainant a typed version to sign but if not possible send signed handwritten form to complaints office.

Verbal complaints form processed as a complaint letter.
File Record of Verbal Complaint (Telephone/In Person)

Complaint taken by -

Date -

Complainant -

Complaining on behalf of -

Telephone Number -

Address -

Date of Birth - / / Medical Record Number -

Complaint –

Signed…………………………………………………………………………

Date…………………………………………………………………………

PLEASE FORWARD TO COMPLAINTS DEPARTMENT AT TRUST HQ