

Northumbria Healthcare NHS Foundation Trust

Risk Management Policies and Procedures

Complaints Policy and Procedure for Raising Concerns

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| Version | 8 |
| Sub Committee and Approval Date | Circulated to CCCMG members and approved by email |
| Date ratified by Assurance Committee | 8 th September 2015 |
| Name of Policy Author | Marie Calvert Complaints/Claims Manager |
| Date Issued | 11 th September 2015 |
| Review Date | 11 th September 2018 |
| Target Audience | All staff |

This Policy has been Impact Assessed against the Equality Act 2010

<http://ntghbes1/epa/enablesites/intranet/displayfile.asp?id=113520>

History of previous versions of this document:

| Date Approved by Sub Committee | Date Ratified by TWGC | Version | Issue Date | Review Date | Policy Author/ Contact Details |
|---------------------------------------|------------------------------|----------------|-------------------|--------------------|---|
| 21 September 2011 | 23 March 2012 | 7 | 7 March 2013 | 7 March 2016 | Marie Calvert Complaints Co-ordinator, Patient Services, Tel: 0191 203 1340 |
| 28 October 2009 | 3 November 2009 | 6 | November 2009 | November 2012 | Marie Calvert Complaints Co-ordinator, Patient Services, Tel: 0191 203 1340 |
| 30 May 2007 | 23 August 2007 | 5 | 3 September 2007 | 3 September 2010 | Christa Thompson Complaints & Claims Co-ordinator |
| February 2005 | March 2005 | 4 | March 2005 | April 2006 | Christa Thompson Complaints & Claims Co-Ordinator |
| 26 February 2004 | 18 March 2004 | 3 | March 2005 | February 2005 | Christa Thompson Complaints & Claims Co-ordinator |
| Not available | June 1999 | 2 | July 2002 | July 2003 | Janet Henderson Acting Complaints and Claims Co- ordinator Wansbeck General Hospital |
| Not available | Not available | 1 | Not available | Not available | Anne Kennedy Complaints and Claims Co-ordinator |

Statement of changes made from version 7:

| Page | Section | Description |
|------|------------|--|
| - | - | Removal of references to NHSLA standard 2.3 throughout document. |
| - | - | Changes to independent complaints advocacy services updated to clarify ICA for North Tyneside residents and ICAN for Northumberland residents. |
| 8 | 4.2 | The Executive Director of Nursing has been replaced by the Director of Operations. |
| 13 | 5.3 | Update to CQC reference to reflect fundamental standards |
| 20 | 7.10 | Removal of 'fax' as a method of sending a complaint to the investigating officer Inclusion of statement that the investigating officer must contact the complainant, where possible, within 48 hours |
| 20 | 7.10 | Inclusion that if any of the issues raised relate to the conduct or capability/performance of a specific individual that require further action you need to contact your Business Unit Human Resources representative before completing the process for advice and to ensure the response does not compromise any future HR processes. |
| 25 | 7.17 | RMP 16 replaced with RMP 03 |
| 26 | 7.20 | Amended timescales from 45 working days to 60 workings. Deletion of Category 2 SUI timescales. |
| 30 | 9 | Removal of NHSLA requirements from monitoring and audit table, general update to reflect actual practice |
| 32 | 12 | Removal of reference to RMP 16. Updated policy title to "Duty of Candour and Being Open" from "Being Open". Removal of RMP 19 and replaced with IG104. |
| 36 | Appendix C | Amendment to PALS opening hours to 9.00 to 4.30 Monday to Friday. Inclusion of a PALS Officer based at the Northumbria Specialist Care Hospital. Updated information to read "all NHS services" rather than "the seven NHS Trusts". |
| 40 | Appendix F | Inclusion of updated complaints authorisation form |
| 41 | Appendix G | Inclusion of updated complaints authorisation form – where patient lacks capacity/died |
| 43 | Appendix I | Amended timescales from 45 working days to 60 workings. Deletion of Category 2 SUI timescales. |
| 54 | Appendix P | Inclusion of revised complainant satisfaction questionnaire |
| 59 | Appendix Q | Inclusion of revised terms of reference for the concerns, complaints and claims monitoring group |

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1. Operational Summary

1.1 Policy Aim

This policy describes the process for ensuring that patients, adult social care services users, their relatives and carers have suitable and accessible information about, and clear access to procedures, which describes the process to raise concerns and to register a formal complaint.

1.2 Policy Summary

This policy provides a guide to staff as to the steps that need to be followed as a result of a concern being raised or a complaint being made against the Trust

1.3 What it Means to Staff

Consultants/General/Department/Ward Managers/Community Managers: are responsible for ensuring that investigations into any concern or complaint are carried out and the required information returned to Patient Services or the Adult Social Care Complaints Team within the agreed timescales.

Complaints Officer and Complaints Assistants: should follow the process used to handle any complaint.

All Trust Employees: should immediately notify the Complaints/Claims Manager or the Adult Social Care Complaints Team of any health or adult social care reported incidents or issues that could potentially result in a complaint being made against the organisation.

2. Introduction and Background

Northumbria Healthcare NHS Foundation Trust is committed to providing high quality health and adult social care services and the best care and treatment possible. Sometimes, regrettably things can go wrong. Complaints can help identify areas where improvements or changes to services are needed.

The Northumbria Healthcare NHS Foundation Trust Board is committed to the provision of an effective, proportionate and timely process for the local resolution stage within the NHS complaints procedure.

The Trust Board will ensure that there are clear policies, responsibilities and procedures for the handling of concerns and complaints and that appropriate expertise and resources are available to the Trust to enable its responsibilities to be effectively discharged.

This policy outlines the framework in which Northumbria Healthcare NHS Foundation Trust will meet the specific requirements as given in NHS and Local Authority guidance and regulations, as to how every statutory organisation should deal with complaints.

3. Purpose and Scope

The primary object of local resolution is to provide the fullest possible opportunity for investigation and resolution of the concern or complaint, as quickly as is sensible in the circumstances, aiming to satisfy the complainant whilst being scrupulously fair to staff. The process of local resolution should be open, honest, fair, flexible and conciliatory and encourage communication on all sides.

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The Trust will ensure that complainants are made aware that advice and support through the health complaint process is available from independent complaints advocacy services (ICA for North Tyneside residents and ICAN for Northumberland residents) and other advocacy services. There is no adult social care equivalent although adult social care staff should always consider whether the complainant might benefit from an advocate. Adult social care staff should support a service user's request for advocacy by facilitating independent and confidential advocacy and actively providing information and advice.

The complaints process will be well publicised in ways which will reach all service users and all staff will be made aware of its content and their own responsibilities. Details of the complaint process are available through the Internet and Intranet and in addition to this the leaflet Compliments Comments Concerns and Complaints providing a brief summary of the processes, is available in all wards and departments, with a summary available on the Trusts internet site at www.northumbria.nhs.uk for adult social care complaints information is available at www.northumberland.gov.uk.

Every individual undertaking work on behalf of the Trust is expected to cooperate fully as required in the handling and investigation of concerns and complaints. Whilst good complaint management and handling comes with experience, the Trust will ensure that regular training is available to all staff which will help to avoid complaints in the first place, improve practice in handling them and enable more to be resolved earlier and at the local resolution stage.

Northumbria Healthcare NHS Foundation Trust is an organisation committed to equal opportunity. No patient, or any other person involved in the investigation and resolution of a complaint will receive unfair treatment on the grounds of age, colour, ethnic or national origins, religious and political beliefs, gender, marital status, sexual orientation or disability or trade union membership.

When an eligible person makes a complaint about private, voluntary and independent adult social care providers (PVI) contracted to Northumberland County Council they can complain to the adult social care complaints team or to the provider. We would prefer the provider to have the opportunity to deal with complaints about their services in the first instance. Where this is not possible or the provider has not been able to resolve things to the complainant's satisfaction then the adult social care complaints team will consider what actions they can take to try and resolve the matter. Where the adult social care complaints team accept a complaint about a PVI it is subject to this policy.

The Care Quality Commission (CQC) requires all registered PVI to have their own complaints policy that meet its standards. NCC requires all contracted PVI to advertise the Adult Social Care Complaints Team contact details and to direct people to this team in written complaints responses.

4. Duties

NHS

- 4.1 **The Chief Executive** is the Board member with overall responsibility for complaints handling issues reads complaints, signs responses and will keep the Board informed of major developments in these areas.
- 4.2 **The Director of Operations** has delegated responsibility for complaints handling issues, signing responses and advising the Board of major developments.

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- 4.3 **The Head of Quality and Assurance and the Risk Manager** have delegated responsibility for managing the Patient Services/process.
- 4.4 **An appropriate Investigating Officer** (i.e. General Manager, Operational Services Manager, Modern Matron and Community Managers) will be designated by Patient Services. They will be responsible for undertaking the detailed investigation of each complaint, to conduct the procedure through the local resolution stage in liaison with the Complaints Officer and Assistants, and draft the written response for signature by the Chief Executive. In the investigation of a concern the rationale behind decisions taken and subsequent actions required should be fed back verbally or in writing to the complainant by the investigating officer. It is the responsibility of the Investigating Officer to handle a complaint through to its conclusion.
- 4.5 **The Line Manager** should, in the event of a concern or complaint which is traumatic and may be stressful to staff, immediately identify whether support is required and who should provide that support. Support should be readily available and offered immediately from the line manager of the individual(s) affected, Occupational Health and the Complaints/Claims Manager. Please refer to the Trust Policy RMP03: Procedures for the Investigation and Root Cause Analysis of Incidents, Complaints and Claims, section 8 Process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.
- 4.6 **The Complaints/Claims Manager** is responsible for all health complaints and ensuring that detailed procedures are developed, agreed and implemented throughout the Trust and are monitored as appropriate. The Complaints/Claims Manager will ensure that a central register and database of all complaints is maintained and that performance is monitored and will ensure that reports are made to the Trust Board and others as required.
- 4.7 The Complaints/Claims Manager will manage and support the Trust's part of the health complaints handling process in liaison with others concerned, e.g. with the identified investigating officer at the local resolution stage and with the Parliamentary and Health Service Ombudsman as necessary.
- 4.8 Data will be collected for all health complaints to enable the KO41a returns to be sent to the Health and Social Care Information Centre (HSCIC). These are completed by the Complaints/Claims Manager on a quarterly basis.
- 4.9 **Customer Relations and Complaints Manager** will manage and support the Trust's part of the Adult Social Care complaints handling process in liaison with others concerned, e.g. with the identified investigating officer at the local resolution stage and with the Local Government Ombudsman as necessary.
- 4.10 **The Complaints Officer** is responsible for the day to day handling of complaints and is required to be readily available to receive complaints, maintain the database and produce monitoring reports.
- 4.11 **The Complaints Assistant** is responsible for entering information onto the complaint module of the risk management database and producing reports (ad hoc and routine).

- 4.12 **All staff** asked to provide a statement have a responsibility to do so in a timely manner, which will not delay the compilation of the response.
- 4.13 **The PALS Manager** is responsible for ensuring that detailed procedures are developed, agreed and implemented throughout the Trust and are monitored as appropriate. The PALS Manager also ensures that the service is accessible and that PALS Officers respond appropriately to achieve a prompt resolution to the concerns and requests for information and advice from patients.
- 4.14 **The PALS Assistant Service Managers** provide support and guidance to PALS Officers, maintain the database and produce reports as required.
- 4.15 **PALS Officers** respond to individual concerns and requests for information, liaising with staff at all levels in the Trust, as necessary to achieve a resolution on behalf of patients, their families and carers. They arrange meetings, as necessary and record the details of concerns on a central database.

Adult Social Care

- 4.16 **Northumberland County Council's (NCC) Chief Executive Officer** is legally responsible for adult social care complaints. This responsibility has been delegated to the NCC Corporate Director for Community Services and Housing who therefore has overall responsibility for ensuring compliance with the arrangements made under the 2009 complaints regulations; in particular ensuring action is taken if necessary in light of the outcome of a complaint.
- 4.17 **The Complaints and Customer Relations Manager** fulfils the 2009 regulations role of Complaints Manager and is therefore responsible for managing the procedures for handling and considering complaints in accordance with the arrangements made under the 2009 complaints regulations.
- 4.18 The Complaints and Customer Relations Manager is also responsible for the development, agreement, implementation and monitoring as appropriate of adult social care complaints policy and procedure; and for the day to day operational management of the Adult Social Care Complaints Team which handles adult social care complaints.
- 4.19 The Complaints and Customer Relations Manager will arrange appropriate training for adult social care staff and work with the contracts section to support private, voluntary and independent contracted organisations (PVI's) to know how to deal with adult social care complaints; and that complaints information is easily accessible to and understood by adult social care staff, service users, their representatives and others.
- 4.20 The Complaints and Customer Relations Manager is responsible to ensure the complaints database meets the needs of the Trust, Northumberland County Council and the Adult Social Care Complaints Team.
- 4.21 The Complaints and Customer Relations Manager will allocate cases to the Complaints Officers as necessary and monitor workload. The Complaints and Customer Relations Manager will handle individual complaints and act as the Resolution Officer as circumstances require.

- 4.22 **The Complaints Officers**, within the Adult Social Care Complaints Team will:
- acknowledge all complaints within statutory timescale and risk assess each at the outset
 - generate the complaint letter including details of how their complaint will be handled
 - identify and liaise with the most appropriate manager to resolve things, the Resolution Officer
 - support the Resolution Officer to resolve the complaint and check the quality and content of the response letters
 - act as the Resolution Officer as circumstances require
 - liaise with other appropriate staff including those from the Local Government Ombudsman Office
 - liaise with the complainant informing them of the likely response date
 - input information on the complaint database for comments, concerns, compliments, enquiries and complaints producing statistical data for reports (see below)
 - support the Complaints and Customer Relations Manager and other Senior Managers to produce statistical data for reports
- 4.23 **The Complaints Officer in conjunction with the Resolution Officer** and considering the complainant's wishes will agree actions to resolve the complaint. These actions should be appropriate and proportionate to the circumstances of the case, taking into account risk, seriousness, complexity or sensitivity of events.
- 4.24 **The Resolution Officer**, will try to resolve the complaint and should be able to access a number of options to this end and should avoid lengthening the process; for example, a well-meant apology or an opportunity to meet and discuss the issues may suffice. Alternatively a complaint report maybe required. The Resolution Officer may be specifically commissioned from outside of the organisation in which case they are expected to provide a complaint report for adjudication by the Adjudication Officer.
- 4.25 **An Adjudication Officer** is a senior manager who will adjudicate any complaint report resulting from an investigation. They will write to the complainant providing the organisation's view and enclose a final copy of the complaint report.
- 4.26 **All Adult Social Care staff** will provide information to the Resolution Officer as requested.

Health and Social Care Complaints duties

- 4.27 The Trust Board is accountable for the performance of the organisation in handling concerns and complaints. In particular, the Board should ensure that;
- a) all staff are adequately trained to deal with concerns and complaints and are supported in the event of a complaint being made against them. Support can be obtained from their line manager, the Complaints/Claims Manager /Complaints and Customer Relations Manager or Occupational Health if required. Training in handling concerns and complaints should be a compulsory part of the induction and continuing education;
 - b) staff managing concerns and complaints are appropriately trained, to enable them to keep up to date with regulatory requirements and good practice developments and advise others as appropriate, and that they have adequate administrative resource and access to senior managerial supervision and support;

- c) the complaints procedure is integrated into the clinical governance/quality framework of the organisation;
- d) the complaints procedure is easily accessible to all staff via the intranet, leaflets and posters to ensure that everyone is aware of the correct procedure.

4.28 The Trust Wide Concerns, Complaints and Claims Monitoring Group will receive quarterly and annual reports which will include information on the number and type of concerns and complaints received, response times, lessons learnt and action taken to improve standards. Complaint information will be analysed in such a way that it provides risk management intelligence to the Trust in relation to its responsibilities for quality assurance and clinical and corporate governance. Each business unit representative will take responsibility for ensuring that agreed priorities and actions are implemented.

The quarterly and Annual Reports will also be received at the Safety and Quality Committee will provide monthly reports to the Trust Board setting out compliance with key performance indicators – namely complaints acknowledged within 3 working days and complaints responded to within the mutually agreed timescales.

4.29 The individual Business Units will receive weekly reports setting out response rates in line with the agreed timescales. The Business Units will provide an update to Patient Services any complaints that are outside of the agreed timescale. The Business Units are responsible for contacting the complainant to explain why more time is needed and to re-negotiating the timescale.

5. Definition

For the purposes of this policy, the definition of a concern is:

" something of interest to the patient or third party because it is important to them or affects them and requires a verbal response within 24 hours".

The definition of a complaint is:

"an expression of dissatisfaction from a patient or a third party requiring a timely response".

The complaints procedure is designed to address patients and adult social care service users complaints at local resolution level and not to investigate staff grievances, which should be handled separately.

Questions or helpful suggestions are not complaints although the provision of good and timely information and responses to enquiries and suggestions may well prevent those becoming complaints. Concerns may be raised at the time with staff or with the Patient Advice and Liaison Service (PALS) who provide advice and assistance to patients, visitors and staff in resolving concerns. However when this is not possible, or the circumstances surrounding the concerns require further investigation, or the response given fails to provide satisfaction the matter should be treated as a complaint.

Adult social care

- "adult" means an individual who has attained the age of 18

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- “social care” refers to Northumberland County Council’s (NCC) exercise of its social services functions either directly or discharged or contracted to another organisation.

5.1 General Principles

Complaints and concerns are part of everyday life and provide a valuable insight for an organisation to monitor its performance and give attention to areas, which require improvement. Although they are not the only way to show how it is performing, complaints and concerns do offer a unique opportunity to view the services provided from the patient/relatives’ perspective. When used in conjunction with other performance indicators they can help to maintain and ultimately improve the quality of service provided.

In a perfect world, our services would meet all expectations - but realistically we cannot hope to meet the needs or desires of everyone all of the time. However, the manner in which a concern or complaint is processed, from the first point of contact to the completion of an investigation, does make a difference to how we are viewed. It is therefore essential to have an effective, efficient and sensitive system to respond to complaints and concerns; a well-handled complaint can enhance an organisation's reputation.

5.2 What Complainants Want is-

To know that their concern or complaint has been received, understood and recognised and that they have been listened to and that their concern or complaint has been taken seriously, even if their questions cannot be answered immediately.

To receive a full and proportionate response, including an apology where appropriate.

To know that corrective action has been taken or will be taken. Many complainants want assurance that the problems they experienced will not occur in the future although it should be recognised that this is not always possible and instead an explanation is required e.g. car-parking charges.

Invariably complainants who remain dissatisfied after receiving a response do so because they believe their concern or complaint was not answered fully.

If the complainant remains dissatisfied they should be given the opportunity to have a discussion to clarify any points raised in their response. They could, if necessary, have their complaint further investigated or be offered a meeting with the relevant parties. A meeting should always be offered when there has been bereavement.

5.3 National Guidance and Regulations

The national guidance, including legal requirements, are contained in The Local Authority Social Services and NHS Complaints (England) Regulations 2009 which came into force on 1 April 2009.

These regulations update the previous regulations entitled “The NHS (Complaints) Regulations 2004” and “The NHS (Complaints) Amendment Regulations 2006” that came into force on 30 July 2004 and 1 September 2006 respectively; and the 2006 statutory guidance for adult social care complaints, “Learning from Complaints”.

Guidance to support implementation of the National Health Service (Complaints) Regulations 2004 and “Complaints: Listening, Acting, Improving” published in March 1996 have been replaced with

“Listening, responding, improving: a guide to better customer care” that was published on 1 February 2009.

CQC Fundamental Standard 16: Receiving and acting on complaints.

The NHS procedure has one stage: Local Resolution, following which complainants have the right to ask the Parliamentary and Health Service Ombudsman to review their complaint if they remain dissatisfied.

6. Process for Listening and Responding to Concerns of Patients, Their Relatives and Carers

6.1 Process for Raising Verbal Concerns (Stage 1)

When a verbal concern is raised with the ward manager, modern matron or community manager either by telephone or in person, the concern should be resolved as soon as possible at the time.

When a verbal concern is raised with Patient Services, they will contact the ward manager, modern matron or community manager and ask that they contact the person straight away to resolve the concern.

If the ward manager, modern matron or community manager are unable to resolve the concerns raised they should seek the advice from the OSM/GM/Senior Manager/ Consultant and ask that they help resolve the concerns.

If it has not been possible to resolve the concern to the complainants satisfaction, not later than the next working day after the day it was received, the details need to be passed to Patient Services to be recorded as a complaint.

6.2 Process for Raising Written Concerns (Stage 1)

When a written concern is received; either by email or letter by Patient Services, they will forward the details and liaise with the ward manager, modern matron, community manager to see if it is possible to resolve the issues straight away.

The response should be sent to the complainant and a copy sent to Patient Services. Patient Services will record the details on to the database under the section ‘PALS’.

If it has not been possible to resolve the concern to the complainants satisfaction not later than the next working day after the day it was received, the details need to be passed to Patient Services to be recorded as a complaint.

When a concern has been raised a brief record, including actions to prevent a recurrence, should be made and kept locally with a copy to the Complaints/Claims Manager. A template for use when documenting a verbal complaint can be found at Appendix A. All concerns received by Patient Services will be documented within the quarterly report to monitor trends and actions taken.

A flowchart outlining the process for handling a concern raised with the Trust is attached in appendix B.

6.3 PALS

The PALS Service is also available to assist patients, visitors and staff in resolving concerns. Appendix C sets out the procedure to raise a concern informally using the PALS service. The PALS service provide a quarterly report setting out numbers and areas of concern, together with any actions taken and lessons learnt to the quarterly Concerns, Complaints and Claims Monitoring Group.

6.4 Adult Social Care

On receipt of a verbal or written communication from a service user, relative or carer it is important to establish whether it is a complaint or whether they simply want to make a comment or ask a question about services provided. They may be concerned about a service provision but not wish to make a complaint.

Concerns may lead to a complaint if they are not dealt with promptly. Wherever possible, issues are addressed within 24 hours from receipt of the concern to prevent escalation into a complaint. This may involve asking the appropriate senior manager or team manager to contact the person with the concern to discuss their concerns and take appropriate action as required.

If a complaint or concern is received about another business unit or another organisation the complaints team record and log it as an enquiry before passing it on.

When a verbal concern is raised with the Adult Social Care Complaints Team a complaints officer may resolve the concern rather than ask the relevant manager.

If the adult social care manager is unable to resolve the concern they may also ask the Adult Social Care Complaints Team for advice or help.

The Adult Social Care Complaints Team will discuss all written concerns with the writer at the earliest practicable opportunity if this is possible.

The Complaints Officer will determine whether the issue should be logged as a 'concern' or a 'complaint' or something else and arrange for the matter to be dealt with as appropriate.

Where a concern cannot be resolved to the person's satisfaction within one working day then the issue should be logged as a complaint.

7. Process for Listening and Responding to Complaints of Patients, Their Relatives and Carers – Health and Social Care Complaints Procedure - Local Resolution (Stage 2)

7.1 Time Limit to Initiate a Complaint

A complaint must be made not later than 12 months after the date on which the matter which is the subject of the complaint occurred. However if it has taken the patient / complainant some time to discover the problem then the time limit is within 12 months from the point of discovery.

The Complaints/Claims Manager/Complaints and Customer Relations Manager both have the discretion to extend this time limit if the circumstances show that the complaint could not have been made earlier, and if it is still possible to investigate the complaint effectively and fairly.

7.2 Who May Complain?

A complaint may be made by:

- a person who receives or has received services provided by or through the Trust; or
- a person who is affected, or likely to be affected, by the action, omission or decision of the Trust.

7.3 Representatives

A complaint may be made by a person (representative/complainant) acting on behalf of a person who:

- has died: as long as the person making the complaint is 'next of kin' or financial appointee or a personal representative of the persons estate. Within Adult Social Care this is also extended to include anyone with a meaningful relationship with the deceased.
- is a child (under the age of 18): the person making the complaint has parental responsibility (PR) or has permission from the person with PR.
- Is unable to make the complaint themselves because of physical incapacity or lack of capacity within the measure of the Mental Capacity Act 2005; or
- has requested the representative to act on their behalf and has provided evidence of consent.

Where a representative makes a complaints on behalf of a child the Complaints/Claims Manager and Complaints and Customer Relations Manager:

- a. must not consider the complaint unless they are satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child; and
- b. If they are not so satisfied they must notify the representative in writing and state the reason for their decision.

Where a representative makes a complaint on behalf of a child or a person who lacks capacity within the meaning of the Mental Capacity Act 2005 the Complaints/Claims Manager/Complaints and Customer Relations Manager must be satisfied that the representative is conducting the complaint in the best interests of the person on whose behalf the complaint is being made. If they are not so satisfied they must notify the representative in writing and state the reason for their decision.

7.4 Out of Hour's Arrangements

Complaints staff are available from 9am to 5pm Monday to Friday (4.30pm on Fridays for Adult Social Care Complaints), where possible, to take the details of the complaint and to respond to complainants' enquiries. Outside of these hours advice can be sought from the on-call Manager who can be contacted via switchboard. Staff on duty out of hours should refer any outstanding matters to the local team or their respective complaints team as appropriate at the earliest practicable opportunity.

7.5 Anonymous Complaints

Occasionally, a complaint may be submitted by a complainant who is unwilling to provide their details, or where they have declined to enable their details to be shared with the service about which their complaint relates. In these cases, the Complaints/Claims Manager/complaints and customer relations manager will discuss with the investigating officer/resolution officer and consider whether it would be possible to investigate or resolve without disclosure of the complainant's details.

If contact details have been provided and where it is possible to establish relevant facts, the complaint will be investigated and a response provided. Where it is not possible to investigate the complaint the complainant will be informed of the reasons for the decision in writing.

For truly anonymous information this can not be looked at under the complaints and concerns procedure but will be passed to the relevant manager for consideration and action if appropriate.

7.6 Process for Raising Complaints

Where a verbal concern cannot be dealt with on the spot and the complainant wants to pursue the matter as a complaint the complainant should be provided with a complaints leaflet and made aware of the complaints process, see appendix D process to raise a complaint with the Trust.

Alternatively, if the complainant prefers they should be advised to contact Patient Services on 0191 2031340 or write to Patients Services Department or email to nhc-tr.patient-services@nhs.net for all health complaints. They should be advised that independent complaints advocacy service (ICA for North Tyneside residents and ICAN for Northumberland residents) are available to help them do so. For all adult social care complaints staff should contact the Adult Social Care Complaints Team. Adult Social Care staff should support a service user's request for advocacy by facilitating independent and confidential advocacy and actively providing information and advice. Refer to appendix E for the process to raise a complaint within adult social care.

Additionally, the manager may pass on the complainants contact details to the Adult Social Care Complaints Team who liaise with the complainant.

7.7 Acknowledgement and Receipt of Health and Adult Social Care Complaints

The Complaints Officer/Assistants will ensure that all complaints are acknowledged within 3 working days. A complaint can be acknowledged verbally or in writing by letter or email.

If a service user complaining about their adult social care service their complaint will be recorded on to the complaints database on receipt.

Complaints being made on behalf of the patient will not be formally recorded until signed consent/authority is received from the patient or adult social care service user, see appendix F.

If the patient is deceased, signed consent/authority is required from the next of kin, see appendix G. However within Adult Social Care, consent is not required from next of kin but the complainant must have had a meaningful relationship with the deceased adult social care service user.

7.8 Receipt of Verbal Complaints

The Complaints Officer/Assistants will take the details of the complaint including how the complaint will be handled e.g. a meeting, written/verbal response. They will also agree with the complainant a timescale as to when they will receive their response. For all health complaints these details will be recorded in the form of a complaint plan (verbal transcript), refer again to appendix A. For adult social care complaints these details will be recorded in a letter.

A copy of the complaint plan (verbal transcript) for health complaints will be sent to the complainant who will be asked to check and confirm its accuracy by signing it and returning it to Patient Services. Once the signed complaint plan has been received the complaint will be formally registered on to the complaints database. The Complaints Officer/Assistants will assess the risk of the complaint at this stage. On the day of receipt of the signed transcript, a copy of it will be sent to the relevant investigating officer to begin the investigation.

7.9 Receipt of Written Complaints

The Complaints Officer/Assistants will contact the complainant by telephone if they have provided their number to acknowledge receipt of their letter, within 3 working days, to discuss their complaint in more detail. They will agree with the complainant how they would like their complaint to be handled i.e. meeting, written or verbal response and to also agree a timescale as to when they will receive their response. These details are recorded in the acknowledgement letter and sent to the complainant.

If no telephone number has been provided the complainant will be sent a brief acknowledgement letter, within 3 working days, asking them to contact Patient Services of the Adult Social Care Complaints Team to discuss their complaint in more detail. The letter will also advise that if no contact is made the Trust will assume they wish for their complaint to be responded to in writing, unless their complaint letter advised differently, and will advise when they should receive their response. The complaint will be formally registered on to the complaints database and they will assess the risk of the complaint at this stage.

For adult social care where no contact has been made the adult social care complaints team will write to the complainant advising them of how their complaint will be handled based on the information they have provided.

The acknowledgement letter will also advise them that the investigating officer or the adult social care complaints officer will keep them updated of progress in the event that it is not possible to respond within the agreed timescale.

In the event that it is not possible to provide a response within the agreed timescale, it is the investigating officer's and the adult social care officer's responsibility to contact the complainant and explain the reasons for the delay. For health complaints the investigating officer must also contact the Patient Services to advise them of the change; and the Complaints Officer/Assistant will update the complaints database.

Care must be taken throughout the complaints procedure to ensure that personal and health information is disclosed only to those who have a need to know and that the information disclosed is confined to that which is necessary for investigating the complaint. Where a third party makes a complaint on behalf of a patient, (including ICA, ICAN and MP's), care must be taken not to disclose personal information to the writer unless the patient or adult social care service user has consented to its disclosure.

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Complaints received in the Chief Executive's Office will be forwarded to the Patient Services or the Adult Social Care Complaints Team for processing.

Written and verbal complaints received direct by individual departments should be forwarded to the Patient Services or Adult Social Care Complaints Team for registering on the complaints database and formally assigning to the Investigating Officer/Resolution Officer. The Complaints Officer/Assistants will ensure an acknowledgement is sent within 3 working days of Patient Services or the Adult Social Care Complaints Team receiving the complaint.

7.10 Investigation

Once the complaint has been registered onto the complaints database, an Investigating Officer/Resolution Officer will be formally assigned by the Complaints/Claims Manager/Complaints Officer within the Adult Social Care Complaints Team for every complaint. Where complaints involve a number of departments, the nominated Investigating Officer/Resolution Officer will be from the department with the most significant involvement. It is the responsibility of the nominated Investigating Officer/Resolution Officer to liaise and obtain relevant information from other departments and collate into one response.

A copy of the complaint letter or complaint plan will be emailed to the investigating officer and their secretary on the day the complaint has been registered onto the database. If requested to do so the Patient Services Department will request, via the patient administration systems medical records tracking section that the health records are sent to the Investigating Officer. For Adult Social Care complaints the acknowledgement letter and any other supporting documents will be emailed to the Resolution Officer when the acknowledgement letter is sent to the complainant.

The Trust aims to resolve all complaints via local resolution using the principles set out in the Complaints Regulations and the Parliamentary & Health Service Ombudsman's "*Principles of Good Complaint Handling*" which are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

The Investigating Officer/Resolution Officer will be encouraged to make contact with the complainant.

On receipt of a complaint the Investigating Officer/Resolution Officer will:

- obtain as much information as is necessary by reference to medical and other records
- aim to make verbal contact with the complainant, wherever possible, within 48 hours
- for health complaints identify whether there are any safeguarding concerns, see Appendix H, flowchart: Process for handling complaints involving safeguarding issues. For adult social care complaints that identify any safeguarding concerns these will be forwarded to the relevant safeguarding manager.
- identify whether the issues involved need to be investigated as an SLE/SUI, see Appendix I, flowchart: Process for handling complaints when there is also an SLE/SUI investigation.

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- if the complaint's risk rating/severity is categorised as catastrophic or major the Investigating Officer/Resolution Officer will investigate the complaint in accordance with the principles outlined in RMP 03: Reporting and Management of Incidents
- if any of the issues raised relate to the conduct or capability/performance of a specific individual that require further action you need to contact your Business Unit Human Resources representative before completing the process for advice and to ensure the response does not compromise any future HR processes.
- identify the staff involved in the complaint and any others able to assist in the investigation/resolution or from whom information and/or explanation is necessary, see Appendix J, Guidelines for writing a statement.
- advise all relevant staff of the complaint and of their part in its resolution
- obtain accurate signed reports/statements from all involved for all health complaints
- for health complaints advise the appropriate Consultant and obtain a clinical opinion where necessary
- for health complaints reassess the risk of the complaint following the investigation. For Adult Social Care complaints, at the end of local resolution, the Complaints and Customer Relations Manager will reassess the risk of the complaint.
- for health complaints, contact the complainant to advise of any delays, the reason why and renegotiate the timescales and provide Patient Services with this information
- liaise with and obtain relevant information from all other relevant departments and organisations
- for health complaints draft a comprehensive response to the complainant or a summary letter following a meeting. For Adult Social Care complaints draft a response letter or complaint report
- ensure that the outcome of the investigation is fed back to staff involved in the complaint or asked to provide a statement
- for health complaints complete and return the action plan, see appendix K, with: the final risk, final subject(s), final sub-subject(s), actions taken, lessons learned, whether each issue was upheld, not upheld or partially upheld, the person responsible for each action, the target date for the action to be completed. For Adult Social Care complaints the Complaints and Customer Relations Manager/Complaints Officer completes the Adult Social Care Complaint Action Plan, see appendix L, which they send to the person(s) responsible for taking action.
- for health complaints implement and follow up any actions arising from the complaint. For Adult Social Care complaints the responsible person would insure the actions are implemented and monitoring is the responsibility of the Complaints/Customer Relations Manager

7.11 Written Response

Where a written response is required to health complaints the investigating officer will draft a full response to the complainant and send a copy via email to the complaints officer/assistants for review, see appendix M, response letter template.

The response must:

- be made within the mutually agreed timescale, unless there are acceptable reasons why not.
- answer every point raised and in the order they were raised
- Identify and correct or explain discrepancies or deviations from normal procedures
- provide an apology where appropriate

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- explain proposals for changes/corrective action/review of practice to avoid recurrence
- include an offer of further investigation, discussion or a meeting with relevant staff where appropriate

Openness and honesty are very important. The response should be drafted in plain straightforward language avoiding medical or technical terminology unless this is specifically requested or otherwise essential. If it has to be used, a parallel explanation in lay terms should also be given. It may be useful to offer the complainant a meeting to go through more complex clinical issues in detail.

The complaints officer/assistants will ensure that all issues raised within the complaint have been fully responded to. If there are any issues outstanding they will be referred back to the investigating officer.

Once the final response is received by the Complaints Officer/Assistants and they are satisfied that all of the issue have been addressed a copy is printed off and sent to the Chief Executive for final signature, a copy is also saved on the complaint file and complaints database . Once signed off by the Chief Executive a copy will also be sent to the investigating officer for them to share with the staff involved in the investigation and the independent complaints advocate, if appropriate.

The response letter must advise the complainant that if they are unhappy with the outcome of their complaint they should contact Patient Services, who will discuss with them why they remain dissatisfied, and what else they think could be done to put things right and whether there may be other ways to help resolve their complaint. A suggestion may be to have a meeting to clarify the response and to ensure that the response is fully understood.

Adult Social Care

Following appropriate, proportionate and reasonable attempts to resolve the complaint the resolution officer or adjudication officer will write to the complainant including the following information:

- A summary of the complaints made
- An explanation of how the complaint has been considered
- The conclusions reached in relation to the complaint including matters for which the complaint specified, or NCC considers, that remedial action is needed
- Confirmation resolution officer or adjudication officer is satisfied that any action needed in response to the complaint has been taken or is planned to be taken and informs the complainant of their right to ask the Local Government Ombudsman to consider their complaint if they remain dissatisfied

The resolution officer may be at any pay band and will sign off the complaint response after appropriate checks on quality and content led by the Complaints Officer.

The Complaints Officers allocated to the case can offer advice or practical support as appropriate to the Resolution and Adjudication Officers.

7.12 Verbal Response

Where a complainant has asked for a verbal response the investigating officer should contact the complainant within the agreed timescale and explain the reason if this has not been achieved.

The verbal response will provide all the points raised above in 7.11.

Following the telephone call with the complainant the investigating officer will contact Patient Services to advise that the verbal response has been provided. The Complaints Officer/Assistants will ensure the complaints database is updated.

Adult Social Care

A verbal response is not provided to adult social care complainants, a written response is provided in all instances.

7.13 Complaint Meetings to Resolve Health Complaints:

Every effort should be made to arrange a meeting within a mutually agreed timescale. The investigating officer will advise which staff need to be invited to a meeting e.g. the relevant Consultant, Departmental Manager and any other member of staff who may be of assistance. The complainant may not wish for certain staff to be involved with their complaint, these requests should try to be met.

Meetings will be facilitated by the investigating officer but all meetings will be arranged by Patient Services. A member of the Patient Services team will not attend meetings unless the complaint is complex or contentious and they are needed to help facilitate the meeting or give advice and support on the complaints procedure.

All meetings will be recorded and a recording of the meeting will be provided to the complainant in disc format, along with a summary letter from the investigating officer outlining any actions agreed to be taken, within 2 weeks following the meeting.

If the complainant is unhappy with the response they receive they should contact Patient Services within 3 months from the date they have received their response to discuss why they remain dissatisfied and what further action they would like to happen.

The Complaints Officer/Assistants will discuss the reasons why the complainant remains dissatisfied and what they think should be done to put things right with the Investigating Officer and together they will complete a decision sheet to determine whether there is a need for further investigation see Appendix N.

The Complaints Officer/Assistants will write to the complainant to advise that their complaint will be further investigated and will agree a timescale with them. If the decision has been made not to investigate the complaint any further the Complaints/Claims Manager will write to the complainant explaining the reasons why.

At the conclusion of the local resolution stage, the final response letter should include information which explains the complainant's right to request that their complaint be reviewed by the Parliamentary and Health Service Ombudsman.

Adult Social Care

Complaint meetings are not provided, a written response is provided in all instances.

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7.14 Process for Handling of Joint Complaints Between Organisations

A protocol for handling complaints involving more than one health and social care organisation has been developed and agreed regionally, a full copy can be requested from the Complaints/Claims Manager/Complaints and Customer Relations Manager. A flowchart for the handling of complaints involving one or more health or social care organisations is attached in appendix O.

Where a complaint involves more than one health or social care organisation, an agreement should be reached on a lead organisation. This would normally be the organisation to which the complaint has been addressed. The complainant should be informed as to the identity of the lead organisation in writing within 3 working days. The lead organisation will be responsible for the collation of statements and management of the complaints investigation.

7.15 Internal and External Communication

The Complaints/Claims Manager/Complaints and Customer Relations Manager will manage and support the Trust's part of the complaints handling process in liaison with others concerned, e.g. with the patient/service user and or complainant, the identified Investigating Officer/Resolution Officer and staff directly involved in the complaint at the Local Resolution stage and with the Parliamentary and Health Service Ombudsman/Local Government Ombudsman as necessary.

7.16 Process to Ensure that Patient's Relatives and Carers are not Treated Differently as a Result of a Concern or Complaint.

When a concern or a complaint is made, confidentiality must be maintained so far as possible. Correspondence in respect of that concern or complaint should not be held within the patient's medical records or the service user's adult social care records. Only staff directly involved in the patient's/service user's care/service and who are in a position to provide information to respond fully to the issues raised should be asked to comment. When asking staff to provide a statement, the information given should be limited to the elements of the concern or complaint relating only to their involvement. Staff must be careful to ensure that any information about patients/service users is kept confidential and that raising concerns or complaining will not influence or affect any further care and treatment.

An audit of complaints handling is carried out by way of a Complaints Satisfaction Questionnaire which is sent to all complainants following conclusion of their complaint (Appendix P). This questionnaire can be completed either by returning the paper version or by completing online.

This specifically asks complainants whether the patient or their relatives felt that they were treated differently as a result of raising their concerns. The result of this audit is discussed within the Trust Wide Concerns, Complaints and Claims Monitoring Group to identify what, if any, actions are required to ensure that raising concerns does not affect the way that they are treated. Completed questionnaires are scanned and emailed to the Investigating Officer/Resolution Officer to provide them with the feedback received. The Investigating Officer/Resolution Officer should ensure that staff involved with the complaint also has access to this information.

7.17 Process by Which the Trust Aims to Improve as a Result of Concerns and Complaints Being Raised

An analysis of the circumstances surrounding the issues must take place on all concerns and complaints and it is the responsibility of the Investigating Officer/Resolution Officer to identify any underlying causes and whether any actions are required to prevent a reoccurrence.

An action plan should be completed indicating actions to be taken, by whom, and by when these are to be sent to the Patient Services to be recorded onto the complaints database. The Investigating Officer, or nominated representative, will be responsible for ensuring that any actions arising from a concern or a complaint are implemented and the outcome is fed back to the staff involved. For adult social care complaints any complaints action plan will be completed by the Complaints and Customer Relations Manager/Complaints Officer. The responsible person(s) will ensure the actions are implemented and monitoring is the responsibility of the Complaints/Customer Relations Manager. The person(s) responsible for taking action must return to the Complaints and Customer Relations Manager the completed complaint action plan as soon as practicable after they have taken the necessary action and signed the form. Evidence of the action having been taken should be attached or sent separately at the same time to the Complaints and Customer Relations Manager.

In the event of a complaint which involves a catastrophic or major outcome to the patient/service user, a Root Cause Analysis should be carried out. Once the investigation is complete, there will be recommendations arising and an action plan. All actions planned must be within the control of the persons/teams making the plan. The action plan must be agreed with the teams. Further guidance on RCA is contained within Policy RMP 03: Procedures for the Investigation and Root Cause Analysis of Incidents, Complaints and Claims. This policy signposts the reader to manager and clinicians within the Trust who have undergone RCA training and are in possession of 'Six steps to Root Cause Analysis' guidance issued when they underwent this training and should be referred to. Action plans must identify who is responsible for carrying out the action, by when and when the action should be re-audited to monitor the effectiveness of the actions taken.

Any actions arising from a complaint which has had a major or catastrophic outcome for the patient/service user, and may therefore carry a high risk, are reported monthly to the Trust Board. As part of the quarterly report, these complaints will be monitored by the Concerns, Complaints and Claims Monitoring Group at the quarterly Trust wide meetings. See appendix Q, Terms of Reference for Concerns, Complaints and Claims Monitoring Group Committee.

The Trust Wide Concerns, Complaints and Claims Monitoring Group receives quarterly and annual reports in respect of concerns, complaints and claims, which include information on the number and type of concerns, complaints and claims received, response times, themes, lessons learnt and action taken to improve standards. The Committee will take responsibility for ensuring that agreed actions and priorities identified by each Business Unit are implemented. Executive summaries of the above are considered by the Safety and Quality Committee.

Quarterly integrated governance reports are completed by business units and include / trends / lessons learnt in respect of concerns, complaints and claims. In addition Trust Wide Integrated Governance Reports (including Complaints and Claims) are placed on the intranet for all staff.

Each Business Unit is responsible for monitoring their own complaints, using the information from complaints reports they will agree priority areas for improvement.

In addition, for Adult Social care complaints, any recommended action arising from a complaint to be taken should be formalised as a complaint action plan and agreed by the Complaints and Customer Relations Manager and Head of Service or other appropriate manager.

The Complaints and Customer Relations Manager will monitor complaint action plans and assure the Integrated Governance Group of progress and completion.

7.18 Vexatious Complaints

It is recognised, that some complainants are habitual or vexatious and can impose a huge strain on time and resources of Trust Staff. In the event that such a complainant is identified the Vexatious Complaints Procedure can be implemented. It is imperative that implementation of this procedure only occurs in exceptional circumstances when all other options have been exhausted. See appendix R, Procedure for handling habitual and/or vexatious complainants.

7.19 Requests for Copies of Health Records

Where a complainant requests copies of the Health Records as part of their complaint their details will be passed to the Medical Records Manager, who will be responsible for organising the release of the relevant records in accordance with the Data Protection Act 1998 or the Access to Health Records Act 1990 (for deceased patients). Alternatively, the complainant can contact the Medical Records Manager direct.

Access to adult social care records will be dealt with according to current guidelines and through the relevant adult social care manager.

7.20 Relationship Between Complaints and SUI's/SLE's

When a complaint is received and the risk grading is Major or Catastrophic, the Complaints Officer/Assistants will check with the Risk Manager/Corporate Governance Officer to see if the issues are already registered as a SUI/SLE.

If it has, the complaint is forwarded to the Investigating Manager/Resolution officer with principles of what can be investigated immediately.

Patient Services/Adult Social Care Complaints Team will write to the complainant advising that their issues are being investigated as a SUI/SLE and that the new timescale is 60 working days.

If the issues have not been registered as a SUI/SLE, the complaint is forwarded to the Investigating Manager/Resolution officer. On receipt the Investigating Manager Resolution officer may advise Patient Services/Adult Social Care Complaints Team that the issues need to be investigated as a SUI/SLE, Patient Services/Adult Social Care Complaints Team would write to the complainant as above.

Refer to appendix I for the process for handling complaints when there is also an SLE/SUI investigation.

7.21 Relationship Between Complaints and Disciplinary Action

The complaints procedure should be kept separate from disciplinary procedures. The purpose of the complaints procedure is not to apportion blame amongst staff but to investigate complaints with the aim of satisfying complainants (while being scrupulously fair to staff) and to learn any lessons for improvements in service delivery. Inevitably however some complaints will identify information about serious matters which indicate a need for disciplinary investigation. A case for considering disciplinary investigation can be suggested at any point during the complaints procedure but consideration of whether disciplinary action is warranted is a separate matter for management, outside the complaints procedure, and must be subject to a separate process of investigation. Complainants have no right to be informed as to whether or not disciplinary action is being taken or its outcome.

7.22 Relationship Between Complaints and Possible Claims for Negligence

In the early part of the complaints process it may not be clear whether the complainant simply wants an explanation and apology, with assurances that any failures in service will be rectified for the future, or whether the complainant is in fact seeking information with a negligence claim in mind. It may be that an open and sympathetic approach will satisfy the complainant. A hostile or defensive reaction is more likely to encourage the complainant to seek information and a remedy through the courts.

Even if a complainant's initial communication is via a solicitor's letter it should not be assumed that it is the intention of the complainant to take legal action. The introduction in April 1999 of the Pre-Action Protocol for clinical negligence and personal injury claims will increasingly encourage claimants to use alternatives to litigation, including the complaints process, to resolve issues.

Complaints correspondence and accident/adverse incident reporting information will not be regarded by the Courts as privileged (although there continues to be some uncertainty about the legality of a claim of privilege in respect of documents created in the course of an internal Trust investigation into an adverse outcome). This means that all correspondence and papers generated in the course of a complaints investigation, including staff statements etc, will have to be disclosed to a claimant if they later pursue a claim for negligence through the courts.

From 24 October 2001, the Data Protection Act classified complaints and untoward incident documentation as personal data. Patients are able to request copies of complaints and risk management files in the same way as they do their health records.

If investigation of a complaint reveals a possibility that there may have been negligence on the part of the Trust, the Investigating Officer should immediately contact the Complaints/Claims Manager to agree the way forward. The existence of negligence does not prevent a full explanation being given and if appropriate, an apology. It is important to remember that an apology is not an admission of liability.

Changes in the complaints regulations in 2009 meant that if at any time it becomes clear that the complainant is intending to take formal legal action i.e.: issuing a letter of claim or Proceedings, the complaints procedure will continue. The complaints procedure can run concurrent to the litigation procedure.

7.23 Final Stage

The Parliamentary and Health Service Ombudsman (PHSO)

If a complainant is dissatisfied with the outcome of the local resolution stage they have the right to ask the Parliamentary and Health Services Ombudsman (PHSO) to review their complaint. A flow chart for handling requests from the Ombudsman is attached in appendix S. The Complaints/Claims Manager can be contacted for further information explaining the Ombudsman's procedures.

The PHSO is not obliged to investigate every complaint put to them. They will look at whether the complaint is one that they can handle, as they can only investigate complaints where they have the legal power to do so.

The PHSO will normally only take on a complaint after the complainant has first tried to resolve the complaint with the Trust and has received a response. The PHSO believes that a Trust should be given a chance to respond and, where appropriate, try to put things right before they become involved.

The PHSO will acknowledge the request within 2 working days and will review the issues raised.

If the complaint does not fall within the necessary criteria, or should be more appropriately handled by another body, such as the General Medical Council, the PHSO will inform the complainant accordingly and advise of the options available.

The PHSO may decide not to investigate the complaint and will write to the complainant advising them of their decision. Alternatively the PHSO may wish to see a copy of the medical notes and the complaint file before making that decision, which they will request from the Trust.

If the complaint is felt to be suitable for review the PHSO will allocate a Case Manager to undertake the review of the complaint and who will notify the complainant of the outcome of the initial review and as to whether further investigation will be necessary.

The PHSO will consider if the complaint can be referred back to the Trust for further attempts at resolution and may make suggestions on what the Trust should consider.

If the PHSO decide to further investigate the complaint, they will advise the Trust and the complainant in writing.

Upon completion of an investigation the Ombudsman may uphold the complaint in full, or in part, or may not uphold the complaint at all. In any event the Ombudsman will set out the findings and reasons for these in a report. Where the complaint is at least partially upheld, the Ombudsman may make recommendations for appropriate redress, and which might include an apology, an explanation, improvements to practices and systems, or where appropriate limited financial redress. The Ombudsman also has the power to refer individual clinician's to regulatory bodies where this is considered appropriate.

The Local Government Ombudsman (LGO)

In all adult social care responses the complainant will be directed to the Local Government Ombudsman (LGO).

The Complaints and Customer Relations Manager will handle enquires and requests from LGO, informing senior managers and taking advice as appropriate. The Complaints and Customer Relations Manager will also coordinate responses to LGO.

7.24 Documentation

All discussions with complainants, Investigating Officers/Resolution Officers and anyone else involved in the investigation of a complaint should be documented. This should include the name of the person with whom the conversation has been held, along with the name of the staff member making the record, their job title and the date.

Staff asked to prepare a statement to assist in compiling the complaint response should follow the good practice guidance attached; see appendix J as referred to previously.

All documentation relating to complaints will be retained in accordance with IG 82 Records Management Policy and the Trust's Record Strategy as it applies to Health Records.

7.25 Publication of Complaints Procedure

Posters and leaflets explaining the complaint procedure will be displayed in wards and departments. Within adult social care they will be displayed where appropriate and could include buildings with public access or in-house residential settings.

Information about the health complaints procedure is also available on the Trusts internet site at www.northumbria.nhs.uk and for adult social care complaints information is available at www.northumberland.gov.uk.

Staff are able to access the complaints procedure via the Trust Intranet and hard copies are available in policy folders.

8. Training and Support

8.1 Complaints Training

Concern/Complaint handling and resolution is provided at Trust induction. Additional adult social care training is provided by the Adult Social Care Complaints team to supplement induction training.

8.2 Supporting Staff Involved in a Complaint

In the event of a complaint which is traumatic and may be stressful to staff, the appropriate line manager should be notified by the Investigating Officer/Resolution Officer. The line manager should immediately identify whether support is required and who should provide that support. Support should be readily available in the short term from the individual's line manager, Occupational Health and the Complaints/Claims Manager/Complaints and Customer Relations Manager and this should be offered immediately. Please refer to the Trust Policy RMP03: Procedures for the Investigation and Root Cause Analysis of Incidents, Complaints and Claims, section 8 Process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. In addition to this support or advice can be sought direct from

their union representative or NMC / GMC. Guidance on statement writing will be provided to staff to assist them in making any statement. See appendix J.

In the event that a staff member is experiencing difficulties associated with the event, longer term support is available via the Occupational Health Department and an appropriate referral should be made to that department as soon as possible by the individual's line manager. The Occupational Health Team will provide formal counseling and peer support from a number of specialist professionals.

Advice and support can be obtained from the Complaints/Claims Manager/Complaints and Customer Relations Manager e.g. to discuss anxieties and concerns, to obtain guidance on process, and to attend meetings to provide support.

9. Monitoring and Audit

| Monitoring/audit arrangements | Methodology | Reporting | | |
|-------------------------------|---|--|-----------------------------------|-----------|
| | | Source | Committee | Frequency |
| Monthly report | Integrated report showing monthly response times. | Complaints/Claims Manager | Finance and performance committee | Monthly |
| Quarterly report | All complainants will receive a complaints satisfaction survey and the results will be reported in quarter report. All people using PALS will be asked to complete an evaluation of the service; the results will be reported quarterly. | Complaints Co-ordinator/ PALS Manager/ Complaints and Customer Relations Manager | CCCMG | Quarterly |
| Quarterly report | Complaints database provides statistical details of all complaints raised including outcomes. Report also provides information on those complaint responses taking more than 35 days to complete. | Complaints Co-ordinator/ PALS Manager/ Complaints and Customer Relations Manager | CCCMG | Quarterly |
| Audit | Sample selection of complaints action points are audited to ensure completion of actions. | Clinical Audit | CCCMG/SQC | Quarterly |

Wherever the monitoring has identified deficiencies, the following should be in place:

- Action plan
- Progress of action plan monitored by the appropriate Committee (minutes)
- Risks will be considered for inclusion in the appropriate risk registers

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Date of Creation: 2015 – Disposal Date 2040

10. Key Performance Indicators

Statistics on complaints are routinely available and are submitted annually to the Department of Health and includes number of complaints acknowledged within 3 working days and number of complaint responses provided within the mutually agreed timescales.

11. Retention of Complaint Files

Complaints files will be retained within the complaints department for a minimum of 10 years in accordance with the Records Management Policy.

12. Related Documents

[Risk Management Policy and Strategy](#) RMP 01

[Policy for the Reporting and Management of Incidents](#) RMP 03

[Policy for the Handling of Clinical Negligence, Personal Injury and Property Claims](#) RMP 05

[Procedures for the Investigation and Root Cause Analysis of Incidents, Complaints and Claims](#)
RMP 16

<http://intranet2.northumbria.nhs.uk/home/policies-and-procedures/files/2012/10/IG104-v03-Records-Management-Policy-FINAL.doc> Records Management Policy IG 104

<http://intranet2.northumbria.nhs.uk/home/policies-and-procedures/files/2012/10/RMP36-V05-Duty-of-Candour-and-Being-Open-Policy-Updated.docx> Duty of Candour and Being Open Policy RMP 36

13. References

This policy should be read in conjunction with the legal requirements and good practice guidance set out in the Local Authority Social Services and NHS Complaints (England) Regulations 2009.

COMPLAINT PLAN (Verbal Transcript)

| | |
|---|--|
| Date / time complaint taken | |
| Complainants name | |
| Complainants address | |
| Complainants telephone no./ Email address | |
| Relationship to patient | |
| Patients name | |
| Patients address (where applicable) | |
| Patients date of birth / Trust Number | |
| Patients telephone no. / Email address | |
| Advocate | |
| Cross Organisational | |

You advised: **(Brief synopsis of complaint)**

In order to resolve your complaint you would like to know the following:
(Give specifics about what the complainant wants to know – this will form the basis for the response letter)

The wards / departments / Hospitals involved are: **(Ward / department / hospital)**

You requested that the following people should / should not be contacted: **(Name and designation of person)**

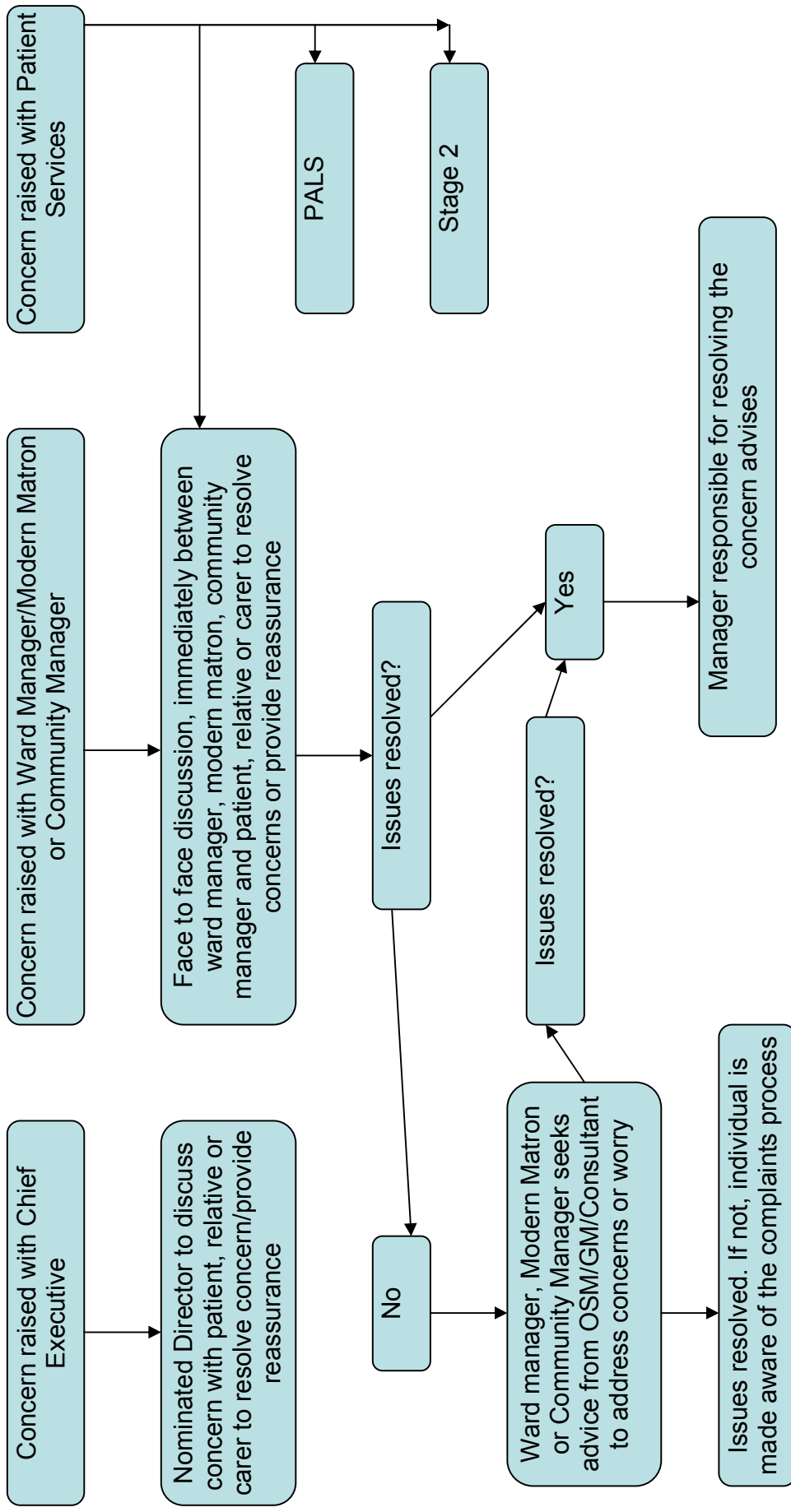
You have asked that we contact you by: **(Telephone / email / letter)**

In order to resolve your complaint we have agreed to: **arrange a meeting / telephone you / write to you**

I agree this is a true reflection of my complaint

SIGNED _____ DATE _____

Process to raise a concern with the Trust (Stage 1)



PALS Procedure to raise concerns and queries

There may be some problems or queries which patients, their relatives or carers; people acting on behalf of patients and members of the public wish to raise and would like to have help with, without making a complaint.

All staff are expected to provide prompt, on the spot, assistance to deal with any problems and answer queries as they arise. Many concerns can be resolved satisfactorily at this level by means of a simple explanation or apology

Patients, their families and carers may prefer to talk to someone separate to those providing care and treatment or may be unsure who to speak to. For this purpose there is the Patient Advice and Liaison Service (PALS) within the Trust to help people with queries or issues which are not complaints and to provide information and advice about services.

Staff should therefore ensure that information is available about PALS and make a referral to PALS when appropriate.

The Patient Advice and Liaison Service is not part of the complaints procedure itself but may be able to help resolve any concerns informally or can provide information about how to make a complaint, including information about independent complaint advocacy services (ICA for North Tyneside residents and ICAN for Northumberland residents), to help people decide how they wish to proceed.

Duties

PALS provide confidential advice and support, helping to sort out any concerns about any aspect of NHS care.

The service aims to:

- advise and support patients, their families and carers
- provide information on NHS services
- listen to concerns, suggestions or queries
- help sort out problems quickly on behalf of patients their family and carers

PALS acts independently when handling patient and family concerns, liaising with staff, managers and, where appropriate, relevant organisations, to negotiate prompt solutions. If necessary, it can also refer patients and families to specific local or national-based support agencies.

The PALS manager is the specialist responsible for ensuring that detailed procedures are developed, agreed and implemented throughout the Trust and are monitored as appropriate. The PALS Manager ensures that PALS is accessible and that PALS officers respond appropriately to achieve a prompt resolution to the concerns and requests for information and advice from patients their families and carers. They also ensure that all concerns are recorded and collated on a central database and that reports are produced and delivered as required.

The PALS Assistant Service Managers provide support and guidance to PALS Officers, maintain the database and produce reports as required.

PALS officers respond to individual concerns and requests for information, liaising with staff at all levels in the Trust, as necessary to achieve a resolution on behalf of patients, their families and carers. They arrange meetings, as necessary. They record the details of concerns on a central database.

PALS volunteers raise awareness about PALS and act as a gateway to PALS Officers; they are supported by the Service Support Officer.

Process for raising concerns

PALS is available 09.00 hours to 16.30 hours Monday to Friday. Outside of these hours a message can be left on an answer-machine which will be responded to on the next working day.

The service can be contacted on:

Freephone: 0800 0320202, Text: 01670 511098, Email: northoftynepals@nhct.nhs.uk

Freepost: RLTC-SGHH-EGXJ

North of Tyne PALS

The Old Stables

Grey's Yard

Morpeth

NE61 1QD

Or patients their families or carers can ask staff members to contact PALS on their behalf.

There are PALS offices in Wansbeck, North Tyneside and Hexham General Hospitals and the Northumbria Specialist Emergency Hospital and PALS Officers can visit people in departments or wards or at a venue which suits them.

There are posters and leaflets throughout the Trust. PALS Officers and PALS Volunteers promote PALS. Leaflets are available in English and other languages and PALS works with the interpreting service.

The Patient Advice and Liaison Service in Northumbria Healthcare NHS Foundation Trust is provided as a consortium arrangement between all NHS services in the North of Tyne area including the North East Ambulance service, with shared management arrangements.

This means that patients, their families and carers who contact PALS North of Tyne can discuss their concerns about any NHS services and they will be handled by one PALS Officer.

Process for ensuring that patients, their relatives and carers are not treated differently as a result of raising a concern

Staff will receive training about the role of PALS as part of the induction process.

In the process of their work PALS Officers explain the role of PALS in facilitating the resolution of concerns, and as a positive mechanism for patients, their families and carers to have a 'voice' in the delivery and development of services.

Policy: RMP14 Complaints Policy and Procedure for raising Concerns Policy Version: 08

Policy Author: Marie Calvert

Date of Creation: 2015 – Disposal Date 2040

In dealing with concerns staff are required to give reassurances that any issues will be dealt with confidentially and the patient or person raising the concern will not be discriminated against either then or in the future as a result

When a concern is made, confidentiality must be maintained as far as possible. Correspondence in respect of that concern should not be held within the patient's medical records. Only staff directly involved in the patients care and in a position to provide information to respond fully to the issues raised should be asked to comment. When providing staff with information to allow them to respond, the information provided to staff should be limited to the elements of the concern relating to their involvement. Staff must be careful to ensure that any information about patients is kept confidential and that raising concerns or complaining will not influence or affect any further care and treatment.

Information provided in PALS reports is anonymous with respect to individual clients and staff and reports include an explanation that *'PALS will only act with the agreement of the client /patient. Unlike complaint PALS concerns will not result in a full investigation. This means that the report may contain claims or comments made by clients which have not been proven and reflects their own personal perception.'*

Process for making changes as a result of concerns being raised

Concerns and queries raised with PALS are collated and reported, anonymously, to the Trust, to each Business Unit and department and to the Trust wide Concerns, Complaints and Claims Monitoring Group. Actions which have been taken and changes made as result of concerns being raised are included in this report. Operational managers receive detailed reports of concerns relating to the area they manage. This includes a pro forma to report changes made or service developments as a result of a concern being raised via PALS. Each Business Unit has arrangements in place to consider concerns raised and any changes in procedures or practices which have been made as a result.

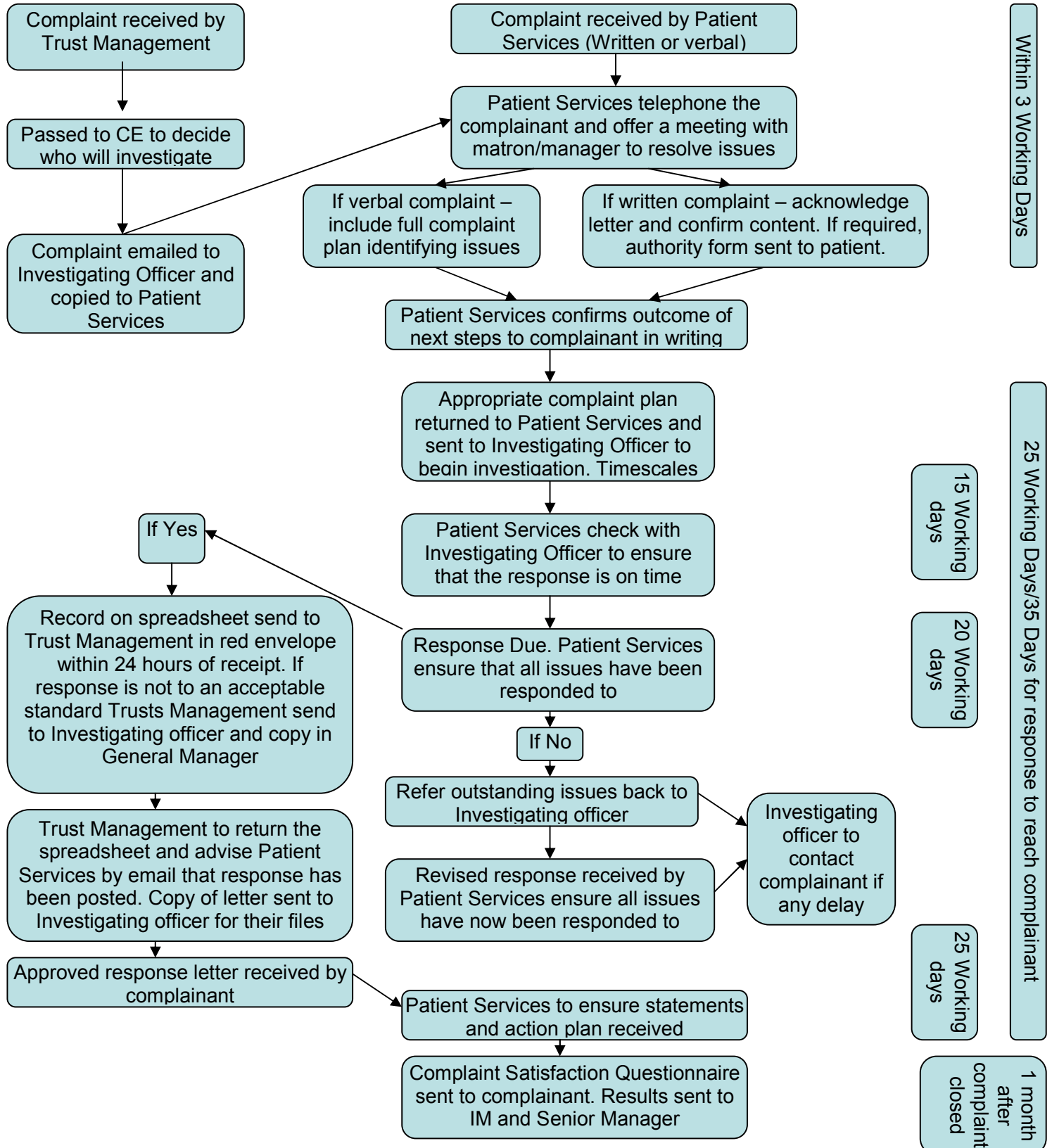
Process for monitoring the effectiveness of PALS

The Safety and Quality Committee and the Trust Wide Concerns, Complaints and Claims Monitoring Group will receive quarterly and annual reports from PALS lead which will include information on the number and type of concerns received, lessons learnt and action taken to improve standards.

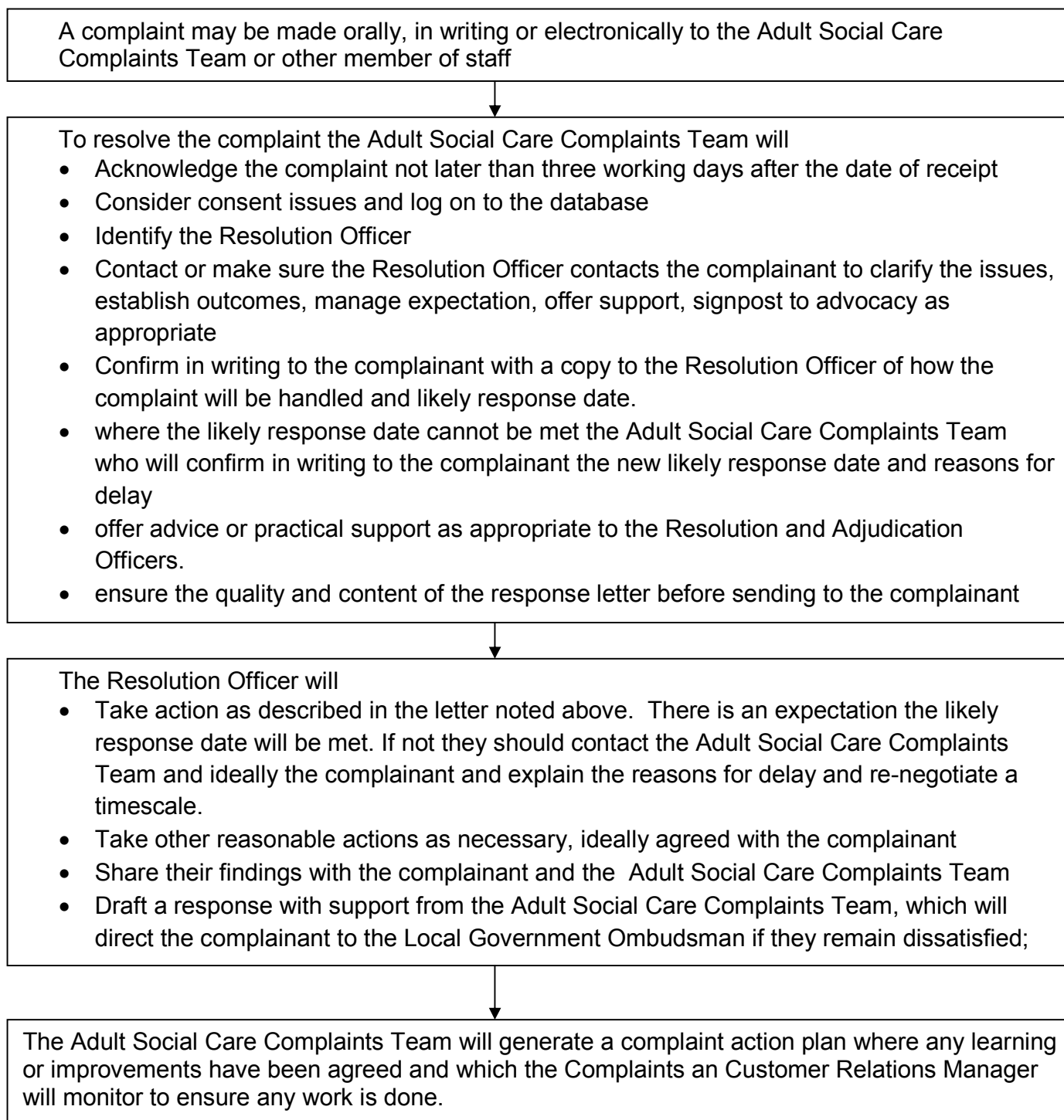
People who use PALS are asked to complete an evaluation of the service. The results are incorporated into the PALS annual report.

The PALS consortium group with representation from the seven trusts in the North of Tyne Consortium meets twice a year to monitor PALS and agree developments and action.

Flowchart: Process to raise a complaint with the Trust (Stage 2)



Flowchart: Process to raise a complaint within Adult social care



Complaints Authorisation Form

In order to comply with the Data Protection Act 1998 and confidentiality when responding to a complaint it is often necessary to relay personal and medical information about you to a third party. Therefore, before we can do that, we need your permission. For this reason we are asking you to complete this form.

During the process your health and social care records may be seen by people who are not health professionals, (i.e. administrative staff within complaints departments), but they are legally bound to keep the information confidential.

Information will not be released unless your signed consent has been obtained.

Authorisation:

I **(INSERT NAME)** of **(INSERT ADDRESS)** give my consent for **(INSERT NOMINATED REPRESENTATIVE)** of **(INSERT ADDRESS)** to pursue a complaint against the NHS.

OR

I **(INSERT NOK NAME)** of **(INSERT NOK ADDRESS)** give my consent for **(INSERT NOMINATED REPRESENTATIVE)** of **(INSERT ADDRESS)** to pursue a complaint against the NHS about **(INSERT CHILDS NAME)** of **(INSERT CHILDS ADDRESS)**

I understand and confirm my consent to the disclosure of any personal and medical information about me **or** my son/daughter, between NHS organisations, for the purpose of investigating and responding to this complaint.

Signed: Print Name: Date:

If you have any queries regarding the completion of this form please contact a member of the Patient Services team on 0191 203 1340.

Complaint ref: (type in complaint ref)

Complaints Authorisation Form
(Where the patient lacks capacity or where the patient has died)

In order to comply with the Data Protection Act 1998 and / or confidentiality when responding to a complaint it is often necessary to relay personal and confidential medical information about the patient. It is therefore necessary that the next of kin or the patient's representative give their permission for this information to be released to them or to a third party. For this reason we are asking you to complete this form.

During the process the patient's health and social care records may be seen by people who are not health professionals, (i.e. administrative staff within complaints departments), but they are legally bound to keep the information confidential.

Information will not be released unless your signed consent has been obtained.

Patient's details:

Name: Date of Birth:

Address:

Authorisation:

I, **(INSERT NAME)** of **(INSERT ADDRESS)**, acting as the patient's representative, confirm that I am pursuing a complaint against the NHS in relation to the above named patient.

I understand and consent to the disclosure of any personal and medical information in relation to the above named, from any NHS organisations, for the purposes of investigating and responding to my complaint.

In order to deal with my complaint, I enclose a copy of: *(Please delete as appropriate)*

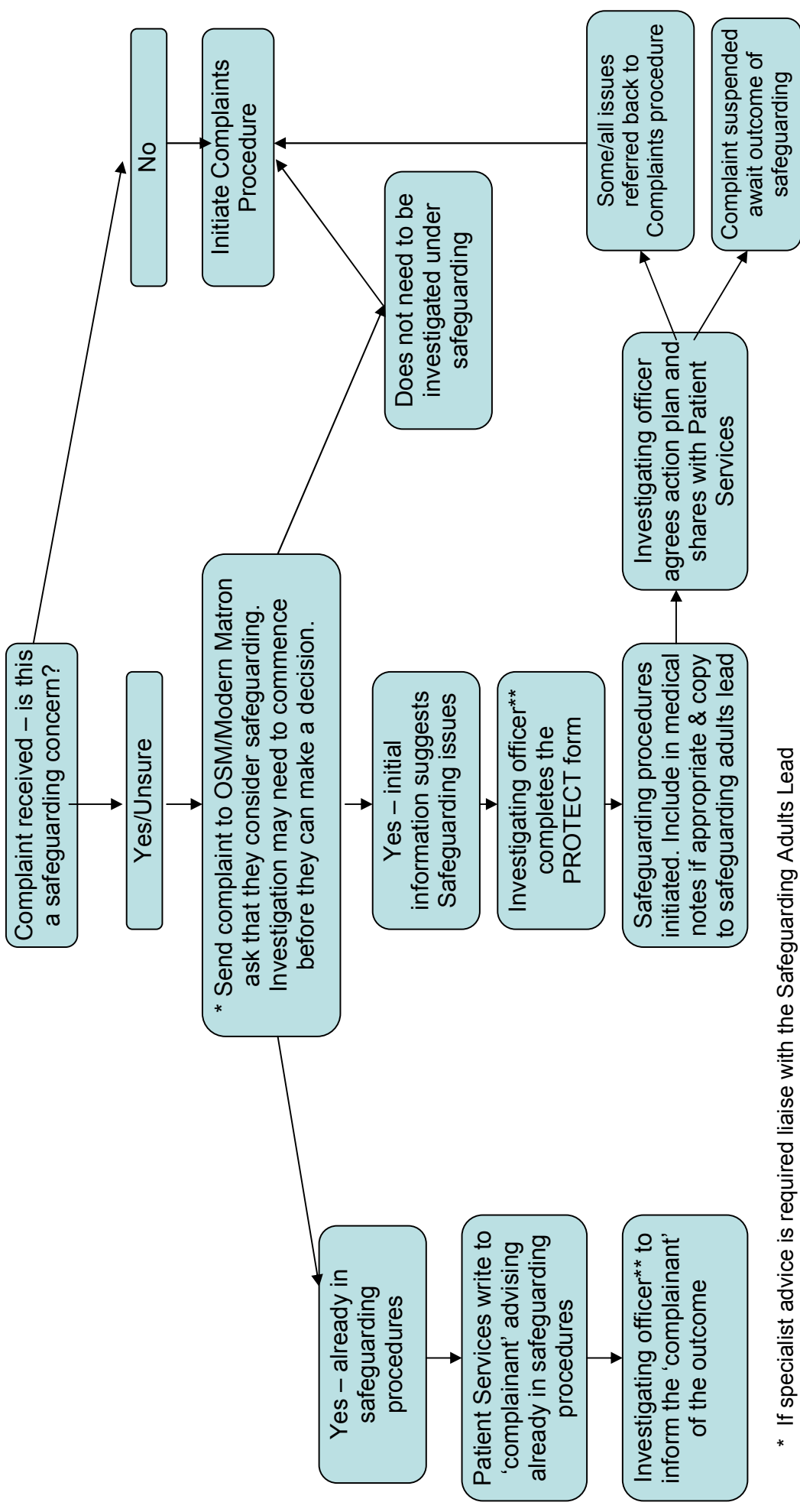
- evidence that I am the executor or administrator, of the deceased person's estate; or
- a copy of my grant of representation / court probate; or
- proof that I, the applicant, is establishing a claim arising from the patient's death.

Signed: Print Name: Date:

If you have any queries regarding the completion of this form please contact a member of the Patient Services team on 0191 203 1340.

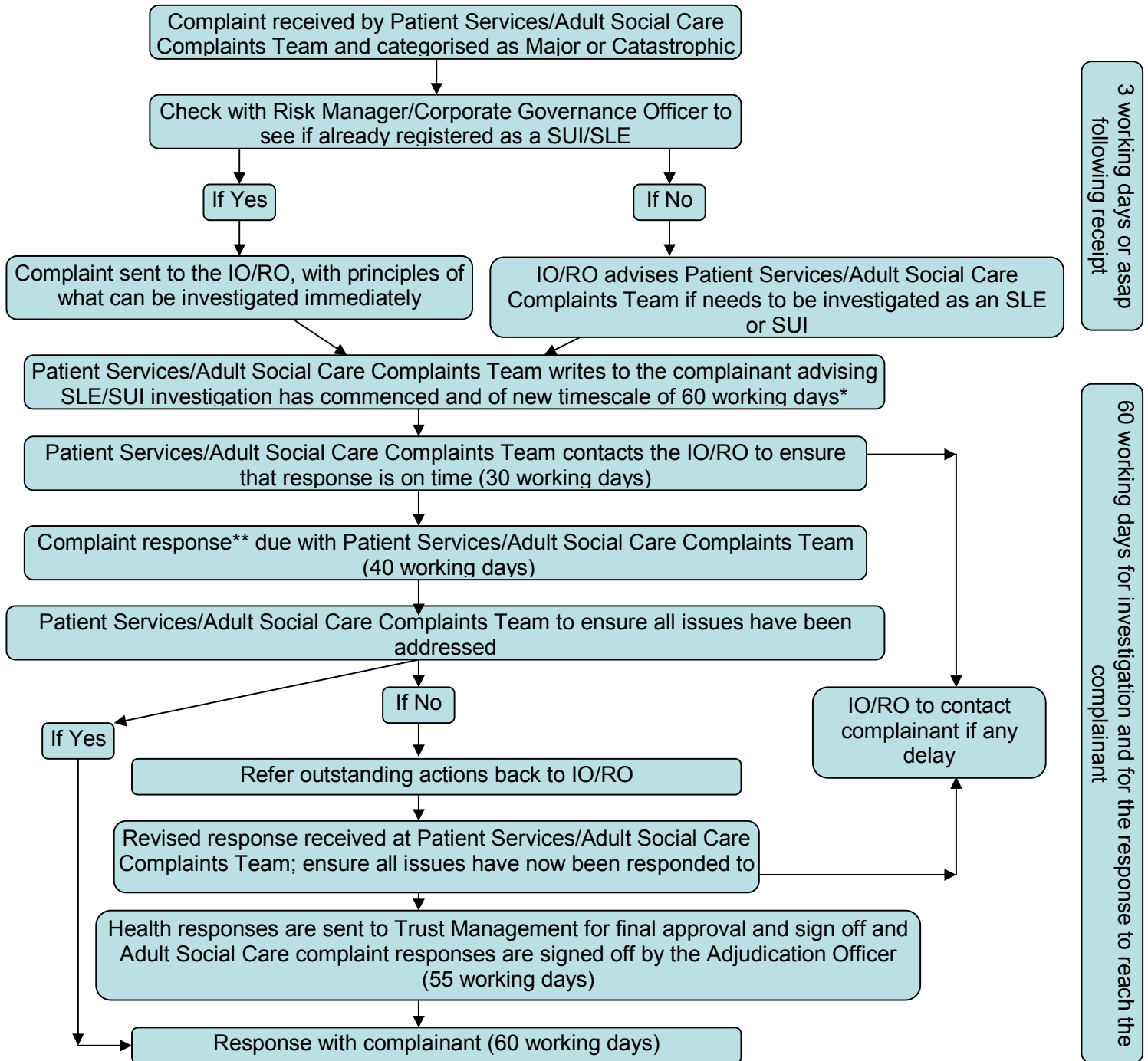
APPENDIX H

Process for handling health complaints involving safeguarding issues



* If specialist advice is required liaise with the Safeguarding Adults Lead
 ** Investigating officer is OSM, Modern Matron etc

Process for handling health and adult social care complaints when there is also an SLE/SUI investigation



** Complaint response should include key areas from the full report and appropriate terminology used

Guidance for staff preparing statements

The following comments are very general guidelines for making statements or writing letters or reports as a witness of fact i.e. someone who had some personal involvement.

Specific situations may require more detailed analysis. Usually the request for the statement will come from the Legal Services Co-ordinator who will liaise with the Coroner office. The legal Services Co-ordinator will also give advice and guidance regarding the inquest process.

Use good quality A4 paper. Do not use scraps of paper, pages from notepads, medical records sheets, of the backs of documents designed for other purposes.

Statements should be typed using only one side of each page. Wide margins and double line spacing are recommended. If it is not possible to have your statement typed you must write neatly using black ink.

1. Any statement prepared (unless it is actually prepared during the course of pending or ongoing litigation) may well at some time be scrutinized not only by managers and lawyers representing the interests of the Trust, but also by others. A statement made in one context may well also be used in another. If a witness gives evidence that contradicts a statement previously made by that witness the previous statement can be put to the witness and he/she will have to explain the difference. This can affect the credibility of the witness. For all these reasons it is important that any statement is accurate, carefully considered and that the maker retains a copy for future reference.

2. The statement maker should start off by setting out their full name, address (usual business address) and present position.

3. Set out details of professional qualifications

4. It is important that statements relating to involvement in the treatment of a patient are made with reference to the medical records. If the original or copy records are not available when the statement is being made this should be stated at the start of the statement.

5. Set out the story.

6. The statement should be in the first person singular (“I did this”).

7. The statement maker should say what their involvement in the incident was (other witnesses can explain their own involvement). The golden rule is “what you did, what you heard and what you saw”.

8. If a decision was made jointly this should be set out in the statement e.g. “..... and I agree that I should do this”. It is not helpful to say “..... it was agreed we should”. This neither explains who decided nor who was going to do the “doing”.

9. The statement maker should make clear their own personal part in the incident and set out with names and job titles the parts other people played.

10. If the statement maker was under supervision then they should say by whom.
11. If medical records and other documents are relevant then it may be helpful to refer to these in the statement.
12. If shorthand notes or abbreviations are being referred to, then those should be explained fully and a translation provided.
13. Whenever the statement maker refers to dates then the full date should be set out e.g. 27.06.06 not 27.06.
14. A statement should only outline a recital of the facts that are in the statement maker's own knowledge.
15. A statement maker should avoid using hindsight to retrospectively evaluate what happened at the time.
16. The statement maker should give as much information about the incident and/or related factual matter as possible. If the statement maker does not remember certain details, then this should be made clear in the statement.
17. If protocols or standard procedures are relevant then these could also be referred to in the statement.
18. In addition to the fact that statements prepared outside the course of litigation might well be scrutinized by a number of people, it is helpful to remember that the statements given by staff one year might in subsequent years be the only evidence the Trust will have about what happened in a particular case, e.g. staff have moved on and can no longer be traced. It is therefore beneficial for the Trust to have as much information as possible.
19. Once a statement has been completed then it should always be considered carefully and then signed by the witness and dated again with the full date. If circumstances allow it is a good idea to leave a statement at least overnight and reviewing it again before signing. The draft read by someone else (either your line manager or the Legal Services Co-ordinator) to check that it makes sense to an uninvolved reader (if this is done it should not be with anyone else involved in the incident).
20. Always keep a copy of any statement you make. If this is not possible, for example, the police do not like to allow copies while an investigation is being undertaken, seek an agreement that a copy will be provided when the rest of the evidence has been gathered.

21. WITNESS STATEMENT (Template)

21.1 Witness statement of [TITLE/NAME]

21.2 Set Out:

- Your full name
- Professional address

- Your current post
- Details of your qualifications
- Your post and grade at the time of the incident in question]

21.3 Please set out details of where you worked, either unit or team, and explain the nature of the ward/team and the client group that you worked with. If it is a ward please set out its size, and the type of clients on the ward.

21.4 If appropriate please set out details of your role on the ward/team e.g. do you have primary nurse responsibility, are you a manager, do you participate in multi- disciplinary team planning and so on.

21.5 Please set out details of your earliest contact with the client.

21.6 Then:

- set out in chronological order and in first person details of your subsequent contact with the client including relevant details of your interaction with him and or relevant others
- Please set out where possible the care given and in the case of falls for example, set out the risk assessments carried out, what precautions were taken to prevent the patient give. Or is it in relation to pressure sores the nursing care given and the steps taken to prevent the pressure sores developing should be details
- When referring to others use name and job title
- So far as possible be clear where you have witnessed events, or if you are given information set out the source of it
- If you refer to specific information in the records and/or a report of some kind then please identify this by date and,

21.7 I believe that the contents of this witness statement are true.

21.8 [SIGNED] and [DATED]

APPENDIX K

HEALTH COMPLAINTS ACTION PLAN

| Complaint No | Complainant | Patient | Ward | Hospital | Severity | Final Severity |
|--------------|-------------|---------|------|----------|----------|----------------|
| | | | | | | |

| | |
|----------------------------|--|
| Issues/Description: | |
|----------------------------|--|

| Initial Primary Subject | Final Primary Subject | Initial Sub-Subject | Final Sub-Subject | Employee Name | Lessons Learnt | Actions Taken | Upheld, partially upheld or not upheld | Target Date | Responsible Person |
|-------------------------|-----------------------|---------------------|-------------------|---------------|----------------|---------------|--|-------------|--------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | |
|--|--------------------------------------|
| Was the overall complaint upheld? | Was there a systemic failure? |
|--|--------------------------------------|

Please complete and return to the Complaints Office, Patient Services Department, Northumbria House, Unit 7/8 Silver Fox Way, Cobalt Business Park, Newcastle upon Tyne, NE27 0QJ email to: patient.services@northumbria-healthcare.nhs.uk

Thank you

Northumbria Healthcare



NHS Foundation Trust

Adult Social Care Complaint action plan

| | |
|-------------|------------------------|
| Complainant | Service user / patient |
|-------------|------------------------|

| |
|-------------------|
| Complaint summary |
|-------------------|

| |
|---|
| Resolution / investigating / adjudication officer |
|---|

| Recommendation | Agreed action | Person responsible | Date to be completed | Date completed | Signature |
|----------------|---------------|--------------------|----------------------|----------------|-----------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

N.B. The person responsible for taking action must return to the Complaints and Customer Relations Manager the completed complaint action plan as soon as practicable after they have taken the necessary action and signed the form. Evidence of the action having been taken should be attached or sent separately at the same time to the Complaints and Customer Relations Manager.

Response Letter Template

Northumbria Healthcare 

NHS Foundation Trust

Patient Services and Quality Improvement

Northumbria House
Unit 7/8 Silver Fox Way
Cobalt Business Park
Newcastle upon Tyne
NE27 0QJ

Direct Line: (0191) 203 1340

Fax No: (0191) 203 1357

Our Ref: (complaint reference number i.e. 09-10/100)

Date:

Private & Confidential

Mr Fred Anybody
10 Anywhere Road
NORTH SHIELDS
Tyne and Wear
NE29 0AA

Dear Mr Anybody

Introduction - for example:

Thank you for your letter of complaint dated 15 January 2010 in which you raise issues about your care and treatment during your visit to the Emergency Care Centre at North Tyneside General Hospital.

Offer condolences, if appropriate.

Offer an apology, if appropriate - for example:

I would like to offer my sincere apologies that you felt that the care received was of an unacceptable standard and would like to assure you that all of your issues have been addressed in full.

Explain what happened in order to investigate the complaint, for example:

Joe Brown, Operational Services Manager for the Emergency Care Centre has investigated your complaint. This involved them reviewing your medical notes and speaking to the staff involved with

Policy: RMP14 Complaints Policy and Procedure for raising Concerns Policy Version: 08

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Date of Creation: 2015 – Disposal Date 2040

your care. Using this information I am able to respond to your complaint and will address your concerns in the order they have been raised.

Response: Please remember that the reply is from Jim

- 1. Answer each issue in turn**
- 2. Provide an explanation of what happened**
- 3. Provide an explanation of the actions to be taken, changes/improvements to be made**
 - Give details of the decision and the reasons for that decision, based upon the available facts
 - Acknowledgement of responsibility
 - Explain what should happen i.e. procedure, protocol
 - Explain NHS terminology
 - Give a well meant apology if appropriate; if only for feelings
 - Provide evidence of what you are saying
 - Explain how you will put things right, what actions have been/will be taken and what changes will be made as a result of any issues that have been upheld.
 - Redress – putting the patient back in the position they were in before they felt the need to complain

Tips:

- Communication – i.e. be careful of the tone and language used.
- Avoid being too defensive
- Be open and honest

Conclusion:

You must include the following:

- If you are unhappy with the outcome of your complaint please do not hesitate to contact Patient Services on 0191 203 1340. They will talk to you about why you are dissatisfied, what else you think could be done to put things right and whether there may be other ways to help resolve your complaint.

Yours sincerely

JIM MACKEY
Chief Executive

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

**Complaint Review Request – Decision sheet & checklist
(to be completed jointly by the Investigating Officer & Complaints/Claims Manager)**

Does the Investigating Officer's response address all elements of the complaint as set out in the complaint plan? Yes / No

Comment:

Has the Investigating Officer undertaken all actions set out in the complaint plan? Yes/ No

Comment:

If there was any variation, was this explained and agreed with the complainant? Yes / No / NA

Comment:

Does the Investigating Officer's response clearly explain the policy and / or procedures that governed the actions which lead to the complaint? Yes / No

Comment:

Have we already accepted responsibility? Yes/ No

Comment:

Did the action / inaction that led to the complaint cause serious harm to the patient (physically, mentally or financially)? Yes / No

Comment:

Was the conduct of the investigation proportionate to the seriousness of the complaint? Yes/No

Comment:

Was the outcome / action proposed proportionate to the seriousness of the complaint? Yes / No

Comment:

Is further examination likely to lead to a change of outcome for the complainant? (e.g. where their preferred outcome is for a worker to be disciplined - is the issue, if proven, one that could lead to disciplinary action?)
Yes / No

Comment:

Can the complainant provide evidence to back up their challenge to the complaint response?
Yes / No

Comment:

Is the disputed information significant i.e. if shown to be correct would it lead to changes (or further changes to any already identified) in:

| | |
|------------|----------|
| Policy | Yes/ No |
| Procedures | Yes / No |
| Practice | Yes / No |
| Structure | Yes / No |

Comment:

| | |
|---|----------|
| Impact on service decisions | Yes / No |
| Impact on relationship with partner agencies e.g. Social Care | Yes/ No |

Comment:

| | |
|--|----------|
| Cause serious damage to our reputation | Yes / No |
| Lead to significant insurance claim / compensation award | Yes / No |

Comment:

DECISION:

1. No further action. Send final sign off letter.
2. Further explanation of policy / procedures/ action, but no further investigation. Send final sign off letter.
3. Further investigation by the Trust. Notify the complainant & draft new Complaint plan.

Signed: (Investigating Officer)

Signed: (Complaints/Claims Manager)

Date:

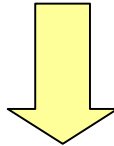
Flowchart for handling complaints involving more than one organisation

Complaint received

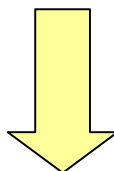
The Trust who has received the complaint will discuss with other Trust's involved and together they will decide which organisation takes the lead.

Complaints Lead contacts the complainant to:

- discuss their complaint
- agree how the complaint will be handled
- confirm the issues to be addressed
- explain the implications of a joint organisation complaint and who will co ordinate the response



The lead organisation will pull together all of the responses for each organisation into a draft letter. The draft letter will be circulated to all Trusts involved and when agreed the CE of the lead organisation will sign off the final response.



Action plans are prepared to demonstrate learning and organisational improvement where appropriate. These should be shared across the organisations involved



Complaints Satisfaction Questionnaire – How did we do?

We hope you are satisfied with the handing and investigation of your complaint. In order to monitor how well we respond to complaints we would be grateful of you could take a couple of minutes to complete this survey and return it in the enclosed freepost envelope. Alternatively, you can complete this survey online at www.tinyurl.com/complaints

Your comments are very important to us and will help us to improve the service for the future.

Please indicate to what extent you agree with the following statements about your complaint by placing a tick in the appropriate box that best reflects your views.

1. Considering a complaint

| Statement | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|-----------|----------------------------------|----------------|-------|----------------------------|----------|-------------------|
| 1. | I knew I had a right to complain | | | | | |

| Statement | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|---|----------------|-------|----------------------------|----------|-------------------|
| 2. | I was made aware of how to complain (when I first started to receive the service) | | | | | |
| 3. | I understood that I could be supported to make a complaint | | | | | |
| 4. | I knew for certain that my care would not be compromised by making a complaint | | | | | |
| <p><i>Please use this space to make any further comments or suggestions, especially if you have ticked disagree or strongly disagree:</i></p> | | | | | | |
| | | | | | | |

2. Making a complaint

| Statement | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|-----------|---|----------------|-------|----------------------------|----------|-------------------|
| 1. | I felt that I could have raised my concerns with any of the members of staff I dealt with | | | | | |
| 2. | I was offered support to help me make a complaint | | | | | |
| 3. | I was able to communicate my concerns in the way I wanted | | | | | |

Policy: RMP14 Complaints Policy and Procedure for raising Concerns Policy Version: 08

Policy Author: Marie Calvert

Date of Creation: 2015 – Disposal Date 2040

| | | | | | | |
|--|--|--|--|--|--|--|
| 4. | I knew that my concerns were taken seriously the very first time I raised them | | | | | |
| 5. | I was able to make a complaint at a time that suited me | | | | | |
| <i>Please use this space to make any further comments or suggestions, especially if you have ticked disagree or strongly disagree:</i> | | | | | | |
| | | | | | | |

3. Staying informed

| Statement | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|---|----------------|-------|----------------------------|----------|-------------------|
| 1. | I always knew what was happening in my case | | | | | |
| 2. | I felt that responses were personal to me and the specific nature of my complaint | | | | | |
| 3. | I was offered the choice to keep the details of my complaint anonymous and confidential | | | | | |
| 4. | I felt that the staff handling my complaint were also empowered to resolve it | | | | | |
| <i>Please use this space to make any further comments or suggestions, especially if you have ticked disagree or strongly disagree:</i> | | | | | | |
| | | | | | | |

| Statement | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|-----------|----------------|-------|----------------------------|----------|-------------------|
| | | | | | |

4. Receiving outcomes

| Statement | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|----------------|-------|----------------------------|----------|-------------------|
| 1. I received a resolution in a time period that was relevant to my particular case and complaint | | | | | |
| 2. I was told the outcome of my complaint in an appropriate manner, in an appropriate place, by an appropriate person | | | | | |
| 3. I felt that the outcomes I received directly addressed my complaint(s) | | | | | |
| 4. I feel that my views on the appropriate outcome had been taken into account | | | | | |

Please use this space to make any further comments or suggestions, especially if you have ticked disagree or strongly disagree:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

5. Reflecting on the experience

| Statement | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|-----------|----------------|-------|----------------------------|----------|-------------------|
| | | | | | |

| | | | | | | |
|--|---|--|--|--|--|--|
| 1. | I would complain again, if I felt I needed to | | | | | |
| 2. | I felt that my complaint had been handled fairly | | | | | |
| 3. | I would happily advise and encourage others to make a complaint if they felt they needed to | | | | | |
| 4. | I understand how complaints help to improve services | | | | | |
| <i>Please use this space to make any further comments or suggestions, especially if you have ticked disagree or strongly disagree:</i> | | | | | | |
| | | | | | | |

Thank you for your time – please now return your questionnaire in the freepost envelope provided

| | |
|----------------------|------|
| For office use only: | Ref: |
|----------------------|------|

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST**COMMITTEE: CONCERNS, COMPLAINTS & CLAIMS MONITORING GROUP****Terms of Reference****1. Membership/Chair**

| | | |
|-------------------|---|--|
| John Marsden | - | Chair (Non Executive Director) |
| Julie Danskin | - | General Manager for Medicine & Emergency Care |
| Katharine Taylor | - | Clinical Manager / Professional Lead Child Health |
| Anne Bivona | - | Clinical Governance Lead for Radiology, Pathology and Cancer Services (Clinical Support) |
| Ray Pate | - | Head of Support Services (Estates and Facilities) |
| Mark Graham | - | Clinical Governance Lead (Surgery) |
| Vivienne Brady | - | Clinical Governance Lead (Obstetrics and Gynaecology) |
| Janice Hutchinson | - | Patient Experience Service Improvement Lead |
| Sarah Nicholson | - | Risk Manager |
| Catherine Lee | - | PALS Manager |
| James Hillery | - | Complaints and Customer Relations Manager, Community Services Business Unit |
| Marie Calvert | - | Complaints/Claims Co-ordinator |
| Ian Fell | - | Governor |
| Linda Pepper | - | Governor |
| Heather Carr | - | Governor |

2. Quorum

The Committee is quorate when a representative, or their deputy, from each Business Unit is present including a non-executive director

3. Accountability

This group is accountable to the Safety and Quality Committee.

4. Terms of Reference

4.1 To monitor arrangements for concerns, complaints and claims handling throughout PALS and the Trust

4.2 To monitor complaint acknowledgement times and response times against Department of Health performance targets and those set by the Trust.

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- 4.3 To monitor statistics, themes and trends in order to monitor that the Business Unit's are providing the following assurances:
- 4.3.1 That the Trust is achieving immediate resolution for patients.
 - 4.3.2 That the numbers of complaints are reducing.
 - 4.3.3 That issues are being resolved at local resolution level by Ward Manager/Modern Matron/PALS.
 - 4.3.4 That concerns are being escalated appropriately to OSM/GM or Consultant or to stage 2.
 - 4.3.5 That where necessary lessons are being learnt, actions are being taken and improvements are being made and reported.
- 4.4 To monitor requests received from the Ombudsman.
- 4.5 To provide appropriate staff training in the sensitive and thorough handling of concerns and complaints.

5 Frequency/Schedule of meetings

The full Trust wide Concerns, Complaints and Claims Committee meets every three months. There is also a Complaints Monitoring Group - "Patients Story" which also meets quarterly.

6 Review

These terms of reference will be reviewed annually.

PROCEDURE FOR HANDLING HABITUAL AND/OR VEXATIOUS COMPLAINTS

1. INTRODUCTION

Habitual and/or vexatious complainants are becoming an increasing problem for Trust staff. The difficulty in handling such complaints is placing a strain on time and resources and is causing undue stress for staff - some may need support in difficult situations. Trust staff are trained to respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further that can reasonably be done to assist them or to rectify a real or perceived problem.

In determining arrangements for handling complainants there are two key considerations. The first is to ensure that the complaints procedure has been correctly implemented so far as possible and that no material element of a complaint is overlooked or inadequately addressed and to appreciate that even habitual or vexatious complaints may have issues which contain some genuine substance. The need to ensure an equitable approach is crucial. The second is to be able to identify the stage at which a complainant has become habitual or vexatious. A recognised approach to this is to have an approved procedure.

It is important to note that implementation of such a procedure would only occur in exceptional circumstances.

2. PURPOSE OF THE PROCEDURE

Complaints about Trust services are processed in accordance with NHS complaints procedures and the complaints policy and procedures adopted by the Trust. During this process Trust staff, inevitably have contact with a small number of complainants who absorb a disproportionate amount of NHS resources in dealing with their complaints. The aim of this procedure document is to identify situations where the complainant might be considered too habitual or vexatious and to suggest ways of responding to these situations.

It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedures, for example, through local resolution, conciliation, or involvement of an independent complaints advocate as appropriate. Judgment and discretion must be used in applying the criteria to identify potential habitual or vexatious complainants and in deciding action to be taken in specific cases. The procedure should only be implemented following careful consideration by, and with authorization of, the Chairman and Chief Executive of the Trust or their deputies in their absence. Where deputies are used, the reason for the non-availability of the Chairman or Chief Executive should be recorded on file.

3. DEFINITION OF A HABITUAL OR VEXATIOUS COMPLAINANT

Complainants (and/or anyone acting on their behalf) may be deemed to be habitual or vexatious complainants where previous or current contact with them shows that they meet **TWO OR MORE** of the following criteria:

Where complainants:

- Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted (eg where investigation has been denied as “out of time”, where the Healthcare Commission has declined a request for Independent Review).
- Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard any new issues, which are significantly different from the original complaint. These might need to be addressed as separate complaints).
- Are unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, manual or computer records, nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of Trust staff and, where appropriate, the Independent Complaints Advisory Service to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate.
- Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what a “trivial” matter is can be subjective and careful judgement must be used in applying the criteria).
- Have 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 should be documented).
- Have 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, e mail or fax. Discretion must be used in determining the precise number of excessive contacts applicable under this section, using judgement based on the specific circumstances of each individual case).
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress,

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anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment).

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

4. OPTIONS FOR DEALING WITH HABITUAL OR VEXATIOUS COMPLAINANTS

Where complainants have 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 complainants 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 the information of others already involved in the complaint, eg practitioners, mediators, conciliators, independent complaints advocates, Member of Parliament. 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 complainants in one or more of the following ways:

- Try to resolve matters, before invoking this procedure, by drawing up a signed “agreement” with the complainant (and if appropriate involving the relevant member of staff in a two-way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other action as indicated in this section.
- Once it is clear the complainants meet any one of the criteria above, it may be appropriate to inform them in writing that they may be classified as habitual or vexatious complainants, copy this procedure to them, and advise them to take account of the criteria in any further dealings with the Trust. In some cases it may be appropriate, at this point, to copy this notification to others involved in the complaint and to suggest that complainants seek advice in processing their complaint, eg through ICA or ICAN.
- Decline contact with the complainants either in person, by telephone, by fax, by letter or any combination of these, provided that one form of contact is maintained or alternatively restrict contact to liaison through a third party. (If staff are to withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to be used at such times).

- Notify the complainants in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- Temporarily suspend all contact with complainants or investigation of a complaint whilst seeking legal advice or guidance from the Regional Office, National Health Service Executive, or other relevant agencies.

7. DEALING WITH VERBAL COMMUNICATION

***** has been classified as a Vexatious Complainant and has received communication from Mr Jim Mackey, Chief Executive confirming that the Trust will no longer deal with any issues surrounding his/her complaint. He/she has been notified that he/she should desist from contacting any member of Trust staff verbally by telephone or in person. There should be no interaction with ***** in respect of his/her concerns other than the statements listed below. This protocol should not effect any medical treatment required by ***** . In the event he/she telephones or attends in person the following actions should be taken.

Telephone Contact:

In the event that ***** telephones, the following statement should be made to them. Following this the telephone handset should be gently replaced terminating the call.

“I am very sorry *** but I am unable to discuss these issues with you. I understand that Mr Mackey – Chief Executive has written to you explaining that any concerns you have should be raised with the Complaints/Claims Manager in writing, at the address you have been provided with. I am afraid that I must now terminate the call, Goodbye.**

In person:

In the even that ***** attends in person the following statement should be made to him.

“I am very sorry *** but I am unable to discuss these issues with you. I understand that Mr Mackey – Chief Executive has written to you explaining that any concerns you have should be raised with the Complaints/Claims Manager in writing, at the address you have been provided with. I must ask that you now leave the building immediately.**

In the event that ***** does not leave Security Staff should be called immediately to attend and escort ***** from the premises. Where this is not possible, the police should be called using 999.

8. WITHDRAWING “HABITUAL OR VEXATIOUS” STATUS

Once complainants have been determined as “habitual or vexatious” there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate.

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 Chairman (or their deputies). Subject to their approval, normal contact with the complainants and application of NHS complaints procedures will then be resumed.

9. REVIEW OF THE PROCEDURE

This procedure will be reviewed as appropriate and at any time there is a review of the Trust’s Complaints Policy.

Process for handling requests from the Parliamentary and Health Service Ombudsman (PHSO)

