

Complaints Policy & Procedure

Department / Service:	Corporate Nursing
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Approved by:	Sarah Shingler, Chief Nursing Officer
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust (WAHT)
Target Departments	All
Target staff categories	All

Policy Overview:

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

Key amendments to this document

Date	Amendment	Approved by:
November 2023	Updated throughout to reflect minor changes to process since implementation in 2016 and to reflect wider cross-Trust process changes involving other departments	Susan Smith (Deputy Chief Nursing Officer)
October 2016	Updated to reflect CQC recommendations following July 2015 inspection and PHSO best practice 'My Expectations'	Tessa Mitchell / Pauline Spenceley

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1. Introduction

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

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

2. Scope of this Document

This policy and procedure applies to all individuals acting on our behalf including: employees; contractors; volunteers; students; locum/agency staff and those employed on honorary contracts. It covers all services provided by WAHT. All complaints will be dealt with in line with the NHS Complaints Regulations and in the spirit of the Parliamentary Health Services Ombudsman (PHSO) NHS Complaints Standards guidance:

<https://www.ombudsman.org.uk/organisations-we-investigate/nhs-complaint-standards/nhs-complaint-standards-summary-expectations>

This policy will demonstrate adherence to the Trust's 4Ward values:

- Do What We Say We Will Do
- No Delays Every Day
- We Listen, We Learn, We Lead
- Work Together, Celebrate Together

3. Definitions

A Concern

A concern can be a matter of interest, importance or anxiety from any user of our services and can be received by any member of staff. Many concerns will be raised directly with staff on wards/areas and will be dealt with immediately. Others will come in via our Patient Advice and Liaison Service (PALS), who will seek to resolve the individual's concern to their satisfaction by liaising with relevant teams; this process is detailed separately in [Appendix 3](#).

If this does not achieve resolution, then the enquirer can escalate their concerns to be logged as a formal complaint.

Formal Complaint

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

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

Formal complaints can be made verbally or in writing. A complaint should be made within 12 months of the event which the complaint is about. If there is a substantive reason for the delay, the complaint can still be registered as formal. If a complaint is raised outside this timescale without substantive reason, but the Trust is able to provide a response in some form, it will be dealt with as an 'Informal Complaint'.

Informal Complaint

As above, for complaints which exceed the 12 month timescale, but the Trust elects to respond or take some form of action as far as it is able, will be logged as 'Informal'; there is no specific timescale by which the Trust must respond to these cases once they are logged, but the aim is to respond as promptly as possible in line with the formal process.

4. Responsibility and Duties

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

The **Chief Nursing Officer** has designated responsibility for management of complaints.

The **Associate Director of Clinical Governance** and **Head of Patient Safety & Complaints** are responsible for:

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

Divisional Management Teams are operationally responsible for:

- Ensuring that this policy is rolled out and that staff understand complaints management
- Ensuring that mechanisms are in place within Divisions to ensure that complainants know who their investigating officer is and that contact is maintained throughout the process.
- Ensuring that effective and efficient investigations are undertaken and timescales are adhered to.
- Signing off complaint response letters prior to Executive approval and agreeing upheld status. Decide, and record in Datix, if the complaint is upheld, partially upheld or not upheld.
- Ensuring that staff are adequately trained and supported to undertake investigations and to draft quality response letters.
- Embedding working practices to capture learning from complaints and demonstrate how these lessons have been used to improve patient experience.
- Ensuring that the Investigating Officer liaises with the Complaints Team for guidance and assistance on points of process and policy, and to ensure the appropriate response draft is returned to them by no later than two working days prior to the target date.
- Linking patient feedback from complaints to quality improvement within their area and across patient pathways.

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

- Contact the complainant within five working days of receiving the complaint to clarify the issues of complaint and ensure that the investigation and the response will meet the complainant's expectations.
- Where possible, resolve the complaint through this initial discussion; with the explicit agreement and consent of the complainant, the complaint may then be deregistered and

- recorded as an informal complaint. This will be recorded appropriately in Datix by the Complaints Team, who will confirm this action in writing to the complainant.
- Ensure that the investigation is proportionate and co-ordinate any investigations being undertaken by other Divisions or departments. In cases where multiple departments are involved, it is recommended that a discussion should be convened at the outset to bring all those involved in the complaint together to examine what happened and identify the root cause.
 - Ensure that the Initial Telephone Contact and Lessons & Actions portions of Datix are fully completed and any statements or documents material to the complaint are sent to the Complaints Team for central retention at the conclusion of the investigation.
 - In conjunction with the Area/Service/Quality Governance Lead reach a conclusion based on the investigation, make recommendations, and identify the action needed to prevent a recurrence.
 - Draft a letter of response which clearly covers all of the concerns raised by the complainant, an explanation, an apology where appropriate and an indication of what action the Trust is taking to prevent this happening again in future.
 - Ensure everyone involved in the investigation is updated regarding the findings.

The **Complaints Manager** is responsible for:

- The day to day management of the Complaints Team.
- Ensuring appropriate systems and processes are in place to support this.
- Providing regular information pertaining to complaints performance, trends and patterns to assist with improvement actions both at Divisional and Trustwide levels.
- Membership at regional and national forums to keep up to date with best practice and ensure regulatory compliance.
- Identifying, developing and delivering appropriate training and support to improve Divisional complaints handling.
- Co-ordinating monitoring and quality assurance processes with Divisional Quality Governance Leads to ensure the policy is being adhered to.
- Undertaking audits to assure the Trust that the complaints process is being adhered to.

Divisional Quality Governance Leads/Teams are responsible for:

- Supporting complaints management within their Divisions in line with this policy
- Focusing on recurrent areas of concern
- Undertaking regular quality assurance reporting audits in conjunction with the Complaints Manager.
- Ensuring that learning is shared within their Division and throughout the organisation.

The **Complaints Team** is responsible for:

- The day to day implementation of this policy
- Ensuring complaints are acknowledged and sent to the Divisions in a timely manner
- Ensuring appropriate systems and processes are maintained to provide corporate oversight and tracking of complaints, including logging on Datix
- Delivering advice, training and support as needed
- Final checking and quality assurance of responses before sending for Chief Nursing Officer/Chief Executive sign off.
- More information is included in [Appendix 4](#)

WAHT Staff

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

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

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

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

5. Policy Detail

5.1 Listening to and responding to complaints

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

5.2 Resolution at Point of First Contact

Many concerns are raised and dealt with immediately in the area where they are raised. Staff deal with these daily, and should continue to do so. Any themes and trends should be talked through at ward and area meetings and related processes and actions reviewed, and revised, to enhance future patient experience.

5.3 Patient Advice and Liaison Service (PALS)

Patients, relatives and members of the public may raise concerns through PALS. PALS will act as a point of contact and signposting. PALS will contact the ward or area and ask a local manager to contact the caller to try to resolve the issue. PALS concerns will be dealt with, and resolved, within one working day where possible. If the concern takes longer to be dealt with, it will remain logged as a PALS concern until it is closed, unless the person raising the issue asks for it to be escalated to a formal complaint.

PALS is not a referral service for staff who cannot resolve patients or their relatives' concerns.

More information about our PALS service can be found in [Appendix 3](#)

5.4 The Formal Complaints Process

- The Trust will accept formal complaints made in any format including written, verbal, electronically or through an appropriate third party such as an advocate or an interpreter.
- All formal complaints will be logged by the Complaints Team who will acknowledge the complaint in writing to the complainant within three working days of receipt. Leaflets providing an outline of the complaints process and timescales, including details of the Parliamentary Health Service Ombudsman (PHSO) and advice on how to access advocacy and support are included with this acknowledgement.
- If the complainant has requested a copy of their medical records, a request form will be included for them to complete and return to the Health Records Team.
- If the complaint is via a third party and consent is required, a consent form will also be enclosed; the Complaints Team will ask for a response within three weeks, and the timescale for the response will commence from the date consent is confirmed.
- For multiagency complaints the Complaints Team will request consent to share with the other organisation, agree which organisation will lead the response and ensure that the complainant receives one coordinated response where possible. If a complaint concerns multiple agencies but the issues concerned are not connected, consideration will be given to providing separate responses if appropriate.
- The Complaints Team will log the complaint on Datix and forward a notification to an agreed list of Divisional Representatives. The team's aim is to ensure that all notifications are sent within three working days of receipt.
- Where the complaint covers a number of Divisions it will be forwarded to the area deemed, by the Complaints Team, to have had the most involvement with the concerns raised; the Divisional Management Team may negotiate the lead Division between themselves and advise the Complaints Team accordingly; this needs to be done within a maximum of two working days. To ensure on-going continuity of contact with the complainant the complaint will remain with the allocated Division and Investigating Officer throughout the investigation and during any subsequent further concerns, unless these concerns relate entirely to another Division.
- If the Investigating Officer considers that the complaint raises an incident that should have been reported in line with the Trust's Incident Reporting procedures, or if they suspect that the Duty of Candour may not have been followed when it should have been, they will liaise with the respective Clinical Governance Team who will highlight this with the Divisional Director of Nursing and the Complaints Team.
- The Investigating Officer should initiate contact with the complainant within five working days and complete the fields in the Initial Telephone Call section to introduce themselves, ascertain the issues and establish what resolution the complainant is seeking.

Informal Resolution of Complaints

- Many complaints can be resolved following an early conversation with the complainant, without the need for investigation. If the complainant is still an inpatient the investigating officer will go and see them on the ward; alternatively, contact will be made by phone. The conversation must be recorded in the designated section on Datix along with the agreed actions within five working days.
- The Investigating Officer must record this on Datix, and that the complainant explicitly agrees for the complaint to be informal. They will also notify the Complaints Team.
- The Complaints Team will deregister any formal complaint that is resolved without an investigation being required, and record it as an informal complaint.
- The Investigating Officer will outline how any learning from the complaint will be shared.

Formal Complaints

- If the complainant wishes to follow the formal complaints process regardless of any potential quick resolution, this wish must be respected. The Investigating Officer is responsible for co-ordinating this investigation, obtaining information from the medical records and contacting all those who need to provide comments and statements to respond to the complaint.
- The Investigating Officer will ensure all staff are made aware of any complaint that relates to the care they provide and be involved in round table discussions, where applicable, supported by their managers. Statements must be provided where requested and these alongside any meeting notes or other documentation returned to the Complaints Team to be filed as part of the complaint evidence record. ([See Appendix 5](#))
- The Trust aim to respond to the majority of complaints within 25 working days from receipt of the complaint to response being finally approved by the Chief Executive. Therefore, it is advisable for Investigating Officers to collate responses within no more than ten working days to allow for any follow up and meetings and for drafting a quality response.
- The Investigating Officer is responsible for investigating the complaint in its entirety, even if other Divisions or departments are involved. This ensures that there is a single point of ownership, and continuity of contact with the complainant. Complaints must not be passed from one Division to another because one Division has addressed 'their' part of the concerns raised.
- The Investigating Officer should ensure they complete Datix including: contacting the complainant within five days of receipt of the complaint; clarifying the complaint issues and resolution sought and recording the investigation process; recording the outcome and findings and how these will be shared and used to prevent any subsequent reoccurrence. The actions module on Datix will assist with this and it can be helpful to share any action plan with the complainant so that they can see what we have changed, or are planning to change, as a result of their complaint.
- The Investigating Officer, in discussion with the Divisional Quality Governance Lead will agree if the complaint is upheld, partially upheld or not upheld and recommend this to the Divisional Director who will make a final decision. This information will be recorded in Datix.

- The complainant can be offered an appointment to discuss their complaint when contacted initially, but the investigation should commence immediately upon receipt and not be delayed whilst waiting to arrange a meeting. Meetings can be very helpful when background work has been done, but there is no obligation for the complainant to meet with us and a complaint cannot be closed if they refuse to do so, unless all other avenues have been exhausted.
- If it becomes apparent during the investigation that timescales will not be met, the Investigating Officer will discuss this with the person who made the complaint and agree a new date (within 40 working days of receipt). This should only be in exceptional circumstance and the Complaints Team must be informed so that they can send a holding letter to the complainant and update Datix with an agreed response date.
- The Investigating Officer will draft a response letter to the complainant ([Appendix 2](#)) which will be understandable, and address clearly all the issues raised or discussed with the complainant. If it is necessary to use medical terminology, then this needs to be explained. The response should be in plain English, empathetic, open, honest and factual, referring, as appropriate, to current good practice, national guidance and Trust Policy.
- If it is not possible to respond to an issue raised, then this should be explained. Apologies should be made where we have done something that has caused concern or upset, and does not constitute an admission of liability.
- A comprehensive and full response should be sent; if the complaint involves multiple agencies, and they do not respond in a timely manner, the response can be sent with the information we have and a full explanation given to the complainant. We will not delay our response because we do not have a response from an external organisation, unless our investigation cannot progress without it.
- The Investigating Officer will pass their completed draft response letter to the Divisional Quality Governance Team, who will review the points in the initial complaint to ensure they have been addressed, and provide a quality assurance review in line with the guidance stated above regarding tone and style.
- The approved draft letter will be forwarded to the Divisional Management Team for sign off and confirmation of upheld status. Once approved, the response will be forwarded to the Complaints Team, at least five working days prior to the target date, to enable final formatting and Executive signing.
- Once approved by the Chief Nursing Officer/Chief Executive, the Complaints Team will close the complaint on Datix.
- The Divisional Quality Governance Team will record whether the complaint is upheld, not upheld or partially upheld, and any learning on Datix. The Trust applies the principles of root cause analysis to all investigations, including those for complaints, to look at who, what and why. This should inform any actions and learning.
- The Divisional Management Team will ensure that responses are not delayed because of the absence of the Investigating Officer; under this circumstance the investigating officer needs to be reassigned. The proper completion of Datix will assist other staff to pick up and continue any investigation.

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

- Some complaints will take longer to investigate due to complexity or other factors, such as ongoing Incident investigations or safeguarding concerns – these cases should be categorised on Datix as Complex Complaints. Any safeguarding concerns noted by the Complaints Team will be escalated to the Divisional Management Team at the point of registration.
- The investigation process is the same as that for all complaints, but in these cases the Investigating Officer will contact the complainant and agree a timescale for a formal response taking into account the other enquiries taking place. The Investigating Officer will update Datix and inform the Complaints Team to change the Category of the complaint to Complex. All such investigations will be completed within 40 working days. If this is exceeded, then a record of the exceptional reasons for this must be included on the Notepad section on Datix and the Investigating Officer must ensure that the complainant is kept informed throughout.
- For further information on dealing with safeguarding concerns please refer to our Safeguarding Children and Safeguarding Adults Policies.

5.5 Liaison with other organisations

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

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

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

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

If a complaint concerns multiple agencies but the issues concerned are not connected, consideration will be given to providing separate responses if appropriate.

5.6 Consent

Consent will be obtained where the complainant is not the patient (or legally responsible for the patient) or where the Trust needs to contact a third party organisation in order to complete the

investigation. The Complaints Team will request this at the acknowledgement stage within three working days for all formal complaints and ask for this to be returned within three weeks.

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

5.7 Complaints involving Local Councillors/MPs

When a patient, or their relative, has asked an MP or a councillor to raise a complaint on their behalf, the complaint will be dealt with under the formal complaints process, provided that consent has been established from the patient concerned.

The Complaints Team will establish with the MP or councillor if the response is to be sent to them or directly to the complainant. Regardless of the recipient, the process for formal complaints will be followed.

If the response is potentially politically contentious, or requires a Trustwide position or statement, the Communications Department will agree the final letter of response; the Complaints Team will liaise with the Communications Department for this to happen before it is sent to the Executive for sign off.

If an MP or councillor is raising concerns or queries about Trust policy, or general concerns, this will be will not be recorded as a formal complaint but as an MP Query; the process for response will however remain the same.

5.8 Complaints from children and young people

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

Best practice is that children and young people will be able to make a complaint in a variety of formats and the Children's Commissioner suggests a best practice model. ([Appendix 6](#))

5.9 Action Planning and Sharing the Learning

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

An action plan will be needed to provide a framework for overseeing changes and evidencing actions taken. It is also good practice to share any actions with the complainant so they can see what we intend to do as a result of their complaint to improve patient experience in future.

Action audits will be undertaken quarterly by Divisional Quality Governance Teams as part of monitoring and quality assurance.

Divisions will share learning within teams and Directorates. Complaints will form part of monthly Divisional Quality Governance Meetings, Directorate Meetings, Ward Meetings, Senior Staff

Meetings and broad issues will be shared Trustwide through the Patient and Carers Steering Group, Trust Complaints and PALS reports, management meetings, Weekly Brief, via the website as well as through annual reports such as the Trust Quality Account, Annual Patient Experience Report and Complaints Annual Report. Details will be anonymised as necessary.

5.10. Local Resolution Meetings

It is good practice to offer a meeting to the complainant, either during the investigation process or afterwards to share findings. Some complainants may not wish to meet and their decision will be respected. When meetings do take place an audio recording will be taken (with the consent of all parties present confirmed at the start of the meeting), or written notes (not a transcript) will be taken. The Complaints Team will arrange for copies of the recordings/notes to be sent to complainants.

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

5.11 Further Concerns (Reopened Complaints)

If a complainant is not satisfied with a response they may ask for further clarification or information; in these cases, the complaint is reopened on Datix. Reopened complaints are subject to the same timescales as the original complaint unless an independent or external review is sought; in which case the response timescales will be agreed with the complainant. If this involves an incident, refer to the Serious Incident Policy.

Further Concerns will be allocated to the same Division and, where possible and appropriate, to the same Investigating Officer to provide continuity for the complainant. The Investigating Officer will liaise with the complainant and offer a meeting. This may prevent protracted correspondence and provide the additional clarification needed. The complainant may refuse such a meeting and in such cases the investigating officer will co-ordinate the response as before, addressing the areas of clarification to the staff who can best respond.

If the further concerns constitute a new complaint, or relate to a different Division to the initial complaint in entirety, these will be registered separately as a new case and linked on Datix.

In some instances, it may be that no further information can be given; in such cases the response letter will reiterate what was stated previously, explain that there is nothing else that can be added and give advice on next steps, such as the Parliamentary & Health Service Ombudsman.

5.12 Parliamentary & Health Service Ombudsman (PHSO)

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

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

The PHSO will decide if they are going to investigate the complaint. If they decide to investigate they will ask the Trust to provide the complaints file, consisting of all emails, statements and completed documents that form the case, and the relevant health records. They will review the documentation and consider whether the Trust could provide any further local resolution, whether the investigation has been sufficiently undertaken and whether anything else could be done to resolve the complaint.

At the conclusion of this review the PHSO will provide a final report; if they uphold or partially uphold the complaint, there will be recommendations for the Trust to undertake. There is no right of appeal once the PHSO has reviewed the complaint.

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

5.13 Seeking and Using User Feedback

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

5.14 Concerns and Complaints Excluded from this Policy

This policy does not cover:

- **Complaints by members of staff about aspects of their employment** - These will be directed back to the staff member to raise through the appropriate channels with their manager/HR representative/Freedom to Speak Up Guardian.
- **Grievances toward members of staff concerning behaviour outside of employment** – any issues raised concerning behaviour by a member of staff outside of their professional capacity will be highlighted to their manager for information/ action as appropriate.
- **Complaints from other responsible bodies** - These are classified as Service Concerns and are dealt with by Divisions via the Patient Safety Team outside of the complaints process.
- **Freedom of Information Requests** - Complaints about the Trust's failure to comply with a request for information under the Freedom of Information Act 2000 are not required to be dealt with.

5.15 Who can make a complaint?

Anyone who has been affected by, or likely to be affected by, an action or decision of the Trust. A complaint can be made by someone acting on behalf of a former or existing patient if that person:

- **Is a child:** Anyone under the age of 18 is deemed to be under the care of their parents or guardian and their consent is not required for the Trust to respond to the parents.
- **Is unable to make the complaint themselves** because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005.
- **Has died:** Whilst anyone can complain about the care of a deceased person, the consent of the person who is nearest next of kin, or Executor of the estate, must be obtained if clinical details are to be released.

- **Has requested that a representative act on their behalf and has provided consent.**
Consent is implied for complaints raised through MPs, as long as the complaint was made to the MP by the patient themselves; if a representative has instead raised it with an MP, consent of the patient must be confirmed by the MP office before the Trust can proceed.

The Trust has a duty to preserve and uphold patient confidentiality and at the same time have a realistic approach to answering third party complaints. If the patient does not give (or withdraws) consent, the only factors that will be included in the responses are those required to enable the Trust to adequately answer the complaint, excluding reference to clinical details.

For many reasons it may not always be possible to obtain a patient's explicit authority, however reasonable steps must always be taken to obtain this.

5.16 Timescales for making a complaint

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

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

5.17 Timescales for responding to complaints

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

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

5.18 Dealing with Complaints from Unreasonably Persistent Complainants

All complaints will be dealt with in accordance with this policy irrespective of any previous history of behaviour the complainant may have. The emotional state of a complainant can have a bearing upon their behaviour and aggression can be caused by fear and frustration. Such behaviour may also be the result of an underlying medical condition. As a Trust we are committed to dealing with all complainants fairly and impartially and will make every effort to resolve a complaint, but we will not tolerate threatening or offensive behaviour.

If complainants begin to behave unreasonably, the best practice approach initially is to ensure that the process is clear and the complainants expectations are managed while their complaint is addressed; however, if the behaviour persists and becomes demanding or unacceptable, any concerns should be highlighted by the Investigating Officer to the Complaints Manager, or vice-versa.

Prior to enacting any of the steps in the Trust's Management of Violence & Aggression Policy (WAHT-CG-006), the Trust must assure that:

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

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

- Identification of a single point of contact (who will be a senior manager) for the individual to liaise with in future. This will not be a member of the Complaints Team but the Complaints Team may be used as a contact point so that the complainant can make contact with a senior manager.
- Specifying how we will accept contact from the individual in future, such as only in written format or at a specified time.
- If a face to face meeting is to be offered, then a witness will be present at all times to take notes.
- The individual may be 'red carded' and flagged as 'aggressive' under the Trust's Management of Violence and Aggression Policy (WAHT-CG-006). Such flagging will be reviewed regularly in line with that policy. This action is not the sole responsibility of the Complaints Team, but should be commenced by the Manager responsible for the staff member who was subject to unacceptable/abusive behaviour.

If the complaint has been fully investigated and responded to and is formally closed, the complainant will be advised that they can raise on-going concerns with the PHSO.

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

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

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

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

5.19 Supporting Complainants

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

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

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

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

5.20 Supporting Staff

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

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

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

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

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

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

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

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

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

The Nursing & Midwifery Council (NMC) Code of Conduct outlines the need to be constructive and honest when responding to complaints. The General Medical Council (GMC) Code of Conduct outlines the requirement to promote openness to learning and feedback.

Where the regulatory body requests details of complaints received in respect of individual members of staff the Trust is obliged to share this information.

5.22 Claims of Negligence, Compensation and Potential Legal Proceedings

The Trust will endeavour to respond to all complaints even if the complainant has indicated an intention to take legal action.

Where a complainant expresses an intention to take legal proceedings, the Trust will continue to try to resolve the complaint unless there are compelling legal reasons not to do so (i.e. progressing the complaint might prejudice subsequent legal action). In these circumstances the complaint should be put on hold and the complainant advised and given an explanation. (Clarification of Complaints Regulations 2009, 28 January 2010, gateway reference 13508)

- When the Trust is notified of legal action being taken the complaints procedure may be stopped if the two processes conflict, or if the complainant no longer wishes to engage with the complaints procedure; otherwise the complaints process will continue in tandem with the litigation process.
- A complaint may only be put on hold where there are exceptional reasons to justify it, or the complainant has requested that the investigation is delayed. Exceptional circumstances for putting a complaint on hold may include formal requests to do so by the police, the Coroner or a judge.
- If, exceptionally, a complaint is put on hold against the wishes of the complainant, the complainant should be informed of this and provided with a full explanation, in writing unless requested not to, and the reasons for it. Any decision to put a complaint on hold in these circumstances would be expected to be made with the involvement of the Trust's 'responsible person'. (NHS England Guidance Note, 2014).
- If a complainant reveals a prima facie case of negligence, or if it is thought that there is a likelihood of legal action being taken, the Complaints Manager will inform the Head of Legal Services.
- Where a complainant expresses a direct wish to claim compensation in respect of negligent treatment as opposed to maladministration or poor service the Complaints Manager will inform the Head of Legal Services. These claims will be managed by the Legal Services Department in accordance with the Claims Policy and the complainant advised accordingly. The complainant should also be advised that if they consider they are entitled to financial compensation as a result of clinical negligence they should discuss this with a solicitor.
- Where a complaint has involved allegations of fraud or necessitated the involvement of the police, the Director of Finance will be fully briefed by the Divisional Lead before the final response letter is signed.

- Requests for small amounts of compensation for reasons other than clinical negligence e.g. due to maladministration, should be highlighted to the Divisional Team responsible who will contact the Finance Team for advice and guidance based on the specifics of the case.

6. Implementation

6.1 Plan for implementation

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

6.2 Dissemination

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

6.3 Training and awareness

Divisional staff were involved in the development of the previous policy from which this has been derived. The Complaints Team will co-ordinate implementation and promote awareness of the policy through the Trust via Communications and working with Trust managers and staff. Divisional Management Teams will be responsible for ensuring implementation throughout their divisional areas.

The Complaints Manager will provide briefing sessions on an ad-hoc basis and the policy will be incorporated within any complaints training developed in the future.

7. Monitoring and compliance

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

Trust Policy

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	What?	How?	When?	Who?	Where?	When?
p.6	Oversight of Formal Complaints Process	Dashboard and regular reports from DATIX Weekly Sitrep Patient Safety Report	Weekly Quarterly	Complaints Team	Divisions PCEG QGC/Trust Board CCG	Weekly Quarterly Quarterly Quarterly
p.12	Action Planning & Sharing the Learning	Divisional Meetings – Quality/Directorate/Ward Divisional Newsletters Trust wide communications Annual Reports	Monthly Monthly Monthly Annual	Divisional Quality Governance Leads Communications Associate Director of Patient Safety	Divisions PCEG QGC/Trust Board CCG Divisions PCEG QGC/Trust Board CCG	Weekly Quarterly Quarterly Quarterly Annually
p.19	Training and development of staff to ensure that they are aware of the Complaints and Concerns	Effective launch of new Policy and Procedure Monthly audit with CGG	Initial Launch Monthly	Complaints Team Divisional Quality Governance Lead / Complaints	Divisions PCEG QGC/Trust Board Divisional Quality Meetings	Monthly Quarterly Quarterly Monthly

Complaints Policy & Procedure

Trust Policy

	Policy	Weekly sit rep	Weekly	Manager Complaints Team	PCEG Divisional Quality Meetings Senior Nurses	Quarterly Monthly Weekly
p.14	User Feedback - People know how to make a complaint and it is straightforward	Annual User Survey	Annual	Complaints Team	Divisions PCEG QGC/Trust Board/CCG	Annually
	Overall Compliance	Weekly Sitrep & Datix Reporting Dashboards Audits Internal Audit	Weekly Weekly Monthly Annual	Complaints Team/ Senior nurses DDN/ Divisional Quality Governance Leads CGG / Divisions / Complaints Manager Internal Audit Team / Complaints Manager		

8. Policy Review

This policy will be reviewed at least every three years by the Trust's Clinical Governance Group.

9. References

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

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

References:

'Complaints Management Development Framework – An Organisational Diagnostic Tool for Effective Complaints Management' Trust Development Authority – (February 2016)
'Assurance of Good Complaints Handling for Acute and Community Care' NHS England – (November 2015)
'My Expectations for Raising Concerns and Complaints' – Parliamentary Health Service Ombudsman (2015)
'A Review into the Quality of NHS Complaints Handling' - Parliamentary Health Service Ombudsman (2015)
NHS Constitution (2015)
'Patients First and Foremost' – Department of Health (2013)
Complaints Matter – Care Quality Commission

'Principles of Good Complaints Handling' – Parliamentary Health Service Ombudsman (2008)
'Instructions and Guidance Notes KO41a NHS Hospital and Community Health Services Written Complaints BAAS R00030' (September 2016)
'Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009'
'Handling Complaints with a Human Touch-Complaints Charter' - The Patients Association (2015)
'Good Practice Standards for NHS Complaint Handling' - Patients Association (2013)
'A Review of the NHS Hospitals Complaints System; Putting Patients Back in the Picture; Right Honourable Ann Clwyd & Professor Tricia Hart (October 2013)
'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' – Robert Francis QC (February 2013)
'Health & Safety at Work Act' (1974)
Local Government Ombudsman Guidance Note on the Management of Unreasonable Complainant Behaviour; lgo.org.uk; accessed 17/10 /2016
Health and Social Care Information Centre (NHS Digital) 2016

10. Background

10.1 Equality requirements

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

10.2 Financial risk assessment

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

10.3 Consultation

Consultation regarding this updated Policy has taken place with a range of internal stakeholders

Contribution List

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

Designation
Divisional Management Teams
Divisional Quality Governance Leads
Lead for Safeguarding Adults
Lead for Safeguarding Children

Matrons and Senior Nurses
PPF members
Head of Legal Services
Deputy Director of Human Resources

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

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

10.4 Approval Process

This policy will be approved by the Patient & Carers Engagement Group, commissioned by Clinical Governance Group.

10.5 Version Control

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

Date	Amendment	By:
November 2023	Refreshed & Updated to reflect minor process changes since last revision	Alex Marshall
September 2016	Update to incorporate: CQC and Internal audit recommendations 2015 TDA Complaints Framework 2016 PHSO - My Expectations Guidance 2015-16 Complaints Users Survey	Tessa Mitchell
August 2014	Policy last updated originated	Pauline Spenceley

Appendices

Appendix 1 - Complaint Process Flowchart

Logging a Complaint & Notifying Lead
Day 1 -3

1. Complaint received

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

3. Complaints Team log in to Datix as a formal complaint and decide if this is:

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

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

5. Consent form sent with acknowledgement - if required - with a 2 week timescale for return (letter to emphasise that early return of consent helps us as staff can recall events more clearly)

6. Complaint notification email sent to agreed list of Divisional contacts. Email will contain a link to the complaint record in Datix, a copy of the complaint and also:

- Whether this is a potential informal complaint
- An explanation that they are expected to make telephone contact with the complainant within 5 working days unless complainant has been explicit that they do not want this

Initial Telephone Contact
Day 1 -5

7. The investigating officer must – when they contact the person who has complained:

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

Discussion with complainant must be recorded in the relevant section of Datix

Investigation
Day 5 – 23 (Standard)
Day 5 – 35 (Complex)

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

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

In these circumstances a response date of up to 40 working days can be agreed; the investigator must notify the Complaints Team of the agreed date who will amend Datix.

9. Investigating Officer will convene a round table meeting to include everyone involved to establish the root cause of the complaint; this should include peer review & challenge and learning.

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

Notes of the meeting must be shared with the Complaints Team for the electronic file.

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

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

Investigation

Day 5 – 23

(Standard)

Day 5 – 35

(Complex)

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

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

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

13. The Governance Lead for that area will ensure the 'lessons to learn' has been completed along with Actions to include:

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

Executive Review

By Day 22

(Standard)

By Day 35

(Complex)

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

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

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

Closure

By Day 25
(Standard)

By Day 40
(Complex)

Learning & Sharing

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

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

19. The Investigating Officer and the Quality Governance Lead are responsible for communicating information about the complaint and sharing the learning. This will be through:

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

Appendix 2 – Complaint Response Letter Template



Our Ref: Signatory Initials/Investigator
Initials/REFERENCE NUMBER]
DATE

Complaints Team
wah-tr.Complaints@NHS.net
0300 123 1733

PRIVATE & CONFIDENTIAL

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

Dear

Thank you for your **letter/call/email** which was received on [DATE] in which you raised your concerns about the care and treatment that you/your [father, mother, grandmother etc] Mr/Mrs NAME, received whilst an inpatient/outpatient at xxx BRIEF DETAILS OF EXPERIENCE, WARD/AREA INVOLVED, SITE AND DATE *****ADD CONDOLENCES IF PATIENT HAS PASSED AWAY*****I was sorry to read of your concerns and I apologise for the distress this has caused you.

[NAME], [JOB TITLE] has investigated your concerns; as part of his/her investigation *****[your/name of patient] medical records were reviewed***** and statements have been taken from the staff involved ONLY INCLUDE IF STATEMENTS ARE AVAILABLE ON FILE; ALL STATEMENTS MUST BE UPLOADED TO THE DATIX RECORD PRIOR TO SUBMITTING THIS RESPONSE DRAFT*****. The information they have provided forms the basis of my response, which I hope you find helpful.

For ease of reference I will answer your points in turn:

***** ADD BODY OF RESPONSE TO SPECIFIC POINTS HERE - USE HEADINGS IF NECESSARY/HELPFUL *****

Useful Phrases - DELETE/AMEND AS NEEDED

- a) I apologise that was not done and that you were not kept informed throughout your procedures. Involving patients and carers in their care and treatment is a key element of good quality care and I am very sorry that we failed to do so on this occasion.
- b) As an outcome of your meeting with XXXXXX, XXXXXX will discuss your experience with the ward staff to reflect and ensure XXXX

- c) Thank you for your positive feedback regarding other members of staff and aspects of your care; these comments have been shared with the relevant areas.

Only include for **initial responses** – remove for further responses, *****I would like to offer you an unreserved apology for your experience and that you had cause to raise your concerns. **amend if inappropriate i.e. no apology to be made** ***** We recognise the need to put patients and the public at the heart of our communication and to give greater emphasis on improving communication and engagement with our staff to create a well-informed workforce which, in turn, is able to communicate and engage effectively with patients and relatives. Please be assured that we work hard to provide a high standard of care and treatment and are committed to putting the needs of the patient first. However, we acknowledge that we do not always get it right. I would like to reassure you that we have quality assurance systems and processes which aim to ensure patient safety. We welcome complaints and treat them seriously as we want to ensure we learn from patients' and relatives' experiences and that we take action where appropriate to improve our services.

I would like to thank you for taking the time and the trouble to send us your complaint, as this feedback is invaluable in helping us to improve the care and services we provide. I do hope that this response has been helpful and has addressed your concerns; however, if you feel there is anything outstanding, please do not hesitate to write to me or contact our Complaints Team via email at wah-tr.Complaints@NHS.net or via telephone on 0300 123 1733 and they will be happy to help and discuss further options for local resolution.

Only include for **further concerns** – remove for initial responses If you are unhappy with our final response to your complaint and would like to take the matter further, you can contact the Parliamentary & Health Service Ombudsman. The Ombudsman makes final decisions on complaints that have not been resolved by the NHS, government departments and other public organisations. The service is free for everyone. To take a complaint to the Ombudsman, go to www.ombudsman.org.uk/making-complaint or call 0345 015 4033; it is important that you make the complaint as soon as you receive our final response as there are time limits for the Ombudsman to look into complaints.

Yours sincerely,

NAME
Chief Executive/Chief Nursing Officer

*****Enclosed: *****Remove if nothing is to be enclosed

Appendix 3 - Role of the Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) offer confidential advice, support and information on health-related matters, providing a point of contact for patients, their families and carers. Contact can be made face to face, by telephone on 0300 123 1732 or by email at wah-tr.PALS@nhs.net.

What PALS is:

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

What PALS isn't

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

Responsibilities of other staff

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

Appendix 4 - Role of the WAHT Complaints Team

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

Upon receipt of a complaint the Complaints Team will:

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

Throughout the investigation the Complaints Team will

- Maintain regular contact with Divisional investigating officers, fostering and maintaining good working relationships
- Administratively support meetings for Complex Complaints between Divisional staff and complainants where required including recording meetings and advising staff on regulatory compliance and best practice. Availability of Complaints Team staff must be sought when meetings are arranged. If a team member cannot attend the Investigating Officer will be informed and a recording device will be provided. This should be returned to the Complaints Team after the meeting so they can transfer the recording onto a disc and send a copy to the complainant.
- Complete weekly sitrep which will highlight where there is delay in response or gaps in the Datix investigation template including phone conversations, missing documentation or outcomes and actions. These will be escalated through the agreed Divisional managerial structure.
- Assist with structuring / quality assuring response letters
- Quality checking response letters before submitting to the Chief Nursing Officer for sign off.
- In conjunction with the Investigating Officer send holding letters to the complainant if there is a delay in the investigation which will mean exceeding the 25 working day target. The investigating officer should have agreed and explained this to the complainant and informed the Complaints Team by day 22.
- Assist with quality assurance audits, providing access to files and arranging annual surveys of complainants regarding their experience of the complaints process.

Appendix 5 – Complaint Statement Template

Formal Complaint Investigation - Staff Statement & Response

Complaint Ref:	
Patient Name:	
Patient ID:	
Statement	
<i>Insert details of your involvement in the care and treatment of the patient – include as much information as possible with dates, locations and full names of individuals.</i>	
Responses to Questions/Complaint Points	
<i>In this section, add any specific points raised in the complaint/agreed with the complainant and your response to each – where possible, copy and paste the relevant section/question from the complaint and add your response below it.</i>	
Declaration	
I am providing this statement/response with reference to the medical records and from my recollection of events.	
Name:	
Job Title:	
Email:	
Signature:	
Date:	

A copy of this statement must be converted to PDF once signed/finalised and sent to the Complaints Team for storage on their electronic complaint file. Please note that under GDPR this document can be disclosed to the complainant or any other individual named within it and will be shared upon request. The document can also be disclosed externally to the Parliamentary & Health Service Ombudsman for their review if they decide to investigate this case. For any assistance or queries please contact the Complaints Team at wah-tr.Complaints@NHS.net

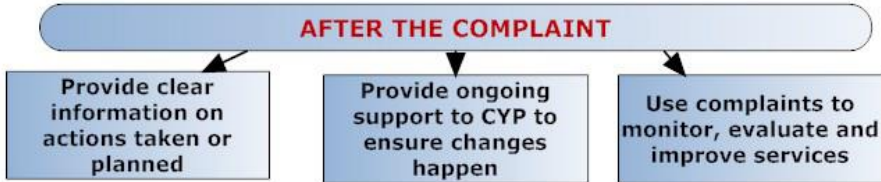
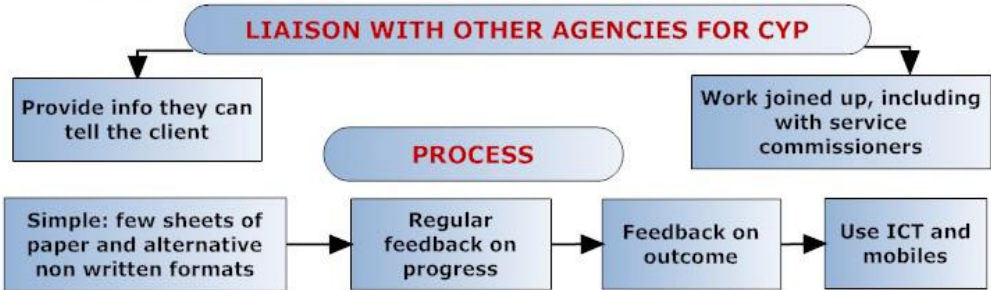
Appendix 6: Complaints from children and young people
Ideal complaints procedure

Before a complaint is made, the service should offer:

- The process clearly signposted
- Accessibility
- Access to Independent support/advocacy
- Communication methods & anonymity options



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



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



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

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

Supporting Document 1 – Equality Impact Assessment form



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Alexander Marshall
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Alexander Marshall	Complaints Manager	Alexmarshall@nhs.net
Date assessment completed	17/11/2023		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Complaints Policy & Procedure			
What is the aim, purpose and/or intended outcomes of this Activity?	To describe the provision, implementation and management of the Complaints Process for the Trust to ensure legal compliance			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Staff	<input checked="" type="checkbox"/> Communities	
	<input checked="" type="checkbox"/> Patient	<input type="checkbox"/>	<input type="checkbox"/> Other _____	
	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/>		
	<input checked="" type="checkbox"/> Visitors	<input type="checkbox"/>		
Is this:	<input checked="" type="checkbox"/> Review of an existing activity			
	<input type="checkbox"/> New activity			

Trust Policy

	<input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	A review of applicable Worcestershire Royal Acute Hospitals NHS Trust policies, Parliamentary Instructions and Parliamentary & Health Service Ombudsman guidance has been conducted.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key parties have been provided with this Policy for review / comment (e.g. Patient, Care & Public Engagement Group). The Complaints manager has ensured this policy meets legal obligations.
Summary of relevant findings	The updates and changes to the policy from the previous version will not have any effect on the individuals concerned.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	√			The complaints policy ensures that WAHT has a framework for receiving and responding to complaints from members of the local community, regardless of the equality group to which they belong.
Disability	√			
Gender Reassignment	√			
Marriage & Civil Partnerships	√			
Pregnancy & Maternity	√			
Race including Traveling Communities	√			
Religion & Belief	√			
Sex	√			

Complaints Policy

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation	√			
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			Complaints can highlight issues experienced by vulnerable and disadvantaged groups; the policy ensures that guidance on how to make a complaint and where to seek advocacy if it is needed by people who may need support to complain.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	√			

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement


1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected

characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer’s etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Alex Marshall – Complaints Manager 
Date signed	17/11/2023
Comments:	n/a
Signature of person the Leader Person for this activity	As above
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

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

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	n/a

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.