Trust Policy	Worcestershire Acute Hospitals NHS Trust

Complaints Policy & Procedure

Department / Service:	Corporate Nursing
Originator:	Charlotte Merriman, Team Lead for PALS and Complaints
Accountable Director:	Sarah Shingler, Chief Nursing Officer
Approved by:	Sarah Shingler, Chief Nursing Officer
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First Revision Due: **This is the most current document and should be used until a revised version is in place**	19/06/2028
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:
January 2025	Updated throughout to align processes to PHSO expected standards and PSIRF	ISAG and TMB
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 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 apply 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 values:

- Being Open and Honest
- Ensuring Colleagues Feel Cared For
- Showing Respect to Everyone

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.

If this does not achieve resolution, and the concerns meet the relevant criteria, 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 on Datix 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 once all relevant information and consent is obtained.

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 can provide a response in some form, it will be dealt with as an 'Informal Complaint'.

Formal complaints should be made to the commissioner of a service; as such, WAHT can only investigate complaints made about care, treatment, services or facilities provided by the Trust.

Informal Complaint

An informal complaint refers to any complaint resolved outside of the formal complaint process. This includes complaints resolved through informal pathways (telephone conversation, meeting etc) or that do not meet the requirements for a full formal complaint, but it has been deemed appropriate to conduct some level of investigation or provide some response in writing.

Informal complaints do not need to follow the usual formal complaint process, nor are they subject to the standard response time frame.

Complainant

The person raising the complaint. This may be the patient themselves, or a third party acting on their behalf.

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 the complaints team 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 via the complainant via telephone (or preferred method of communication) within five working days of receiving the complaint to clarify the issues of complaint, agree terms of reference 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 promptly uploaded to Datix.
- 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 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.
- Update Datix to reflect the agreed actions and timescales
- 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 and ensuring that team KPIs are met.
- 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.

- Engage with the 360 audit process 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 via locally determined governance groups.
- Ensuring that any complaint linked to an incident are aligned and have appropriate oversight
- Ensuring the completion of action plans
- Ensuring divisional compliance to mandatory fields on the complaint Datix page

The **Complaints Team is** responsible for:

- The day-to-day implementation of this policy
- Logging the details of the complaint on Datix and acknowledging receipt to the complainant, within three working days
- Ensuring complaints are sent to the Divisions in a timely manner, once all relevant information and consent is obtained
- 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
- Review and action responses received from divisions within 3 working days of receipt, including, but not limited to, requesting amendments or sending to the Chief Nursing Officer/Executive Team for sign off.
- More information is included in Appendix 4

WAHT Staff

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

- 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
- are open to feedback
- deal with issues courteously and efficiently

- keep good records
- escalate appropriately if they are unable to deal with an issue.
- Promote a positive learning culture

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. Staff should make reasonable attempts to resolve issues immediately, rather than direct all concerns to PALS/complaints. 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 – they are not a clinical advisory service.

PALS Officers may liaise with the contact to obtain more information about their concerns to ensure that it is passed on to the most appropriate team. If it is unclear how best to allocate a concern, they will liaise with the PALS Manager or Team Leader for PALS and Complaints for steer.

PALS will log the concern on Datix, then contact the ward or area and ask a local manager to contact the caller to resolve the issue promptly.

PALS concerns should be addressed within 2 working days. If initial contact is made, but it is agreed that further contact will be made once the relevant information has been obtained, the record on Datix can be closed. Until contact is made, or 3 separate attempts, on separate days, have been made, it must remain an open PALS, unless the person raising the issue asks for it to be escalated to a formal complaint.

PALS is an informal service and does not require a formal written response. If the concern highlights the need for a more formal response, this must be discussed with the contact/complainant and a timeframe agreed. The Investigating Officer is responsible for notifying PALS and the Complaints Team of the change; and ensuring that the response goes through the same quality assurance processes as a formal complaint.

If a contact is regarding a service not provided by the Trust, the PALS Officer will signpost them to the correct service (where possible). It is not the responsibility of the PALS Officer to facilitate concerns that are not relevant to our organisation.

PALS is not a referral service for staff who cannot resolve patients or their relatives' concerns. It is the responsibility of all staff to make fair and reasonable efforts to resolve any concerns where/when they occur.

The PALS Service are not responsible for formal complaints, nor do they have the provision for providing formal responses or passing on medical information to contacts.

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 on Datix by the Complaints Team who will acknowledge the complaint, in writing, to the complainant within three working days of receipt. Acknowledgment letters provide an outline of the complaints process and timescales, including details of the Parliamentary Health Service Ombudsman (PHSO) and advice on how to access advocacy services.

- If the complainant has requested a copy of their medical records (Subject Access Request), a request form will be included for them to complete and return to the Health Records Team.

- If the complaint is raised via a third party and consent is required, a consent form will also be enclosed; the Complaints Team will ask for a response within two weeks, and the timescale for the response will commence from the date consent is confirmed. The complaint will not be shared with the division until consent is received. If consent is not received within the specified timescale a further attempt will be made by the complaints team and logged on Datix.

- If a third-party complaint is identified as being significant for learning, but consent has not been returned, an anonymised copy can be shared with the division to support reflection and learning.

- 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.

- Once all relevant information and consent have been obtained, the Complaints Team will send a notification of the complaint to the appropriate division to begin their investigation.

- Where the complaint covers several Divisions it will be forwarded to the area deemed, by the Complaints Team, to have had the most involvement with the concerns raised, or if an inpatient, whichever division the admitting consultant is under. 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 there is a disagreement about which division is leading on a complaint, the final decision will be made by the Head of Patient Safety and Complaints. Any challenges must be made within 2 working days, after this time the complaint will remain with the original division.

- The Investigating Officer, and allocated division, will be responsible for liaising with any other divisions to ensure that all elements of the complaint are addressed. Divisions must engage in a collaborative and timely manner when asked to contribute to a complaint investigation. Any challenges should be escalated to Divisional Management and the Complaints Manager.

- The Divisional Governance Team and Investigating Officer should confirm if there are any ongoing Patient Safety Investigations relating to the same episode of care and ensure that the response and report align.

- If a patient safety event is identified that has not been reported on Datix, it is the responsibility of the Divisional Governance Team to retroactively log the incident and review in line with PSIRF.

- The Investigating Officer should initiate telephone contact (or via the agreed method of communication) with the complainant within five working days to introduce themselves and attempt resolution if appropriate. A discussion of concerns and desired outcomes should be documented in the Initial Telephone Call section on Datix, including a record of the agreed Terms of Reference for the investigation.

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.

- It is recommended to always try to resolve concerns regarding immediate and/or ongoing care for an inpatient; this improves the patient's experience, reduces the risk of a patient safety event and of further concerns. If a complaint is a combination of old and current issues, it may be appropriate to address the current concerns informally but still provide a formal response to the older elements. This should be considered on a case-by-case basis.

- The Investigating Officer must record any actions taken to resolve the complaint informally on Datix, and that the complainant explicitly agrees for the complaint to be informal. They will also notify the Complaints Team (via the agreed method of communication). There must be clear documentation that the complainant is aware they will not receive a formal response.

- 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 Accounts of Involvement to respond to the complaint.

- The Investigating Officer is responsible for engaging with the complainant to establish Terms of Reference for the investigation and understand the desired outcomes. It may be necessary to manage expectations regarding the limitations of the complaints process.

- The Investigating Officer will ensure all staff are made aware of any complaint that relates to the care they provided and be involved in discussions, where applicable, supported by their managers. Accounts of Involvement must be provided where requested and these alongside any meeting notes or other documentation must be uploaded to Datix to form the complaint 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 CNO. 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 complaint. Complaints must not be passed from one Division to another because one Division has addressed 'their part' of the concerns raised.

- If a key member of staff involved in the events highlighted in the complaint is no longer employed by the Trust, reasonable efforts to contact them should be made. If it is not possible to make contact, the response should explain what was done to try and obtain the necessary information.

- If the complaint relates to clinical care the investigation must identify if the care or service provided was appropriate and in keeping with the relevant standards, procedures, policies and guidance. This should be provided by someone who is suitably qualified and has not been directly involved in the person's care. While named clinicians will have the right to reply and engage in the complaint investigation, there needs to be clinical oversight, and the response must demonstrate impartial evaluation of the care.

- Responsibility for reviewing medical care as part of a complaint investigation is with the relevant Clinical Lead in the first instance. If this is not possible then it moves to the Associate Divisional Director, then the Divisional Director. If it is not possible for any of these individuals to provide a clinical review, the matter should be escalated to the Chief Medical Officer for consideration.

- The Investigating Officer should ensure they complete the Datix record, including details of the initial telephone call; agreed Terms of Reference for the investigation; the complainants desired outcome; details of the investigation including copies of Accounts of Involvement; 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.

- The Investigating Officer, in discussion with the Divisional Quality Governance Lead or the relevant DMT 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 and included in the complaint response.

- The complainant can be offered a meeting 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 complainant 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 clearly written, and address all of the issues raised, or terms of reference agreed. If it is necessary to use medical terminology, then this needs to be explained, and acronyms or abbreviations avoided. The response should be in plain English, empathetic, open, honest and factual, referring, as appropriate, to current good practice, national guidance and Trust Policy.

- Responses should avoid blame conversations, and instead focus on learning, as highlighted as part of PSIRF.

- 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 or DMT, 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 QA checklist.

- The approved draft letter will be forwarded to the Divisional Management Team for sign off and confirmation of upheld status. Divisional approval should include the completion of the QA checklist, which is to be uploaded to Datix. Once approved, the response will be forwarded to the Complaints Team, at least five working days prior to the target response date, to enable final formatting and Executive signing.

- Once approved by an appropriate member of the Executive Team, the Complaints Team will close the complaint on Datix.

- The Divisional Quality Governance Team or DMT will record whether the complaint is upheld, not upheld or partially upheld, and any learning on Datix.

- The Trust embraces the principles of PSIRF (Patient Safety Incident Response Framework), of which complaints is a contributory field. The focus should be on learning, compassionate engagement and considered and proportionate responses.

- 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 must 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 clearly documented and escalated to the Complaints Manager and 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, considering 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 Patient Safety Incidents, Complaints and Inquests

Complaints are one way that we as a Trust may become aware of patient safety concerns that we may not have identified at the time. For this reason, complaints should be considered as part of the Patient Safety Incident Response Framework (PSIRF).

When a complaint is first received, it is the responsibility of the Division to review it for any possible Patient Safety Events (PSE), as well as checking if there are any existing incidents reported on Datix or being investigated related to the patient. If the patient named in the complaint is deceased, and the complaint relates to care provided prior to, or including, their death, the division are responsible for confirming if there is an inquest planned.

It is important to apply the same principles of patient and family engagement, to both support the investigation, and ensure a more satisfactory outcome for all parties.

To avoid duplication of work, or missed patient safety concerns, the incident investigation takes precedence, and the complaint should be stood down. The Investigating Officer is responsible

for liaising with the complainant to make them aware of the process being followed, complete initial Duty of Candour and agree an amended timeframe for response.

The Terms of Reference for the incident investigation should include all concerns raised within the complaint. The only exception to this is if there are smaller, non-contributory concerns raised, which would not be appropriate to respond to through PSIRF. These can be addressed in a standard complaint response letter but should not be signed off until the full investigation is completed. More information can be found in Appendix 7.

Any incident investigation must go through the usual approval processes before a complaint can be responded to and closed. If the approval process is causing delays, regular communication should be maintained with the complainant.

If appropriate, an After-Action Review can be used to form the body of a complaint response once approved at PSRIG. However, the Investigating Officer should draft a cover letter, including responding to any additional elements identified in the complaint. This should go through the usual approval processes. Considerations must be made to ensure that the tone and language is appropriate before the report is shared.

If there is an inquest arranged, all efforts must be made to respond to the complaint prior to the inquest date. The Investigating Officer is responsible for liaising with the complainant to ensure that the Trust address all their concerns appropriately to avoid anything unexpected being raised during the inquest.

If the division is unsure on how to respond to a complaint in these circumstances, they should liaise with the Patient Safety Team for support and advice.

5.6 Liaison with other organisations

Some complaints involve more than one organisation. If on receipt it is clear that the complaint relates to more than just issues relating to 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.

5.7 Consent

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

If 3rd party consent is not obtained, the complaint cannot be shared with the division. However, if immediate learning is identified, an anonymised version can be shared. This will be at the discretion of the Complaints Manager.

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

5.8 Complaints involving Local Councillors/MPs

Enquiries and Complaints from MP's will be received by email to the generic inbox: wah-tr.mpenquiries@nhs.net and triaged by an allocated member of the PALS/Complaints Team.

Formal complaints made on behalf of a constituent will be raised with the complaints team in accordance with our complaints policy. The Complaints Team will establish consent and log the details on Datix. Unless otherwise stipulated, we will liaise directly with the complainant/patient to ensure that we have all the required information and provide updates. Once the investigation has been completed, the final response will be sent to the complainant/patient, with a copy emailed to the MP's Office. The usual formal complaints process applies to the investigation, review and approval of the response.

Concerns raised about a constituent's immediate care will usually fall under the PALS process to allow prompt response. The PALS team will log the concern on Datix and liaise directly with the patient/complainant to facilitate a quick resolution. The PALS team will acknowledge the contact from the MP, but no formal response will be provided.

General concerns or enquiries that do not relate to a named patient will be recorded on Datix as an MP Query and shared with the division/team it relates to for investigation and response.

If a 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.

5.9 Complaints from Children and Young People

While it is more common that a person with parental responsibility would raise a complaint on behalf of the child or young person, there are circumstances where a child or young person may wish to raise a complaint themselves, and without an adult's involvement.

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 to do so. Children and young people have the same right to make a complaint as adults have. There is no set age for being able to make a complaint.

According to the 'United Nations Convention on the Rights of the Child', all children and young people have the right to express their views freely about any care that affects them, and these views must be given due weight in line with their age and maturity. Therefore, if a child or young person (under the age of 18) wishes to raise a complaint about their care, the Trust must support them to do so and ensure that they are informed about their right to use an independent advocate, if they wish.
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)

5.10 Action Planning and Sharing the Learning

The Trust is committed to promoting a positive learning culture as part of our response to complaints and feedback, driving for 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 can be used to provide a framework for overseeing changes and evidencing actions taken. It is also good practice to share any actions within the complaint response, so that the complainant is assured that positive action is being taken because of their complaint, and to improve patient experience in future. An action plan template is available which supports actions being written in line with other PSIRF actions. This should be completed and saved to Datix but can be removed before sending the final response to the complainant (unless identified as necessary).

Actions should include a strong, clear aim statement and following the SMART (specific, measureable, achievable, relevant, timely) approach to writing actions.

Learning identified as relevant to existing actions (either from previous complaints or incidents) should be linked to on going actions, rather than duplicating work. This can be reflected in the response.

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.

5.11 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.

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.

'Further Concerns' should not be used as an opportunity for a complainant to repeatedly add to their complaint or argue differing accounts of events. When receiving further concerns, consideration should be made for what the original terms of reference included and whether there are outstanding questions based on these criteria. 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.

If review of the further concerns finds that no further investigation is appropriate, the response letter will reiterate what was stated previously (possibly with more explanation/clarity to support understanding of information), explain that there is nothing else that can be added and give advice on next steps, such as the Parliamentary & Health Service Ombudsman.

If the further concerns relate to differing recollection of events, but the investigating officer is unable to gain clarity of what happened, the response should acknowledge the different recollections, apologise for the negative experience but clarify that we cannot investigate further.

Responses to further concerns should still be in clear to understand language (more so if there have been misunderstandings from the initial response) and show empathy. They need to go through the same review and approval processes outlined above, with assurance that all elements have been addressed fully.

Should the complainant respond with a second set of further concerns, this should be discussed with the Complaints Manager, Team Leader and/or Head of Complaints to establish if further responses are appropriate.

5.12 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.

Prior to agreeing to a meeting, a risk assessment should be undertaken to identify how to safely proceed. Complaints meetings can be very triggering or emotionally upsetting for both the complainant and the staff involved, so it is important that reasonable steps are made to ensure that everyone present feels safe and comfortable.

The following considerations should be made, and discussed with a senior manager before agreeing to a meeting:

- Location – It is preferred that meetings take place on Trust property; however, this could be challenging for the complainant. Before considering meeting at their home or a neutral location, the potential for the meeting to escalate to violence, the safety of all

present and the ability to discuss confidential and sensitive information must be reviewed. Alternative locations should be agreed to by the DMT.

- Date/Time – Meetings must happen within core working hours. Reasonable adjustment requests for meetings outside of these hours must be reviewed and agreed by DMT.

- Who is attending – there must always be a minimum of 2 staff present. This may be the Investigating Officer and Quality Governance Lead, DDN, Consultant etc. The people present should have knowledge of the case and be appropriate to respond to the complainant's concerns. Meetings should have at least one senior manager present. It is recommended that the complainant not attend the meeting alone so that they feel supported during and after the meeting. They may wish to contact an Independent Advocate if there is no one else suitable.

- Translators – The Trust must make accommodations for the use of translators in complaints meetings. It is preferred that these are provided via our Patient Experience team rather than a friend or family member, to reduce the risk of misunderstandings or misinformation.

- How long is needed – Meetings should be limited to a maximum of 2 hours to ensure minimal impact to clinical duties and reduce the risk of excessive discussion. It may be appropriate to extend or arrange a follow up meeting if topics are outstanding.

- What is the desired/expected outcome – It is helpful to understand the complainants' expectations for the meeting. This will reduce the risk of them asking questions that we are unable to answer. It also helps establish if the meeting will be beneficial. If their expectations are unreasonable or unachievable a meeting may further escalate their frustrations rather than alleviate them.

Meetings should be arranged for a mutually agreed date and time, and with appropriate staff present. A letter will be sent to the complainant confirming the date, time and location of the meeting, and outlining the scope and expected conduct of all attending. (See template)

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. The Trust cannot provide transcripts.

Any actions agreed during the meeting should be documented and uploaded to Datix, with any updates or follow ups provided to the complainant as mutually agreed.

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

Sometimes a complaint meeting may involve challenging behaviour. We understand that this could be because an individual has been through a frustrating, frightening or upsetting

experience. They may be distressed, traumatised, grieving or feeling let down and angry. We also understand that people with certain health conditions (including some neurological or mental health conditions, such as anxiety) may find it difficult to regulate their emotions, and this can make the situation even harder for them to manage. This relates to complainants and staff involved in a complaint investigation.

In these situations, we will do everything we reasonably can to engage in a positive way. We will:

- respond with compassion and try to understand the feelings behind the behaviour
- take the time to listen and talk to the person to understand their concerns, how they have been affected and what they would like to achieve from the meeting
- offer to pause to allow them time to compose themselves, or rearrange the meeting if it is no longer fair to continue

Staff have the right to excuse themselves or terminate a meeting if they feel threatened, unsafe, or that it is no longer appropriate to continue. It may be suitable to rearrange the meeting when emotions have settled, more information is available, or with alternative people present.

If behaviour or language becomes aggressive, threatening or abusive, immediate attempts to deescalate should be made. However, the safety of everyone present is imperative. If appropriate, a verbal warning should be issued e.g. “I understand that this is very upsetting, but if you continue to shout like that, I won’t be able to help you, and we will have to end this meeting”. If the language or behaviour continues the meeting should be ended. If appropriate, and on Trust premises, contact security to assist.

Following such an altercation, the incident must be reported on Datix, and a discussion held to establish next steps in line with the Trusts Violence Prevention Reduction and Management of Violence and Aggression Policy (WHAT-CG-006). If the perpetrator was a member of staff this should be discussed with their manager and HR.

5.13 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 Expected Standards 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 Deputy Chief Nursing Officers and Chief Nursing Officer must be notified by the Complaints Team if PHSO make enquiries about a complaint and will have sight of responses before returning to PHSO.

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.

5.14 Seeking and Using User Feedback

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

5.15 Concerns and Complaints Excluded from this Policy

This policy does not cover:

- **Complaints by members of staff about 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.
- **Complaints about factors outside of the Trust's control –** complaints about other patients, traffic issues, parking fines from private companies, parking on public roads etc will not be address through the formal complaints process. These will be reviewed and either sent a letter explaining why we are unable to respond, or a generic response will be provided.

5.16 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, if 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. This must be clearly documented and accessible on Datix.

5.17 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 incident occurred or the complainant became aware of the incident. 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 which 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.

The Trust reserves the right to decline to investigate a complaint made outside of the time limit, where there is no good reason for the delay, and passage of time prevents reasonable efforts to respond.

5.18 Timescales for Responding to Complaints

The Local Authority Social Services and 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.

5.19 Dealing with Challenging Situations or Persistent Complainants

Everyone has the right to make a complaint and to expect a thorough and timely investigation and response. All complaints will be dealt with in accordance with this policy, irrespective of any previous history of behaviour the complainant may have.

By the time someone has reached the point of making a complaint, they may have been through a frightening or upsetting experience. They could be distressed, traumatised or grieving, or might be feeling let down. People with certain health conditions (including some neurological or mental health

conditions, such as anxiety) may find it difficult to regulate their emotions, making the situation even harder for them to manage. Someone in these circumstances may:

- express themselves very strongly, aggressively or rudely – whether in writing, on social media or by phone
- call and email frequently, making it hard for staff to work on their complaint or other complaints
- refuse to cooperate
- make multiple complaints in a short period of time
- make the same complaint in different ways (for example, by email and over the phone).

These behaviours can have a big impact on staff or can take up significant time. Staff should feel safe and supported when managing a challenging situation. We define unreasonable or unacceptable behaviour as any behaviour by a person that raises substantial health, safety, resource or fairness issues for the people involved – either because of the type of behaviour or how often it happens.

In the first instance, we should always attempt to support patients/complainants who are clearly emotional, responding with compassion and trying to listen and understand the feelings behind their behaviour. However, if communication becomes unmanageable or it is not possible to de-escalate the situation you should

- Politely request that the complainant lowers their voice/stops using offensive language etc
- Explain that you understand that they are very frustrated but that you are unable to help them if they continue the behaviour
- If they continue, advise that you will speak with them once they've had an opportunity to compose their thoughts, or they can contact via email. Terminate the call.
- Ensure a record of the event is documented for future reference - report an incident on Datix if someone has behaved aggressively or violently.

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.

Complainants who continue to communicate in an aggressive or threatening manner should be provided with a written letter outlining the problematic behaviour and the impact it has had on staff. Any encounters of this nature should be reported on Datix to allow a clear picture of behaviour to be identified.

Some complainants may make unreasonable or excessive contact with the complaints team, the investigating officer or other staff. This can negatively impact the individuals involved mentally and emotionally, as well as pull resources away from other tasks. This may be due to the complainant being particularly distressed or anxious. Keep a record of the amount of contact and communicate with the complainant how this is impacting the investigation/clinical work etc. It may be beneficial to agree a date and time when you will provide them with an update to offer them reassurance that their complaint is important to us.

If a complainant's behaviour continues to be challenging following the initial contact requesting it stop, the complaints manager may decide to implement some, or all, of the restrictions 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 contact a senior manager. This should be shared with the complainant clearly in writing.
- 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. If the contact continues, a letter will be sent clearly outlining their next steps if they remain unhappy (direct to PHSO). It may also be necessary to inform them that we will not respond to any further communication about the issues already investigated and responded to, although it will be saved in their complaint file.

If a complainant threatens a member of staff or other individual, we may report the matter to the police. If you believe that a complaint has been made with malicious intent or to harass a member of staff, please escalate to the DMT and complaints manager for further review.

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. However, if a complainant is found to be making excessive and unreasonable complaints, individual review and consideration of communication management will be considered by the Complaints Manager and Head of Patient Safety and Complaints.

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.

5.20 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 (Duty of Candour)' Policy requires the Trust to acknowledge, 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.

5.21 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, and Complaints Policy' (WAHT-HR-002). A referral to Occupational Health should also be discussed with the staff member.

The Trust promotes a positive learning culture around complaints, and as such, a complaint investigation should focus on being fair and just and not placing blame on individuals.

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 confidentially 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 act 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.

5.22 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.

5.23 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. It may be necessary to manage expectations and ensure that the complainant understands that there is no provision for litigation for clinical negligence in Trust's Complaints Policy and Processes. If they wish to pursue this, they will need to seek independent advice from a solicitor.

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 complaint's 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 because 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.

- In cases where there is an inquest, complaint investigations and responses must align with any reports or evidence shared with the coroner. The Divisional Governance team should support to ensure that this is managed appropriately. In cases where the investigating officer or named clinicians are called to give evidence at an inquest, the legal Services Department will provide support preparing.

6. Implementation

6.1 Plan for implementation

This policy will be launched after approval by the Public Patient Forum (PPF) and Improving Safety Action Group (ISAG)

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 the internal 'Responding to Complaints' training being run by the Complaints Team.

7. Monitoring and compliance

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

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	What?	**How?**	**When?**	**Who?**	**Where?**	**When?**
p.	Oversight of Formal Complaints Process	Dashboard and regular reports from DATIX Weekly Sitrep Patient Safety Report Complaint Review Meetings	Weekly Quarterly Monthly	Complaints Team	Divisions PCEG QGC/Trust Board CCG ISAG	Weekly Quarterly Quarterly Quarterly Quarterly
p	Action Planning & Sharing the Learning	Divisional Meetings – Quality/Directorate/ Ward Divisional Newsletters Trust wide communications Annual Reports Complaint Trends Reports	Monthly Monthly Monthly Annual Weekly	Divisional Quality Governance Leads Communications Associate Director of Patient Safety Complaints Manager	Divisions PCEG QGC/Trust Board CCG Divisions PCEG QGC/Trust Board CCG	Weekly Quarterly Quarterly Quarterly Annually

p.	Training and development of staff to ensure that they are aware of the Complaints and Concerns Policy	Effective launch of new Policy and Procedure 'Responding to Complaints' Training Monthly audit with CGG Weekly sit rep	Initial Launch Bi-Monthly Monthly Weekly	Complaints Team Complaints Manager Divisional Quality Governance Lead / Complaints Manager Complaints Team	Divisions PCEG QGC/Trust Board Divisional Quality Meetings PCEG Divisional Quality Meetings Senior Nurses	Monthly Quarterly Quarterly Monthly 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	Weekly Weekly Monthly	Complaints Team/ Senior nurses DDN/ Divisional Quality Governance Leads CGG / Divisions / Complaints Manager		

		Internal Audit	Annual	Internal Audit Team / Complaints Manager		

8. Policy Review

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

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

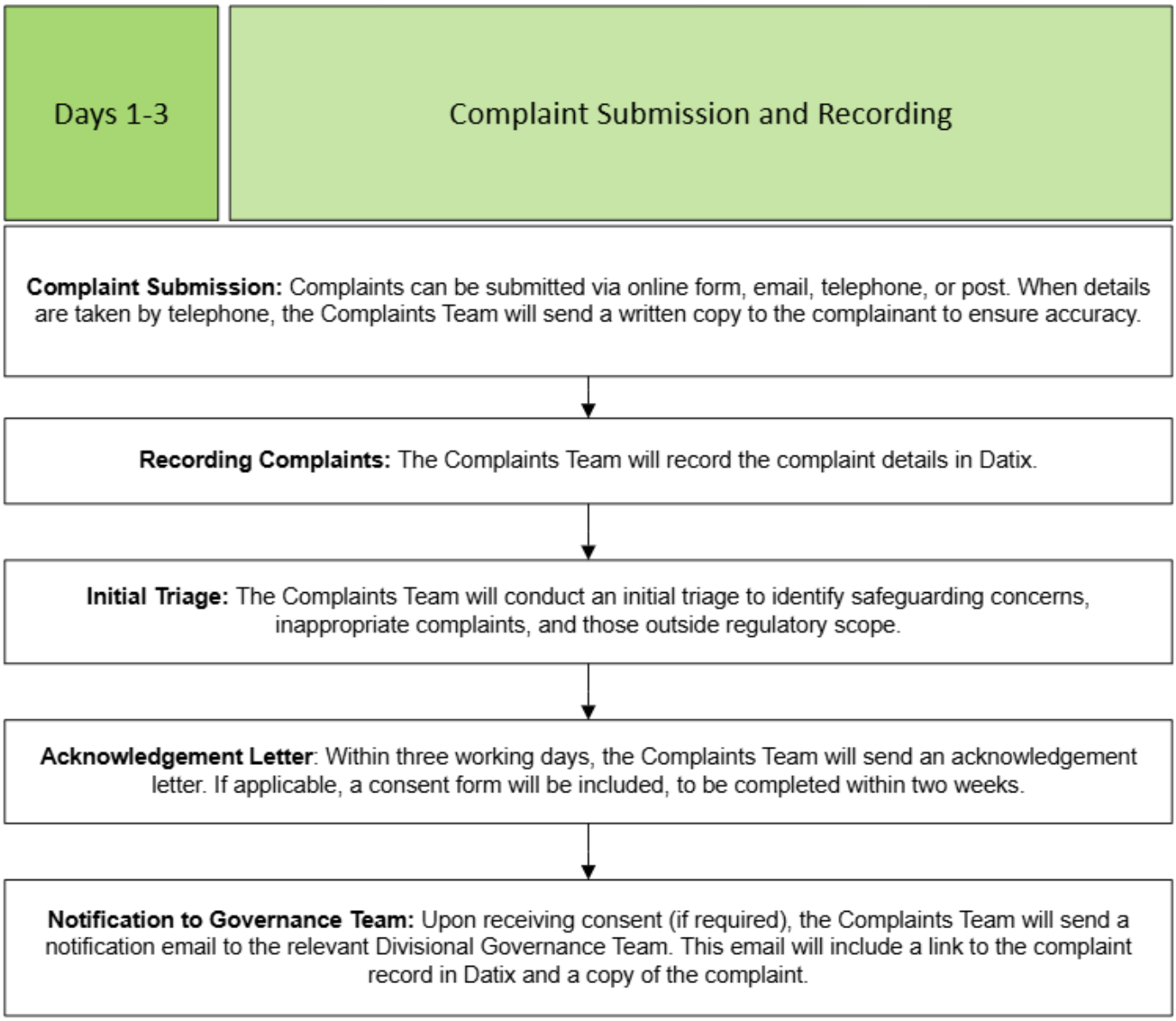
This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
January 2025	Reviewed and amended to align with PSIRF and PHSO Expected Standards. Revisions to reflect process changes and clarify guidance since last revision	Charlotte Merriman
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

Appendix 1 - Complaint Process Flowchart



Days 1-5	Divisional Triage

Secondary Triage: The Divisional Governance Team will re-triage the complaint to ensure it is assigned to the correct team and to identify any patient safety incidents (refer to the Complaints and Incidents Flow Chart).

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Assignment of Investigating Officer: The division will assign the complaint to an appropriate Investigating Officer (IO). Considerations will include potential conflicts of interest, workload capacity, and any upcoming leave that may affect response time. The IO will be documented in Datix.

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Initial Contact by Investigating Officer (IO): Within five working days, the IO must contact the complainant, preferably by telephone unless the complainant has explicitly declined. This conversation should include:

- An apology for the need to complain.
- Clarification and understanding of the complaint.
- Efforts to resolve issues informally during the call or in a meeting.
- Agreement on the Terms of Reference for the complaint.
- Establishment of desired outcomes and management of expectations if they are outside the scope of the complaint process.
- Agreement on the timescale for response (the standard is 25 working days, but this can be extended for complex complaints).
- Confirmation of the IO's contact details and the process for providing updates.

↓

Documentation of Initial Contact: The IO must document the details of the conversation under the "Initial Telephone Contact" tab. A separate document can be uploaded to record the agreed terms of reference.

Days 5 - 18	Complaint Investigation

Commencement of Investigation: The IO should begin the investigation immediately to avoid unnecessary delays. The IO is responsible for liaising with other teams or divisions to ensure a comprehensive response to all elements of the complaint. It is advisable to initiate this coordination at the beginning of the investigation to allow other parties sufficient time to conduct their own inquiries.

↓

Complaint Investigation: The investigation should include:
·An analysis of what happened, what should have happened, any discrepancies, and the reasons for these discrepancies.
·A review of medical records by a qualified individual.
·Examination of relevant Standard Operating Procedures (SOPs) and policies.
·Identification of system-wide or contributory factors that impacted the care received.
·Consideration of the impact on the patient and their family.
·Recommendations for rectifying the concerns for both the individual and future patients.
·Documentation of learning points and actions taken.
·Input from any relevant teams.

↓

Clinical Review: Investigations involving clinical matters must determine whether the care or service provided was appropriate and adhered to relevant standards, procedures, policies, and guidance. This review should be conducted by a suitably qualified individual who was not directly involved in the person's care. The responsibility for reviewing medical care as part of a complaint investigation lies with the relevant Clinical Lead initially. If the Clinical Lead is unavailable, the responsibility moves to the Associate Divisional Director, then to the Divisional Director. If none of these individuals can provide a clinical review, the matter should be escalated to the Chief Medical Officer for consideration.

↓

Managing Delays: If a delay will result in missing the response deadline, the Investigating Officer must liaise with the complainant to agree on a new response date. This new date must be communicated to the Complaints Team, who will then send a holding letter.

Days 18-20	Response Writing and Divisional Approval

Drafting the Response Letter: Upon completion of the investigation, a response letter should be drafted using the Trust template and in accordance with the Trust's standards for patient communication. The letter should:

- Be written in clear, easy-to-understand language, explaining complex medical terms.
- Show empathy and compassion, including apologies where appropriate.
- Provide an impartial and non-defensive account of events and decisions.
- Represent the Trust and its board of executives.

↓

Comprehensive Response: The response must address all agreed terms of reference and include:

- An explanation of what happened and why.
- An account of any discrepancies from what was expected, and the reasons for these discrepancies.
- Details of the actions being taken to rectify the situation.

↓

Review by Divisional Governance Team: Draft responses should be reviewed by the Divisional Governance Team, who will ensure that learning points and actions are documented in Datix. Complaints with significant learning points will be discussed at Divisional Governance Meetings.

↓

Divisional Approval: An agreed member of the Divisional Management Team (e.g., DDN or DDDN) will review the draft response for divisional approval using the QA checklist, which should be completed and uploaded to Datix. If the upheld status of the complaint has not been established, the Divisional Management Team (DMT) is responsible for confirming whether the complaint is upheld. This must be documented in Datix.

Days 20-25	Final Approval, Sign off and Sending

Final Check by Complaints Team: The approved draft will be sent to the Complaints Team for a final check. Minor grammatical or spelling changes will be made without further divisional involvement. If significant amendments or additional information are required, the response will be returned to the division with recommendations. Previous steps will be repeated before returning to the Complaints Team.

↓

Executive Team Approval: The Complaints Team will send the final draft to the Executive Team for final approval and sign-off.

↓

Final Formatting and Sending: Once approved, the Complaints Team will make any final formatting amendments and ensure the signature and date are correct before converting the document to PDF and sending it to the complainant by email or post. Complaints received electronically will be responded to by email unless otherwise requested by the complainant.

↓

Documentation in Datix: The Complaints Team will upload the final signed version of the response to Datix and add the close date (the date the response is sent).

Ongoing	Monitoring and Reporting

Monitoring and Reporting: The Divisional Governance Teams are responsible for monitoring the delivery of actions and documenting evidence in Datix. The Divisional Governance Team, Investigating Officer, and Quality Governance Lead are responsible for reporting information about complaints and sharing learning through various channels, including:

- Area/Ward/Team meetings
- Directorate Quality Governance Meetings
- Divisional Quality Governance Meetings
- Complaint Review Meetings
- ISAG (Integrated Safeguarding and Governance)
- Fundamentals of Care
- Patient and Carers Steering Group
- Trust Board

Appendix 2 – Complaint Response Letter and Action Plan Template

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

PRIVATE & CONFIDENTIAL
Address line 1
Address line 2
Address line 3
Address line 4
Address line 5

Worcestershire Royal Hospital
Charles Hastings Way
Worcester
WR5 1DD

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

Dear ……

Thank you for your letter/call/email dated [date]; I was sorry to read of your concerns about the care and treatment that you/your [father, mother, grandmother etc] Mr/Mrs NAME, received at Trust/site/ward between XXX and XXX **(amend as appropriate)**. ******ADD CONDOLENCES IF PATIENT HAS PASSED AWAY / Apologise for distress etc********* At Worcestershire Acute Hospitals NHS Trust we take all feedback and complaints seriously, and appreciate the opportunity to reflect and learn from your experiences. I apologise for the length of time it has taken for us to respond to your concerns (Remove if not past 25 wd target).

You have raised concerns that …. **SUMMARISE COMPLAINT**.

I understand that you have requested XXX as a result of your complaint. (Amend/Delete as appropriate to represent desired outcomes – if specified)

As part of our investigation Name, job title, reviewed your concerns and examined the care provided, including a review of your/patient's medical records (remove if not clinical; include any other relevant evidence that was reviewed) and accounts of events from the staff involved. The information provided forms the basis of my response, which I hope you find helpful.

Use Terms of Reference as sub-headings

- Include details of who was spoken to, what evidence was reviewed and the findings.
- If something did go wrong, set out the details and any impact it had (those described by the complainant and any found in the investigation)

- If something went wrong, express regret, accept responsibility and apologise.
- Explain how the Trust will remedy the error.

In summary, our investigation found xxx (summarise findings). As a result of these findings, the following actions have/will be taken xxx

As part of our quality assurance, a Clinical Lead has also reviewed your concerns and the investigation and has agreed with the findings above. (Include any additional comments they may wish to include – particularly if there are elements relating to a specific clinicians decisions, treatment plan etc)

Having reviewed **Lead Investigators** investigation and findings, I am satisfied that we have responded to your concerns fully, and would like to sincerely apologise that the care you received did not meet the standard we expect. I hope that the actions described above will offer you assurances that the Trust has reflected on your experience and is taking steps to avoid similar occurrences in the future. All clinicians are required to reflect on their practice as part of their annual appraisal, so please be assured that these concerns will be reflected upon further by the individuals involved.

OR

Having reviewed **Lead Investigators** investigation and findings, I am satisfied that we have responded to your concerns fully, and that the care provided was appropriate and in line with expected standards of care. However, I do acknowledge that this has been a distressing time for you/your family, and I hope that this letter has provided assurance that the clinicians involved in your care acted in your best interests.

I would like to offer you an unreserved apology for your experience and that you had cause to raise your concerns. We recognise the need to communicate and engage effectively with patients and relatives, putting patients and the public at the heart of our communication. We continue to give greater emphasis on improving communication and engagement with our staff, to create a well-informed workforce able to make our patient's our priority. 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 act 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.

If you are not happy with how we have dealt with your complaint and would like to take the matter further, you can contact the Parliamentary and Health Service Ombudsman. The Ombudsman is an independent organisation that makes final decisions on complaints that have not been resolved by the NHS, government departments and some other public organisations. Their service is free for everyone. There is a time limit for making your complaint to the Ombudsman, so make sure you do this as soon as possible. To take a complaint to the Ombudsman, or to find out more about the service, go to www. ombudsman.org.uk or call 0345 015 4033.

Yours sincerely

Sarah Shingler
Chief Nursing Officer

Actions for internal use only and will not be automatically shared with complainants. However, please ensure you are applying the SMART approach to your actions. Support is available from the 4Ward Improvement Team if you would like to learn more about how to write a strong action plan.

Action Plans must be added to Datix

Category	Definition	Example
Fix	Resolve problems in reliably doing what we said we would do. These were usually issues that could be resolved with rapid operational changes.	Linear or more 'simple' things you can do to help the process. E.g., if you identify that there are conflicting local policies which meant a clinician was confused with the task, then the **fix** would be to resolve the confusion by rewriting the policy
Improvements	Find better ways of delivering standard care; improve what is currently being done.	Where improvement need to be made in an already defined process. This may be linked to a Quality Improvement (QI) project and should involve metrics to measure improvements.
Changes	Significant changes in clinical or operational practice.	Where a system, process, or pathway needs to change. N.b. this should be based on multiple cases of evidence, rather than being linked to one case. Where change is needed, an output may be a task and finish group, and this will involve multiple stakeholders.
Further insight	Where investigations have resulted in more questions relating to a safety issue, it may be appropriate for a safety recommendation to involve gaining more insight	If you do an investigation for a particular safety risk but are not sure of the scale of the problem or the mechanism of action then collecting further data may then help identify safety recommendations later.

Area for Improvement: ***(Safety Barrier 1)***						
	Safety action description ***(SMART)***	**Safety action owner** ***(role, team directorate)***	**Target date for implementation**	**Date Implemented**	**Responsibility for monitoring/ oversight** ***(eg specific group/ individual, etc)***	**Category (Fix/improvement/change/further insight)**
1.						
2.						
3.						
4.						
5.						

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 service which aids in directing issues and concerns raised by service users to the most appropriate Trust staff, other local NHS staff, and other health and health related organisations, facilitating prompt and compassionate resolutions for our patients.
- 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 Clinical Service able to answer medical questions or provide medical advice, arrange appointments, second opinions or prescriptions. The PALS service is unable to overrule clinical decisions
- 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.
- To positively and proactively engage with the PALS team, addressing concerns raised in a timely and compassionate manner
- To know and understand the difference between PALS and Complaints and the remit of each service.

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 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 Account of Involvement Template

Formal Complaint Investigation - Staff Account of Involvement & Response

Complaint Ref:	
Patient Name:	
Patient ID:	
Statement	
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.	
Responses to Questions/Complaint Points	
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.	
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

children's commissioner
Championing Children and Young People in England

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.

Endorsed by:

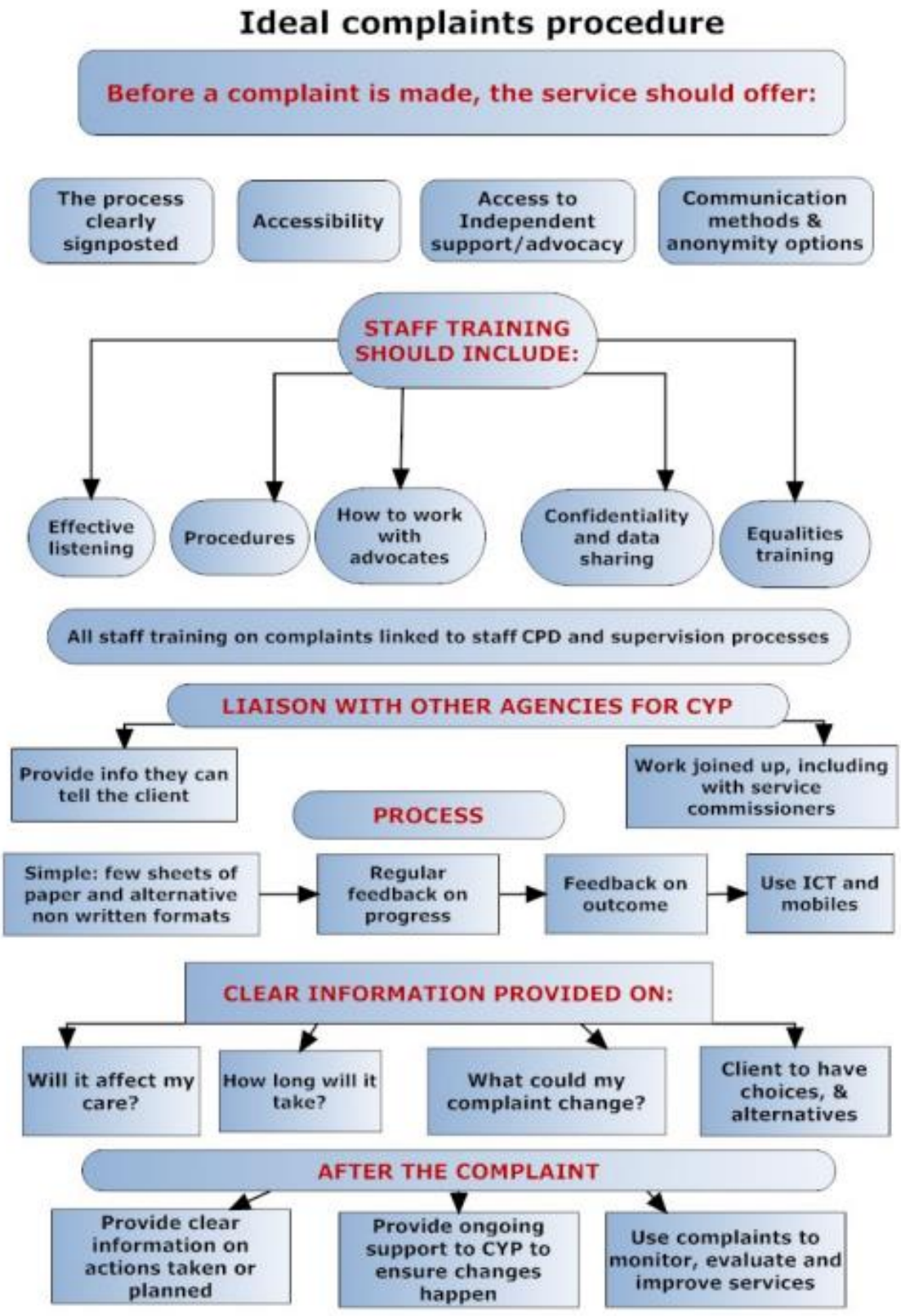
RCPCH Royal College of Paediatrics and Child Health Leading the way in Children's Health

Royal College of Nursing

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

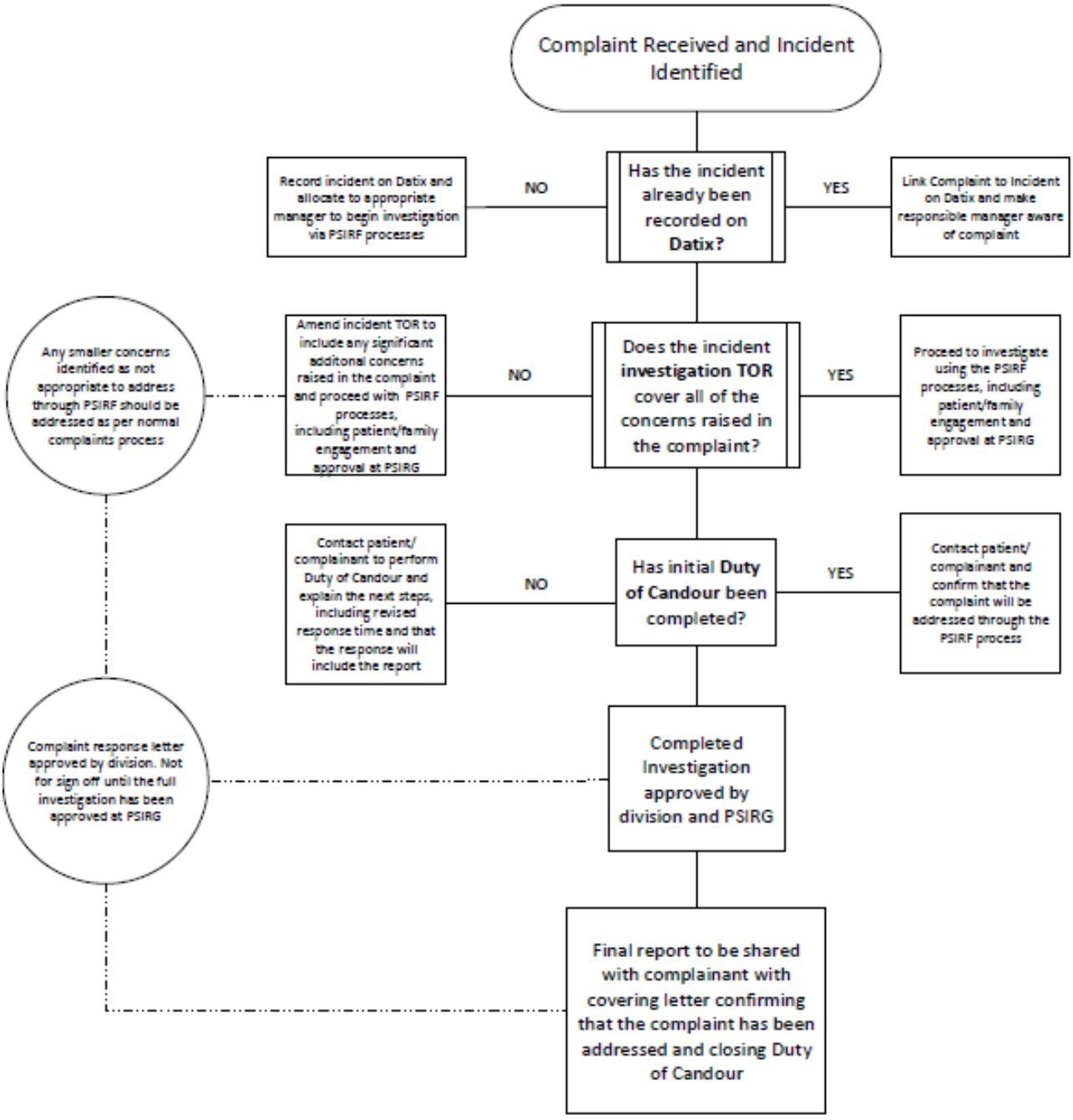
Monitor

FOR HEALTHCARE LEADERS HSJ



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

Appendix 7: Incident Investigations and Complaints



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**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Charlotte Merriman	**Team Lead for Complaints & PALS**	**Charlotte.merriman3@nhs.net**
Date assessment completed	**04/03/2025**		

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?	☒ ☒ ☒ ☒	Service User Patient Carers Visitors	☒ ☒ ❑ ❑	Staff Communities Other _____

Is this:	☒ Review of an existing activity ❑ New activity ❑ 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, e.g. 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 positive impact	Potential neutral impact	Potential negative 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	√			

Equality Group	Potential positive impact	Potential neutral impact	Potential negative 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	Charlotte Merriman 
Date signed	04/03/2025
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.