# Policy for handling concerns and complaints

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<tr>
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<td>Target audience:</td>
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<td>Key words</td>
<td>Early resolution. Concern. Complaint. Remedy. Complaint advocacy (Healthwatch).</td>
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<td>Key changes:</td>
<td>Clarification of roles and responsibilities (Appendix B &amp; J)</td>
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<td>Framework to support investigation planning and cascade (Appendix G)</td>
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<td>Reporting arrangements for the monitoring of decision-making and payments of financial remedy offered to complainants (p.18)</td>
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<td>Quarterly report ‘learning from concerns and complaints’ will incorporate action plans for upheld/partially upheld complaints; action plans developed in response to thematic analysis; lessons for dissemination across the organisation &amp; evaluation of lessons learnt (Appendix O).</td>
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<td>Whole organisation</td>
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<td>Consultation:</td>
<td>PEESG members. Improving complaint handling Task &amp; Finish Group members. HGOD members.</td>
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<tr>
<td>Equality Impact Assessments completed and policy promotes Equity</td>
<td>6 October 2014</td>
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The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This Concerns and Complaints Policy and Procedures has therefore been equality impact assessed by the Patient Experience Steering Group to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are shown in Appendix A.
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C: Protocol for the handling of inter-organisational complaints
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Executive Summary

The purpose of this policy is to explain how University Hospital Southampton NHS Foundation Trust (UHS) implements the statutory legal framework for the Local Authority and National Health Service Complaints (England) Regulations 2009, and meets the requirements of the NHS Constitution.

The policy makes clear what people should expect when they complain (NHS Constitution) and supports a culture of openness, honesty and transparency (Duty of Candour). Trust practice is informed by the Parliamentary and Health Services (PHSO) good complaint handling guidance and principles of remedy; and key recommendations and messages from the Francis and Clwyd & Hart reports.

In most circumstances the quickest and most effective way of resolving a concern or complaint is to deal with the issues when they arise or as soon as possible after this (early local resolution). Usually this is best undertaken as close to the point of care / service delivery as possible.

In circumstances where early local resolution is not possible, this policy describes the processes in place to ensure concerns and complaints are handled efficiently and investigated thoroughly.

The policy clarifies the roles and responsibilities of Trust staff in assessing, acknowledging and investigating concerns or complaints and ensures that the complainant is listened to, is involved in decisions about how their concern or complaint is handled and receives an open, honest and proportionate response to their complaint.

The policy promotes the use of people’s experience of care to improve quality. By listening to people about their experience of healthcare, the Trust can resolve mistakes faster, learn new ways to improve the quality and safety of services and prevent the same problem from happening in the future.

The reporting and monitoring of trends, themes and lessons learnt is undertaken through Divisional Governance Structures, Patient Experience & Engagement Steering Group and the Quality Governance Steering Group, used to ensure compliance with commissioner, regulatory and good practice requirements.

1.0 INTRODUCTION

The Trust welcomes feedback from patients and the public about the services we provide. A range of methods are used to encourage ‘users’ to share their experiences and this includes feedback from concerns, comments, complaints and compliments.

The Trust is committed to providing safe, effective and high quality services. However, it is recognised that at times things can go wrong. When concerns or complaints are raised, the Trust has a responsibility to acknowledge the concern or complaint, put things right as quickly as possible, to learn lessons, prevent reoccurrence and identify service improvements.

In most circumstances the quickest and most effective way of resolving a concern or complaint is to deal with the issues when they arise or as soon as possible after this (early local resolution). Usually this is best undertaken as close to the point of care / service delivery as possible.
In circumstances where early local resolution is not possible, Patient Support Services (PSS) are responsible for the overall management of concerns and complaints. PSS integrates the complaint handling and Patient Advice and Liaison Service (PALS) functions, combining to provide a flexible approach to resolving peoples concerns and complaints.

1.2 Scope

The policy deals with the handling of concerns and complaints regarding Trust services, buildings or the environment. Concerns and complaints may be received from patients; patient relatives, carers, visitors and other service users. The concerns and complaints excluded from the scope of this policy are identified in section 3.5.

The policy applies to all sites, departments and areas within the organisation; and applies to all permanent and temporary staff working within the Trust.

1.3 Purpose

The purpose of this policy is to explain how UHS implements the statutory legal framework for the Local Authority and National Health Service Complaints (England) Regulations 2009, meets the requirements of the NHS Constitution and Duty of Candour, and ensures compliance with commissioner, regulatory and good practice requirements.

The policy makes clear what people should expect when they complain (NHS Constitution) and supports a culture of openness, honesty and transparency (Duty of Candour). Trust practice is informed by the Parliamentary and Health Services (PHSO) good complaint handling guidance and principles of remedy; and key recommendations and messages from the Francis and Clwyd & Hart reports.

The aims and outcomes of this policy promote early, local and prompt resolution, involving the complainant in deciding how their concerns are handled. Likewise, good complaint handling and continuous learning is endorsed throughout the policy, promoting improvements in the quality and safety of services at UHS and facilitating positive patient experiences.

Aims

1. To listen, to acknowledge mistakes, explain what went wrong and to consider prompt, appropriate and proportionate remedies to put things right.

2. To provide a consistent approach to the timely and efficient handling of all concerns and complaints, establishing an agreed complaints plan with the complainant, with an emphasis on early resolution.

3. Ensure organisational openness and an approach that is conciliatory and fair to people both using and delivering services.

4. Respect the individual’s right to confidentiality and treat all users of this policy with respect and courtesy.

5. Learn from concerns and complaints and use them to improve the quality of services and to prevent mistakes happening again.

Outcomes

a) The policy & procedure will, as far as is reasonably practical, be easy to understand, accessible, publicised in ways that will reach all service users and include information about support and advocacy services.
b) All staff will receive an appropriate level of training to enable them to respond positively to concerns and complaints, and endeavour to resolve issues quickly.

c) The Trust will ensure that service users and carers can raise a concern or complaint without their care, treatment or relationship with staff being compromised.

d) All concerns and complaints will be acknowledged within 3 working days. Where possible the complaint issues will be clarified, investigation timescale agreed with the complainant, and the best way to reach a satisfactory outcome discussed.

e) Investigations will be thorough, responsive and appropriate to the seriousness of the complaint, conducted within the timescales agreed with the complainant.

f) The format of the response to the concern/complaint will be agreed with the complainant, this may be verbal (by phone or at a meeting), by email or written letter. Often, a concern can be satisfied with a verbal response. Complaints will require a written response, although some complainants prefer to receive this via email. The response will explain how the complaint has been investigated, apologising where appropriate, explain the outcome of the investigation, what actions have been/will be taken and what the next steps are for the complainant if they remain dissatisfied.

g) The Trust will strive to resolve all complaints locally, whilst reminding people of their right to take the matter to the Health Service Ombudsman if they are not satisfied.

h) Within Divisions and Care Groups, local leadership and accountability will facilitate early resolution and ensure concerns and complaints are responded to promptly and used to initiate actions for service improvement/opportunities for staff improvement.

i) Divisional governance structures will be used to ensure organisational learning from complaints and the sharing of best practice.

1.4 Definitions

It is sometimes difficult to clearly demarcate between a concern and complaint and for this reason they should be viewed along a continuum. However, for the purpose of this policy, the following definitions will apply:

1.4.1 Concern

A concern can be defined as a matter of interest, importance or anxiety. Concerns are received in PSS and throughout the organisation. PSS aim to investigate and resolve a concern to the complainant’s satisfaction by the next working day. Where this has not been possible, if the Trust believes a prompt and satisfactory response can be provided quickly, this is explained to the complainant who can choose to either continue with the plans in place for early resolution; or for their concern to be investigated as a complaint under the NHS Complaint Regulations (2009).

All concerns, whether resolved by the next working day or not, will be recorded and reported and are reviewed, collated and analysed along with the data recorded from complaints.

1.4.2 Complaint

A complaint can be defined as any expression of dissatisfaction, or a perceived grievance or injustice.

All complaints will be dealt with under the NHS Complaints (England) Regulations (2009), except in circumstances when:
Complaints are made verbally; the complainant is seeking a swift or on the spot response and the complaint can be resolved to the complainant’s satisfaction by the end of the next working day. This will be logged as a ‘concern resolved by the next working day’ (see section 1.4.1).

See section 3.5 concerns and complaints excluded from the scope of this policy.

1.4.3 Complainant:
A complainant can be defined as an individual who raises a complaint.

1.5 Related Trust Policies
- Incident Reporting and Management Policies
- Patient Safety Strategy
- Risk Management Policy and Procedures
- Policy and Procedure for the Management of Claims: Clinical Negligence; Employer/Public/Occupier Liability; Property Expense Scheme and other Trust Insurance Provisions
- Management of Patient Property Policy
- Being Open Policy – a Duty to be Candid
- Patient Experience Strategy
- Disciplinary Procedure
- Grievance and Disputes Procedure
- Eliminating Bullying and Harassment
- Supporting Staff involved in an Incident, Complaint, Claim, Human Resources Issue Policy

2.0 ROLES AND RESPONSIBILITIES

2.1 Trust Board
The Trust Board has a monitoring and assurance role: to receive regular reports that the Policy & Procedure for dealing with Concerns and Complaints is working effectively; to monitor themes and trends from complaints; and ensure systematic learning and appropriate actions are taken in response to concerns or complaints.

2.2 Chief Executive
The Chief Executive has overall accountability for ensuring compliance with the statutory regulations and delegates the lead for this to the Executive Director of Nursing.

2.3 Director of Nursing
The Director of Nursing is the Executive Director responsible for complaints and takes responsibility for: ensuring compliance with the Trust Concerns & Complaints Policy & Procedure; monitoring of performance; and providing assurance to Trust Board. This responsibility is delegated to the Director of Quality.
2.4 **Divisional Directors of Operations**

The Divisional Directors of Operations are responsible for: ensuring timely investigation and response to all complaints regarding their services; achieving complaint performance targets; implementing action plans arising from complaints; ensuring complaints are managed and actions completed within the governance framework and compliance in respect of shared learning; and ensuring appropriate training is in place for all staff groups. This responsibility may be delegated, usually to the Care Group Manager (see Appendix B).

2.5 **Patient Support Services (PSS)**

It is the role of PSS, led by the Head of PSS to take responsibility for: the provision of printed information informing patients and carers how to give feedback and raise a concern or complaint; managing the procedure and the administration of all concerns and complaints received in the Trust in accordance with Trust policy; working with Divisions to ensure performance targets are achieved; act as lead investigator when required; work with Divisions to review and improve processes; ensure the Trust centralised complaints database is maintained, data is analysed and appropriate reporting mechanisms are in place; support Divisions and Care Groups to identify trends and themes; to undertake staff training; to be the first point of contact for users, carers, the Health Service Ombudsman, commissioners and other external agencies.

2.6 **Divisional Governance Managers**

The Divisional Governance Managers support the Divisional Management Team in: ensuring complaints are investigated and responded to in a timely manner; analysing data provided by the central team to identify complaint themes and trends; promote lessons learnt and ensure action plans are completed; undertaking administration of Divisional Governance groups to ensure action plans are recorded, monitored and evaluated.

2.7 **All Trust staff**

All staff have a responsibility to respond to any concern or complaint raised to them by patients or visitors, with an emphasis on early resolution. Permanent staff should ensure that temporary staff are aware of this policy and any locally agreed arrangements in place in the department in which they are working.

All staff have a responsibility to deal with a concern or complaint in an open, constructive and non-judgemental manner. Where possible, the staff member will resolve the matter immediately or as soon as possible, or refer to a more senior member of staff on duty at the time.

All staff have a responsibility to direct patients and carers to appropriate information regarding how to give feedback and how to raise a concerns or complaint (see section 3.1).

All staff who deal with or investigate concerns or complaints should possess the necessary skills to undertake this role. The role and responsibilities of the designated Complaint Lead and Complaint Investigation Contributor can be found at Appendix B.

3.0 **RAISING A CONCERN OR MAKING A COMPLAINT**

3.1 **Information about raising a concern or making a complaint**

Written information regarding how the Trust deals with concerns and complaints will be made available in all departments, the Main Reception, Patient Support Services
Department, the Trust website and through Local Clinical Commissioning Groups (CCG), Healthwatch and other Patient Forums.

Service users and the public who contact PSS and wish to make a complaint will be signposted to complaint advocacy (Healthwatch) and will receive, as far as is practical, assistance from the Trust to enable them to understand the procedure and/or advice as to where to obtain assistance.

3.2 How to raise a concern or make a complaint

Concerns and complaints may be made about any matter reasonably connected with the exercise of the functions of the Trust. This may be clinical or non-clinical.

Concerns and complaints may be made verbally (in person or via telephone) or in writing (letter or electronically). A concern or complaint may be raised with any member of Trust staff, PSS or the Chief Executive. Alternatively the complainant may choose to address their concerns to their local commissioner, NHS England, Member of Parliament or another third party such as Healthwatch.

3.3 Who may raise a concern or make a complaint

Concerns and complaints may be made by a patient, their representative, or any persons who are affected by or likely to be affected by the action, omission or decision of the Trust.

A concern or complaint may be made by a representative where the patient: has died; is a child; is unable to make the complaint themselves due to physical or mental incapacity (within the meaning of the Mental Capacity Act 2005); or has requested the representative to act on their behalf. This includes a Member of Parliament and other NHS bodies such as the local Clinical Commissioning Group (CCG) or NHS England.

In all circumstances where a representative is making a complaint, the complaint can be considered by the Trust if the representative is a relative or other person who had or has sufficient interest in the person’s welfare and the complaint is made in the best interests of the person on whose behalf the complaint is made. Please see section 3.4 regarding obtaining consent.

In the above circumstances where the Trust does not intend to consider a complaint, the complainant will be notified of the reasons for this decision in writing.

Complainants will be made aware of independent complaints advocacy, for help and support to make a complaint (Healthwatch). Other specialist advocacy agencies such as mental health, learning disabilities, elderly or disadvantaged groups, eg Independent Mental Capacity Advocacy (IMCA) are also available for general support. Details are available from PSS.

3.4 Consent if the complainant is not the patient

In cases where a patient representative makes a complaint, consent will be obtained from the patient (or person legally responsible for the patient) for permission to access their health records for the purpose of the investigation (where required) and to release the details of the investigation to the representative.

If the patient has died or is unable to act for him/herself the next-of-kin may be able to provide consent for the complaint to be investigated and details released. In these circumstances, the Trust will respect any known wishes that had been expressed by the patient.
In circumstances where a complaint is made by a third party when the patient has not authorised the complainant to act on their behalf, this does not preclude the Trust from undertaking a full and thorough investigation into the concerns raised. Specifically, if the complaint raises concerns about patient safety or the conduct of staff, the relevant Trust policies will be evoked. A response to the third party will be limited, including any matters of a non-personal or non-clinical nature only and will not include the outcome of any HR investigation. The response to the complainant will explain why this is the case.

3.5 Concerns and complaints excluded from the scope of this policy

The Trust is not required to consider the complaint in the following circumstances. However, the Trust will consider each case individually and, as soon as reasonably practicable, notify the complainant in writing of its decision and the reason for the decision.

a) A complaint made by a responsible body (local authority, NHS body, primary care provider or independent provider who provides care under arrangements made with an NHS body).

b) A complaint by an employee of a local authority or NHS body about any matter relating to that employment.

c) A complaint that is made orally, and is resolved to the complainant’s satisfaction by the end of the next working day.

d) A complaint, the subject matter of which has been investigated previously or has/is being investigated by the Health Service Ombudsman.

e) A complaint arising out of the alleged failure to comply with a request for information under the Data Protection Act 1998, or a request for information under the Freedom of Information Act (2000). Please refer to the UHS Information Governance Policy.

f) Complaints about private treatment provided in the Trust although any complaint made about the Trust’s staff or facilities relating to care in their private bed will be investigated under this policy.

g) Lost property claims, which are investigated and handled directly by the Care Group Manager. Any claim for lost property made as part of a complaint will be dealt with under this policy.

3.6 Specific considerations when dealing with concerns and complaints

PSS have a responsibility to ensure that the complainant is fully informed of any relevant considerations that may alter a complaint investigation or response timeframe.

In any case where the Complaints Procedure is being brought to an end, the complainant and any persons identified in the complaint will be notified.

3.6.1 Concerns or complaints involving a vulnerable adult or child protection

Where it is known that the complaint involves a vulnerable adult or child, the executive lead for child protection or vulnerable adults will be informed and the most appropriate route of investigation agreed, this may not be the Complaints Procedure.

3.6.2 Concerns or complaints that include a Never Event (NE), Serious Incident Requiring Investigation (SIRI) or Serious Event, Clinical (SEC).
The Patient Safety Team (PST) will lead and co-ordinate the Root Cause Analysis (RCA) investigation upon which the complaint response will be based. PSS will continue to investigate any issues raised within the complaint but not included in the RCA investigation.

PST will notify PSS of appropriate timescales for completion and release of the RCA report. PSS will then agree the timescale for the final complaint response with the complainant and will usually continue to be the main point of contact for the complainant (depending on the nature of the incident, sometimes different arrangements are agreed at the SIRI scoping meeting).

The dual approach to investigation will be explained to the complainant. Usually, a written response to the whole complaint (ie including both investigations) will be offered, explaining the extended period of time required for the Trust to respond. The complainant will also be offered the opportunity to meet with Trust staff to discuss the findings of the RCA investigation and provide opportunity for Trust staff to respond to any outstanding queries.

Alternatively the complainant may choose to receive the outcome of the two investigations in separate written responses.

3.6.3 Clinical negligence, personal injury or other claim.

In circumstances where the complainant indicates a clear intention to bring legal proceedings for clinical negligence, personal injury or other claim, the use of the Complaints Procedure is not necessarily precluded. PSS will discuss the nature of the complaint with the Litigation and Insurance Services Department or Trust Solicitor if required, to determine whether progressing the complaint might prejudice subsequent legal or judicial action.

If there is no legal reason why the complaint should not be investigated, PSS will continue to investigate the complaint in accordance with Trust policy.

In cases where there are legal reasons why a complaint should not be dealt with under this policy, the complaint investigation will cease, the complainant advised of this fact and advised to ask their legal representative to contact the claims department. PSS will continue to investigate any issues raised within the complaint that are not part of the claim.

3.6.4 Disciplinary or professional investigation or investigation of a criminal offence

Cases regarding professional conduct, where a complaint is found to be justified, may require an internal disciplinary investigation to be undertaken. Such an investigation may result in the involvement of one of the professional regulatory bodies and/or police/Counter Fraud Team depending on the nature of the allegations.

Appropriate action will be taken in accordance with the Trust Disciplinary Procedure. In such circumstances, the complainant will be informed that a disciplinary investigation will be undertaken but that they have no right to be informed of the outcome of the investigation.

Any other issues raised in the complaint which do not form part of the disciplinary or criminal investigation may continue to be dealt with under this policy. The Medical Director, Director of Nursing or Chief Operating Officer will be informed as appropriate.

3.6.5 Coroners inquest

In complaints involving a death that is referred to the Coroner, the Patient Safety Team will lead and co-ordinate the investigation. This ensures clear lines of communication and investigation for both clinicians and families. PSS will advise the family that their concerns will be investigated by the Patient Safety Team in preparation for the Inquest hearing and that HM Coroner’s Officer (HMCO) will endeavour to include all concerns raised.
If appropriate, PSS can continue to investigate any issue raised within the complaint if entirely separate from the Patient Safety Team investigation and this will be managed in line with this policy.

Following the Inquest hearing, if there are any outstanding concerns that have not been addressed by coronial process, PSS can continue to investigate under the NHS Complaints Regulations.

### 3.6.6 Allegations of fraud or corruption

Any complaint concerning possible allegations of fraud and corruption is passed immediately to the NHS Counter Fraud Service for action.

### 3.6.7 Media interest

In cases where a complainant has or expresses their intention to contact the media, the Head of Communications will be informed and take appropriate action regarding Trust communication and media management.

### 3.7 Time Limit for making a complaint

Normally a complaint should be made within **12 months** of the date on which the matter occurred, or 12 months of the date on which the matter came to the notice of the complainant.

Where a complaint is made after this time, the complaint may be investigated if the complainant had good reasons for not making the complaint within the above time limits; and given the time lapse it is still possible to investigate the complaint effectively and efficiently.

In circumstances when a complaint is not being investigated on this basis, the complainant will be informed of the reason for that decision and informed that they may still ask the Parliamentary and Health Service Ombudsman to consider their complaint.

### 3.8 Handling of joint complaints between organisations

In cases where a complaint involves more that one NHS provider, commissioner, local authority or third party independent provider, and the complainant so wishes, the Trust will work with the other relevant organisations in seeking resolution.

There is a jointly agreed protocol for the Handling of NHS Inter-organisational Complaints in Hampshire & the Isle of Wight (Appendix C). This provides a framework for the handling of joint complaints between organisations, clarifies roles and responsibilities of organisations, enhances inter-organisation co-operation and reduces confusion for service users.

The purpose of the protocol is to ensure that complainants receive a seamless, effective service and are not treated differently as a result of raising a concern/complaint (see section 6.1), regardless of the organisations involved within the local economy.

The procedure for dealing with multi-agency complaints involving third party independent providers can be found at Appendix D.

### 4.0 LISTENING AND RESPONDING TO CONCERNS/COMPLAINTS OF PATIENTS, THEIR RELATIVES AND CARERS

#### 4.1 Stage 1: Local resolution.

Local resolution is the first line of investigation and response to a complaint and is undertaken within the Trust. Local resolution enables the Trust to: provide the quickest
opportunity for a full and thorough investigation and response; to acknowledge failures and apologise for them; quickly put things right when they have gone wrong; and to use the opportunity to improve services.

All concerns and complaints will be dealt with in an open, honest and conciliatory way. The Trust will adopt a flexible approach to resolution with the emphasis on a positive outcome and not on the process.

4.1.1 Early local resolution

When something has gone wrong, patients and relatives are encouraged to raise concerns or make a complaint as soon as possible and directly to the staff involved. This is often frontline staff in wards, clinics or reception. All Trust staff, as a means of improving service provision, will welcome the complainants concerns or complaint positively.

In most circumstances the quickest and most effective way of resolving a concern or complaint is to deal with the issues when they arise or as soon as possible after this (early local resolution). Usually this is best undertaken as close to the point of care / service delivery as possible.

If the staff member approached is unable to deal with the issue, they will refer the matter to a more senior member of staff on duty at the time, eg. Ward Sister, Matron, Head of Department or Site Manager. A complainant may simply require an explanation and apology and therefore should not be automatically referred to Patient Support Services (PSS). The procedure for early local resolution can be found at Appendix E.

If the concern or complaint requires further investigation or if the complainant wishes to address their concerns to somebody not involved, the complaint will be referred to PSS.

PSS will provide the complainant with the appropriate information to help them understand the possible options for pursuing a concern or complaint. As far as possible, the complainant will be involved in decisions about how their concern or complaint is handled. The procedure followed in dealing with a complaint is detailed in the section 5.0.

4.2 Stage 2: Parliamentary and Health Service Ombudsman (PHSO).

In cases where the Trust has been unable to resolve a complaint to the complainant's satisfaction, the complainant has the right to refer their complaint to the PHSO for independent review. The PHSO is independent of the NHS and the government and will undertake an independent investigation into complaints where it is considered that the Trust has not acted properly or fairly or provided a poor service.

The Trust will fully comply with all PHSO requests for information. Divisional Management teams and Directors will be notified, as appropriate, of any complaint that is being investigated by the PHSO.

If the complaint is upheld by the PHSO, the CEO and/or Director of Nursing (or deputy) will be asked to consider the recommendations made. Care Group teams, supported by PSS, will be responsible for delivering any recommendations made by the PHSO.

5.0 LOCAL RESOLUTION

5.1 Complaint assessment and acknowledgement

On receipt of a complaint, the first responsibility is to ensure that the patient’s immediate health needs are being met.
If the concern or complaint has been received at the point of service delivery but early local resolution (section 4.1) has not been possible, the concern or complaint will be passed to PSS. Other concerns or complaints received in the Trust, eg. CEO office, will also be forwarded to PSS, ideally within 24 hours of receipt.

In cases where a complaint that is being investigated under the NHS Complaint Regulations is received verbally, the complainant will be signposted to Healthwatch complaint advocacy for appropriate help and support, if appropriate. In addition, staff from the department involved, or PSS can also provide a transcript of the concerns / questions to be investigated, which will be sent to the complainant for agreement, prior to the start of the investigation.

At the outset, PSS will endeavour to assign a designated Complaints Handler. This person will be the single point of contact for the complainant, with whom they can liaise throughout the process.

The nature, complexity and seriousness of the complaint are assessed and graded by the nominated PSS Complaint Handler using the Complaint Assessment Tool (Appendix F). Any immediate action required is undertaken.

All complaints will be acknowledged within 3 working days. This will include a request for a telephone number to enable the complaint handler to establish verbal communication and build a relationship. If the complainant does not provide a telephone number following a second reminder, PSS will make the assumption that the complainant does not want to engage in direct verbal communication.

A summary of the Trust's assessment and acknowledgement of complaints procedure can be found at Appendix G.

5.2 Complaint investigation planning

The nature and grade of the complaint will influence the level of investigation and the level of notification/cascade throughout the organisation. A framework to support this decision making can be found at Appendix H and will support the Complaint Handler to identify an appropriate Care Group/Divisional Complaint Lead. This is based on the complexity and severity score of the complaint (minimum, minor, moderate, major, severe) and the primary focus or professional group who are the subject of the complaint (medical, nursing, allied professionals, managerial, administrative).

Higher graded complaints require prompt action, more robust investigations and may require the involvement of investigation contributors: a) external to the division but internal to the organisation; or b) external to the organisation

The framework at Appendix H facilitates sufficient flexibility to ensure the right people are involved to ensure the right level of expertise and advice is sought.

The complaint handler will assess the complaint and plan the scope and approach to the investigation. This includes identifying the key staff who will be required to contribute to the investigation (Complaint Investigation Contributors).

The Complaint Lead can add an additional level of scrutiny and modify and/or validate the complaint investigation plan prior to the start of the investigation.

Where possible, the complaint handler will then make contact with the complainant to discuss the nature of their complaint, how their complaint will be handled, to establish the outcome they are seeking and to agree a timeframe in which the Trust will respond to the complaint. Where required, an offer will be made to meet with the complainant to further explore the complaint and clarify the issues that require investigation.
5.2 Complaint Investigation

Complaints will be thoroughly investigated in a manner appropriate to resolving the issues speedily and efficiently and within the agreed timeframe.

For all complaints assessed as ‘severe’, a scoping meeting will be held within 48 hours, to identify any immediate actions and to support investigation planning. This meeting may be virtual or face-to-face, involving the Complaint Lead, PSS complaint handler and CGCL or matron.

Staff directly involved in the complaint will not be nominated as Complaint Lead.

Junior staff will usually be notified of a complaint via the Complaint Lead or their line manager.

The Complaint Lead will oversee the quality and timeliness of the investigation, and validate the conclusions, outcome and actions agreed for inclusion in the complaint response.

On completion of the investigation the PSS Complaint Handler will review the complaint investigation to ensure that it has been thorough and addresses all the issues raised by the complainant.

The Complaint Lead will support the PSS Complaint Handler to scrutinise the findings, draw conclusions, agree complaint outcome and consider whether there is evidence of service failure or maladministration.

The procedural detail regarding complaint investigation can be found at Appendix I.

For clarity, a summary of the division of the PSS Complaint Handler and Care Group/Division Complaint Lead roles and responsibilities can be found at Appendix J.

5.3 Remedy

If a complaint is upheld or partially upheld, the Trust will decide whether the mal-administration or service failure has caused an injustice (Health Service Ombudsman’s Principles of Remedy). The Trust should, as far as is possible, put the individual back into the position they would have been in if the mal-administration or service failure had not occurred. If that is not possible, the Trust should compensate appropriately.

The Trust will consider suitable and proportionate financial and non-financial remedies for the complainant, and where appropriate, for others who have suffered the same injustice. An appropriate ‘remedy’ may be an apology, an explanation or remedial action. Financial compensation will not be appropriate in every case, but should be considered.

Appropriate and proportionate financial remedy will be considered by the CGM and Complaint Handler in the first instance.

If an agreement cannot be reached, the HPSS will review and where possible make comparisons to similar cases and reach agreement for any financial remedy with the Director of Nursing and where appropriate, the key internal stakeholders involved. This provides consistency in evaluating the amount of financial remedy that is fair, reasonable and proportionate to the injustice suffered.

On agreement with the CGM (budget holder for the service complained about), any financial remedy is then offered to the complainant, explaining the amount and why this has been offered and who to contact to accept the offer.
The governance framework includes monitoring of decision-making processes and recording payments of financial remedy offered to complainants. This will be reported quarterly to the Patient Experience & Engagement Steering Group.

This policy does not relate to medico-legal claims for compensation which will be dealt with through the Legal Services Department in conjunction with the NHSLA.

5.4 Complaint Response

All complaints will receive a fair and honest response. The complainant may prefer to receive this via letter, email, at a meeting or in a telephone call. The latter will usually be followed up in writing or via email. The response will address all issues raised, provide a full explanation, an apology as appropriate, any decisions regarding remedy and actions that have or are planned to be undertaken to put the matter right. Where possible, the response will be in a format suitable for the complainant, eg large font.

The PSS Complaint Handler is responsible for producing a draft response for validation by the Complaint Lead. The written response may take the form of a complaint response letter, or a letter of apology together with a separate investigation report and action plan.

The procedural detail regarding responding to a complaint can be found at Appendix K.

5.5 Reinvestigation of a complaint

In cases where the complainant is not satisfied with the Trust response, the complaint will be re-opened. This may be because the complainant considers the initial investigation to be inadequate, incomplete or unsatisfactory; and/or the complainant believes that their issues have not been addressed or fully understood.

The complaint will be reassessed and where possible this will be undertaken by a member of the PSS team who is not familiar with the complaint. The issues that remain unresolved for the complainant will need to be clarified and a new complaints plan agreed. The same procedure will be followed.

Independent advice/a second opinion may be considered, on the element of the complaint that has been re-opened for investigation.

Meeting with the complainant is encouraged, to aid resolution of the complaint. In some circumstances and in agreement with all parties, conciliation or mediation could also be considered.

If local resolution has been completely exhausted and the complainant still remains dissatisfied, the complainant is reminded of their right to go to the PHSO.

6.0 CONFIDENTIALITY & RECORD KEEPING

6.1 Confidentiality and ensuring that patients, their relatives and carers are not treated differently as a result of raising a concern or complaint

Information about complaints and all the people involved is strictly confidential, in accordance with Caldicott principles. Information is only disclosed to those with a demonstrable need to know and/or a legal right to access those records under the Data Protection Act 1998.

All data will be processed in accordance with Trust policy.

Complaints will not be filed on health records, but maintained in a separate case file, subject to the need to record any information that is strictly relevant to their health record.
Complaints must not affect the patients/complainants treatment and the complainant must not be discriminated against. Any identified discrimination will be reported to HR and managed as per Trust policies.

6.2 Record keeping

A complete documentary record will be maintained for each concern or complaint. This will include all written or verbal contacts with the complainant, staff involved in the investigative process and all actions taken in investigating the complaint.

The complaint file is a confidential record and as such will be stored securely, and easily retrieved and understood in the event of further enquiry. In accordance with the UHS Records Management Policy (2010), complaint files are kept and disposed of confidentially in accordance with UHS Records Management Policy. Currently, complaint files are retained for 8 years (Trust Records Management Policy).

7.0 SUPPORT FOR COMPLAINANT & STAFF

Dealing with a complaint can be stressful for both the complainant and the staff involved.

7.1 Complainant

Guidance and support on how to raise concerns can be obtained from PSS and Healthwatch. Healthwatch may involve the complaints advocacy service who can assist and support people in making a complaint, including preparing, presenting or writing a complaint. The local Healthwatch information leaflet is sent with written and emailed acknowledgements to all complaints. Local Healthwatch information posters are displayed across Trust sites and contact details are available from PSS.

Throughout the process, the named PSS Complaint Handler will be the nominated Trust contact for the complainant. The Complaint Handler will endeavour to provide the complainant with an appropriate level of information and support. This includes keeping the complainant informed of progress, answering any outstanding queries and re-establishing confidence in Trust services.

7.2 Staff

Receiving and investigating complaints can be stressful for staff to deal with. On receipt of a complaint the staff involved will be notified of the support available. This is also available on staffnet. On completion and closure of the complaint, staff will be asked if they were provided with adequate support by way of an anonymous questionnaire. Further detail can be found in the UHS Supporting Staff involved in an Incident, Complaint, Claim and Human Resources Policy.

8.0 HARASSMENT & VEXATIOUS/INTRACTABLE COMPLAINANTS

8.1 Harassment

Violence, racial, sexual or verbal harassment will not be tolerated, neither will language that is of a personal, abusive or threatening nature. If staff should encounter this behaviour they should seek support from their line manager and complete an adverse event form. Where appropriate, the complainant will be informed in writing that their behaviour is unacceptable. See UHS Bullying and Harassment Policy.

In the event that the complainant has harassed or threatened staff dealing with their complaint, all personal contact with the complainant will be discontinued. The complaint thereafter can only be pursued through written communication.
8.2 Vexatious or intractable complainants

Dealing with a complaint is usually a straightforward process, but in a minority of cases, people pursue their complaints in a way that can either impede the investigation of their complaint or can have a significant resource issue for the Trust.

The difficulty in handling such complaints places strain on time and resources and can cause undue stress for staff. Staff should respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further that can reasonably be done to assist them to rectify a real or perceived problem.

Judgement and discretion must be used when considering potential persistent, habitual or vexatious complainants. The criteria and procedure can be found at Appendix L and authorisation of vexatious status will be made by the Head of Patient Support Services.

9.0 PROCESS BY WHICH THE ORGANISATION AIMS TO IMPROVE AS A RESULT OF CONCERNS & COMPLAINTS BEING RAISED

Every complaint received should be regarded as an opportunity to learn and improve services.

9.1 Development of action plans

PSS will request a completed action plan (Appendix M) from the complaint investigation contributors involved in all complaints that are upheld or partially upheld complaint.

The Division/Care Group Complaint Lead is responsible for validating the action plan.

The DDO (or delegated) is responsible for ensuring the action plans arising from concerns/complaints are completed within the agreed timescales and processes are in place for the action plan to be reviewed and monitored by the local governance groups. The DDO (or delegated) is supported by the Divisional Governance Manager.

9.2 Monitoring and reporting

The monitoring of Care Group performance against a complaints dashboard (Appendix N) will be reported monthly to the CGM. Actions will be agreed between the CGM and PSS to improve Care Group performance, as required.

Trust-wide trends and themes that result from concerns and complaints are reported though the Annual Complaints Report to Quality Governance Steering Group and included in the 3-monthly Patient Experience Reports to Trust Board.

In addition, the escalation of actions taken and lessons learnt are also reported through the Patient Experience Steering Group, Patient Safety Group and Safeguarding groups as appropriate.

The Quarterly Report, Learning from Concerns and Complaints (Appendix O) will include:

- Specific action plans for or all upheld or partially upheld complaints. This may be specific to the complainant, ie restore the complainant to the position they were in prior to making the complaint; and/or actions required to reduce the likelihood of reoccurrence and to inform service improvement agendas.

- Action plans developed in response to thematic analysis of concerns and complaints received within the quarter. This may be procedural, clinical, strategic, information or governance.
• Escalation of the complaints and dissemination of lessons learnt, facilitating organisational learning through from Care Group level, to Divisional and to Trust governance forums.

• The evaluation of learning from previously agreed action plans.

Where requested by the complainant, progress on action plans can be provided six months after the close of the complaint.

10.0 IMPLEMENTATION

This policy will be displayed on the Trust website and staffnet and sent to Divisional and Care Group management teams for cascade to all staff groups.

All staff need to know how to react and what to do if someone makes a complaint as their initial response may help to resolve the situation quickly and/or provide reassurance to the complainant that their concerns will be dealt with appropriately.

The key education and training subject areas are included in the Trust’s Training Needs Analysis (TNA) and made available in various ways for all staff to access. Staff will receive training dependent on their level of responsibility in complaint management, as part of their mandatory training requirements. Other, bespoke training sessions can also be delivered by PSS.

The TNA is reviewed annually in order to ensure that the delivery of education and training continues to match requirements.

11.0 PROCESS FOR MONITORING COMPLIANCE/EFFECTIVENESS

11.1 The effectiveness of this policy is monitored and reported through:

• Quarterly PCT Contract Performance Report
• 3-monthly Patient Experience Report
• Annual Report to Trust Board
• Annual Report to DH KO41(A),
• Care Group and Divisional Governance Boards will review complaint action plans and monitor trends of complaints.

11.2 Compliance of this policy will be undertaken annually, at the end of each financial year, using the audit tool at Appendix P.

Any identified areas of non-adherence or gaps in assurance arising from the monitoring of this policy will result in recommendations and proposals for change to address areas of non compliance and/or embed learning. Monitoring of these plans will be coordinated by the group/committee in the monitoring table below.

12.0 ARRANGEMENTS FOR REVIEW OF THE POLICY

This policy will be reviewed every 3 years or earlier if any amendments to the NHS Complaints Regulations are made. Amendments will be made in the intervening period should any aspect of this policy be found to be inadequate.