

## Northumbria Healthcare NHS Foundation Trust

### Risk Management Policies and Procedures

#### Complaints Policy and Procedure for Raising Concerns

<b>Version</b>	9.2
<b>Sub Committee and Approval Date</b>	Patient Feedback Sub-committee 14/11/2019
<b>Date ratified by Assurance Policy Group</b>	11/09/2018
<b>Name of Policy Author</b>	Marie Calvert, Complaints and Claims Manager
<b>Date Issued</b>	11/09/2018  04/02/2020 (re-issued due to minor amendment)
<b>Review Date</b>	11/09/2021
<b>Target Audience</b>	All staff

**This Policy has been Impact Assessed against the Equality Act 2010**

**History of previous versions of this document:**

<b>Date Approved by Sub Committee</b>	<b>Date Ratified by Policy Assurance Committee</b>	<b>Version</b>	<b>Issue Date</b>	<b>Review Date</b>	<b>Policy Author/ Contact Details</b>
25/07/2018	11/09/2018	9.1	11/09/2018	11.09.2021	Marie Calvert, Complaints and Claims Manager
25/07/2018	11/09/2018	9	11/09/2018	11/09/2021	Marie Calvert, Complaints and Claims Manager
N/A	17/04/2018	8.1	06/06/2018	11/09/2018	Marie Calvert, Complaints and Claims Manager
04/09/2015 (by email)	08/09/2015 Updated 18/10/2016	8	11/09/2015 Updated: Nov 2016	11/09/2018	Marie Calvert, Complaints and Claims Manager
21/09/2011	23/03/2012	7	07/03/2013	07/03/2016	Marie Calvert Complaints Co-ordinator, Patient Services
28/10/2009	03/11/2009	6	Nov 2009	Nov 2012	Marie Calvert Complaints Co-ordinator, Patient Services
30/05/2007	23/08/2007	5	03/09/2007	03/09/2010	Christa Thompson Complaints & Claims Co-ordinator
Feb 2005	Mar 2005	4	Mar 2005	Apr 2006	Christa Thompson Complaints and Claims Coordinator
26/02/2004	18/03/ 2004	3	Mar 2005	Feb 2005	Christa Thompson Complaints and Claims Coordinator
Not available	Jun 1999	2	Jul 2002	Jul 2003	Janet Henderson Acting Complaints and Claims Coordinator
Not available	Not available	1	Not available	Not available	Anne Kennedy Complaints and Claims Coordinator

**Statement of changes made from version 9.1:**

<b>Version</b>	<b>Section</b>	<b>Description</b>
9.2	Whole document	Removal of reference to 35 days response timeframe.

## Contents

<b>1. Operational Summary</b> .....	<b>1</b>
1.1 Policy Aim.....	1
1.2 Policy Summary.....	1
1.3 What it means to Staff .....	1
<b>2. Introduction</b> .....	<b>1</b>
<b>3. Purpose</b> .....	<b>1</b>
<b>4. Duties</b> .....	<b>2</b>
<b>5. Definitions of Terms Used</b> .....	<b>6</b>
5.1 General Principles .....	7
5.2 What complainants want.....	7
5.3 National Guidance and Regulations .....	8
5.4 Complaints about the use of the Mental Health Act.....	8
<b>6. Process for listening and responding to concerns of patients, their relatives and carers</b> .....	<b>9</b>
6.1 Process for raising verbal concerns (Stage 1) .....	9
6.2 Process for raising written concerns (Stage 1) .....	9
6.3 PALS .....	10
6.4 Adult Social Care .....	10
<b>7. Process for listening and responding to complaints of patients, their relatives and carers – health &amp; social care complaints procedure- Local Resolution (Stage 2) .</b>	<b>10</b>
7.1 Time Limit to initiate a complaint.....	10
7.2 Who may complain? .....	11
7.3 Representatives.....	11
7.4 Out of hour’s arrangements .....	11
7.5 Anonymous complaints.....	12
7.6 Process for raising complaints.....	12
7.7 Acknowledgement and receipt of health and adult social care complaints .....	12
7.8 Receipt of verbal complaints.....	13
7.9 Receipt of written complaints.....	13
7.10 Investigation .....	14
7.11 Written response.....	16
7.12 Verbal response.....	17
7.13 Complaint meetings to resolve health complaints.....	17
7.14 Process for handling of joint complaints between Organisations .....	18
7.15 Internal and External Communication.....	19
7.16 Process to ensure that patient’s relatives and/or carers are not treated differently as a result of a concern or complaint.....	19
7.17 Process by which the Trust aims to improve as a result of concerns and complaints being raised .....	19

7.18 Vexatious Complaints .....	20
7.19 Requests for copies of health records .....	21
7.20 Relationship between complaints and SI's/SLE's .....	21
7.21 Relationship between complaints and disciplinary action .....	21
7.22 Relationship between complaints and possible claims for negligence .....	22
7.23 Final Stage .....	22
7.24 Documentation.....	24
7.25 Publication of complaints procedure .....	24
<b>8. Training and Support.....</b>	<b>24</b>
8.1 Complaints training .....	24
8.2 Supporting staff involved in a complaint .....	24
<b>9. Process for Monitoring and Audit .....</b>	<b>25</b>
<b>10. Key Performance Indicators .....</b>	<b>26</b>
<b>11. Retention of Complaint Files .....</b>	<b>26</b>
<b>12. References .....</b>	<b>26</b>
<b>13. Associated Documentation .....</b>	<b>26</b>
APPENDIX A Process to raise a concern with the Trust (Stage 1).....	27
APPENDIX B PALS Procedure to raise concerns and queries.....	28
APPENDIX C Flowchart: Process to raise a complaint with the Trust (Stage 2).....	31
APPENDIX D Flowchart: Process to raise a complaint within Adult social care .....	32
APPENDIX E Complaints Authorisation Form .....	33
APPENDIX F Complaints Authorisation Form (Where the patient lacks capacity or where the patient has died).....	34
APPENDIX G The Ombudsman's guidance on financial remedy .....	35
APPENDIX H Process for handling health complaints involving safeguarding issues .....	36
APPENDIX I Guidance for staff writing statements and template .....	37
APPENDIX J Complaint Checklist .....	40
APPENDIX K Adult Social Care Complaint action plan .....	42
APPENDIX L Complaint Review Request – Decision sheet & checklist .....	43
APPENDIX M Flowchart for handling complaints involving more than one organisation ...	45
APPENDIX N Complaints Questionnaire .....	46
APPENDIX O Patient Feedback Sub-committee .....	51
APPENDIX P Procedure for Handling Habitual and/or Vexatious Complaints.....	54
APPENDIX Q Process for handling requests from the Parliamentary and Health Service Ombudsman (PHSO) .....	59
APPENDIX R Equality Impact Assessment .....	60

© This material is the copyright of Northumbria Healthcare NHS Foundation Trust

## **1. Operational Summary**

### **1.1 Policy Aim**

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

### **1.2 Policy Summary**

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

### **1.3 What it means to Staff**

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

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

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

## **2. Introduction**

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

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

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

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

## **3. Purpose**

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

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

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

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

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

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

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

## **4. Duties**

### NHS

4.1 **The Chief Executive** is the Board member with overall responsibility for complaints handling issues reads complaints, signs responses and will keep the Board informed of major developments in these areas.

- 4.2 **The Executive Director of Nursing** has delegated responsibility for complaints handling issues, signing responses and advising the Board of major developments.
- 4.3 **The Head of Quality and Assurance** has delegated responsibility for managing the Patient Services/process.
- 4.4 **An appropriate Investigating Officer** (i.e. General Manager, Operational Services Manager, Modern Matron and Community Managers) will be designated by Patient Services. They will be responsible for undertaking the detailed investigation of each complaint, to conduct the procedure through the local resolution stage in liaison with the Complaints Officer and Assistants, and draft the written response for signature by the Chief Executive. In the investigation of a concern the rationale behind decisions taken and subsequent actions required should be fed back verbally or in writing to the complainant by the investigating officer. It is the responsibility of the Investigating Officer to handle a complaint through to its conclusion.
- 4.5 **The Line Manager** should, in the event of a concern or complaint which is traumatic and may be stressful to staff, immediately identify whether support is required and who should provide that support. Support should be readily available and offered immediately from the line manager of the individual(s) affected, Occupational Health and the Complaints and Claims Manager. Please refer to the Trust Policy RMP03: Procedures for the Investigation and Root Cause Analysis of Incidents, Complaints and Claims, section 6.5 Process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.
- 4.6 **The Complaints and Claims Manager** is responsible for all health complaints and ensuring that detailed procedures are developed, agreed and implemented throughout the Trust and are monitored as appropriate. The Complaints and Claims Manager will ensure that a central register and database of all complaints is maintained and that performance is monitored and will ensure that reports are made to the Trust Board and others as required.
- 4.7 The Complaints and Claims Manager will manage and support the Trust's part of the health complaints handling process in liaison with others concerned, e.g. with the identified investigating officer at the local resolution stage and with the Parliamentary and Health Service Ombudsman as necessary.
- 4.8 Data will be collected for all health complaints to enable the KO41a returns to be sent to the Health and Social Care Information Centre (HSCIC). These are completed by the Complaints and Claims Manager on a quarterly basis.
- 4.9 **Customer Relations and Complaints Manager** will manage and support the Trust's part of the Adult Social Care complaints handling process in liaison with others concerned, e.g. with the identified investigating officer at the local resolution stage and with the Local Government and Social Care Ombudsman as necessary.
- 4.10 **The Complaints Officer** is responsible for the day to day handling of complaints and is required to be readily available to receive complaints, maintain the database and produce monitoring reports.

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

#### Adult Social Care

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

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

### **Health and Social Care Complaints duties**

- 4.27 The Trust Board is accountable for the performance of the organisation in handling concerns and complaints. In particular, the Board should ensure that;

- a) all staff are adequately trained to deal with concerns and complaints and are supported in the event of a complaint being made against them. Support can be obtained from their line manager, the Complaints and Claims Manager /Complaints and Customer Relations Manager or Occupational Health if required. Training in handling concerns and complaints should be a compulsory part of the induction and continuing education;
- b) staff managing concerns and complaints are appropriately trained, to enable them to keep up to date with regulatory requirements and good practice developments and advise others as appropriate, and that they have adequate administrative resource and access to senior managerial supervision and support;
- c) the complaints procedure is integrated into the clinical governance/quality framework of the organisation;
- d) the complaints procedure is easily accessible to all staff via the intranet, leaflets and posters to ensure that everyone is aware of the correct procedure.

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

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

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

## 5. Definitions of Terms Used

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

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

The definition of a complaint is:

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

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

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

### Adult social care

- “adult” means an individual who has attained the age of 18
- “social care” refers to Northumberland County Council’s (NCC) exercise of its social services functions either directly or discharged or contracted to another organisation.

## **5.1 General Principles**

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

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

## **5.2 What complainants want**

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

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

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

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

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

### 5.3 National Guidance and Regulations

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

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

Guidance to support implementation of the National Health Service (Complaints) Regulations 2004 and "Complaints: Listening, Acting, Improving" published in March 1996 have been replaced with "Listening, responding, improving: a guide to better customer care" that was published on 1 February 2009.

CQC Fundamental Standard 16: Receiving and acting on complaints.

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

### 5.4 Complaints about the use of the Mental Health Act

If a patient has a complaint about their treatment under the Mental Health Act they can ask the Care Quality Commission (CQC) to help. However, the CQC will usually ask that they first complain to the Trust.

Under the Mental Health Act, the CQC, can only look into complaints from, or about, people who are, or have been: detained in hospital, subject to a Community Treatment Order, subject to guardianship.

You can find more information about this using the attached link: [Your right to complain to the Care Quality Commission](#)

#### 5.4.1 Information for detained patients and patients on CTOs:

The Act requires hospital managers to take steps to ensure that patients who are detained in hospital under the Act, or who are subject to a community treatment order, understand important information about how the Act applies to them. This must be done as soon as practicable after the start of the patient's detention or the CTO. This information must be given to patients subject to a CTO ('community patients') who are recalled to hospital at the time they are being recalled.

Information must be given to the patient both orally and in writing, including in accessible formats as appropriate (e.g. Braille, Moon, easy read) and in a language the patient understands. These are not alternatives. Those providing information to patients should ensure that all relevant information is communicated in a way that the patient understands.

It would not be sufficient to repeat what is already written on an information leaflet as a way of providing information orally.

Patients should be given all relevant information, including on complaints, advocacy, legal advice, safeguarding and the role of the Care Quality Commission (CQC). This information should be readily available to them throughout their detention or the period of the CTO.

You can find patient information leaflets using the attached link:

<http://intranet/MentalHealthAct2007/mentalhealthleaflets/default.asp>

## **6. Process for listening and responding to concerns of patients, their relatives and carers**

### **6.1 Process for raising verbal concerns (Stage 1)**

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

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

When a concern has been raised a brief record, including actions to prevent a recurrence, should be made and kept locally with a copy to Patient Services to be recorded on the database under the section 'PALS'.

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

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

### **6.2 Process for raising written concerns (Stage 1)**

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

A brief record, including actions to prevent a recurrence, should be made and kept locally and the response should be sent to the complainant with a copy sent to Patient Services. Patient Services will record the details on to the database under the section 'PALS'.

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

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

### **6.3 PALS**

The PALS Service is also available to assist patients, visitors and staff in resolving concerns. Appendix B sets out the procedure to raise a concern informally using the PALS service. The PALS service provide a quarterly report setting out numbers and areas of concern, together with any actions taken and lessons learnt to the quarterly Patient Feedback Sub-committee.

### **6.4 Adult Social Care**

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

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

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

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

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

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

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

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

## **7. Process for listening and responding to complaints of patients, their relatives and carers – health and social care complaints procedure - Local Resolution (Stage 2)**

### **7.1 Time Limit to initiate a complaint**

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

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

## **7.2 Who may complain?**

A complaint may be made by:

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

## **7.3 Representatives**

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

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

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

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

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

## **7.4 Out of hour's arrangements**

Complaints staff are available from 9am to 5pm Monday to Friday (4.30pm on Fridays for Adult Social Care Complaints), where possible, to take the details of the complaint and to respond to complainants' enquiries. Outside of these hours advice can be sought from the on-call Manager who can be contacted via switchboard.

Staff on duty out of hours should refer any outstanding matters to the local team or their respective complaints team as appropriate at the earliest practicable opportunity.

## **7.5 Anonymous complaints**

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

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

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

## **7.6 Process for raising complaints**

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

Alternatively, if the complainant prefers they should be advised for health complaints to contact Patient Services on 0191 2031340 or write to Patients Services Department at FREEPOST Patient Services or email complaints.[patientservices@northumbria-healthcare.nhs.uk](mailto:patientservices@northumbria-healthcare.nhs.uk). For Adult Social Care Comments, Compliments and Complaints they can write to: Adult Social Care, Freepost RLTX-LBXU-SHBS, County Hall, Morpeth, Northumberland, NE61 2EF or call them on Tel: 01670 628 888 or email them at [socialcarecomplaints@northumbria.nhs.uk](mailto:socialcarecomplaints@northumbria.nhs.uk).

For all health complaints complainants should be advised that independent complaints advocacy service (ICA for North Tyneside residents and Adapt North East for Northumberland residents) are available to help them do so. For all adult social care complaints staff should contact the Adult Social Care Complaints Team, who will support a service user's request for advocacy by facilitating independent and confidential advocacy and actively providing information and advice. Refer to appendix D for the process to raise a complaint within adult social care.

## **7.7 Acknowledgement and receipt of health and adult social care complaints**

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

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

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

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

## **7.8 Receipt of verbal complaints**

The Complaints Officer/Assistants will take the details of the complaint including how the complaint will be handled e.g. a meeting or written / response.

Details of the complaint will be forwarded to the General Manager(s) and Deputy Director(s), of the appropriate Business Unit, for allocation of an IO and for confirmation of the proposed timeframe to respond to the complaint, proposed by Patient Services.

For all health complaints these details with a summary of the complaint and any specific questions will be recorded within an acknowledgement letter.

A copy of the acknowledgement letter for health complaints will be sent to the complainant who will be asked to check and confirm its accuracy, if they wish to add or amend the complaint details that must contact Patient Services to advise as such.

Once the complaint has been agreed it will be formally registered on to the complaints database. The Complaints Officer/Assistants will assess the risk of the complaint at this stage.

Once an IO has been allocated a copy of the acknowledgement letter, complaint checklist and action plan will be forwarded to them to begin their investigation.

## **7.9 Receipt of written complaints**

The Complaints Officer/Assistants will contact the complainant, within 3 working days, to discuss their complaint in more detail, talk them through the complaints process, agree how they would like their complaint handled i.e. meeting or written response and also to advise of the timescale as to when they will receive their response.

If the complainant has not provided a telephone number, the Complaints Officer/Assistant will write to the complainant asking that they contact Patient Services to discuss their complaint in more detail.

The Complaints Officer/Assistants will write to the complainant summarising their complaint using the information already provided and when they will receive a written response to their complaint.

Once the details of the complaint have been agreed, or if no contact is received from the complainant, the Complaints Officer/Assistants will send an acknowledgement letter to the complainant.

The acknowledgement letter will include the agreed details, with a summary of their complaint listing any specific questions raised. It will advise that they will receive a written response to their complaint, unless their complaint letter has advised differently. Enclosed with the acknowledgment letter will be a copy of the Frequently Asked Questions (FAQ) information sheet and a leaflet for the advocacy services.

The complaint will be formally registered on to the complaints database; the Complaints Officer/Assistants will assess the risk of the complaint at this stage.

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

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

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

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

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

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

## **7.10 Investigation**

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

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

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

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement
- Financial remedy – refer to Appendix G

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

- make verbal contact with the complainant, wherever possible, within 48 hours
- obtain as much information as is necessary by reference to medical and other records
- for health complaints identify whether there are any safeguarding concerns, see appendix H, flowchart: Process for handling complaints involving safeguarding issues. For adult social care complaints that identify any safeguarding concerns these will be forwarded to the relevant safeguarding manager.
- identify whether the issues involved need to be investigated as an SLE/SI
- if the complaint's risk rating/severity is categorised as catastrophic or major the Investigating Officer/Resolution Officer will investigate the complaint in accordance with the principles outlined in RMP 03: Reporting and Management of Incidents
- if any of the issues raised relate to the conduct or capability/performance of a specific individual that require further action you need to contact your Business Unit Human Resources representative before completing the process for advice and to ensure the response does not compromise any future HR processes.
- identify the staff involved in the complaint and any others able to assist in the investigation/resolution or from whom information and/or explanation is necessary, see appendix I, Guidelines for writing a statement.
- advise all relevant staff of the complaint and of their part in its resolution
- obtain accurate signed reports/statements from all involved for all health complaints
- for health complaints advise the appropriate Consultant and obtain a clinical opinion where necessary
- for health complaints reassess the risk of the complaint following the investigation. For adult social care complaints, at the end of local resolution, the Complaints and Customer Relations Manager will reassess the risk of the complaint.
- for health complaints, contact the complainant to advise of any delays, the reason why and renegotiate the timescales and provide Patient Services with this information
- liaise with and obtain relevant information from all other relevant departments and organisations

- for health complaints draft a comprehensive response to the complainant or a summary letter following a meeting. For adult social care complaints draft a response letter or complaint report
- ensure that the outcome of the investigation is fed back to staff involved in the complaint or asked to provide a statement
- for health complaints complete and return the action plan, see appendix J, with: the final risk, final subject(s), final sub-subject(s), actions taken, lessons learned, whether each issue was upheld, not upheld or partially upheld, the person responsible for each action, the target date for the action to be completed. For Adult Social Care complaints the Complaints and Customer Relations Manager/Complaints Officer completes the adult social care complaint action plan, see appendix K, which they send to the person(s) responsible for taking action.
- for health complaints implement and follow up any actions arising from the complaint. For Adult Social Care complaints the responsible person would insure the actions are implemented and monitoring is the responsibility of the Complaints/Customer Relations Manager

### **7.11 Written response**

The Investigating Officer will write a full response to the complainant. The response must:

- be made within the mutually agreed timescale, unless there are acceptable reasons why not.
- answer every point raised and in the order they were raised
- Identify and correct or explain discrepancies or deviations from normal procedures
- provide an apology where appropriate
- explain proposals for changes/corrective action/review of practice to avoid recurrence
- include an offer of further investigation, discussion or a meeting with relevant staff where appropriate

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

The Investigating Officer should ensure that the draft response is shared with all staff involved in the complaint investigation; specifically those that have provided statements and / or comments.

The Investigating Officer will send a copy of the response, via email, to their General Manager or Deputy Director for quality checking who will then complete and sign the complaints checklist. The completed checklist and action plan should be sent with the response to Patient Services.

The Complaints Officer/Assistants will ensure that all the issues raised have been addressed and draft a covering letter from the Chief Executive to accompany the response. If there are any issues outstanding they will be referred back to the investigating officer and their General Manager / Deputy Director copied in.

Once the final response is received by the Complaints Officer/Assistants and they are satisfied that all of the issues have been addressed a copy is printed off with the covering letter form the CE and the original complaint and/or acknowledgement letter and are sent to Trust Management in the red bag, via the porter.

The Complaints Officer/Assistant will email the response to the Investigating Officer and their General Manager/Deputy Director and Trust Management with a copy of the original complaint and/or the acknowledgement letter and the completed complaint checklist and action plan.

Should TM require amendments/changes to the response it will be returned to the Investigating Officer and their General Manager/Deputy Director, copying in Patient Services. Should this cause a significant delay Patient Services will reply to all that the Investigating Officer is required to contact the complainant and agree an extension, where a telephoned number has been provided, If no telephone number is available Patient Services will write to the complainant explaining the reason for the delay and a date of when they can expect to receive their response.

Once the response has been signed off by the Chief Executive a copy will also be sent to the Investigating Officer for them to share with the staff involved in the investigation. Patient Services will ensure a copy is sent to the independent complaints advocate, if appropriate. A copy is also saved on the complaint file and complaints database.

### Adult Social Care

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

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

The Resolution Officer may be at any pay band and will sign off the complaint response after appropriate checks on quality and content led by the Complaints Assistants. The Complaints Assistants allocated to the case can offer advice or practical support as appropriate to the Resolution and Adjudication Officers.

### **7.12 Verbal response**

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

### **7.13 Complaint meetings to resolve health complaints**

Every effort should be made to arrange a meeting within a mutually agreed timescale.

The Investigating Officer will advise which staff need to be invited to a meeting e.g. the relevant Consultant, Departmental Manager and any other member of staff who may be of assistance. The complainant may not wish for certain staff to be involved with their complaint, these requests should try to be met.

Meetings will be facilitated by the Investigating Officer but all meetings will be arranged by Patient Services. A member of the Patient Services team will not attend meetings unless they are needed to give advice about the complaints' procedure.

All meetings will be recorded and a recording of the meeting will be provided to the complainant in disc format, along with a summary letter from the Investigating Officer outlining the issues raised and any actions agreed to be taken. The summary letter should be with the complainant 2 weeks following the meeting; unless the Investigating Officer has agreed otherwise with the complainant during the meeting. A covering letter from the Chief Executive will accompany the summary letter from the Investigating Officer.

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

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

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

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

### Adult Social Care

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

### **7.14 Process for handling of joint complaints between Organisations**

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

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

## **7.15 Internal and External Communication**

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

## **7.16 Process to ensure that patient's relatives and/or carers are not treated differently as a result of a concern or complaint**

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

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

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

## **7.17 Process by which the Trust aims to improve as a result of concerns and complaints being raised**

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

An action plan should be completed (indicating actions to be taken, by whom, and by when) and sent to Patient Services to be recorded onto the complaints database. The Investigating Officer, or nominated representative, will be responsible for ensuring that any actions arising from a concern or a complaint are implemented and the outcome is fed back to the staff involved. For adult social care complaints any complaints action plan will be completed by the Complaints and Customer Relations Manager/Complaints Officer.

The responsible person(s) will ensure the actions are implemented and monitoring is the responsibility of the Complaints/Customer Relations Manager. The person(s) responsible for taking action must return to the Complaints and Customer Relations Manager the completed complaint action plan as soon as practicable after they have taken the necessary action and signed the form. Evidence of the action having been taken should be attached or sent separately at the same time to the Complaints and Customer Relations Manager.

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

Any actions arising from a complaint which has had a major or catastrophic outcome for the patient/service user, and may therefore carry a high risk, are reported monthly to the Trust Board. As part of the quarterly report, these complaints will be monitored by the Patient Feedback Sub-committee at the quarterly Trust wide meetings. See appendix O, Terms of Reference for Patient Feedback Sub-committee.

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

Quarterly integrated governance reports are completed by business units and include / trends / lessons learnt in respect of concerns, complaints and claims. In addition Trust Wide Integrated Governance Reports (including complaints and claims) are available.

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

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

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

## **7.18 Vexatious Complaints**

It is recognised, that some complainants are habitual or vexatious and can impose a huge strain on time and resources of Trust Staff.

In the event that such a complainant is identified the Vexatious Complaints Procedure can be implemented. It is imperative that implementation of this procedure only occurs in exceptional circumstances when all other options have been exhausted. See appendix P, Procedure for handling habitual and/or vexatious complainants.

### **7.19 Requests for copies of health records**

Where a complainant requests copies of the Health Records as part of their complaint their details will be passed to the Medical Records Manager, who will be responsible for organising the release of the relevant records in accordance with the Data Protection Act 2018 (GDPR) or the Access to Health Records Act 1990 (for deceased patients). Alternatively, the complainant can contact the Medical Records Manager direct. Access to adult social care records will be dealt with according to current guidelines and through the relevant adult social care manager.

### **7.20 Relationship between complaints and SI's/SLE's**

Complaints received that are categorised as Major or Catastrophic and confirmed by the Investigating Officer or the Adults Social Care Team will be subject to a SI / SLE investigation. However, some less severe elements of the complaint should be investigated and responded to through the complaints process within, the agreed timeframe, unless an extension is agreed with the complainant.

All issues that need to have a root cause analysis investigation will follow the timeframe for the SI/SLE investigations refer to RMP 03 Reporting of Incidents.

For health complaints, the Investigating Officer, or for adult social care complaints, their Complaints Team must contact the complainant to advise the complainant of the SI / SLE process and explain the time frame involved.

At the end of the SI / SLE investigation the complainant will be asked to attend a meeting. Patient Services will liaise with all the attendees to confirm arrangements and will also arrange for a Dictaphone to be available in order to record the meeting.

The Investigating Officer must agree a date with the complainant, during the meeting, as to when they will receive a copy of the recording and a summary letter outlining the findings to each of their specific concerns that were raised within their complaint and that were investigated as a SI / SLE.

If a meeting is not held then the complainant should receive a copy of the SI / SLE report with a written response detailing the SI / SLE investigation findings, addressing each of their specific concerns that were raised within their complaint and that were investigated as a SI / SLE.

### **7.21 Relationship between complaints and disciplinary action**

The complaints procedure should be kept separate from disciplinary procedures. The purpose of the complaints' procedure is not to apportion blame amongst staff but to investigate complaints with the aim of satisfying complainants (while being scrupulously fair to staff) and to learn any lessons for improvements in service delivery. Inevitably however some complaints will identify information about serious matters which indicate a need for disciplinary investigation.

A case for considering disciplinary investigation can be suggested at any point during the complaints' procedure but consideration of whether disciplinary action is warranted is a separate matter for management, outside the complaints procedure, and must be subject to a separate process of investigation. Complainants have no right to be informed as to whether or not disciplinary action is being taken or its outcome.

## **7.22 Relationship between complaints and possible claims for negligence**

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

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

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

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

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

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

## **7.23 Final Stage**

### **The Parliamentary and Health Service Ombudsman (PHSO)**

If a complainant is dissatisfied with the outcome of the local resolution stage they have the right to ask the Parliamentary and Health Services Ombudsman (PHSO) to review their complaint. A flow chart for handling requests from the PHSO is attached in appendix Q.

The Complaints and Claims Manager can be contacted for further information explaining the Ombudsman's procedures.

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

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

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

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

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

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

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

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

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

### **The Local Government and Social Care Ombudsman (LGSCO)**

In all adult social care responses the complainant will be directed to the Local Government and Social Care Ombudsman (LGSCO).

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

## **7.24 Documentation**

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

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

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

## **7.25 Publication of complaints procedure**

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

Information about the health complaints procedure is also available on the Trusts internet site at [www.northumbria.nhs.uk](http://www.northumbria.nhs.uk) and for adult social care complaints information is available at [www.northumberland.gov.uk](http://www.northumberland.gov.uk).

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

## **8. Training and Support**

### **8.1 Complaints training**

Concern/Complaint handling and resolution is provided at Trust induction. There is also a complaint handling e: learning module available from Learning and Development via the Trust's intranet. All new managers with the requirement of being an Investigating Officer need to ensure they have passed this module before taking on a complaint's investigation for the first time. It is the Business Units' responsibility to ensure their managers have passed this module. Additional adult social care training is provided by the Adult Social Care Complaints team to supplement induction training.

### **8.2 Supporting staff involved in a complaint**

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

In addition to this support or advice can be sought direct from their union representative or NMC / GMC. Guidance on statement writing will be provided to staff to assist them in making any statement, refer to appendix I.

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

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

## 9. Process for Monitoring and Audit

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

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

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

## **10. Key Performance Indicators**

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

## **11. Retention of Complaint Files**

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

## **12. References**

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

## **13. Associated Documentation**

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

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

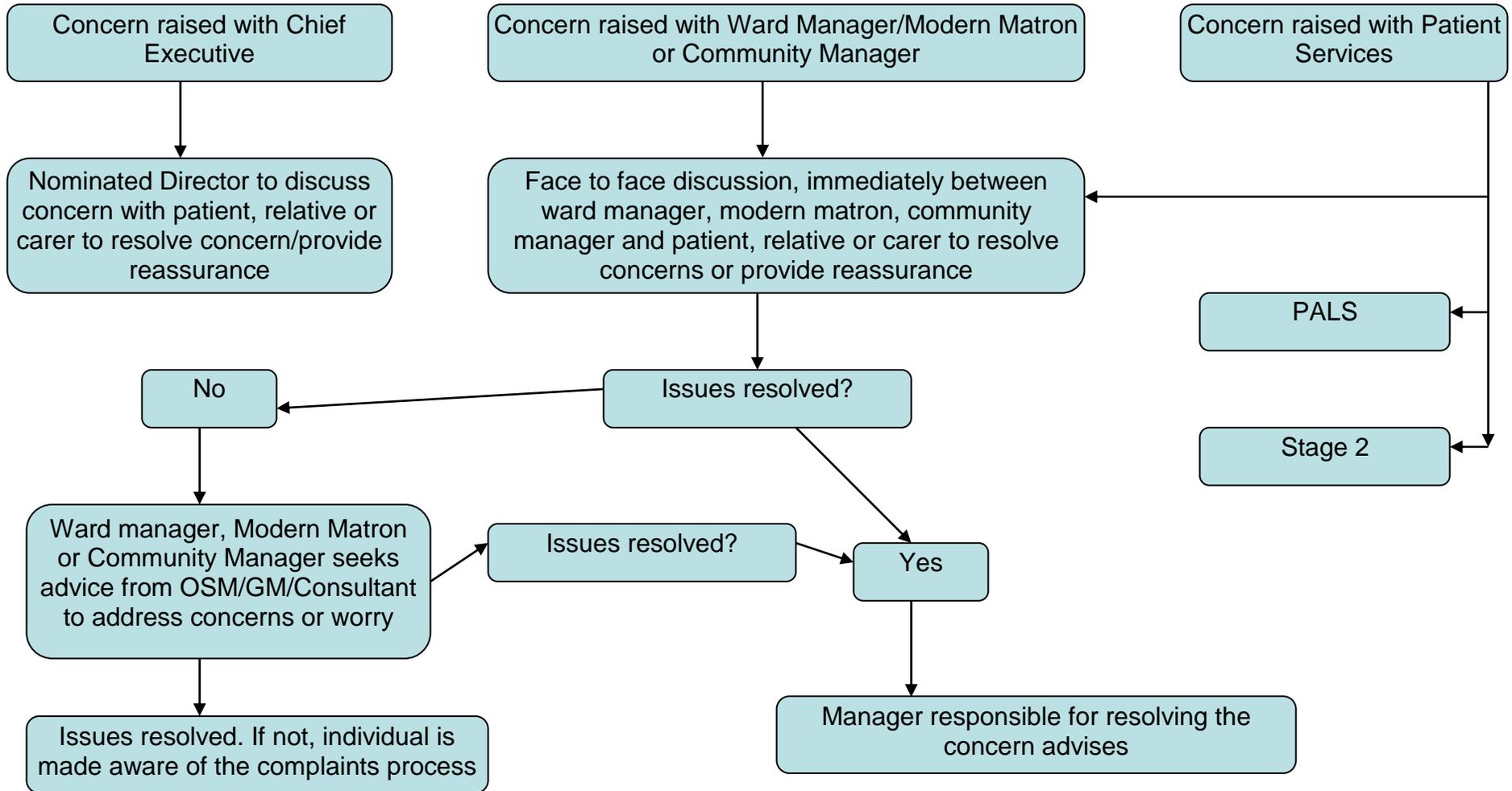
[Policy for the Handling of Clinical Negligence, Personal Injury and Property Claims](#) RMP 05

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

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

Policy RMP 36

**APPENDIX A - Process to raise a concern with the Trust (Stage 1)**



## **APPENDIX B      PALS Procedure to raise concerns and queries**

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

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

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

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

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

### **Duties**

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

PALS can:

- liaise with services and departments on behalf of patients/service users, their families and carers to find answers to questions and solutions to any problems or concerns they may be experiencing or have experienced in using NHS services
- help when individuals aren't sure who to talk to, or would prefer to talk to someone not involved with their care
- pass on comments, compliments and suggestions
- explain the complaints process for NHS services and, where appropriate, make referrals
- provide information about health and social care services including local and national support and advice services

**The PALS manager** is the specialist responsible for ensuring that detailed procedures are developed, agreed and implemented throughout the Trust and are monitored as appropriate.

The PALS Manager ensures that PALS is accessible and that PALS officers respond appropriately to achieve a prompt resolution to the concerns and requests for information and advice from patients their families and carers. They also ensure that all concerns are recorded and collated on a central database and that reports are produced and delivered as required.

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

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

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

### **Process for raising concerns**

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

The service can be contacted on:

Freephone: 0800 0320202, Text: 01670 511098, Email: [northoftynepals@nhct.nhs.uk](mailto:northoftynepals@nhct.nhs.uk)

**Freepost: FREEPOST PALS**

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

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

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

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

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

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

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

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

Policy: RMP14 Complaints Policy and Procedure for raising Concerns Policy Version: 9.1

Policy Author: Marie Calvert

Date of Creation: July 2018– Disposal Date 2043

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

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

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

### **Process for making changes as a result of concerns being raised**

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

### **Process for monitoring the effectiveness of PALS**

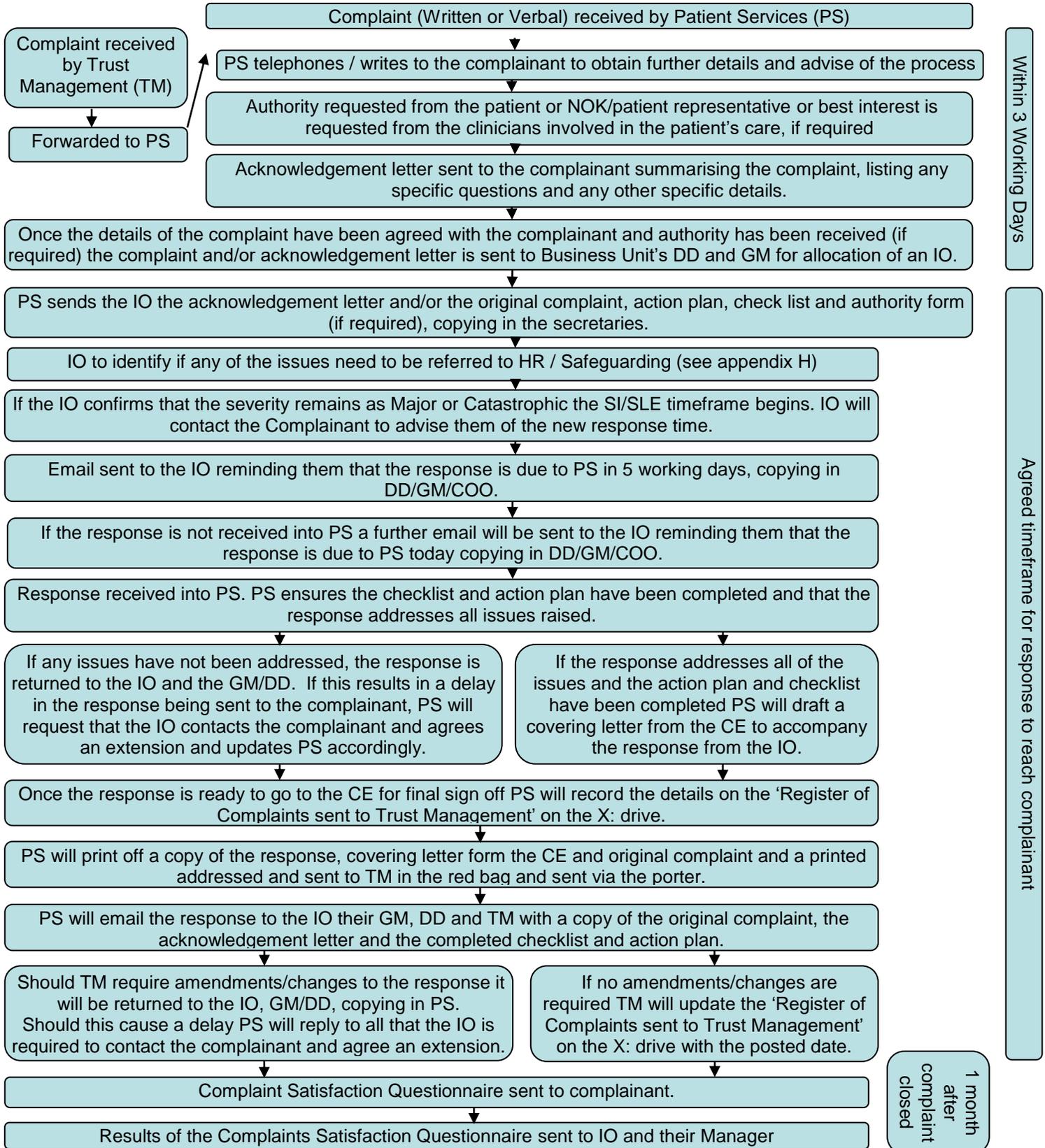
The Safety and Quality Committee and the Trust Wide Patient Feedback Sub-committee will receive quarterly and annual reports from PALS lead which will include information on the number and type of concerns received, lessons learnt and action taken to improve standards.

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

The PALS consortium group with representation from the constituent NHS organisations meets twice a year to monitor PALS and agree developments and action.

**APPENDIX C**

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



Within 3 Working Days

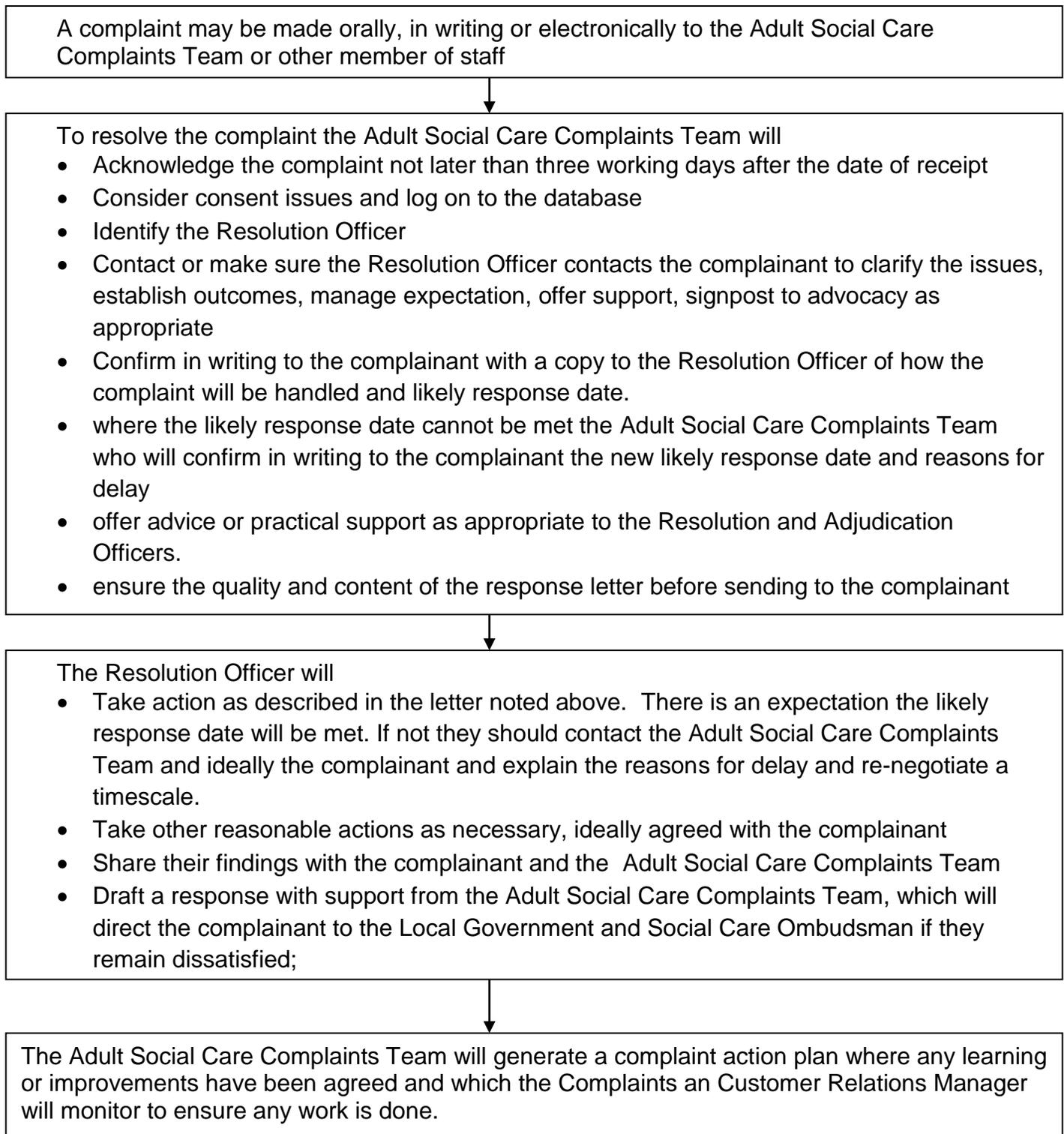
Agreed timeframe for response to reach complainant

1 month after complaint closed

**Trust Management to make PS aware of Jim's annual leave so the appropriate signature can be used on the covering letter.**

Policy: RMP14 Complaints Policy and Procedure for raising Concerns Policy Version: 9.1  
 Policy Author: Marie Calvert  
 Date of Creation: July 2018– Disposal Date 2043

## Appendix D Flowchart: Process to raise a complaint within Adult social care



**Complaints Authorisation Form**

In order to comply with the Data Protection 2018 (GDPR) and confidentiality when responding to a complaint it is often necessary to relay personal and medical information about you to a third party. Therefore, before we can do that, we need your permission. For this reason we are asking you to complete this form.

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

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

**Authorisation:**

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

**OR**

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

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

Signed: ..... Print Name: ..... Date: .....

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

*Complaint ref: (type in complaint ref)*

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



**Northumbria Healthcare**  
NHS Foundation Trust

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

In order to comply with the Data Protection Act 2018 (GDPR) and / or confidentiality when responding to a complaint it is often necessary to relay personal and confidential medical information about the patient. It is therefore necessary that the next of kin or the patient's representative give their permission for this information to be released to them or to a third party. For this reason we are asking you to complete this form.

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

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

**Patient's details:**

Name: ..... Date of Birth: .....

Address: .....

**Authorisation:**

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

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

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

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

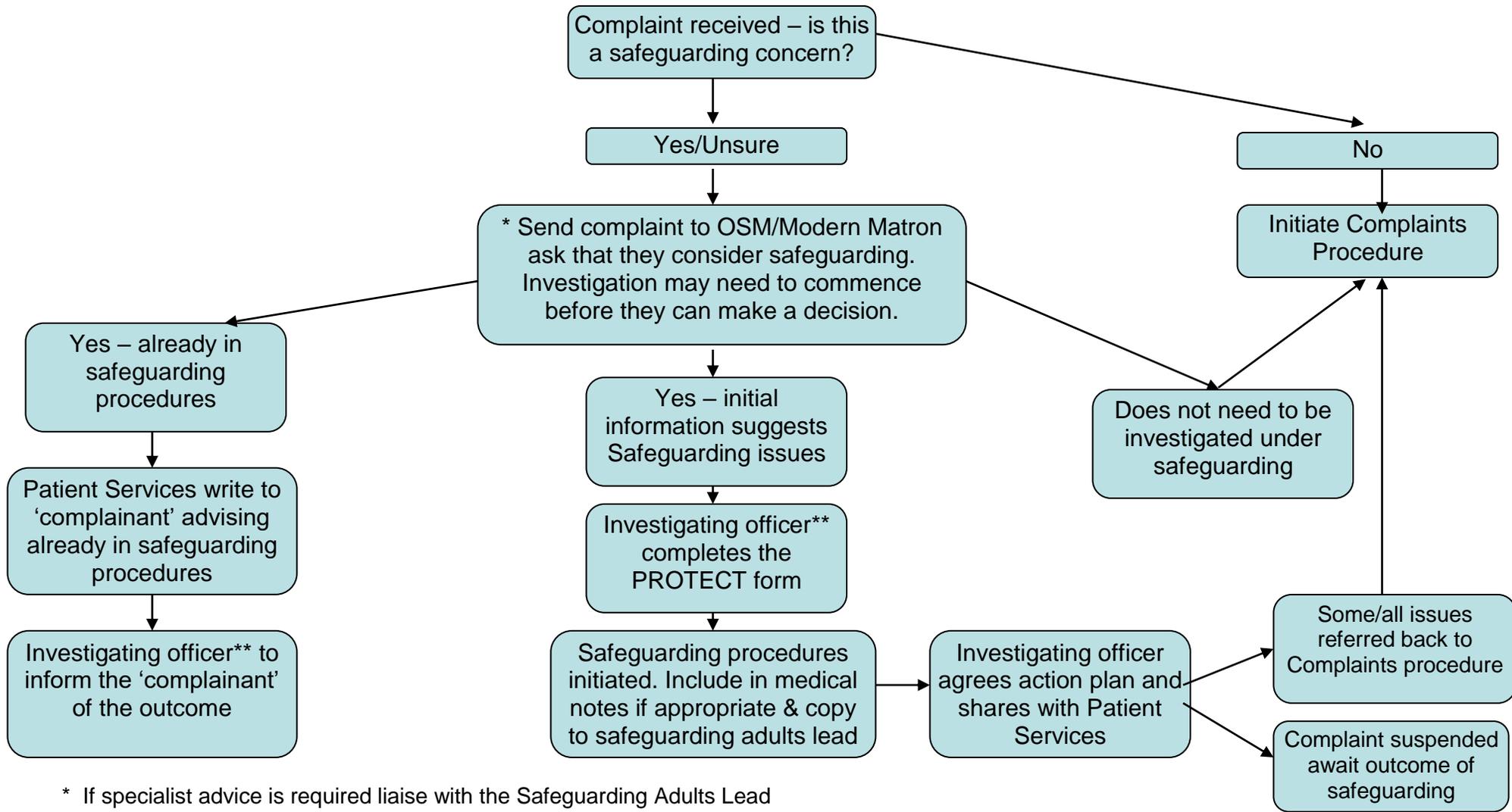
Signed: ..... Print Name: ..... Date: .....

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

## Appendix G The Ombudsman’s guidance on financial remedy

### The scale:

Level	Remedy Amount	Description
1	£0	A case will generally be level one if we consider the person affected has experienced a low impact injustice such as annoyance, frustration, worry or inconvenience, typically arising from a single (one-off) incidence of maladministration or service failure, where the effect on the person complaining is of short duration, and where there are no other adverse effects or on-going wider impact. We will usually consider an apology to be an appropriate remedy for these cases.
2	£100-£450	A level two injustice will typically arise when what has gone wrong has had a relatively low impact on the person affected. This will often result in a degree of distress, inconvenience or minor pain. This could also include instances where an injustice was more serious but only took place once, or was of short duration. In these cases we consider that an apology is not suitable by itself.
3	£500-£950	Level three cases would have a moderate impact on the person affected (for example, in terms of distress, worry or inconvenience). For a case to be level three, that impact would usually have been experienced over a significant period of time. A case may also be level three if the impact on the person affected was significant, but was only sustained for a short period of time.
4	£1,000-£2,950	A case at level four will involve the person affected experiencing a significant and/or lasting impact, so much so that to some extent it has affected their ability to live a relatively normal life. In these cases the injustice will go beyond distress or inconvenience, except where this has been for a very prolonged period of time.
5	£3,000-£9,950	Typically level five cases will be when the person affected has had a marked and damaging effect on their ability to live a relatively normal life. In these cases recovery is likely to take a significant amount of time.
6	£10,000 or more	Level six cases are the most serious we see, involving profound, devastating or irreversible impacts on the person affected. This includes circumstances where the individual may be affected permanently, or where recovery is likely to take several years, and cases involving an avoidable death. It would also cover circumstances where a reduced quality of life has been endured for a considerable period. This would include cases involving a significantly reduced life expectancy or injuries resulting in permanent disability or disfigurement.



\* If specialist advice is required liaise with the Safeguarding Adults Lead

\*\* Investigating officer is OSM, Modern Matron etc.

**Guidance for staff writing statements and template**

1. Use good quality A4 paper.
2. Statements should be typed using only one side of each page.
3. Use double line spacing.
4. Number each paragraph.
5. Dates should be set out in full e.g. 27.06.06 not 27.06.
6. If it is not possible to have your statement typed you must write neatly using black ink.
7. The statement should begin with your name, professional qualifications, length of service and what post you hold within the Trust.
8. It is important that statements relating to involvement in the treatment of a patient are made with reference to the medical records. If the original or copy records are not available when the statement is being made this should be stated at the start of the statement.
9. Your statement is being provided as a witness of fact i.e. someone who had some personal involvement. You should not provide a statement on issues that are outside your expertise/knowledge.
10. The statement should contain a full but concise, factual account in chronological order of your personal involvement. It is important that you stick purely to facts and avoid expressing opinions. Only include facts or conversations that you have actually witnessed or taken part in. Do not include things that other people told you happened or conversations reported to you. Advice and guidance is available from your line manager or the Legal Services Department should you require it.
11. Statements must omit hearsay, rumor, similar fact and opinion. You should simply state the facts.
12. Avoid using hindsight to retrospectively evaluate what happened at the time.
13. Provide as much information about the incident and/or related factual matter as possible. If you cannot remember certain details, then this should be made clear in the statement.
14. If protocols or standard procedures are relevant then these could also be referred to in the statement.
15. The statement should be in the first person singular (“I did this .....”).
16. Say what your involvement in the incident was (other witnesses can explain their own involvement). The golden rule is “what you did, what you heard and what you saw”.

17. If a decision was made jointly this should be set out in the statement e.g. “..... and I agree that I should do this .....”. It is not helpful to say “..... it was agreed we should .....”. This neither explains who decided nor who was going to do the action..
18. Make it clear your own personal part in the incident and set out with names and job titles of others involved.
19. If you were under supervision then they should say by whom.
20. If shorthand notes or abbreviations are being referred to, then those should be explained fully and a translation provided.
21. It is important that any specific questions contained in the Coroner’s request are answered in the statement.
22. It should be remembered that statements provided for one purpose may be used for another e.g. statements used for follow up of untoward incidents may be provided to assist the complaints team in responding to a formal complaint. Statements provided during a complaint investigation are discloseable in the event that a claim is made.
23. You should always retain a copy of your statement to refer to in the event that you are subsequently called to an inquest as a witness. If the Coroner is of the opinion that the evidence contained in your statement is unlikely to be controversial, he / she may decide to dispense with the need for you to attend. It is therefore beneficial to provide a well written statement promptly.
24. Any statement prepared (unless it is actually prepared during the course of pending or ongoing litigation) may well at some time be scrutinised not only by managers and solicitors representing the interests of the Trust, but also by others. A statement made in one context may well also be used in another. If a witness gives evidence that contradicts a statement previously made by that witness the previous statement can be put to the witness and he/she will have to explain the difference. This can affect the credibility of the witness. For all these reasons it is important that any statement is accurate, carefully considered and that you retain a copy for future reference.
25. In addition to the fact that statements prepared outside the course of litigation might well be scrutinised by a number of people, it is helpful to remember that the statements given by staff one year might in subsequent years be the only evidence the Trust will have about what happened in a particular case, e.g. staff have moved on and can no longer be traced. It is therefore beneficial for the Trust to have as much information as possible.
26. Once a statement has been completed it should always be considered carefully and then signed by the witness and dated again with the full date. If circumstances allow it is a good idea to leave a statement at least overnight and reviewing it again before signing. The draft read by someone else (either your line manager or the Complaints and Claims Manager) to check that it makes sense to an uninvolved reader (if this is done it should not be with anyone else involved in the incident).
27. Always keep a copy of any statement you make. If this is not possible, for example, the police do not like to allow copies while an investigation is being undertaken, seek an agreement that a copy will be provided when the rest of the evidence has been gathered.

### Witness Statement Template

<b>Name of the Patient:</b>	
<b>Your Name:</b>	
<b>Your current post:</b>	
<b>Details of your qualifications:</b>	
<b>Your post and grade (at the time of the incident in question):</b>	
<b>Statement:</b>  1.  2.  3.  4.  5.	
<b>I believe that the contents of this witness statement are true.</b>	
<b>Signed:</b> ..... <b>Dated:</b> .....	

## APPENDIX J COMPLAINT CHECKLIST

(to be completed prior to sending for Executive Director approval)

**Complaint Ref:**

**Investigating Officer:**

	Task	Confirmed
1.	Layout, format, spelling and grammar checked and reviewed	<input type="checkbox"/>
2.	Complaint letter and response reviewed to ensure all concerns have been addressed	<input type="checkbox"/>
3.	Initial action plan complete, leads identified with realistic and achievable target dates	<input type="checkbox"/>
4.	Any learning that needs to be shared with:	Please select where appropriate: Individual <input type="checkbox"/> Team <input type="checkbox"/> Business Unit <input type="checkbox"/> Trust <input type="checkbox"/> None <input type="checkbox"/>
5.	Provisional date to be discussed at Business Unit Governance Meeting to share outcomes and themes	<a href="#">Click here to enter a date.</a>  Or not applicable <input type="checkbox"/>
6.	Complaint response and action plan are confirmed as satisfactory for Executive approval	<input type="checkbox"/>

**Comments:**

[Click here to enter text.](#)

**Reviewed by:**

**Designation:** Deputy Director

**Date:** [Click here to enter a date.](#)

### COMPLAINTS ACTION PLAN

Complaint No	Complainant	Patient	Ward	Hospital	Severity	Final Severity
						Choose an item.

<b>Issues/Description:</b>	
----------------------------	--

Initial Primary Subject	Final Primary Subject	Initial Sub-Subject	Final Sub-Subject	Employee Name	Lessons Learnt	Actions Taken	Upheld, partially upheld or not upheld	Target Date	Responsible Person
	Choose an item.		Choose an item.				Choose an item.	Click here to enter a date.	
	Choose an item.		Choose an item.				Choose an item.	Click here to enter a date.	
	Choose an item.		Choose an item.				Choose an item.	Click here to enter a date.	

<b>Was the overall complaint upheld?</b>	Choose an item.	<b>Was there a systemic failure?</b>	Choose an item.
<b>Have any issues been referred to Safeguarding?</b>	Choose an item.	<b>Have any issues been referred to HR?</b>	Choose an item.
<b>Is a junior Doctor involved in this complaint?</b>	Choose an item.		

**Please complete and email to: [patient.services@northumbria-healthcare.nhs.uk](mailto:patient.services@northumbria-healthcare.nhs.uk) Thank you**



**Adult Social Care Complaint action plan**

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

Complaint summary
-------------------

Resolution / investigating / adjudication officer
---

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

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

**APPENDIX L Complaint Review Request – Decision sheet & checklist**

**NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST**

**Complaint Review Request – Decision sheet & checklist**

**(to be completed jointly by the Investigating Officer & Complaints and Claims Manager)**

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

Comment:

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

Comment:

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

Comment:

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

Comment:

Have we already accepted responsibility? Yes/ No

Comment:

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

Comment:

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

Comment:

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

Comment:

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

No

Comment:

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

Comment:

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

Policy	Yes/ No
Procedures	Yes / No
Practice	Yes / No
Structure	Yes / No

Comment:

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

Comment:

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

Comment:

**DECISION:**

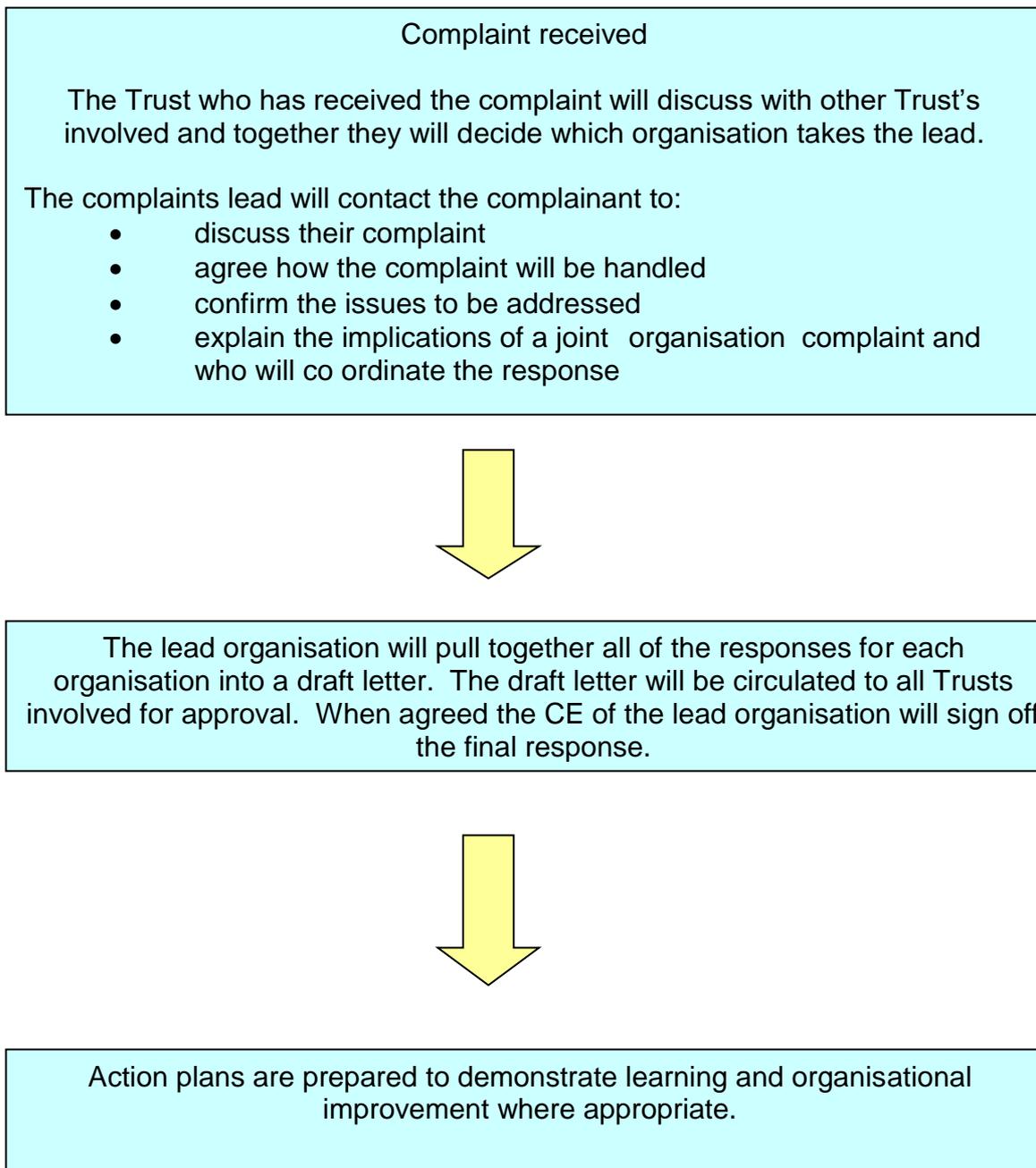
1. No further action. Send final sign off letter.
2. Further explanation of policy / procedures/ action, but no further investigation. Send final sign off letter.
3. Further investigation by the Trust. Notify the complainant by sending an acknowledgment letter.

Signed: ..... (Investigating Officer)

Signed: ..... (Complaints and Claims Manager)

Date:

**APPENDIX M      Flowchart for handling complaints involving more than one organisation**





## Complaints Questionnaire

We hope you are satisfied with the handling and investigation of your complaint. In order to monitor how well we respond to complaints we would be grateful if you could take a couple of minutes to complete this questionnaire and return it to **Freepost PATIENT SERVICES**

### What is the questionnaire about?

We would like to understand your experience of raising a complaint. Results from the questionnaire will be used to **make improvements** to the complaints process and how we respond to complaints.

### Who is the questionnaire for?

The questionnaire is for people who have raised a complaint with us within the last 12 months. The person who made the complaint should complete the questionnaire.

### Completing the questionnaire

The questionnaire should take no longer than 5 minutes to complete. For most questions, please tick clearly inside one box  using a black or blue pen. Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you. Your comments are very important to us and will help us to improve the service for the future

Alternatively, you can complete this survey online at <http://tinyurl.com/ComplaintTeam>

**Taking part in this questionnaire is voluntary. Your answers will be treated in confidence and will not affect your care or the care of the person on behalf of whom you complained.**

<b>Q1 Did you feel that you were taken seriously when you first raised your complaint?</b>		
1	Yes, definitely	<input type="checkbox"/>
2	Yes, to some extent	<input type="checkbox"/>
3	No	<input type="checkbox"/>
4	Not sure / don't know	<input type="checkbox"/>

<b>Q2 Was this your first attempt to make this complaint?</b>		
1	Yes	<input type="checkbox"/>
2	No, I had tried to make it somewhere else or with someone else first	<input type="checkbox"/>

<b>Q3 Did you find it easy to raise your complaint?</b>		
1	Yes, completely	<input type="checkbox"/>
2	Yes, to some extent	<input type="checkbox"/>
3	No	<input type="checkbox"/>

<b>Q4 Did you feel confident that future care would not be affected negatively by making a complaint?</b>		
1	Yes, definitely	<input type="checkbox"/>
2	Yes, to some extent	<input type="checkbox"/>
3	No, and this bothered me	<input type="checkbox"/>
4	No, but I did not mind	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>
6	Don't know / can't remember	<input type="checkbox"/>

<b>Q5 Did the organisation summarise the main points of your complaint?</b>		
1	Yes, and these were correct	<input type="checkbox"/>
2	Yes, but these were not correct	<input type="checkbox"/>
3	No	<input type="checkbox"/>
4	Not sure / don't know	<input type="checkbox"/>

<b>Q6 Did you feel that you were updated enough about what was happening to your complaint?</b>		
1	I did not receive any updates	<input type="checkbox"/>
2	Yes, completely	<input type="checkbox"/>
3	Yes, to some extent	<input type="checkbox"/>
4	No	<input type="checkbox"/>
5	Don't know / can't remember	<input type="checkbox"/>

<b>Q7 If you received updates about your complaint before you received the outcome, did you feel that these were personal to you and your complaint?</b>		
1	Yes, completely	<input type="checkbox"/>
2	Yes, to some extent	<input type="checkbox"/>
3	No	<input type="checkbox"/>

<b>Q8 Was the outcome of your complaint explained to you in a way that you could understand?</b>		
1	Yes, completely	<input type="checkbox"/>
2	Yes, to some extent	<input type="checkbox"/>
3	No	<input type="checkbox"/>

<b>Q9</b>	<b>Did you feel that the response you received addressed the points you raised in your complaint?</b>	
1	Yes, all points	<input type="checkbox"/>
2	Yes, most of the points	<input type="checkbox"/>
3	Yes, a few of the points	<input type="checkbox"/>
4	No, none of the points	<input type="checkbox"/>

<b>Q10</b>	<b>Were you satisfied with the outcome of your complaint?</b>	
1	Yes, completely	<input type="checkbox"/>
2	Yes, to some extent	<input type="checkbox"/>
3	No	<input type="checkbox"/>
4	Don't know / can't remember	<input type="checkbox"/>

<b>Q11</b>	<b>Were you made aware of your right to take your complaint further if you were not completely satisfied with the outcome and / or the recommendations?</b>	
1	Yes, by the organisation I complained to	<input type="checkbox"/>
2	Yes, but not by the organisation I complained to	<input type="checkbox"/>
3	Yes, by both the organisation and another source	<input type="checkbox"/>
4	No	<input type="checkbox"/>

<b>Q12</b>	<b>Do you feel that as a result of making a complaint your care (or the care of the person on behalf of whom you complained) has been affected?</b>	
1	Yes, it has made the care better - <b>Go to Q13</b>	<input type="checkbox"/>
2	Yes, it has made the care worse - <b>Go to Q13</b>	<input type="checkbox"/>
3	No, it has not affected the care - <b>Go to Q14</b>	<input type="checkbox"/>
4	Care has not been received from Northumbria Healthcare NHS Foundation Trust since making my complaint - <b>Go to Q14</b>	<input type="checkbox"/>

Policy: RMP14 Complaints Policy and Procedure for raising Concerns Policy Version: 9.1

Policy Author: Marie Calvert

Date of Creation: July 2018– Disposal Date 2043

**Q13** **Please tell us how making the complaint affected the care received:** If you would like a response from Northumbria Healthcare NHS Foundation Trust about this issue, please leave your contact details below. (N.B. This will mean that your responses in this questionnaire may be identifiable):

<b>Q14</b> <b>If you felt you needed to, would you complain to or about this organisation again?</b>		
1	Yes, definitely	<input type="checkbox"/>
2	Yes, maybe	<input type="checkbox"/>
3	No	<input type="checkbox"/>

<b>Q15</b> <b>Did you receive any explanation of how your complaint would be used to improve services?</b>		
1	Yes, completely	<input type="checkbox"/>
2	Yes, to some extent	<input type="checkbox"/>
3	No, but I did not mind	<input type="checkbox"/>
4	No, but I would have liked this	<input type="checkbox"/>
5	Not sure / don't know	<input type="checkbox"/>

**Q16** **Is there anything else you would like to tell us?**

**Thank you very much for your help.**

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

**Patient Feedback Sub-committee**

**1. Role**

To enable assurance to be provided to the Trust Board of Directors, via the Safety & Quality Committee that the Trust is responsive to feedback from patients in order to provide a high-quality experience to those who use the Trust’s services. This will primarily be achieved by triangulating key sources of data relating to patient experience, namely complaint, claims, real-time patient experience data, and social media feedback/feedback gathered via the Communication team.

**2. Authority**

2.1 The Patient Feedback Sub-committee is constituted as a standing committee of the Trust’s Safety and Quality Committee which is a formal committee of the Trust Board of Directors.



2.2 The Patient Feedback Sub-committee is authorised by the Safety & Quality Committee to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Patient Feedback Sub-committee.

2.3 The Patient Feedback Sub-committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

**3. Duties**

- 3.1 To ensure that sources of patient experience feedback are triangulated in order to identify common and/or underlying themes;
- 3.2 To monitor the arrangements for complaints, concerns, and claims handling throughout the Trust (such as through PALS);

Policy: RMP14 Complaints Policy and Procedure for raising Concerns Policy Version: 9.1

Policy Author: Marie Calvert

Date of Creation: July 2018– Disposal Date 2043

- 3.3 To monitor requests made from the Ombudsman;
- 3.4 To ensure that business units respond promptly, effectively, and where possible at a local level, to feedback from patients when required;
- 3.5 To ensure that issues associated with patient feedback are escalated appropriately when required, that action is taken and improvement made;
- 3.6 To ensure staff are appropriately trained in the handling of patient experience feedback, particularly concerns and complaints.
- 3.7 To receive lessons learnt from all sources of patient feedback (incl. claims), actions are taken and improvement in practice is embedded across the Trust.
- 3.8 To identify examples of improvement in practice to escalate to the safety and quality committee and/or Trust Board.
- 3.9 To establish service user forums, linked to the Trusts Equality and Diversity strategy, and receive feedback from these forums on a quarterly basis.

#### **4. Membership**

- 4.1 The membership of the Patient Feedback Sub-committee shall consist of: see attendees listed on agenda or their nominated deputy:
  - One Non-Executive Director
  - Executive Director of Nursing
  - Chief Experience Officer
  - Director of Communications & Corporate Affairs
  - Head of Quality and Assurance
  - PALS Manager
  - Clinical Governance leads for each Business Unit
  - Representative from estates
  - Public and Staff Governors

#### **5. Quorum**

- 5.1 The Patient Feedback Sub-committee will be deemed quorate to the extent that the following members are present:
  - One Non-Executive Director
  - A representative of each Business Unit

#### **6. Attendance**

- 6.1 Meetings of the Patient Feedback Sub-committee may also be attended by other individuals from the Trust, however only those outlined above as members are entitled to attend the committee.
- 6.2 Four representatives of the Council of Governors are invited to attend and participate in the committee meetings.

## **7. Frequency and notice of meetings**

7.1 Meetings shall be held quarterly.

## **8. Minutes and reporting**

8.1 The minutes of Patient Feedback Sub-committee shall be formally recorded.

8.2 The Patient Feedback Sub-committee will report to the Safety & Quality Committee after each meeting via a key issues report.

8.3 Production of an annual report on complaints, claims, PALS for presentation to Safety and Quality Committee

## **9. Review**

9.1 The terms of reference of the committee shall be reviewed by Safety & Quality Committee at regular intervals, but at least annually.

9.2 The committee shall review its effectiveness annually through questionnaires.

**Date Approved:**

**Renewal Date: May 2020**

**Author: Marie Calvert, Complaints and Claims Manager**

**PROCEDURE FOR HANDLING HABITUAL AND/OR VEXATIOUS COMPLAINTS**

**1. INTRODUCTION**

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

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

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

**2. PURPOSE OF THE PROCEDURE**

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

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

### 3. DEFINITION OF A HABITUAL OR VEXATIOUS COMPLAINANT

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

Where complainants:

- Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted (e.g. where investigation has been denied as “out of time”, where the Healthcare Commission has declined a request for Independent Review).
- Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard any new issues, which are significantly different from the original complaint. These might need to be addressed as separate complaints).
- Are unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, manual or computer records, nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of Trust staff and, where appropriate, the Independent Complaints Advisory Service to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate.
- Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what a “trivial” matter is can be subjective and careful judgement must be used in applying the criteria).
- Have threatened or used actual physical violence towards staff or their families or associates at any time. This will in itself, cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. (All such incidents should be documented).
- Have in the course of addressing a registered complaint, had an excessive number of contacts with the Trust placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, e mail or fax. Discretion must be used in determining the precise number of excessive contacts applicable under this section, using judgement based on the specific circumstances of each individual case).

- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment).
- Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.
- Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (e.g. insist on response to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

#### **4. OPTIONS FOR DEALING WITH HABITUAL OR VEXATIOUS COMPLAINANTS**

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

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

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

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

## 7. DEALING WITH VERBAL COMMUNICATION

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

### Telephone Contact:

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

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

### In person:

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

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

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

## **8. WITHDRAWING “HABITUAL OR VEXATIOUS” STATUS**

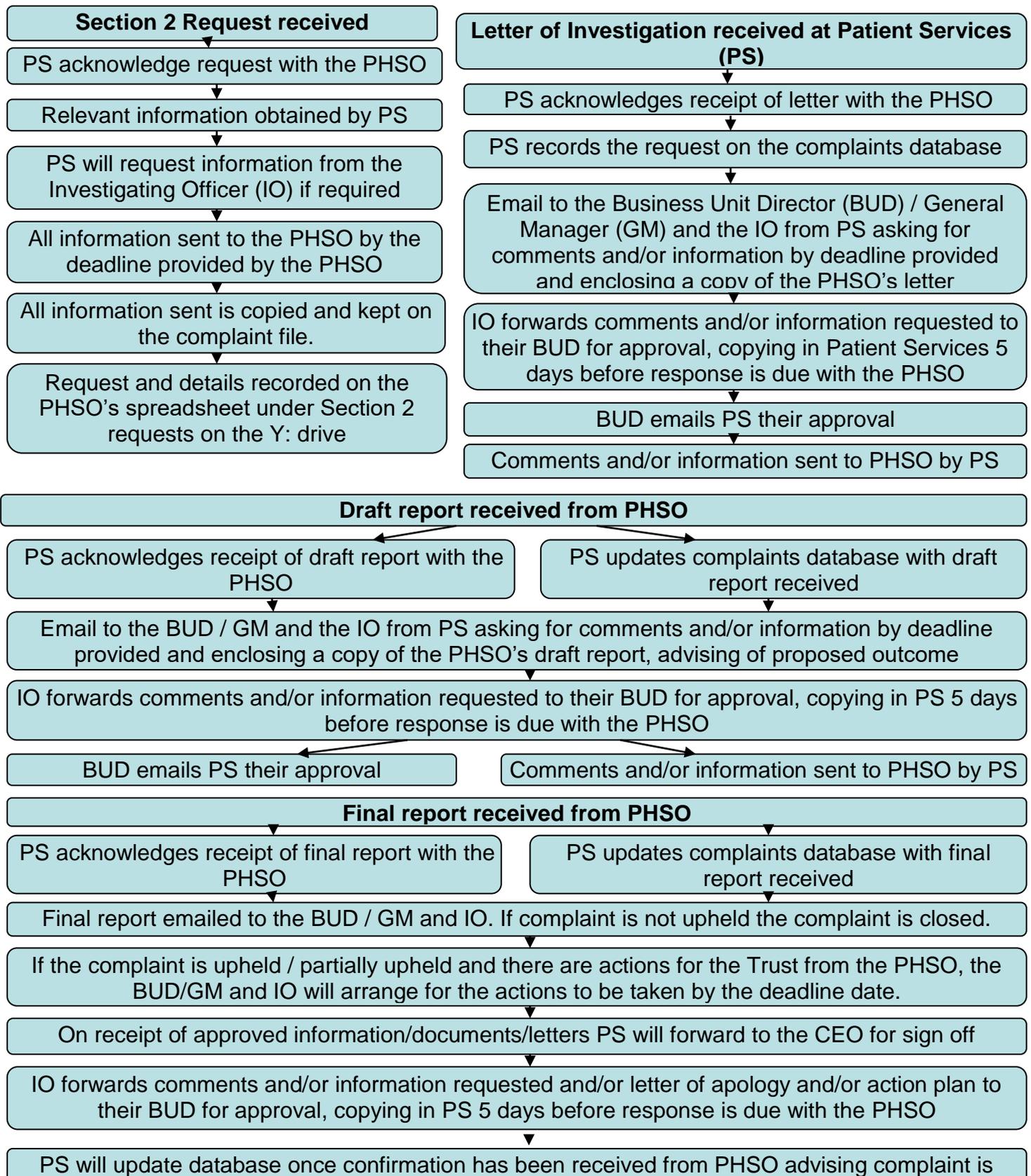
Once complainants have been determined as “habitual or vexatious” there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would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

Staff should previously have used discretion in recommending “habitual or vexatious” status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief Executive and/or Chairman (or their deputies). Subject to their approval, normal contact with the complainants and application of NHS complaints procedures will then be resumed.

## **9. REVIEW OF THE PROCEDURE**

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

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



## APPENDIX R Equality Impact Assessment

*To be completed for all key policies. Cite specific data and consultation evidence wherever possible.*

### **Duties which need to be considered:**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

### **PART 1 – Overview**

Date of equality impact assessment:

31 July 2018

Name(s) and role(s) of staff completing the assessment:

Marie Calvert, Complaints and Claims Manager

Overall, what are the outcomes of the policy?

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

## PART 2 – Relevance to different Protected Characteristics

Answer these questions both in relation to people who use services and employees as appropriate

Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (e.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are there reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
<b>Disability</b> <i>Note: “disabled people” includes people with physical, learning and sensory disabilities, people with a long-term illness, and people with mental health problems.</i>	No	No specific impacts identified – other than appropriate support will be provided to anyone who needs help to make a complaint							
<b>Sex</b> <i>Note: all policies should be gender neutral and use pronouns such as them, their and they, not he/she; her/him</i>	No								
<b>Age</b>	No								

Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (e.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are there reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
<b>Race</b> <i>Note: For the purposes of the Act 'race' includes colour, nationality and ethnic or national origins.</i>	No								
<b>Religion or belief</b> <i>Note: In the Equality Act, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.</i>	No								
<b>Sexual Orientation</b> <i>Note: The Act protects bisexual, gay, heterosexual and lesbian people.</i>	No								

Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (e.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are there reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
<p><b>Gender Reassignment</b></p> <p><i>Note: The Act provides protection for transsexual people. A transsexual person is someone who proposes to, starts or has completed a process to change his or her gender.</i></p>	No								
<p><b>Pregnancy and Maternity</b></p> <p><i>Note: the law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breast feeding.</i></p>	No								

Policy: RMP14 Complaints Policy and Procedure for raising Concerns Policy Version: 9.1

Policy Author: Marie Calvert

Date of Creation: July 2018– Disposal Date 2043

Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (e.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are there reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
<b>Marriage and Civil Partnership</b> <i>Note: This applies to changes, decisions or proposals impacting on <u>employees only</u>. The Act protects employees who are married or in a civil partnership.</i>	No								
<b>Human Rights</b>	<b>Could the policy impact on human rights? (e.g. the right to life, the right to respect for private and family life, the right to a fair hearing)</b>								
	No specific impacts identified								

**PART 3 - Course of Action**

Based on a consideration of all the potential impacts, tick one of the following as an overall summary of the outcome of this assessment:

<input checked="" type="checkbox"/>	The equality analysis has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.
<input type="checkbox"/>	The equality analysis has identified risks to equality which will not be eliminated, and/or opportunities to promote better equality which will not be taken. Acceptance of these is reasonable and proportionate, given the objectives of the policy and its overall financial and policy context.