# COMPLAINTS, CONCERNS AND COMPLIMENTS POLICY

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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust
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1 Executive Summary

1.1 This policy has been formulated to ensure staff respond to complaints to a satisfactory standard and comply with the requirements contained within The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Trust will also follow guidance issued by the Care Quality Commission, the NHS Litigation Authority and National Patient Safety Agency and act in accordance with the NHS Constitution (27 July 2015); and comply with the principles of Good Complaint Handling as defined by the Parliamentary and Health Service Ombudsman (PHSO), and in ‘My Expectation for raising concerns and complaints’. (November 2014) (Appendix C)

1.2 The Trust recognises the complaints and compliments policy as being a valuable tool for improving the quality of health services it provides. High Quality Care for All (2008) recognised that patient experience can only be improved by analysing and understanding patient satisfaction with their experiences. In the wider context of Patient and Public Engagement (PPE), complaints and compliments capture both positive and negative feedback on the services the Trust already provides and may identify areas for future service development.

2 Introduction

2.1 The Trust welcomes feedback from patients, their families and carers. Listening and acting on feedback is an essential part of providing safe, patient centred care.

2.2 All feedback from patients and relatives / carers, including concerns and complaints provides essential information about the Trust services. This valuable feedback enables us to identify areas which are working well, and those areas which require change or an improvement.

2.3 In line with the NHS Complaints regulations (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009) all health organisations must have a procedure in place for the management of complaints and concerns.

2.4 All formal complaints received by the Trust will be properly investigated in accordance with the regulations, and in line with the Parliamentary and Health Service Ombudsman (PHSO) good complaint handling principles. The Trust aims to resolve all complaints locally, wherever possible.

General principles:

2.5 All staff are committed to listening to the patient voice by responding to compliments, concerns and complaints during the course of their work.

2.6 Patients, families and the public can feedback to all staff members, including nursing and medical staff, ward and service managers, or via the PALS and Complaints Service.
2.7 The Isle of Wight NHS Trust welcomes all feedback verbally, face to face, via the telephone, letters, emails or other social online media.

3 Definitions

3.1 Complaint: A complaint is defined as an expression of dissatisfaction, (written or verbal) about a service provided or which is not provided, which requires a response. Examples include: complaints about the quality of service provided, the following of standard procedures and good practice, poor communication and the attitude or behaviour of a member of staff.

3.2 A Complainant: is the person making the complaint, whether on behalf of themselves or another.

3.3 Concern: An expression of dissatisfaction (written or verbal) about a service provided or which is not provided which requires a response, but is resolved to the complainant’s satisfaction within three working days.

3.4 Recordable compliment: Expressions of appreciation by letter, card, gift or donation. Letters of appreciation / compliments as well as acknowledgment letters should be reported to the Clinical Business Units ‘Good News Co-ordinators’ who then reports them to the Complaints Team on a quarterly basis. Verbal compliments are not recorded in the overall statistics, although these compliments should be reported and the service or member of staff recognised as a result. With regards to gifts the Trusts Standards of Business Conduct Policy should be followed at all times.

4 Scope

4.1 This policy applies to all staff employed by the Isle of Wight NHS Trust and sets out what is required from staff in relation to the NHS Complaints procedure, including collating and recording of compliments received by the Trust.

5 Purpose

5.1 The purpose of this policy is to provide a framework for listening, responding and learning from all patient feedback including complaints.

5.2 The aim of this policy is to ensure that we comply with the PHSO principles of good complaint handling including:

- Ensuring that the complaints procedure is accessible and well publicised
- Complaints will be responded to in a rapid and sensitive manner
- Complaint responses that are open and transparent
- A complaints procedure that is supportive of those who may find it difficult to complain.
- Seeking continuous improvement from feedback.
• Ensuring patients and carers are able to complain without fear of being discriminated against.

6. Roles and Responsibilities

6.1 The Trust Board is responsible for reviewing learning from complaints and ensuring that this is heard at every level of the Trust.

6.2 The Chief Executive (CEO) is the responsible person for complaints, and oversees and agrees all final response letters in reply to all formal complaints received by the Trust.

6.3 The Executive Director of Nursing is the Executive Lead for ensuring that there is an effective complaints handling framework and policy in place; and will ensure policy development and review takes place at least every three years, or sooner in line with local and national guidance.

   o The Complaints Manager for the Isle of Wight NHS Trust is the Patient Experience Lead who is responsible for:

   • Updating this policy
   • Monitoring the implementation and adherence with the complaints policy
   • Day to day operational management of the complaints and PALS Team and associated procedures
   • Providing reports to Trust committees and external stakeholders
   • Providing statistical returns
   • Ensuring the implementation of national, policies guidance and requirements in relation to complaints and that robust systems are in place for the management of compliments, concerns and complaints.
   • Ensuring mediation and or conciliation is available to complainants and practitioners, if required
   • Providing information to and ensuring any recommendations made by the PHSO are implemented
   • Updating this policy in line with national guidance and policies.

6.4 The complaints Co-ordinator (s) is responsible for

   • Supporting the complaints manager by managing all aspects of administration to the complaints process and report writing
   • Acting as a single point of access to complainants.
   • Triaging complaints to identify potential risks early; linking with other Trust procedures such as Safeguarding Vulnerable Adults or Children or Serious Incidents Requiring Investigation
   • Ensuring data is collected in relation to complaints and concerns and for entry of this on the Trusts Datix complaints management system.

6.5 Patient Experience Officers (PEOs) are responsible for:

   • Supporting patients, relatives and carers in problem resolution, at the earliest possible stage to prevent the escalation to a formal complaint
• The PEOs will ensure that the designated Senior Manager is informed of a complaint / concern so that it can be appropriately actioned.
• Meeting with patients, carers and relatives to advise on problem resolution, including action planning to support resolution
• Ensuring data is collected in relation to complaints and concerns and for entry of this on the Trusts Datix complaints management system

6.6 **Clinical Business Units** and **Corporate Services** are responsible for ensuring that complaints are received; disseminated to appropriate management teams and thoroughly investigated and responded to by letter compiled to appropriately cover all issues in a chronological order. The designated senior manager is responsible for letting the complaints team know if the response will be outside the agreed timescale, the reasons for delay and the expected date of completion.

6.7 **All Trust Staff** have a role to play in reducing the number of complaints received by ensuring that:
• As far as possible, their attitude, approach or behavior do not give service users cause for complaint
• Respond to complaints / concerns in first instance, requesting advice and support from their line manager as needed,
• Informing their line manager of any complaints they receive
• They deal with any issues courteously and efficiently
• They keep good quality records
• They refer on to an appropriate senior manager if the limits of their authority or experience are exceeded.
• Cooperating fully with the investigation of each complaint, ensuring that any staff for which they have responsibility respond to investigations in a timely and appropriate manner in line with the complaints procedure.

6.8 **Patient Advice and Liaison Service (PALS):**

6.8.1 The Trusts PALS service provides a single point of access for all patients, carers and their families.

6.8.2 PALS provides help to patients by:
• Providing information and signposting
• Assisting patients in accessing services and answering queries
• Receiving feedback about services
• Helping with concerns, and providing advice on the formal complaints process.

6.8.3 PALS provides a service to the Trust by:
• Actively seeking views from the public to ensure effective services
• Identify trends to senior managers
• Providing on the spot help for staff to negotiate solutions to problems
• Supporting services to involve the patients / relatives in relevant service changes/improvements
• Supporting staff at all levels of the Trust to encourage a responsive culture through positive support, training and awareness sessions and sharing good practice.

6.8.4 The PALS service is available Monday to Friday during working hours.

6.8.5 The PALS service can be accessed by telephone, email, face to face and written correspondence.

6.8.6 All enquiries will be logged on the Datix complaints module in order to build up a picture of trends in enquiries.

6.8.7 The PALS office is based in the main hospital reception area and is open 8.30 – 4.30 Monday to Friday.

7. Policy detail/Course of Action

This section sets out the processes to be followed to ensure compliance with the NHS complaints procedure.

7.1 Compliments

7.1.1 Compliments are as important to the Trust as complaints and should be seen as a means of learning how things have gone well. Information on compliments should be reported to the Board and also cascaded to all staff.

7.1.2 Compliments are collated by the Good News Co-ordinator for each service on a monthly basis and sent to the complaints team on a monthly basis for reporting via the Trusts Quality Report.

7.1.3 All staff / teams must share the numbers of significant thanks they have received (cards & letters) with their good news co-ordinator on a monthly basis to be recorded centrally, the numbers will be shared with the Complaints Team on a monthly basis.

7.2 Concerns

7.2.1 The Trust recognises the importance of raising concerns and will ensure that matters are dealt with quickly in rectifying the situation so that the issue is resolved at an early stage and does not progress to a formal complaint.

7.2.2 All patients and their families must be encouraged and supported to raise concerns at an early stage, in order to resolve any worries or problems with care and to improve services.

7.2.3 Concerns may be raised verbally or in writing. Patients should be encouraged where possible to raise concerns directly with the staff members involved in their care.
Alternatively, concerns can be shared with the service / ward manager, or via the PALS service.

7.2.4 Concerns raised through the PALS team will be dealt with quickly by the Patient Experience Officers (PEOs), through early resolution or escalation to, and action by relevant staff. Where a concern cannot be resolved within 3 working days, consideration should be made to manage this under the NHS Complaints procedure following discussion and negotiation with the complainant.

7.2.5 The individual raising the concern will be kept informed of all progress made and should be fully involved in the process.

7.3 Formal Complaints

7.3.1 If a concern cannot be dealt with at either a local level informally or through the PALS service; or if the patient wants to make a formal complaint, then further investigation will be required. In such cases, patients should be advised and supported on the procedure to raise a formal complaint.

7.3.2 Formal complaints are managed under the NHS Complaints Regulations and in line with the Good Practice guidance from the PHSO.

7.3.3 A formal complaint can be made either in writing, verbally (via telephone or face to face) to any member of staff, via email or using online form.

7.3.4 All formal complaints must be sent to the complaints Team to log on the Trusts Datix Complaints System and managed through the NHS Complaints Procedure. For complaints made out of hours the same Trust process should be followed. If the complainant wishes to access a senior manager to discuss the complaint, and appropriate members of staff at a local level have not been able to resolve matters, then the Senior Manager on Call (SMOC) should be contacted.

7.3.5 All complainants must be offered the opportunity to be supported through the complaints process, either by a friend, relative, carer or advocate or an Independent Complaints Advocacy Service (seAp) Officer.

7.3.6 All acknowledgement letters or emails will include a leaflet advising on the Trusts complaints process and Independent Complaints Advocacy available to them.

7.4 Who may complain

7.4.1 Complainants will be existing or former Trust patients, their carers or relatives.

7.4.2 Carers and relatives can raise concerns on behalf of patients. Carers can also raise concerns about the care and treatment that they, as carers have received.

7.4.3 If the person concerned is unable to act for him or herself, or has died, the complaint may be taken forward by a relative or carer.
7.4.4 Where the issue is raised by a third party and, it directly relates to circumstances surrounding a patient’s care, it will be necessary to gain the patient’s authority prior to sharing any information. This will apply to children where the child is deemed to be Gillick competent.

7.4.5 All concerns will be investigated but in order to release the full findings to the complainant in cases were a patient is unable to raise concerns due to capacity or death; suitable evidence must be presented to show that the representative has authority to act in this capacity (for example by holding an Enduring Power of Attorney).

7.4.6 Complaints may be raised by Members of Parliament (MP) on behalf of constituents.

7.4.7 Complaints may be raised by solicitors on behalf of clients.

7.4.8 Detained patients should be made aware of their entitlement at any stage to contact the Care Quality Commission (CQC) with complaints, and helped to do so if necessary.

7.5 Who cannot complain

7.5.1 Staff of the Trust and other providers or commissioners can only use the NHS complaints procedure if their complaint relates to their own health care or that of a friend or relative. In both situations they are acting as the patient or member of public and not a member of staff.

7.5.2 Staff grievances cannot be dealt with through the complaints process. The Trust has local procedures in place for handling staff concerns, including the established grievance and raising concerns (whistleblowing) process. Staff should refer to their line manager or HR department for further guidance.

7.6 Time Limits

7.6.1 Complaints should be made within one year of the incident, or within one year of a the complainant realising there is something to complain about. This timescale is in place due to the difficulties in obtaining accurate information about a patient’s care after such a period of time.

7.6.2 Discretion can be applied to extend this time limit where it would be unreasonable in the circumstances for the complaint to have been made earlier and, where it is possible to still investigate the facts of the case. Staff should use their discretion flexibly and sensitively.
7.7 Complaints Process: Local Resolution

7.7.1 The complaints procedure is in two stages, local resolution and independent review by the PHSO (see Appendix A)

7.7.2 The Trust aims to resolve a patient’s complaint by early and local resolution of the patient and /or families concerns and ensure lessons are learnt from issues raised.

7.7.3 On initial receipt of the complaint, it is important before doing anything else to ensure the patient’s immediate health and social care needs are being met. Any urgent action required should be undertaken before the complaint is investigated.

When a complaint is received

7.7.4 Complaints can be resolved via a telephone call, face to face meeting or in writing, and the method of resolution must be agreed with the complainant during the acknowledgement process. If a complaint is resolved verbally or in person, a letter summarising the resolution and lessons learnt should be sent to the complainant if requested. If the meeting was recorded using digital media, a copy of the disc will have been provided to the complainant at the time of the meeting.

7.7.5 All complaints to be managed under the formal complaints process must be forwarded to the complaints team.

7.7.6 On receipt a member of the complaints team will where possible, contact the complainant to agree what will be investigated, agree a summary of the complaint, and the outcome required by the complainant. During this call the timescale for responding and method of feedback will also be agreed. During this initial call an offer will be extended to speak to senior staff from the service to see if we can manage the concerns quickly; as well as extending an offer of a meeting with relevant staff.

7.7.7 All formal complaints will be acknowledged in writing within 72 hours of receipt detailing the agreed investigation process with the complainant.

7.7.8 Whilst the Trust aims to respond to formal complaints within 20 working days from receipt of complaint. Timescales must be negotiated with the complainant during the acknowledgment phone call. It is recognised that in complex cases, where the complaint may relate to a Serious Incident or Safeguarding investigation, timescales may take up to 60 working days, and this should be explained during the acknowledgement phone call.

Complaint investigation

7.7.9 The Complaints Officer will send the original complaint letter to the Clinical Business Unit/ staff asking them to investigate and respond to the complaint.
7.7.10 The Clinical Business Unit Triumvirate will allocate a responsible person to coordinate responses and draft the final letter on behalf of the Chief Executive. Consideration should be given to allocating an investigating officer impartial from the specific service area the complaint relates to; this will enable a non biased review of the concerns raised.

7.7.11 The Clinical Business Unit Triumvirate will review the draft final response and action plan and sign off prior to forwarding to the complaints team to be prepared for signature by the Chief Executive.

7.7.12 In the case of corporate service complaints, the same principles should be followed, and the Senior Manager / Executive should provide final oversight of the complaint response before it is returned for signing.

7.7.13 The draft response will be reviewed by the complaints team, prior to passing to the Chief Executive for review and final sign off.

7.8 Complaints Procedure: Independent Review

Parliamentary and Health Service Ombudsman (PHSO)

7.8.1 A complainant who remains dissatisfied with the outcome of the Trusts local resolution has the right to request an Independent Review of their case by the PHSO. The complainant has one year from the end of local resolution to do this. The Ombudsman will independently review the complaint and decide what action should be taken.

7.8.2 If the Ombudsman decides to investigate the complaint independently, the Trust will provide every assistance to the Ombudsman, and in particular will ensure that all requested information is provided within stated deadlines and that all the principles of redress are considered.

7.8.3 This is the last stage of the complaints process and the Ombudsman’s decision is final. There is no appeal against a decision made by the Ombudsman.

Complaints involving other health or social care providers or commissioners.

7.8.4 If a complaint includes aspects relating to health and social care, these complaints can be handled by either organisation. The two bodies should seek to agree which organisation should take the lead. Both organisations are bound by duty to cooperate with each other in trying to resolve the complaint. Consent must be obtained from the complainants in order to share the relevant information.

7.8.5 Complainants will be informed of which aspects of the concerns raised are not within the Trust’s jurisdiction. Where a complaint involves more than one NHS or non-NHS body, for example Portsmouth Hospitals NHS Trust, the Trust will forward the
complaint to other agencies concerned with the complainant’s permission. Agencies will work together to determine how best to respond.

7.9 Identification of a serious incident requiring investigation, disciplinary or safeguarding issue

7.9.1 Where a complaint leads to the identification of, or relates to a serious incident requiring investigation (SIRI), the policy for incident reporting must be followed.

7.9.2 Where a complaint leads to the identification of a Safeguarding issue, the multi-agency safeguarding procedures for adults or children must be followed.

7.9.3 Where a complaint could be linked to a disciplinary issue, Human Resources must be contacted for advice, and the appropriate policies followed depending on the allegation of the complaint.

7.9.4 If either of the above procedures is to be followed, the complaints team must ensure the complainant is fully informed that their complaint will be logged under the NHS Complaints procedure; however, all or part of their complaint will be investigated under another procedure, the details of which must be explained. There must be an agreement as to who will respond to the complainant with the outcome of the investigation, ensuring all of the issues raised in the letter of complaint have been addressed through either the complaints procedure investigation or another agreed procedure.

7.10 Support for staff

7.10.1 Staff who are involved in a complaint are entitled to be supported both professionally and personally through the supervision process by their line manager or other agreed supervisor. This support should include advice, assistance and attendance at meetings if required.

7.11 Disciplinary Issues

7.11.1 It is not appropriate to address disciplinary matters through the NHS complaints procedure. However, evidence from complaints may be used as part of a disciplinary process.

7.11.2 In support of revalidation and appraisal all staff named in a complaint will be recorded on the Datix complaints system.

7.11.3 The complainant should be informed and assured that the appropriate policies have been followed.

7.11.4 If on receipt of a complaint fraud or corruption is suspected, report to the Local Counter Fraud Specialist, Executive Director of Finance or National Fraud and Corruption on 0800 028 40 60.
7.12 Legal matters and compensation

7.12.1 The NHS Complaints procedure would not be able to assist complainants with claims for compensation. Any letters requesting claims for compensation will be redirected to the Clinical Risk and Claims Manager for action. Any letters requesting claims for non-clinical claims, i.e., patient property, must be directed to the Corporate Governance Department.

7.12.2 If formal legal action is initiated by the complainant, the NHS complaints procedure can continue if it is deemed appropriate and does not impact on the legal case.

7.13 Withdrawal of a complaint

7.13.1 If a complainant withdraws a complaint at any stage in the procedure, the complained against should be informed immediately, in writing and the complainant should also be sent a letter by the Chief Executive confirming that the decision of the complainant has been noted by the Trust. Any identified issues must be followed up within the service area and any learning cascaded to staff.

7.14 Persistent and unreasonable complaints

7.14.1 Complainants (and/or anyone acting on their behalf) may be deemed ‘unreasonably persistent complainants’ where they meet two or more of the following criteria.

- **Persist in pursuing a complaint** where the complaints procedure has been fully and properly implemented and exhausted.
- **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 new issues 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, example – drug records, clinical manual or computer 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 staff and, where appropriate, the independent advocate to help them specify their concerns, **and/or where the concerns identified are not within the remit** of the organization to identify.
- **Focus on a trivial matter** where the extent of focus is out of proportion to its significance and then 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 this criteria).
• Have in the course of addressing a registered complaint, **had an excessive number of contacts** with the NHS placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, email or fax. Discretion must be used in determining the precise number of ‘excessive’ contacts; applicable under this section, using judgement based on 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 recognize 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).

• **Display unreasonable demands or patient / complainant expectations and fail to accept these may be unreasonable** (example – insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

• **If any part of covert or overt recordings of the patients consultation is disclosed to a third party without the prior consent of the other recorded parties**, then depending on the nature and the context of such disclosure, a criminal offence may be committed, civil legal action may be taken, or a breach of the DPA may occur.

7.14.2 If the above criterion is fulfilled after agreement with the Chief Executive, the following procedure should be implemented by either the complaints team or other designated senior manager:

• Inform the complainant in writing of the actions already taken and the fact that local resolution has been exhausted;

• Identify one person in the organization as point of contact;

• Inform the complainant that no further telephone calls or personal visits will be accepted and letters will not be acknowledged;

• Notify the complainant that the Trust reserves the right to pass all correspondence to the Trusts solicitors.

7.14.3 Care should be taken that no new issues of concern raised by the complainant are overlooked.

**Withdrawning ‘persistent / unreasonable complainant’ status**

7.14.4 Once complainants have been determined unreasonably persistent there needs to be a mechanism for withdrawing the status. If for example, complainants subsequently demonstrate a more reasonable approach or if they submit a new complaint for which the normal complaints procedure would be appropriate.

7.14.5 Staff should use discretion in recommending that the status be withdrawn when appropriate. This decision will be taken in agreement with the Chief Executive;
subject to this approval, normal contact with the complainant and the Trust’s complaints procedure will resume.

7.15 Media / Press

Complainants should be dealt with on a strictly confidential basis. However, some may come to the attention of the media through the actions of the complainants, staff or unconnected third parties. The Communications Team should handle such communications in conjunction with senior staff involved in the complaint.

7.16 Security of Patient Information

7.16.1 The PALS and Complaints staff will on request issue information about patients on a ‘need to know basis’ in order to perform their duties under the complaints regulations.

7.16.2 Investigation of a complaint does not remove the need to respect a patient’s confidentiality and everyone working within the Trust has a legal duty to keep records confidential (with specific exceptions).

7.16.3 Complaint & PALS records will be kept for a period of 8 years after completion of action, after which time records can be destroyed under confidential conditions.

7.16.4 Correspondence relating to formal complaints will not be filed in the patient’s notes or uploaded to any electronic patient notes system.

7.17 Other providers

The Trust should ensure that all NHS Providers and any private providers with whom it has a contract or service level agreement have robust arrangements in place for handling complaints from the Trust’s residents about the services they provide.

8. Consultation

This policy is a review of a previous policy and has been available on the draft site whilst being reviewed by key stakeholders, and relevant committees prior to submission to the Trust Executive Committee for approval.

The policy has been shared with external stakeholders, Healthwatch Isle of Wight and the independent advocacy service (seAp).

9. Training

This policy does not have a mandatory training requirement but the following non-mandatory training is recommended:
10. Monitoring Compliance and Effectiveness

10.1 Governance Structure

10.1.1 Concerns, complaints and compliments are discussed at Trust Board, Quality Governance Committee and Patient Safety, Experience and Clinical Effectiveness subcommittee, or where appropriate the relevant Executive Led Sub Committee.

10.1.2 Clinical Business Units, and relevant Corporate services will have operational responsibility for oversight and monitoring complaints for their services. The Executive Management Team review the number of on-going and new complaints at the weekly Trust Executive Committee (TEC).

10.1.3 A quarterly complaints report will be reviewed at Quality Governance Committee and Patient Safety, Experience and Clinical Effectiveness Sub Committee. This report will provide detailed analysis of complaints, including trends of themes, areas of complaint and lessons learned. This report is also shared with the Clinical Commissioning Group and shared publically on the Trusts website.

10.1.4 The Patient Experience Steering Group will review and discuss complaints on a monthly basis.

10.2 Key Performance Indicators

10.2.1 Implementation of the complaints policy will be monitored by the following key metrics

- All complaints will be acknowledged within 3 working days
- All complainants will be offered a local resolution meeting
- All complainants will receive a full response within the timescale agreed with the complainant.
- All complaints which require action plans to resolve issues will be followed up within 3 months to ensure actions are complete and where appropriate a copy of the completed actions forwarded to the complainants.
- All returning complainants will be offered a local resolution meeting.
- All final response letters will include a complainant survey to inform future service improvement.

10.3 Learning from complaints

10.3.1 The Trust is strongly committed to the concept of organisational learning, and recognises that whatever the circumstances, and however regrettable these may be, each complaint provides opportunities for organisational learning to occur.
10.3.2 The Trust’s quarterly complaints report will include examples of changes in practice or other forms of organisational learning which have arisen following complaints received in the quarter to which the report relates to.

10.3.3 Following the closure of a complaint the investigating officer must make recommendations and support the development of an action plan in order to improve the service and avoid repetitions of the incidents giving rise to the complaint.

10.3.4 The complaint will be reported to the Head of Quality and Nursing and Clinical Director for the Clinical Business Units or the Head of Service or equivalent for Corporate service, who are responsible for ensuring that actions are completed and learning shared across the service if appropriate.

10.3.5 Implementation of action plans will be monitored by the Complaints Team in conjunction with the Clinical Business Units or relevant corporate service.

10.3.6 The Trust also requires that feedback is given to individuals involved in the circumstances giving rise to the complaint. The Manager for the area will identify the most appropriate means of providing feedback, which may include direct verbal or written briefing and which may lead to the implementation of other measures such as further training, disciplinary procedures, or no further action.

10.3.7 Learning will be shared across the Trust in quarterly ‘learning lesson’ bulletins.

11. Links to other Organisational Documents

11.1 Good Practice

In addition to the Statutory Regulations, the following good practice guide is available to assist staff involved in the complaints procedure:

- Parliamentary and Health Service Ombudsman – My Expectations for Raising Concerns and Complaints November 2014

11.2 Links to other Trust Policies

- Being Open Policy
- Safeguarding Adults – Multiagency Policy
- Capability Policy
- Disciplinary and Dismissal Policy
- Grievance Policy
- Raising Concerns (Whistleblowing) Policy
- Confidentiality – Code of Practice
- Incident Management Policy
- Records Management
• Counter Fraud and Corruption Policy
• Standards of Business Conduct Policy, including registering interests, gifts, hospitality in compliance with the Bribery Act 2010

12. References

• The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 – Statutory Instruments No. 309.
• Care Quality Commission - Regulation 20: Duty of Candour March 2015
• Parliamentary Health Service Ombudsman - My expectations for raising concerns and complaints November 2014.
• NHS Protect – Patients recording NHS staff in health and social care settings May 2016
• Care Quality Commission – Thinking about using a hidden camera or other equipment to monitor someone’s care? February 2015
• Gillick v West Norfolk and Wisbeck Area Health Authority (1986)

13 Appendices

Appendix A Complaints / concerns Management Process Flowchart - PHSO
Appendix B Trust Complaints / Concerns Management Process Flowchart
Appendix C PHSO Service User Led Vision for complaints
Appendix D Financial and Resourcing Impact Assessment on Policy Implementation
Appendix E Equality Impact Assessment (EIA) Screening Tool
Appendix A

Flow Chart – NHS Complaints Process

Final Stage – Parliamentary Health Service Ombudsman (PHSO)

Complainant Requests an Independent Review
The PHSO is responsible for this part of the complaint.

The organisation will be requested to forward a complete copy of the complaint file to the PHSO in order for them to assess the case and decide whether to uphold the complaint and review.

The organisation will be advised of the timescales which must be adhered to.

Outcome of Review
The organisation will be notified of the outcome of the review and any recommendations made by the PHSO, and will act upon those recommendations.

Request Denied
Following initial assessment the PHSO may decide that there is nothing further to be gained by reviewing the complaint and deny the request.

End
The complainant may, or may not be satisfied; however, the Ombudsman decision is final.
Complaints / Concerns Management Process Flowchart

**Concern** (timescale: 3 working days)

- Communication received by SEE Team. First contact made by ‘Complaints co-ordinator’ to acknowledge receipt, clarify the issue raised – offer them the opportunity to meet/speak to service to enable early local resolution (concern) – provide options available (complaint) – offer advocacy (seAp)

- Triage form completed in Datix and complaint logged by Complaints Co-ordinator

- HONQ/ CBU to identify lead complaint investigator to facilitate resolution of complaint (in line with complainant’s wishes)

- HONQ/ CD to review letter; make changes and approve draft letter. Send to respondents for their agreement

- Complaints co-ordinator returns complaint to CBU for review and action

- Satisfactory outcome – concern closed on Datix, incorporating any action by the Complaints Team.

- CBU send final draft response and action plan to Complaints co-ordinator

- Complaints co-ordinator sends to CEO for signing and updates Datix

**Formal Complaint** (Timescale as negotiated with complainant)

- Lead complaint investigator to investigate complaint / gather responses

- HONQ / CD to nominate someone to draft letter and produce action plan

- HONQ / CDB to review letter; make changes and approve draft letter. Send to respondents for their agreement

- Assistant Complaints co-ordinator sends to CEO for signing and updates Datix

- Letter sent by Assistant complaints co-ordinator

- Yes

- No

**Key**

- Complaints Team responsibility
- CBU responsibility

**Timescale:** 5 working Days
A user-led vision for raising concerns and complaints

1. Considering a complaint
   - I knew I had a right to complain
   - I was made aware of how to complain (when I first started to receive the service)
   - I understood that I could be supported to make a complaint
   - I knew for certain that my care would not be compromised by making a complaint

2. Making a complaint
   - I felt that I could have raised my concerns with any of the members of staff I dealt with
   - I was offered support to help me make my complaint
   - I was able to communicate my concerns in the way that I wanted
   - I knew that my concerns were taken seriously the very first time I raised them
   - I was able to make a complaint at a time that suited me

3. Staying informed
   - I always knew what was happening in my case
   - I felt that responses were personal to me and the specific nature of my complaint
   - I was offered the choice to keep the details of my complaint anonymous and confidential
   - I felt that the staff handling my complaint were also empowered to resolve it

4. Receiving outcomes
   - I received a resolution in a time period that was relevant to my particular case and complaint
   - I was told the outcome of my complaint in an appropriate manner, in an appropriate place, by an appropriate person
   - I felt that the outcomes I received directly addressed my complaint(s)
   - I feel that my views on the appropriate outcome had been taken into account

5. Reflecting on the experience
   - I would complain again, if I felt I needed to
   - I felt that my complaint had been handled fairly
   - I would happily advise and encourage others to make a complaint if they felt they needed to
   - I understand how complaints help to improve services
Appendix D

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

<table>
<thead>
<tr>
<th>Document title</th>
<th>Complaints, concerns and compliments policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>WTE</td>
</tr>
<tr>
<td>Manpower Costs</td>
<td>0</td>
</tr>
<tr>
<td>Training Staff</td>
<td>0</td>
</tr>
<tr>
<td>Equipment &amp; Provision of resources</td>
<td>0</td>
</tr>
</tbody>
</table>

Summary of Impact: The policy is a review of previous document, and should not require any further changes as this work is already part of the daily business of the Trust.

Risk Management Issues: None.

Benefits / Savings to the organisation: Learning lessons from patient feedback will ensure that the Trust is using this valuable information to improve services.

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If “YES” please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.
### 11 Manpower

<table>
<thead>
<tr>
<th>Operational running costs</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

**Totals:**

<table>
<thead>
<tr>
<th></th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
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</tbody>
</table>

### Staff Training Impact

**Totals:**

<table>
<thead>
<tr>
<th></th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

### 12 Equipment and Provision of Resources

<table>
<thead>
<tr>
<th>Equipment and Provision of Resources</th>
<th>Recurring £ *</th>
<th>Non-Recurring £ *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation / facilities needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building alterations (extensions/new)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Hardware / software / licences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery / publicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities e.g. telephones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolling replacement of equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing – booklets/posters/handouts, etc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals:**

<table>
<thead>
<tr>
<th></th>
<th>Recurring £ *</th>
<th>Non-Recurring £ *</th>
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<tbody>
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<td>0</td>
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</tbody>
</table>

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:

Signature & date of financial accountant:

Funding / costs have been agreed and are in place:

Signature of appropriate Executive or Associate Director:
### Equality Impact Assessment (EIA) Screening Tool

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Complaints, concerns and compliments Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of document</td>
<td>To ensure that the Trust is handling complaints in line with NHS regulations 2009.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>All Trust staff and patients / carers using Trust services.</td>
</tr>
<tr>
<td>Person or Committee undertaken the Equality Impact Assessment</td>
<td>Patient Experience Lead</td>
</tr>
</tbody>
</table>

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below? No

   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

   In line with the NHS 2009 Regulations, all patients regardless of ethnicity, age, disability gender or sexual orientation, will have the same access and support to the NHS complaints procedure in line with the regulations 2009. The policy is designed to support all patients, relatives and carers and should not discriminate or have any adverse outcomes for any groups listed. Literature is being developed in easy read format to support patients with a disability, and we will have the ability to provide this in a variety of alternative formats going forward to ensure that there is no negative adverse effects. Advocacy is offered to all complainants.

   If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>x</td>
<td></td>
<td>Complaints / concerns process is accessible to all.</td>
</tr>
<tr>
<td>Women</td>
<td>x</td>
<td></td>
<td>Complaints / concerns process is accessible to all.</td>
</tr>
<tr>
<td>Race</td>
<td>Asian or Asian</td>
<td></td>
<td>Complaints / concerns process is accessible to all.</td>
</tr>
<tr>
<td></td>
<td>British People</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Accessible to All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or Black British People</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese people</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People of Mixed Race (including Irish people)</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White people</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with Physical Disabilities, Learning Disabilities or Mental Health Issues</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesbian, Gay men and bisexual</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older People (60+)</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger People (17 to 25 yrs)</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faith Group</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equal Opportunities and/or improved relations</td>
<td>x</td>
<td></td>
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</tbody>
</table>

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

### 3. Level of Impact

If you have indicated that there is a negative impact, is that impact:

<table>
<thead>
<tr>
<th>Legal (it is not discriminatory under anti-discriminatory law)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intended</td>
<td></td>
<td></td>
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</tbody>
</table>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

<table>
<thead>
<tr>
<th>3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2 Could you improve the strategy, function or policy positive impact? Explain how below:</td>
</tr>
<tr>
<td>3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled for Full Impact Assessment</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of persons/group completing the full assessment.</td>
<td>Vanessa Flower</td>
</tr>
<tr>
<td>Date Initial Screening completed</td>
<td>22.02.16</td>
</tr>
</tbody>
</table>