

COMPLAINTS AND CONCERNS MANAGEMENT POLICY

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Author and Title	Patient Experience Manager		
Staff/Groups Consulted and agreed	Trust Managers and Heads of Nursing PALS and Patient Experience Team Patient Voice Patient Safety Improvement Lead Trust Risk Manager		
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Related procedural documents			

1. Introduction

1.1 Yeovil District Hospital NHS Foundation Trust recognises that its duty of care extends to ensuring that all complaints and concerns are managed efficiently, honestly, openly and appropriately. The Trust will handle all complaints in accordance with the NHS complaints procedure as currently set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (“the 2009 Regulations”) and the Parliamentary and Health Service Ombudsman (“the Ombudsman”) Principles of Complaints Handling being:

- (1) Getting it right;
- (2) Being customer focussed;
- (3) Being open and accountable;
- (4) Acting fairly and proportionately;
- (5) Putting things right;
- (6) Seeking continuous improvement.

1.2 The Trust acknowledges the need to review this policy bi-annually and to reflect any changes when new guidance is issued.

2. Purpose

2.1 Where someone makes a complaint or raises a concern, the Trust has two key aims:

- (1) To listen to the complaint and do everything reasonably possible to resolve that complaint to the satisfaction of the person or people who have made it;

and

- (2) To learn from what has happened and, where appropriate, make demonstrable improvement to the service. It is important that the Trust is able to identify service improvements and other issues, e.g. lack of resources or staff shortage, arising from complaints. It is the responsibility of the appropriate lead investigator to ensure that actions identified as a result of the complaint are implemented, either by taking action personally or by referring to other managers/clinicians.

2.2 The Complaints and Concerns Policy and Procedure are separate from the Disciplinary Policy. If misconduct is suspected referral must be made to the appropriate line manager and the Disciplinary Policy followed. It is also separate from any appeal against discharge from hospital, which is managed by a separate policy.

3. Applicability

3.1 This policy applies to all staff employed by the Trust, whether on a permanent or temporary basis.

4. Definitions

4.1 A complaint is an expression of dissatisfaction about our services and or facilities however made, by an existing or former service user (or their representative) or by any person affected by or likely to be affected by the action, omission, or decision of the Trust, requiring a response.

4.2 A complaint is not:

- a request for a service;
- a petition or circular letter;
- a request for clarification;
- an isolated incident immediately resolved by the following day to the satisfaction of the complainant;
- a staff grievance or disciplinary issue;
- a request for access to health records.

4.3 Advice from the Patient Experience Manager or Complaints Manager must be sought if there is uncertainty about whether an issue should be dealt with (and recorded) under the complaints procedure or at which stage it should enter this procedure.

5. Principles of Complaints Handling

5.1 This section sets out the general principles the Trust will apply in responding to complaints, and are also in conjunction with the Ombudsman's Principles that have been adopted at Paragraph 1 above.

(1) An open and flexible approach that supports listening and learning from experience

5.2 All concerns, difficulties and complaints must be listened to and handled in an open and constructive manner. Actions taken should be of benefit to the person or people making the complaint, to the staff involved and to the Trust as a whole. An open, learning approach is of particular importance if service users, relatives and families are to have confidence in the organisation. Openness when things go wrong is fundamental to the partnership between service users and those who provide their care.

5.3 Strategic Business Units and Clinical Business Units within the Trust must take follow-up action to improve services based not only on individual complaints but on trends that emerge. Information about these improvements will be included in Trust Board reports.

(2) Providing ease of access

5.4 Those wishing to make a complaint must be assisted in doing so. Staff need to ensure that they have an up to date knowledge of the complaints process and that they are able to supply service users with appropriate information and literature about how the complaints procedure operates.

(3) Providing high standards of assistance

5.5 Trust staff should adopt a sensitive and sympathetic approach when handling complaints, giving help and assistance in a constructive way. Where services have failed to reach the required standards a clear apology should be given.

5.6 Staff should resolve complaints as speedily as possible to prevent matters escalating, since delays will lead to frustration, lack of confidence and possibly even complaints about the process itself. The Trust's performance on the speed with which it substantively responds to complaints is carefully monitored for this reason.

(4) Support for those making a Complaint

5.7 Making a complaint can be a daunting task, particularly when it involves matters of personal health and care. People who make a complaint should be encouraged to seek support if they feel it would help.

5.8 Support from family, friends, Patient Experience Team, and Advocacy Services should also be encouraged. SWAN Advocacy Services will also play a role in helping individuals pursue complaints. Information about them, including contact details, is included in the Trust Complaints leaflet and on the Trust website.

(5) No adverse Treatment

5.9 Any services user, carer or representative making a complaint are to be reassured as appropriate that making a complaint will not have any adverse consequences to service user's or carer's care. To support this principle, complaints and their responses will not be held with service users' medical records (unless they specifically request that it is in which circumstances it can be considered) and if a service user or carer wishes to raise an issue regarding adverse treatment this will be handled as a separate complaint and investigated in accordance with these procedures. This principle shall be highlighted in the Trust's mandatory Induction training.

(6) Supporting Staff

5.10 Being involved in a complaint can be stressful for staff, especially if they are being personally criticised. Staff should receive support from their manager, the Patient Experience Manager or Human Resources Department. Staff may also wish to obtain support from their Professional Organisation or Trade Union.

5.11 Staff should be advised that this complaints policy is quite separate from the Trust Disciplinary Procedure that the process of considering whether the disciplinary procedure should be invoked is also quite separate.

6. Complaints and Concerns Management

6.1 Any person raising a concern or complaint may do so in writing, verbally, face to face or by telephone or via email.

6.2 The complaints procedure is outlined:

- The Patient Experience Team, Matron/Manager, Clinical Site Manager or any other staff member may receive a verbal concern or complaint;
- Concerns or complaints should first be addressed if possible by the ward/department;
- Concerns or complaints that cannot be resolved straight away at departmental level should be forwarded to the Patient Experience Team for logging and action;

- All PALS enquiries, concerns and complaints are recorded using the safeguard data system;
- Where issues are raised on behalf of another adult, consent from the patient will be necessary before clinical details can be provided. This should be written consent from adults or proof of power of attorney in respect of health and social care from those who lack capacity Appendix A;
- Issues involving more than one Trust require consent before complaint details can be shared. Consent must be from the patient or nominated person as above Appendix B;
- Complaints regarding children under 16 require consent from a parent or legal guardian;
- Child protection or safeguarding concerns should be reported immediately through incident reporting;
- Complaints through members of parliament have implied consent (Data Protection Act – Processing of sensitive data - Elective representatives Order 2002);
- Complaints through other advocates require written consent from the patient or their representative;
- The National recommended timescale for responding to complaints is 25 working days but this will always be negotiated and agreed with the complainant depending on the complexity of the complaint.
- Written responses will include, an acknowledgement of the problem, an apology where appropriate, and confirmation of any actions that have been taken as a result of the complaint.

7. Handling Joint Complaints

7.1 Handling of complaints between organisations will be carried out as follows:

- Where two or more organisations are involved the Patient Experience Team will contact the complaints team within each organisation, agreeing a lead for the complaint;
- Consent must be obtained from the complainant to share information Appendix B;
- The lead Trust will forward details of the complaint with a formal letter of request;
- Timescales must be agreed with the complainant and an appropriate response time is given to each of the organisations involved;
- If any delay is evident the complainant will be kept informed by the lead organisation;
- Each area will investigate issues relating to them and provide written details to the lead organisation who retains responsibility for agreeing a comprehensive response;

- A copy of the final response will be provided for each organisation;
- Each organisation will be responsible for actions relating to their organisation.

8. Fair and Equitable Treatment

Equity of Access:

- Complaints procedures will be made simple, clear and published widely using media such as the internet, information leaflets and through verbal communication;
- They will be translated into other languages and formats, as required;
- Everyone in contact with the public needs to be aware of the disadvantages and difficulties experienced by some people and groups because of their race, gender, disability and other factors.

8.1 It is important that complaints are not generated simply because staff fail to respond sympathetically to people whose background, language or culture is different from their own.

9. Discrimination

9.1 The Trust will ensure that persons raising concerns or making a complaint are not disadvantaged as a result of their complaint. The following procedures should be adopted to promote fair and equitable treatment:

- Information relating to complaints will not be stored with patients medical records and the complaints processes will run separately from ongoing clinical care;
- Separate filing systems will be maintained for recording and reference of complaints.

10. Habitual or vexatious complaints

10.1 Complaints may be considered habitual or vexatious if the complainant is demonstrating the following:

- Persists in pursuing the complaint when all avenues to resolve it have been exhausted and this has been made clear;
- Changes the substance of the complaint or continually raises new issues;
- Is unwilling to accept documented evidence;
- Will not identify or confirm the issues outstanding;
- Continues excessive contact with the Trust;
- Harasses, is abusive or verbally aggressive – in this circumstance, staff should complete an incident form;
- Is known to have taped conversations without the consent of those involved.

10.2 The degree and severity of these cases will need to be reviewed carefully and consideration given as to level of involvement of the Patient Experience Manager, the Chief Executive and Medical Director/Director of Nursing and Clinical Governance. If all methods of taking the complaint forward have been exhausted, the Chief Executive will inform the complainant of this and that further correspondence will be acknowledged only.

11. Training requirements

11.1 Training in complaints and concerns handling will be provided by the Patient Experience Manager and Deputy, responsible for complaints management to staff groups as required. The training will involve dealing with patient and public questions, handling complainant's questions and responding to enquiries including timelines for official reporting:

- Induction courses will include information and advice about complaints management this is covered in the Clinical Governance Section of induction;
- The Patient Experience Team provide training for Strategic Business Units (SBU) and departments as required;
- The Patient Experience Team attend update courses as changes in practice occur;
- Complaints form an integral part of the iCARE training sessions attended as part of the Trust's induction process.

12. Learning from Complaints

- Local learning and improvements can be made through discussion with managers and parties involved at department level and at a wider level shared with other organisations;
- Complaint trends and actions form part of the agenda at regular ward peer review and monthly rolling governance meetings (these meetings are minuted);
- Learning and related actions should be identified and agreed with the department lead. Actions will then be sent out by the Patient Experience Manager using the safeguard "action plan" tab and entered onto the department work plan. Once all actions have been completed this will be recorded both on the Safeguard system and in the complaint file;
- Action plans resulting from complex complaints are created and monitored through each SBU and Clinical Business Unit with learning shared Trust-wide;
- Trust-wide learning presented at quarterly Governance meetings;
- Verbal discussion with departments/divisions;
- Links to the Academy to facilitate training for individual staff and provide information for future training programmes;
- Reviews undertaken by the Patient Voice Group;

- Fortnight Serious and Untoward Incident meetings take place involving the Clinical Governance Team, the Patient Experience Manager and the Complaints Manager where collaborative arrangements are established and agreed to ensure that investigations are not duplicated but are informed by one another.

13. Associated Procedures

- This policy should be read in conjunction with the following documents:
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009;
- An Organisation with a Memory, Department of Health 2000;
- Building a Safer NHS for Patients, Department of Health 2001;
- Yeovil District Hospital NHS Foundation Trust Incident Reporting and Investigation Policy;
- Ombudsman Principles February 2009;
- Yeovil District Hospital Being Open Policy;
- Yeovil District Hospital Incident Reporting and Investigation Policy;
- Duty of Candour, National NHS Contract 2014/2015;
- Yeovil District Hospital Raising Concerns Policy;
- The Patient's Association Complaints Standards;
- Yeovil District Hospital Safeguarding Policy.

14. Implementation, Monitoring and Evaluation

- 14.1 The Patient Experience Working Group will meet monthly to monitor and review complaints handling.
- 14.2 Reports are provided monthly from the Patient Experience Team for the Director of Nursing, Associate Directors of Nursing and Business Unit Managers for use at ward peer review and monthly Rolling Governance meetings, End of Life Steering Group;
- 14.3 The Patient Experience Manager produces an annual report for the Trust which is presented to the Hospital Management Team and the Board of Directors on Compliments, Complaints and Concerns for review and feedback.
- 14.4 The Patient Experience Manager produces quarterly reports for the Clinical Governance Quality Assurance Committee on Compliments, Complaints and Concerns, including learning from complaints for Trust wide dissemination.

14.5 Audits will be carried out on compliance against the Assurance Framework of which complaints handling will be a compliance area. Reports are produced to Internal Audit.

14.6 Annual returns are provided to the Department of Health (KO41a).

15. Specific Responsibilities

15.1 The Chief Executive is responsible for:

- Ensuring Trust-wide compliance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009;
- Responding to complaints within agreed Local Resolution Plan;
- Appoint a deputy to sign complaints in his absence;
- Ensure Trust is receptive to comments and suggestions;
- Receiving reports through Board of Directors.

16. Director of Nursing and Clinical Governance

16.1 The Director of Nursing and Clinical Governance is responsible for:

- Deputising for the Chief Executive in ensuring compliance with statutory requirements;
- Providing advice and support to the Patient Experience Team.

17. Associate Director of Patient Safety and Quality

17.1 The Associate Director of Patient Safety and Quality is responsible for:

- Deputising for the Director of Nursing and Clinical Governance in ensuring compliance with statutory requirements.

18. Strategic Business Unit Directors, Business Unit Managers and Associate Directors of Nursing

18.1 The Strategic Business Unit and Clinical Business Unit, Business Unit Managers and Associate Directors of Nursing are responsible for:

- Ensuring that the policy and procedure are applied throughout the Trust;
- Investigating and providing an appropriate response within the agreed timescales;
- Providing a clear list of staff asked to assist with the investigation into a complaint;
- Ensuring the production of an action plan for complex or serious complaints;

- Ensuring that the rolling Clinical Governance meetings include discussion about trend data and specific concerns or complaints;
- Attending conciliation meetings where these are considered an appropriate method of providing a satisfactory conclusion for the complainant;
- Ensuring that all contact with the complainant relating to their concerns is managed through the policy and procedure;
- Monitoring any actions taken as a result of complaints.

19. Team Delivering Care

19.1 The Team Delivering Care is responsible for:

- Maintaining accurate, contemporaneous and legible notes;
- Making every effort to rectify the situation where possible;
- Liaising with the relevant Matron, Associate Directors of Nursing, Business Unit Manager or Patient Experience Team when a patient or relative expresses dissatisfaction with the level of service provided;
- Record any verbal complaint and forward to the Patient Experience Manager by email;
- Reporting any untoward incidents using the Trust incident reporting form, and where appropriate the standard RIDDOR form, in line with Trust policy;
- Advising the Clinical Governance or Patient Experience Team or their line manager when any issue is raised with them;
- Providing such information as is necessary when complaints or potential complaints are being investigated;
- Following agreed action plans to minimise the chance of a recurrence;
- Ensuring that complainants are not treated adversely as a result of raising concerns;
- Following up and implementing changes required as a result of complaints.

20. Patient Experience Manager

20.1 The Patient Experience Manager is responsible for:

- Overseeing the role of Complaints Manager for the Trust, in accordance with the national requirements;
- Producing a monthly report to the Board of Directors;
- Ensuring that lessons are learned in accordance with the ethos of An Organisation with a Memory;

- Providing trend reports for Business Unit Managers and Associate Directors of Nursing to the Patient Experience Manager;
- Producing a combined annual PALS and complaints report, which is submitted to relevant stakeholders, including (but not exclusively) Monitor, the Clinical Commissioning Group and the Care Quality Commission;
- Ensuring all formal complaints are acknowledged within the timescales as laid down in the complaints regulations. The same timescales for formal complaints management are adopted within the Trust for the management of informal complaints and concerns;
- Liaising with Complaints/PALS Managers for neighbouring Trusts and organisations to agree the management of joint complaints.

21. Complaints Manager

21.1 The Complaints Manager is responsible for:

- Managing the complaints procedure for the Trust in accordance with the 2009 Regulations and this policy;
- Ensure that staff have appropriate support and training to enable them to respond positively to complaints and comments;
- Ensure that complainants are supported in making a complaint;
- Decide whether communication is a complaint or not;
- Provide the Patient Experience Manager with regular monitoring reports;
- Acts as Lead Investigator where appropriate;
- Support lead investigator, reviewers and other staff by providing advice and guidance on Trust policy;
- Maintain up to date knowledge about emerging Government policy, Inspection body requirements and best practice concerning complaints handling, recommending changes as required in Trust Policy in order to comply with these;
- Grade complaints according to Trust risk management procedures;
- Inform the Clinical Governance Department, the Legal Service and Clinical Governance Manager of any potential claims arising from complaints;
- Inform the Patient Experience Manager if any complaint is of such a serious nature as to potentially require investigation under the Serious Untoward Incident Policy;
- Inform the Patient Experience Manager if a complaint or subsequent investigation reveals a possible criminal offence or incident that may require referral to a professional regulatory;
- Maintain a database and record of complaints;

- Produce written responses on behalf of the Chief Executive;
- Make any required statutory returns.

22. PALS and Complaints Co-ordinator

22.1 The PALS and Complaints Co-ordinator is responsible for:

- Entering all new complaints onto the integrated software system;
- Ensuring all complaints are distributed to the appropriate Matron's, Business Unit Manager or Associate Director of Nursing for investigation and production of a response;
- Arranging conciliation meetings as an aid to local resolution;
- Assisting the Complaints Manager in any of the above.

23. Patient Experience Team

23.1 The Patient Experience Team, incorporating PALS is responsible for:

- Providing a first point of contact for raising concerns about healthcare;
- Providing advice and assistance to anyone raising a concern about the options available to them and signposting to other agencies if appropriate;
- Speaking or acting on behalf of patients if they are unable, or chose not to speak or act for themselves;
- Distinguishing between PALS enquiries or concerns and formal complaints in conjunction with Patient Experience Manager and Complaints Manager.
- Ensuring that all PALS issues are logged, investigated and addressed with assistance of the appropriate Matron/Manager/Clinical Staff or passed to the Complaints Manager for registering as a formal complaint;
- Supporting complainants who wish to escalate concerns to a formal complaint;
- Supporting staff and patients through the process of raising concerns from initial contact to conciliation meetings;
- The decision as to whether a concern is dealt with by the PALS Service or logged as a formal complaint is discussed with the person raising the concern and it is always their decision.

24. Formal Complaints (Process)

Receipt and Acknowledgement

24.1 Any complaint that has been received by the Trust is to be sent to the Complaints Manager within one working day. The complaint will be acknowledged by the Patient Experience Manager within three working days Appendix C. The Complaints Manager will telephone the complainant where possible and offer to discuss the complaints handling process and anticipated timing.

Initial Steps

24.2 Upon receipt, or the complaint Manager should:

- (1) Consider whether any immediate remedial action needs to be taken and action if appropriate (this would include, for example, raising a safeguarding alert under the Safeguarding Vulnerable Adults procedure);
- (2) Pass on the complaint, where appropriate, to all those relevant including the person(s) named in the complaint;
- (3) Contact the complainant by telephone (if known) and offer meeting to discuss how the complaint is to be handled, including the response time and clarify and/or resolve the issues, to confirm what the complainant is seeking by way of outcome. Whether telephone contact is made or not, the Patient Experience Manager is to write to the Complainant in the template attached at Appendix C and complete the Initial Complaint Summary receipt;
- (4) All PALS and Complaints will be assessed both at the time of logging and at resolution using the Trust Incident Reporting Policy Risk Matrix Appendix D.

The Investigation

24.3 The Complaints Manager will conduct the investigation acting as the Lead Investigator as appropriate. In accordance with Guidance for Investigations (Appendix E), this will include completion of the Complaints Summary (Appendix F) for Investigation Summary (Appendix G) and requesting statements from all staff involved. The Complaints Manager will also provide details of the complaint to the Director of Nursing and Medical Director and any relevant senior staff at that stage. If statements are required, guidance can be provided.

24.4 The investigation shall be carried out in time to enable a response to be sent to the Complainant within the timeframe agreed with them, and if no timeframe is agreed within 25 working days of receipt of the complaint (allowing for reviews). If there is a delay in meeting the timeframe, the Complaints Manager shall endeavour to agree a new timeframe (explaining reasons for delay and apologising if appropriate) and a letter will be sent to the complainant in the form of Appendix H setting out an alternative timescale. The Complaints Manager should keep the complainant informed during the investigation process as far as is reasonably practicable.

24.5 When concluding the investigation, the Lead Investigator shall complete the Investigation Management Plan (Appendix G) ensuring that the investigation is evidence based, cogent and supports the response. Where there are actions recommended, an Action Plan with named staff responsible with timings for completion should be prepared. In drafting the proposed response, the following points should be taken into account:

- The details of the complainant, such as name and address must be checked for accuracy. It should be documented if the complainant is on a section of the Mental Health Act and information regarding pursuing a complaint to the Care Quality Commission should be given;
- All issues and grievances within the complaint should be responded to. A description of the investigation, including any interview and statements, should be included and any action resulting from the investigation should be explained. It should be clear whether a complaint has been upheld (a complaints can be partially upheld);
- The response should be in plain English and grammar and spelling accurate. It should be free of jargon, with any technical terms fully explained;
- An apology or other redress or remedy should be included in the response where appropriate;
- The response should offer the opportunity for the complainant to discuss the final response with the Patient Experience Manager, Complaints Manager and the Clinical Team.
- If the complainant is still dissatisfied, s/he should be advised in the response how they can pursue their complaint further. The response letter should therefore include details on how to contact the Ombudsman.

24.6 Once the investigation and associated documentation have been completed. The Complaints Manager, or delegate, will review the response. Where this is felt to be unsatisfactory, the Complaints Manager will go through the investigation once more or reconsider the proposed response.

24.7 When considered satisfactory the proposed response and the complaint file will be sent to the Chief Executive for consideration and to sign the response 48 hours prior to the agreed response date with the complainant. If any amendments are recommended by the Chief Executive, they are to be taken in by the Complaints Manager, or delegate. Once the response is finalised and sent to the complainant, a copy will be disseminated to all those involved in the complaint and the service user's consultant if appropriate.

Follow up

24.8 If the complainant is not happy with the response, the Complaints Manager is to offer a conciliation meeting following guidance in Appendix I.

Where a complaint indicates the need for investigation under the disciplinary procedure

24.9 The complaints process is only concerned with resolving complaints and not with investigating disciplinary matters. The disciplinary process is separate. Where a complaint reveals the need for disciplinary action, this need not prevent investigation under the complaints procedure of other aspects of the complaint as long as this does not prejudice or compromise the concurrent investigation. The complainant should be kept informed of the timeframe of the other investigative process and sent a full response on this conclusion, outlining the outcome and actions taken and being mindful of patients and staff confidentiality issues. If disciplinary action is taken as a result of a complaint, this will not necessarily be disclosed to the complainant.

25. Second Stage Review by the Ombudsman

Referral

- 25.1 If the complainant is not satisfied they can ask for the Ombudsman to investigate the case for them. Before the Ombudsman will look into the complaint, they will expect that the complaints process has been exhausted, unless it is judged that in the particular circumstances this would be unreasonable to do so.
- 25.2 The Ombudsman is independent of the NHS and the Government and there is no charge for the service. The Ombudsman's office can investigate complaints about:
- Poor service;
 - Failure to provide a service that a patient has a right to receive;
 - Administrative failures such as, avoidable delay, not following proper procedures, rudeness or discourtesy, not answering a complaint fully and properly, including refusing to set up an Independent Review Panel;
 - Complaints about the care and treatment provided by a hospital, doctor, GP, nurse, dentist or other professional, providing that the events complained about occurred after 31 March 1996.

Initial Action

- 25.3 If the Ombudsman contacts the Patient Experience Manager to inform the Trust of a potential referral, the Patient Experience Manager shall consider whether the complaints process has been exhausted or not and notify the Ombudsman.
- 25.4 If the Chief Executive receives a letter from the Ombudsman, enclosing a summary of the complaint referral, he/she will delegate responsibility for dealing with issues arising from the letter to the Patient Experience Manager or Complaints Manager.
- 25.5 The Patient Experience Manager and Complaints Manager will collate the schedule of documents requested by the Ombudsman and arrange for them to be sent to the Ombudsman together with any comments about the investigation as appropriate.

Investigation

- 25.6 After reviewing the Trust's documentation the Ombudsman's office will notify the Trust if they intend to conduct their own investigation, or not.
- 25.7 If the Ombudsman's office intends to conduct their own investigation, they will confirm which witnesses their Lead Investigator requires to see. Those witnesses involved in the events complained about will be informed by the Patient Experience Manager of the details of the impending investigation and those aspects of the complaint which involve him/her, and will be provided with a copy of 'Note of Witnesses'.

25.8 The Complaints Manager will ensure that a room is made available for the use of the Ombudsman's Lead Investigator during the investigation and will arrange attendance of witnesses at the Lead Investigator's interview. Statute does give the Ombudsman the power to compel the attendance of witnesses. Witnesses may have someone with them to act as a support and reduce their anxiety.

Final Report and Subsequent Action

25.9 Once the Ombudsman's investigation is complete, the Lead Investigator will send a copy of the draft final report to the Chief Executive.

25.10 The Patient Experience Manager, on behalf of the Chief Executive, may circulate the draft report (which is **confidential at this stage**) to the minimum people necessary to enable any comments to be made on the presentation of the factual evidence, and also to confirm that the facts given in evidence by the Trust staff are correctly stated.

25.11 On receipt of the Final Report from the Ombudsman, the Chief Executive will delegate the responsibility of collating the necessary action to implement the recommendations in the report within the stated time scale to the relevant Clinical Director and Service Manager.

25.12 The Patient Experience Manager will arrange for copies of the report to be sent to staff directly concerned with the complaint.

25.13 Relevant senior members of staff within the Trust will be requested to initiate action that will be implemented in relation to the recommendations made in the report. Details of this action will be returned to the Chief Executive to enable him/her to write a response to the Ombudsman within the time scale specified, informing the Ombudsman of all action taken by the Trust.

25.14 A letter will also be sent from the Chief Executive to the complainant, informing him/her of the actions taken following the Ombudsman's recommendations.

26. Compliments and General Feedback

26.1 In order to obtain a more balanced picture of how the Trust's services are received, it is important to also collect data about the compliments received within the organisation. All compliments must therefore be copied to the Patient Experience Manager, who will keep a compliments register and provide regular quarterly reports to the Trust Board.



Yeovil District Hospital **NHS**
NHS Foundation Trust

Patient Consent Form

REF: PM/LH/AM

Full name of patient:

Address:

.....

.....

Date of birth:

Connection to person making the complaint:

I hereby authorise:

Name of person making the complaint:

Address of person: (if different from above)

.....

.....

to act on my behalf and to receive any information as may be relevant to the complaint.

I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint, and only disclosed to those people who have a need to know it, in order to investigate the complaint.

Signature of patient:

Date:



Form of Authority for information sharing between Trusts

To be completed by the complainant

Complainant's Name

Complainant's Address

.....

.....

.....

.....

Complainant's Tel. No.:

I, the above-named, give consent for

The Patient Experience Team
Yeovil District Hospital
Higher Kingston
Yeovil
Somerset
01935 475122

Telephone:

to contact:

.....

on my behalf, and for the complaints manager of the above organisation/s to discuss my complaint with him/her.

Signed: _____

Date: _____

Once completed, please return this consent form to the freepost address provided.



Yeovil District Hospital **NHS**
NHS Foundation Trust

Yeovil District Hospital
Higher Kingston
Yeovil
Somerset
BA21 4AT

Our Ref: ##/##

DATE

Insert Name &
Address

Switchboard: 01935 475122
Direct line: 01935 384657
www.yeovilhospital.nhs.uk

Dear Mrs Smith

I am sorry that you have had cause to complain about the treatment you received here in Yeovil Hospital recently. (Include condolences, apology if appropriate). An investigation into the concerns that you have raised has been commenced, and will be conducted by a senior member of staff. When our investigation has been completed, Mr Paul Mears, Chief Executive, will write to you. It is anticipated that his written response will be with you by xxxxxx. (Include request for consent if required). As part of our investigation, we will interview staff, take statements and review medical records in order to respond to the following concerns that you have identified:

- 1.
- 2.
- 3.

Do let me know if this is not a true summary of your concerns or if you would like anything else added. I am very happy to discuss the progress of our investigation at any time. Please do not hesitate to telephone me on xxxxxxxxxx. I enclose a copy of our complaints leaflet.

Yours sincerely

Linda Hann
Patient Experience Manager



ANNEX B – Incident reporting policy risk matrix

Risk Matrix

Consequence	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5
Minor - 1	1	2	3	4	5
Moderate - 2	2	4	6	8	10
Significant or Major - 3	3	6	9	12	15
Fatality/Very High- 4	4	8	12	16	20
Multiple Fatalities - 5	5	10	15	20	25

KEY: Low risk Moderate risk Significant risk High risk

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1-3 = Low Risk
4-6 = Moderate Risk
8-12 = Significant Risk
15-25 = High Risk



GUIDANCE FOR INVESTIGATIONS OF PALS CONCERNS AND FORMAL COMPLAINTS

1. Investigating Complaints

This section is intended as a guide for staff who may need to handle or investigate complaints. It aims to disseminate good practice and to encourage a consistent approach across the Trust. However, it does not address every aspect of the process and it should be used in conjunction with the Trust's Complaints Policy and the Ombudsman's Principles of Complaints Handling, Administration and Remedy.

Advice is available to staff on any aspects of complaints handling from the Patient Experience Manager during standard office hours. Out of office hours, staff may call the on-call manager for advice and support.

2. Verbal Complaints

Any member of staff who is approached by a service user or their representative with a complaint should endeavour to resolve the matter straightway or by the end of the following day to the complainant's satisfaction. If the matter is serious or cannot be resolved by them, it should be referred to the Patient Experience Team. The complainant should be directed to contact the Patient Experience Team.

3. The Investigation

General Principles

The Lead Investigator must investigate the complaint to resolve it speedily and efficiently and keep the complainant informed as far as reasonable practicable as to the progress of the investigation.

Things to consider that define your investigation are: what happened? What should have happened? What are the differences between those two things?

Scoping

As part of the initial stage of the investigation, the Lead Investigator shall scope of the investigation from the complaint and understand the precise nature of the complaint being raised (it is important that the Lead Investigator understand the complaint from the perspective of the complainant). The complaint should be broken down into individual issues if it is complex or lengthy and this should then be agreed with the complainant if contact is possible and form the headings of any proposed response.

The Lead Investigation should at least consider the following:

- Who are the key people involved? (e.g. service user/carer, staff, other witnesses)
- What documentation do I need to review? (e.g. clinical records, incident reports, staff statements, policies/procedures/guidance)

- Are there any other factors I need to consider? (e.g. physical environment, equipment, custom and practice)
- Do I need any support/assistance to undertake the investigation?
- Whether any remedial action needs to be taken?

Immediate Remedial Action

The Lead Investigator should consider whether any immediate remedial action needs to be taken by the Trust and facilitate that action and report on them in the Investigation Report.

Contact with the Complainant

The Lead Investigator should make personal contact with the complainant, by telephone if possible and offer a meeting. This can be helpful in terms of confirming the details of the complaint, assessing the feelings of the complainant and establishing what they are looking for as an outcome of the investigation. In many cases, it can lead to the swift resolution of a complaint.

It is important that accurate notes are made of any discussions that take place so that records give a true picture of the contents of those discussions.

4. Documentation and collating evidence

All aspects of the investigation should be clearly recorded and all documentation, incident reports, copies of clinical records etc should be carefully reviewed. Staff should be aware that, should the matter proceed to litigation, all complaints documentation is subject to disclosure.

Copies of complaints correspondence must **not** be held on the service user's health and social care records (to help ensure that the complainant is not prejudiced by the complaint) unless the complainant specifically requests this and such requests must be in writing to the Patient Experience Manager.

When you reviewing the documentation, it may be considered necessary to conduct an interview to obtain the evidence you need. To conduct a successful interview it is important to:

- Understand the needs of the person and the background of the complainant
- Know the questions you want to ask in advance
- Know when specialist support is needed
- Let the interviewee know in advance what you are likely to ask so they can prepare and explain that you would like to record the conversation with their permission
- Hold the interview in private place and avoid interruptions.

5. Continuing Care

The complainant will of course continue to receive care from the Trust. Lead Investigator should exercise sensitivity both from the point of view of the team or services that is the subject of a complaint and the complainant and consider whether it is appropriate to offer a change of named nurse, care coordinator or consultant etc while the complaint is being investigated and to facilitate those changes.

The Lead Investigator should also ensure that any urgent remedial action is taken, particularly with complaints about patient safety, and ensure that any incidents highlighted by the complaint are reported appropriately.

6. Holding response for delay

If the investigation is unlikely to be completed by the target date, the Lead Investigator will contact the complainant giving reasons of why the complaint response has been delayed and an estimate of when a response will be prepared. If it is a formal complaint, a delay letter will then be sent.

7. On completion of the Investigation

Having completed the investigation, the Lead Investigator should carefully check the completeness of the investigation, and the quality of the response, to ensure that all the issues raised in the complaint have been addressed and subject it to line management review if necessary before sending out.

8. Support/feedback to staff

Staff who may be the subject of a complaint can be anxious about the process and their position. The Lead Investigator is responsible for advising any members of staff or their line manager that may have been named in a complaint or who were involved in any incident/procedure that resulted in the complaint. It is important that they are kept informed about progress with the investigation by the Lead Investigator and that they are offered the opportunity to discuss the matter with a professional colleague or the Human Resources Department. They should also be encouraged to contact their union or professional body.

Staff subject to a complaint must have the opportunity to comment on the accuracy of the draft response to the complainant and they should be shown a copy of the final response to make them aware of its content.

It should be clear to all staff that the complaints process is separate from the disciplinary process.

9. Service Improvement

It is important that the Trust is able to identify service improvements and other issues. It is the responsibility of the appropriate Lead Investigator to prepare an Action Plan using the safeguarding system and ensure that actions identified as a result of the complaint are implemented, either by taking action personally or by referring to other manager/clinicians.



Complaint Summary

Patient status: **Inpatient** **Outpatient** **Emergency Department** **Day Case** **Other**

Initial Contact			
In person <input type="checkbox"/>	By phone <input type="checkbox"/>	Letter <input type="checkbox"/>	Email <input type="checkbox"/>
Patient Name:		Case Ref No:	
Name of person raising concern:			
Relationship to patient:		Consent required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Patient's Date of Birth:		Patient's Hospital No:	Gender:
Is the patient deceased? <input type="checkbox"/>	Date deceased:	Ethnicity:	
Patient's Address:		Complainant's Address:	
Date received:		Telephone:	
Received by:		Mobile:	
Joint Trust complaint: <input type="checkbox"/>		Email:	
How complainant prefers to be contacted: Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/>			
Date contact attempted	Method of contact	Contacted by	Successful
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Summary of complaint:			
SBU:	Speciality:	Ward/Area:	
SBU:	Speciality:	Ward/Area:	
SBU:	Speciality:	Ward/Area:	
Is this a safeguarding issue? <input type="checkbox"/> Any immediate action taken:			

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Lead investigator:

Agreed issues to investigate *(please number each issue and use additional sheets if necessary)*

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Outcome the complainant is seeking:	Agreed feedback following investigation:
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Apology <input type="checkbox"/>	Meeting <input type="checkbox"/>
Explanation <input type="checkbox"/>	Phone call <input type="checkbox"/>
Raising staff standards <input type="checkbox"/>	In writing <input type="checkbox"/>
Prevention of reoccurrence <input type="checkbox"/>	
Compensation/Reimbursement <input type="checkbox"/>	
Change of policy or procedure <input type="checkbox"/>	
Any other comments/information:	
Complainant informed about SWAN? <input type="checkbox"/> Complaint booklet given in person? <input type="checkbox"/>	
Complaint booklet sent with acknowledgement? <input type="checkbox"/> If consent required, form sent with letter? <input type="checkbox"/>	
Complainant given details of any other support agencies? <input type="checkbox"/> <i>If so, specify:</i>	

Other Trusts involved:		Lead/Contact name:	
Severity grade as identified on receipt of complaint:		Severity grade as identified after complaint investigation:	
Low <input type="checkbox"/>		Low <input type="checkbox"/>	
Medium <input type="checkbox"/>		Medium <input type="checkbox"/>	
High <input type="checkbox"/>		High <input type="checkbox"/>	
Extreme <input type="checkbox"/>		Extreme <input type="checkbox"/>	
Timescales		Date	Initials
Agreed response date:			
Date acknowledged:			
Consent form received:			
Completion of investigation by:			
Holding letter sent:			
Reason for delay:			
New date agreed:			
Complaint sent to		Reason	Date sent

Record of further contact including no replies	
Date	Details

	Date	Initials
Date final response sent		
Copy of response sent to:		
Safeguard input complete	Date:	By:

Notes reviewed <input type="checkbox"/> With:	Date:
Findings:	

Site visit <input type="checkbox"/> With:	Date:
Findings:	

Expert/independent opinion from:	Concern No(s) to be covered:	Date requested	Date received

Relevant Policies/Protocols/NICE Guidance:

Disputed Facts: (Record which concern(s) this relates to)
Investigator's opinion based on evidence available:

Difference of opinion: (Record which concern(s) this relates to)
Investigator's opinion based on evidence available:



Yeovil District Hospital **NHS**
NHS Foundation Trust

Yeovil District Hospital
Higher Kingston
Yeovil
Somerset
BA21 4AT

Our Ref: ###/##

DATE

Switchboard: 01935 475122
Direct line: 01935 384657
www.yeovilhospital.nhs.uk

PRIVATE & CONFIDENTIAL

Insert Name &
Address

Dear Ms Smith

I am writing to update you on the progress of our investigation into the concerns that you raised about the treatment you received here in Yeovil Hospital.

We had hoped that a response from Paul Mears our Chief Executive would be with you this week. It has taken slightly longer than we expected and it is now anticipated that it will take a further three weeks. Please accept my apologies for the delay and thank you for your patience.

If, in the meantime, you wish to discuss the complaint please do not hesitate to contact me on 07979366805

Yours sincerely

Linda Hann
Patient Experience Manager



Guidance on Conducting Local Resolution Meetings

This guidance is based on Good Practice from the Healthcare Commissioners Complaints Handling Toolkit (2008)

1. In the event that the complainant or their representative wishes to have a meeting to discuss the complaint, outstanding concerns or as part of the process of resolution, this should be facilitated. It is essential to have the relevant people in attendance and a clear idea of the areas the complainant or their representative wish to explore.
2. When setting up the meeting, ascertain who will accompany the complainant and whether any additional support is required, e.g. advocate, interpreter etc.
3. Appropriate staff from the division and/or the Patient Experience Team should be in attendance.
4. Meetings can, of course, take place at any stage in the process and do not have to wait until after a written response. It can be good practice to arrange an early face to face meeting with complainant so that all of the issues can be talked through in depth and resolution may be possible at this stage. At whichever stage of the process a meeting takes place, the better the preparation; the more likely it is that a satisfactory outcome will be achieved.
5. It is important to engage the complainant in the process of arranging a meeting to ensure that the time and venue are convenient; all of the issues are included in the meeting agenda; all relevant parties attend; anybody the complainant reasonable does not want to see is not in attendance; and any special support is arranged, for example an interpreter. Complainants should be encouraged to bring an SWAN advocate or a friend or relative for support. The agenda should be clear and comprehensive and include details about who will be present, when and where the meeting will be and what will be discussed.
6. The date and time meeting, agenda and venue along with attendees should be confirmed in writing at least five working days before the meeting is due to take place.
7. With regard to advance preparation, it is vital that people in attendance are familiar with the complaint and its background. Good practice would indicate that, where possible, a case conference should be held in advance of the meeting so that all staff members concerned are sufficiently familiar with the background to the complaint and the issues involved.
8. Essential things to record include:
 - the response to the desired outcomes, in particular, reasons for non-agreement; timeframes for implementing any changes to training, orientation, policy, etc;
 - how the complainant will be advised of completion of agreed upon tasks;

- any apology offend; and any significant agreement or disagreement on facts. Reading notes at the end of the meeting will allow everyone present to reach agreement on their content;
 - meetings should not be adversarial and a conciliatory approach is preferred. Every effort should be made to fully involve the complainant in the process and, where it is decided that remedial action must be undertaken, include the complainant in the discussions about how this needs to take place.
9. After the meeting, it should be follow up in writing to the complainant to confirm the nature and outcome of the discussions. The timescale for this should be agreed with the complainant at no longer than 14 days after the meeting. This is particularly important where follow-up work has been agreed and should include timescales and detailed proposals. It may be worthwhile to involve the complainant in the change process. He or she may be able to provide feedback on any proposed guidelines or policy, or participate in or attend training sessions, if this is considered appropriate.
10. In seeking to resolve the complaint either during correspondence or at a local conciliation meeting, complaint handlers need to consider carefully the range of remedies that are potentially available. Remedies can take a variety of forms, including (alone or in combination):
- apologies, explanations and acknowledgements or responsibility remedial action, such as reviewing or changing a decision on the service given to a complainant, revising published material, revising procedures to prevent the same thing happening again, or training staff;
 - financial compensation for direct or indirect financial loss, loss of opportunity, inconvenience, or distress.
11. The Ombudsman's Principles for Remedy set out the approach that should be taken when determining remedies. The Principles can be found at <http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-for-remedy>
12. Every possible attempt should be made to resolve the complaint locally including the options for reinvestigation and external review. However, if the complainant or their representative remains dissatisfied at the conclusion of all attempts at local resolution, they must be informed of their right to contact the Parliamentary Health Ombudsman for an independent review.