healthwatch
Isle of Wight

From Pillar to Post

A Healthwatch report on Isle of Wight NHS Complaints Procedures

Contents

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Acknowledgements

Healthwatch Isle of Wight would like to thanks all those who contributed to this piece of work, in particular the following:

- All members of the public who shared information on their experiences of making NHS complaints through the Healthwatch survey
- The 11 authorised Enter and View volunteers who contributed their time and observation skills to carry out structured observations and conversations within St Marys Hospital
- Colleagues from the Isle of Wight NHS Trust for sending the Healthwatch survey to people who have previously made NHS complaints

Many of the recommendations contained within this report have been presented to the IW NHS Trust within the Enter and View report[i] and the Survey results report[ii]. Healthwatch Isle of Wight looks forward to continuing dialogue with relevant local partners to ensure the achievement of recommendations contained in this report.

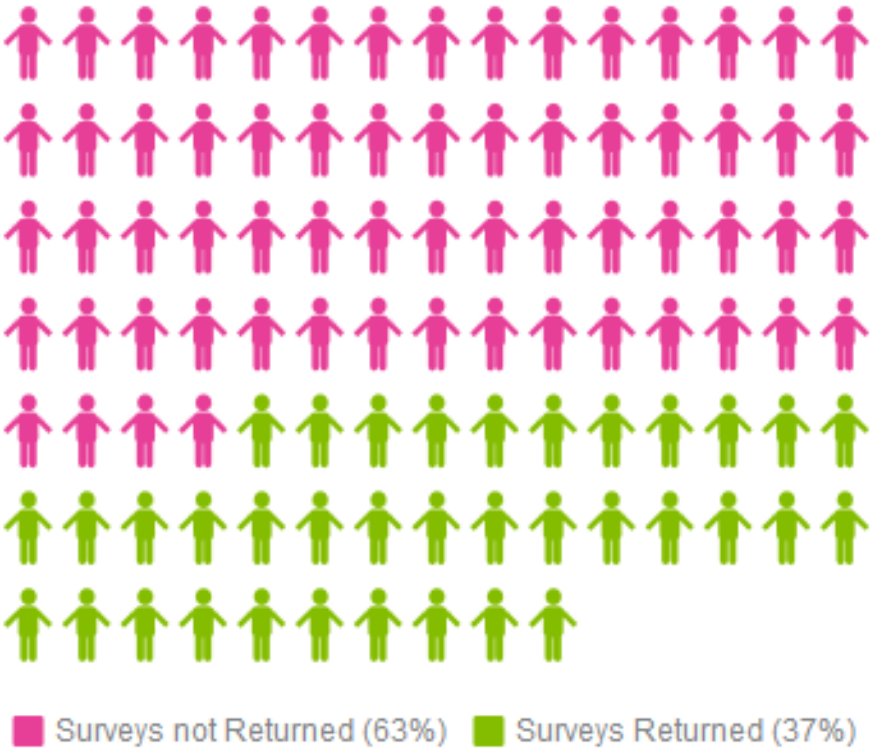
Summary

The theme of complaints became part of Healthwatch Isle of Wight's workplan for 2014-15 following public engagement. Complaints processes was adopted as the focus of the work, in particular whether processes were understood by the public, advertised to the public and were timescales acceptable and adhered to, by the provider.

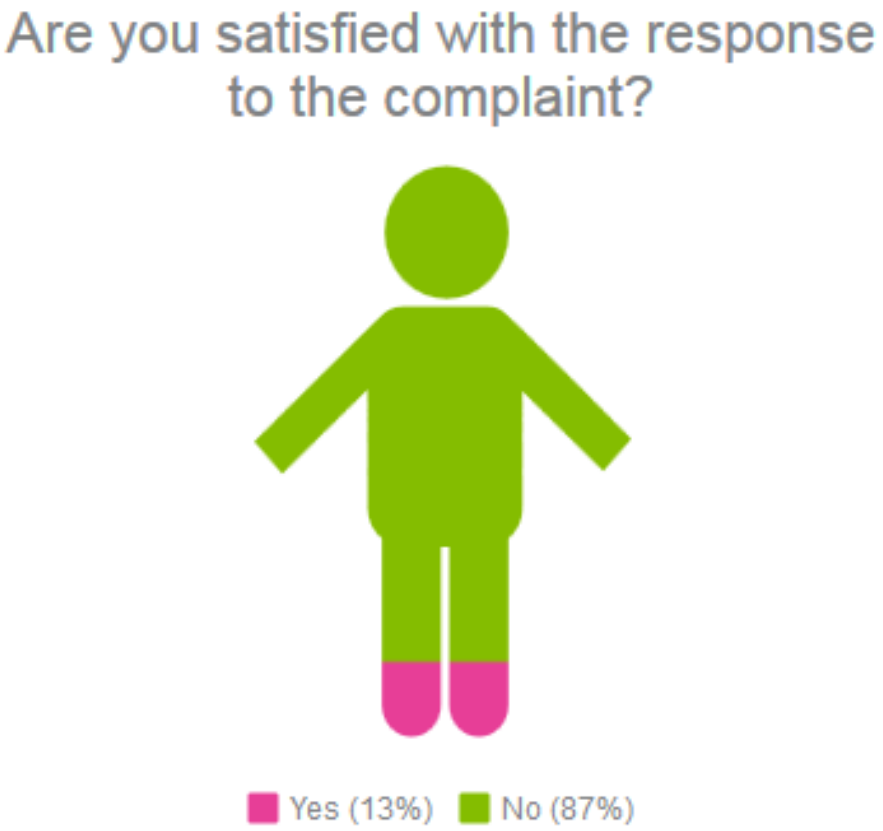
Healthwatch Isle of Wight works closely with the Isle of Wight NHS Trust who are keen to improve their complaints processes due to feedback received during their CQC inspection in 2014[iii].

This report will focus on the complaints system throughout the IW NHS Trust, with a separate smaller report relating to GP complaints processes being released separately.

From April 2015 through June 2015 a survey on patient experience of complaints processes was conducted. Healthwatch Isle of Wight asked the IW NHS Trust to send the surveys to everyone that had made a complaint from January 2014 to April 2015. The IW NHS Trust identified 190 complainants and sent them surveys. 70 completed surveys were returned directly to Healthwatch Isle of Wight.



Overall, patients expressed dissatisfaction with the IW NHS Trust complaints process, with 87% of respondents stating they were unsatisfied with the response to their complaint. Of real concern 64.5% reported they felt there would be adverse effects on their future care as a result of complaining.



51% of respondents felt their concerns were not taken seriously as soon as they were raised. This alongside the fact that 64% of people reported being unaware of the existence of advocacy support is a real concern for Healthwatch IW.

During February and March 2015 Enter and View visits[i] were undertaken to the majority of areas at St Marys Hospital. These visits have shown that complaints procedures are not well publicised and that staff understanding of the pathway for complaints is highly varied. Staff were however, generally very friendly during the visits and mostly willing to find the information needed to make a complaint if they were unsure how to help.

Background

Healthwatch Isle of Wight is the "consumer champion" for local health and social care services. It was created in April 2013 through legislation bringing in a Healthwatch organisation in each local authority area of England. Feedback on services is received from local residents, and a number of topics identified each year through public engagement for further consideration. Healthwatch works with service providers to explore these topics in detail, helping uphold what works well and identifying improvements that may be needed. Healthwatch I.W. is supported by a team of paid staff, and an enthusiastic group of volunteers.

Healthwatch I.W. relates to all health and social care services funded for Isle of Wight residents. The principal focus of this report is complaints processed within the Isle of Wight NHS Trust.

Amongst Healthwatch I.W. topics for 2014-15 was complaints, in particular IW NHS Trust complaints processes and timescales. This had been identified separately by the IW NHS Trust within their Annual Complaints Report 2013/14[iv].

The Care Quality Commission (CQC) in its St Mary's Hospital Quality Report[iii] found 'the trust only responded to 44/93 (47%) of complaints (October 2013 to March 2014) within the 25 days target, or within agreed Extended timescales'.

A decision was made at the end of 2014 by Healthwatch I.W. that the most useful focus for this work plan area would be to hear from patients how the complaints process worked for them and to identify how accessible the complaints process is.

9 Methodology

Healthwatch I.W. has a flourishing group of trained volunteers who are authorised to undertake "Enter and View" visits under relevant legislation. As well as having undertaken required screening checks, they are chosen for excellent interpersonal skills and levels of empathy.

For this work plan, members of the volunteer group were invited to take part in a series of visits to St Marys Hospital wards and waiting areas. 3 staff members undertook some of the visits as these were to closed wards. They were given an observation checklist and a scripted conversation.

The observation list was devised to ascertain whether complaints procedures were accessible and visible. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009[v] states that 'Each responsible body must make information available to the public as to:

(a) its arrangements for dealing with complaints;
and
(b) how further information about those arrangements may be obtained'.

The script was to gain an insight into the level of knowledge surrounding the IW NHS Trusts complaints procedure. The procedure states, '**All staff within the Trust are responsible for:** Responding to and satisfactorily resolving, whenever possible, verbal concerns/complaints raised by patients/clients or their representatives, and if significant, document the complaint'.

To assess whether people felt the complaints process was executed to their satisfaction a survey[ii] was devised in April 2015 to collect experiences from those that have been through the complaints procedure since January 2014. The IW NHS Trust identified 190 complainants and sent them surveys on behalf of Healthwatch Isle of Wight. Of these 70 were returned.

Surveys[ii] were also sent to GP surgeries and 3 were returned. As they indicated they had not made an NHS complaint since January 2014, they were removed from the findings.

9 Consistency

During February and March 2015 the Healthwatch Enter and View[i] panel visited 24 areas within St Marys Hospital to look at how visible/accessible the complaints procedure was.

The visits found that in the majority of areas visited there were no materials containing information relating to making a complaint and that some of the information that was available was either outdated or not particularly useful.

It is worth noting that although there were not many leaflets/posters specifically related to making complaints, there were PALS leaflets throughout the majority of the areas.

The PALS posters/leaflets hinted that the PALS team were the people to engage with when wishing to share feedback but again they did not provide sufficient information for people to understand the process their complaint would follow.

The second aspect of the visits was to ascertain staff knowledge of the complaints procedure. Staff members were asked set questions and their responses recorded and evaluated.

Conversations were held with 29 staff members 17 of these indicated that complaints could be handled by any member of staff or the PALS team if people would prefer. 4 Staff members indicated that staff and line managers handle complaints and did not mention the PALS team. The remaining 7 staff members stated that PALS are the ones who deal with complaints and made no reference to staff members having an involvement in complaints handling.

All the staff were found to be polite and were keen to encourage the volunteers to share their experience. The majority of staff were also very confident in their response when asked 'how can I make a complaint'.

As was found during the visits[i], the survey results[ii] further highlight that a consistent approach to complaints handling is not always achieved. The IW NHS Trust Complaints Procedure (appendix B) states that all staff working within the IW NHS Trust are responsible for, 'Being aware of the NHS Complaints Procedure and local policies in relation to the management of complaints and to be able to explain the options available when service users/patients wish to make a complaint'.

The survey results[ii] suggest that different staff members have different interpretations of the complaints procedure and this directly impacts on the pathway that complainants follow, with 75% of respondents stating they were not offered support to make their complaint, 63.6% stating they were not made aware they could be supported through independent advocacy services and 31.7% stating they were not made aware of the PALS service.

Healthwatch were disappointed, but not necessarily surprised given the visits results[i], to see that 13.6% of survey respondents were not aware of their right to complain and concerned that 34.8% were not given the information they needed to make a complaint as soon as they expressed their intention to complain. An internet search was cited as the main way in which people found out how to make a complaint. This response led to Healthwatch Isle of Wight visiting the IW NHS Trusts website[vi] and researching the information available.

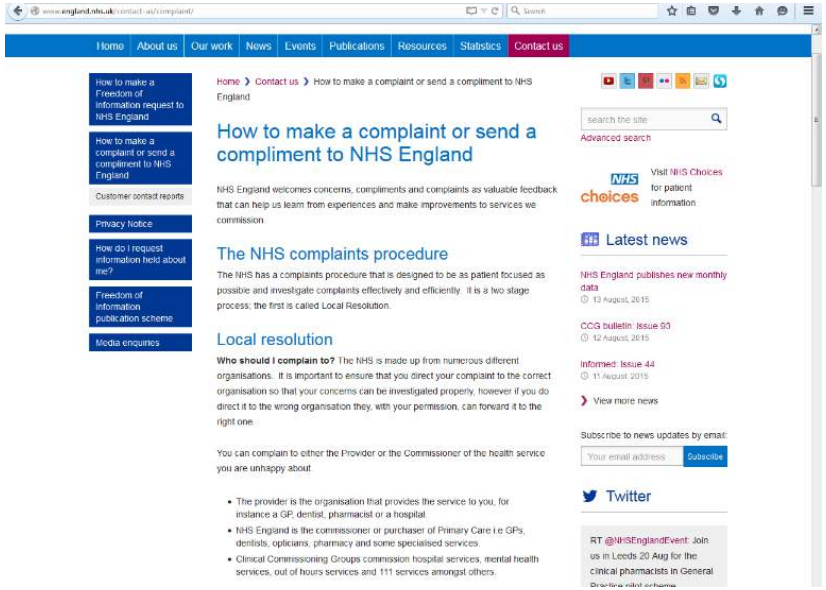
When looking through the IW NHS trusts website[vi] there are differing routes that provide varying levels of information into making a complaint. Outlined in the table are the routes that we found during our research. 2 Searches of the sight were undertaken with the first being in March 2015 and the second being in August 2015.

IW NHS TRUST HOME PAGE	**Tell us your views -**	Help us improve – gives number to call if speaking with ward staff or clinician does not work.
	Tell us your views	Feedback form – no information as to what the feedback is used for – asks for an email or contact number if you would like to discuss your feedback. Unclear if this is an avenue for complaints.
	Tell us your views	Complaints and Compliments – states that if 'If you wish to make a formal complaint, in the first instance it may be helpful to contact the Patient Experience Officers (PEO's) in the Complaints/PALS team who will be able to offer initial advice and support and guide you through the complaints process. Alternatively you may wish to write directly to the Chief Executive'. Provides an advocacy leaflet labelled as 'Health complaints leaflet', and 2 PALS leaflets (one easy read version). This section of the website also contains the quarterly and annual complaints reports. These documents would be better placed in the 'news and publications' section of the website'.
	Tell us your views	Patient experience – in this section you can access the friends and family test but there does not appear to be any other way to share your experience. The patient experience reports do not appear to explain how peoples feedback/complaints have been translated to created these reports.

IW NHS TRUST HOME PAGE	Tell us your views	Friends and family test – allows you to say whether you would recommend the areas you have been treated in to others.
	Tell us your views	Our communications with you – this unfortunately links to a survey that is closed.
	Click here – located directly under Tell us your views	Tell us about your experience. This section asks that you raise concerns with ward clinical staff first and if you are not happy with the outcome, then it suggests you contact the quality team and provides a phone number, address and email address. Also provides a link to patient opinion but does not make clear whether this is an avenue to raise formal complaints.
	Click here – located directly under Tell us your views	Useful Contacts – this page is blank. There is a menu that appears on the side bar but there are no appropriate options for contacting regarding complaints.
	Click here – located directly under Tell us your views	The Feedback tab takes you to the 'tell us about your experience page' and provides the information listed above.
	Click here – located directly under Tell us your views	Making a complaint tab – this tells you to raise initial concerns with ward sisters/general managers. It further states that if you wish to make a formal complaint it may be helpful to contacts the Patient Experience Officers in the PALS team or alternatively write directly to the chief executive.

IW NHS TRUST HOME PAGE	Click here – located directly under Tell us your views	'Managing your complaint, explaining our process tab' – this document provides a very basic outline of how complaints are managed.
	Contact us	There is a small section of information provided under the heading – telling us about your experience. This provides a link to the friends and family test and the telephone number and email address for the patient experience officers. It says they can help with your enquiries but does not give any details as to what enquiries they can help with. The Feedback and making a complaint tabs also appear in the side bar on this page.

This contrasts somewhat to the NHS England website, which has an easily accessible, informative section for complaints, located via the 'contact us' tab.



A snapshot of the complaints section - NHS England website.

In the complaints section of the NHS England site, a copy of their complaints procedure was available to download and all options for complaints raising were advertised, i.e. complain to the CCG as opposed to the NHS Provider.

Quality

As highlighted in the enter and view visit report[i], the quality of complaints information on display throughout St Marys was found to be poor. The few posters and leaflets that were identified very rarely used the word 'complaints' and did not provide a clear description of the process to make complaints and what people can expect when making a complaint. As a result of the visits Healthwatch studied the Leaflets available to analyse what information was actually being offered.

The patient information leaflet that was provided on the IW NHS Trusts website[vi] was unfortunately out of date. During the visits to the hospital a current PALS leaflet was collected. The enter and view panel felt that although the leaflets appear to provide a lot of information, the content is actually quite confusing and does not give a clear definition of the remit of the PALS team. The website[vi] implies that PALS are the team that handle complaints, but the leaflet does not explicitly say this.

PALS We are here to help

As a patient, service user, relative or carer sometimes you may need to turn to someone for advice, support and help to sort out any concerns you have regarding your healthcare. In the first instance you should discuss your concerns with the Ward Sister, Head of Department or Matron. If you still feel that the matter is unresolved, this is where the Patient Advice and Liaison Service (PALS) can help you.

We can help you find ways to resolve any concerns you may have about the services being provided by the Isle of Wight NHS Trust.

Is PALS confidential?

Yes, unless we believe you or someone else may be at significant risk. We will only take steps to help with your consent, or the patient's if you are acting on their behalf.

We will require a name in order to help resolve concerns and we do keep records for monitoring purposes.

Find out more at www.iow.nhs.uk/pals

What does PALS do?

The PALS service aims to:

- Advise and support patients, service users, their families and carers.
- Provide information on Isle of Wight NHS Trust services.
- Help sort out problems quickly on your behalf.
- Offer on the spot help and advice.
- Answer questions relative to the following services provided by Isle of Wight NHS Trust.
  - Ambulance
  - Community
  - Hospital
  - Mental health
    - Provides advice about the NHS Complaints Process where issues cannot be resolved.

PALS cannot provide formal advocacy, counselling, diagnosis or medical advice; however, we can liaise on your behalf to the people who can provide these services.

Will my care be adversely affected by speaking to PALS?

No. Your care will not be adversely affected by speaking to PALS or highlighting your issue to staff. It will help to improve care because it is only by knowing and listening to what people have to say that we can make improvements for you and others.

How do I contact you?

We are available:
Monday – Friday (9am – 4.30pm)

You can contact us via telephone:
01983 534850

You can email us at:
pals@iow.nhs.uk

You can Tweet us at:
IWNHSPtExperience

Or fill in the form overleaf.

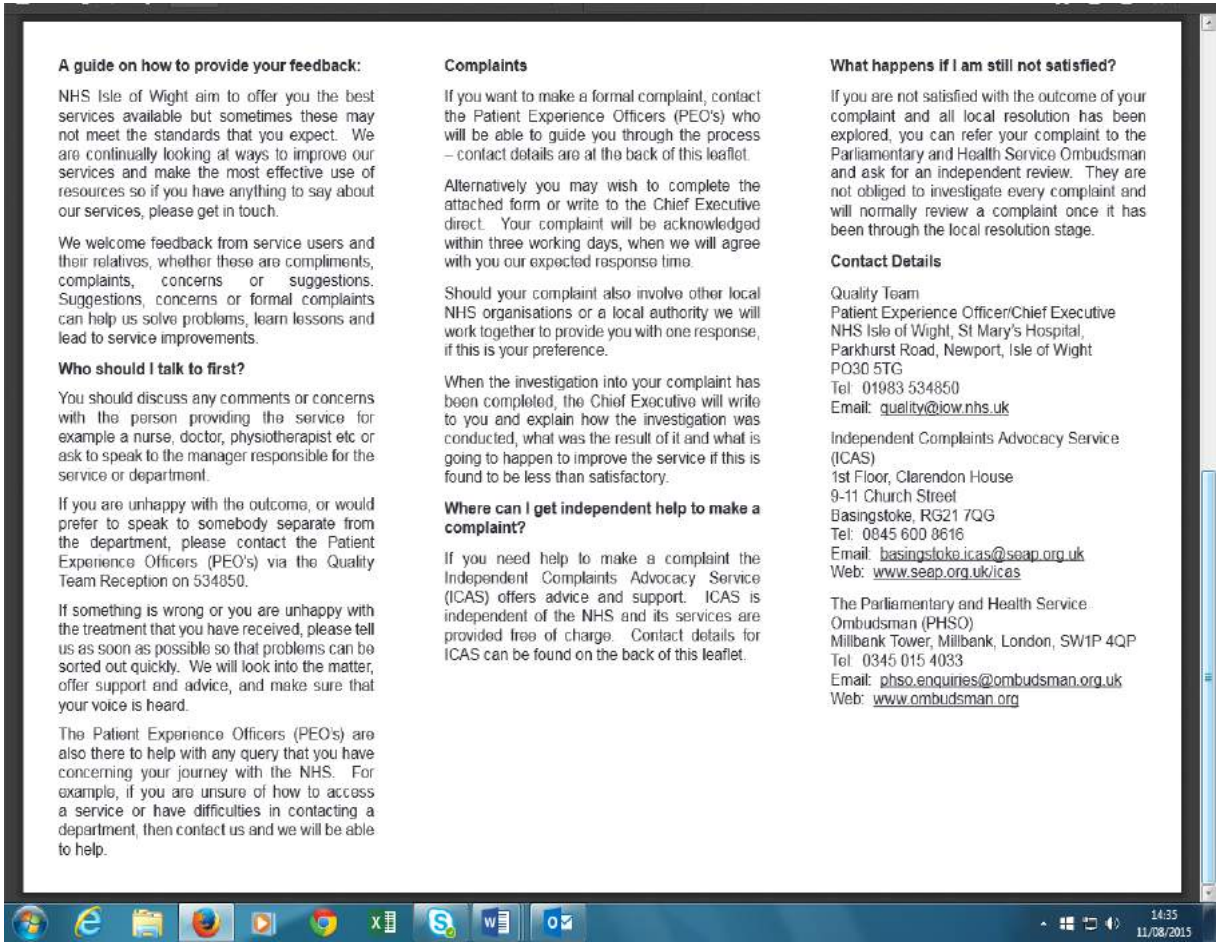
If you are an inpatient ask a member of staff to contact PALS, we are more than happy to make ward visits.

Visit our office in person

Our main office is in the main reception area of St. Mary's Hospital. We are open Monday to Friday (except bank holidays) between 9am – 4.30pm. There may be occasions when the office is unmanned when we are busy assisting other callers, so it may be worth contacting us first if you are making a special journey to visit us.

The language used throughout the leaflet is misleading and confusing. It states that PALS 'advise and support patients' but does not say what with. It also says that they can 'help find ways to resolve any concerns you may have about the services being provided by the NHS Trust' and does not say how and whether or not a concern is a formal complaint. It goes on to say overleaf that PALS 'provide advice about the NHS Complaints Process where issues cannot be resolved'. This statement is extremely confusing as it can be construed to have many different meanings.

Figure ??Current PALS leaflet – Isle of Wight NHS Trust



A guide on how to provide your feedback:

NHS Isle of Wight aim to offer you the best services available but sometimes these may not meet the standards that you expect. We are continually looking at ways to improve our services and make the most effective use of resources so if you have anything to say about our services, please get in touch.

We welcome feedback from service users and their relatives, whether these are compliments, complaints, concerns or suggestions. Suggestions, concerns or formal complaints can help us solve problems, learn lessons and lead to service improvements.

Who should I talk to first?

You should discuss any comments or concerns with the person providing the service for example a nurse, doctor, physiotherapist etc or ask to speak to the manager responsible for the service or department.

If you are unhappy with the outcome, or would prefer to speak to somebody separate from the department, please contact the Patient Experience Officers (PEO's) via the Quality Team Reception on 534850.

If something is wrong or you are unhappy with the treatment that you have received, please tell us as soon as possible so that problems can be sorted out quickly. We will look into the matter, offer support and advice, and make sure that your voice is heard.

The Patient Experience Officers (PEO's) are also there to help with any query that you have concerning your journey with the NHS. For example, if you are unsure of how to access a service or have difficulties in contacting a department, then contact us and we will be able to help.

Complaints

If you want to make a formal complaint, contact the Patient Experience Officers (PEO's) who will be able to guide you through the process – contact details are at the back of this leaflet.

Alternatively you may wish to complete the attached form or write to the Chief Executive direct. Your complaint will be acknowledged within three working days, when we will agree with you our expected response time.

Should your complaint also involve other local NHS organisations or a local authority we will work together to provide you with one response, if this is your preference.

When the investigation into your complaint has been completed, the Chief Executive will write to you and explain how the investigation was conducted, what was the result of it and what is going to happen to improve the service if this is found to be less than satisfactory.

Where can I get independent help to make a complaint?

If you need help to make a complaint the Independent Complaints Advocacy Service (ICAS) offers advice and support. ICAS is independent of the NHS and its services are provided free of charge. Contact details for ICAS can be found on the back of this leaflet.

What happens if I am still not satisfied?

If you are not satisfied with the outcome of your complaint and all local resolution has been explored, you can refer your complaint to the Parliamentary and Health Service Ombudsman and ask for an independent review. They are not obliged to investigate every complaint and will normally review a complaint once it has been through the local resolution stage.

Contact Details

Quality Team
Patient Experience Officer/Chief Executive
NHS Isle of Wight, St Mary's Hospital,
Parkhurst Road, Newport, Isle of Wight
PO30 5TG
Tel: 01983 534850
Email: quality@iow.nhs.uk

Independent Complaints Advocacy Service (ICAS)
1st Floor, Clarendon House
9-11 Church Street
Basingstoke, RG21 7QG
Tel: 0845 600 8616
Email: basingstoke.icas@seap.org.uk
Web: www.seap.org.uk/icas

The Parliamentary and Health Service Ombudsman (PHSO)
Millbank Tower, Millbank, London, SW1P 4QP
Tel: 0345 015 4033
Email: phso.enquiries@ombudsman.org.uk
Web: www.ombudsman.org

Patient Information Leaflet

The out of date Patient Information leaflet that we located on the IW NHS Trusts website[vi] provides a short summary of how to make a complaint and what you can expect from the complaints process.

As the leaflet is out of date it possibly does not contain the current pathway as agreed in the IW NHS Trusts complaints procedure. However it does contain information that people should be able to access without the need to speak with the PALS team, such as timescales, what happens after the investigation and what to do if your still not happy. This information should be up to date and available in all areas throughout the trust.

Although this leaflet includes contact details for Advocacy Services there is no explanation provided for people to know what an Advocate is and what they can do.

The Isle of Wight NHS Trusts Complaints Procedure (Appendix B) states that one of the objectives of the procedure is: 'To endeavour to achieve resolution of a complaint'. It also states 'every effort should be made to resolve the complaint to the satisfaction of the complainant'.

The survey results[ii] highlight large level of dissatisfaction regarding the quality and content of responses, with 81% of respondents stating they did not feel all aspects of their complaint had been addressed and 86.9% stating they were dissatisfied with the response to their complaint.

Healthwatch Isle of Wight were extremely concerned to see that 68.9% of respondents had not been sent information explaining what changes would take place to ensure their experiences are not repeated. It is unsurprising given this, that 77.6% of respondents felt their complaint would not make a difference.

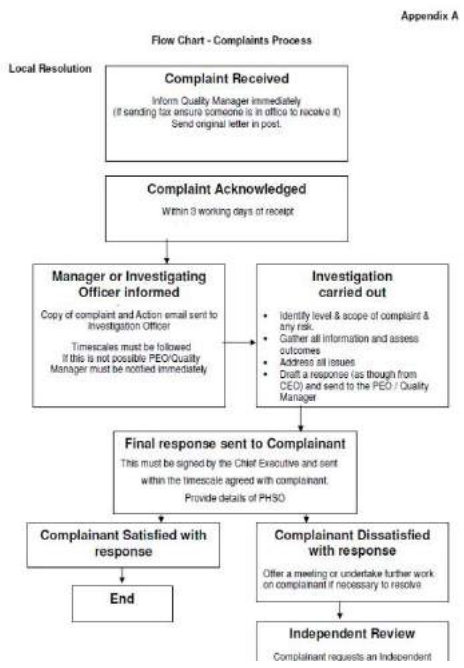


Figure 1 (left) from the IW NHS Trust Complaints Procedure (appendix B) - shows that a final response is sent to a complainant and there are 2 possible outcomes following this stage. One outcome being that the complainant is satisfied with the response and therefore that is the end of the complaint. The other outcome being that the complainant is dissatisfied with the response and will then be offered a meeting to undertake further work on the complaint if necessary. What is not shown however is how the IW NHS Trust know that a complainant is satisfied with the response.

Only 40% of survey[ii] respondents sought further communication from the trust, despite 86.9% being unsatisfied with the response they received. There appears to be no formal protocol in place to ascertain whether a complainant is satisfied with their response, instead it appears assumptions are made that if no further communication occurs, the complainant must have been satisfied and the case is closed.

To gain a deeper understanding of the dissatisfaction people felt about the IW NHS Trusts complaints procedure, conversations were held with people that have raised complaints with the NHS Trust.

I was told by a staff member that I would not get an answer to my verbal complaint in writing; however, I have since looked at the provisions of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
The regulations say that:

13.– (1) A complaint may be made orally, in writing or electronically.
2) Where a complaint is made orally, the responsible body to which the complaint is made must–
a. make a written record of the complaint (which the staff member did); and
a. provide a copy of the written record to the complainant.

I was not provided with a written copy of my complaint. Nor was I told:

a. the period ("the response period") within which–
i. the investigation of the complaint is [was] likely to be completed; and
i. the response required by regulation 14(2) is likely to be sent to the complainant.

Nor was I:

...informed, as far as reasonably practicable, as to the progress of the investigation.
(2) As soon as reasonably practicable after completing the investigation, the responsible body must send the complainant in writing a response, signed by the responsible person, which includes–
(a) a report which includes the following matters–
(i) an explanation of how the complaint has been considered; and
(ii) the conclusions reached in relation to the complaint, including any matters for which the complaint specifies, or the responsible body considers, that remedial action is needed; and
(b) confirmation as to whether the responsible body is satisfied that any action needed in consequence of the complaint has been taken or is proposed to be taken;

(c) where the complaint relates wholly or in part to the functions of a local authority, details of the complainant's right to take their complaint to a Local Commissioner under the Local Government Act 1974(a);

Apart from my original meeting with the staff member and a brief telephone call, I have not had any further contact in line with the regulations above. When I spoke to the staff member, it seemed they were unaware of these regulations. I asked for a written reply to my complaint and the staff member said that I could not have one, unless I put my complaint in writing.

I suggest in this instance that the trust may be at fault by not correctly interpreting, disseminating and implementing these regulations. I wanted and still want the trust to write to me to tell me how they are going to address my complaints, how will I know that the complaints have been addressed, to prevent any other patients having the same experience in the future.

Despite this, I really appreciated the staff member's empathy to my complaint.

- Anonymous Complainant

The conversation held with the complainant echoes the findings of the survey[ii] and visits[i] that staff are not adequately trained in complaints handling and are not aware of the relevant requirements that are in place.

The IW NHS Trusts complaints procedure (Appendix B) states that the purpose of the policy is 'to ensure that all staff employed by the Isle of Wight NHS Trust, are able to effectively manage complaints, compliments and concerns in line with the NHS Complaints Process and are aware of their individual responsibility in the process'.

The procedure goes on to state that 'This Complaints and Compliments policy does not have a mandatory training requirement but the following non-mandatory training is recommended: E Learning Module on incidents, complaints and claims handling'.

How easy is it to speak to anyone?

It's near on impossible! The nurses don't have time. We stumbled upon PALS - didn't know about it, wasn't told about it by doctors, nurses or ward staff and the only way, despite pleading with someone to help us, we got any reaction in the first place was because I went to social media. Even after going to PALS for further help they tried over 20 extensions and not one person from any department would talk to us. When we asked for a complaint to be raised it took them several hours to take and that was by a fairly senior staff member.
Although this person did their best, the procedure is not easy and there are no specific questions so even when this had been taken and been typed it up it was not structured in any way which would give us the answers we were looking for. So we re-did the complaint and sent it in. Due to the length and people involved we were asked to give them 70 days to address the issues and get us answers.

How did you feel at the time?

Frightened. So frightened. We have been left feeling very let down.

Did they resolve your issues?

The issues were not resolved and remain unresolved to this day. We still have no answers

Are you happy with the outcome?

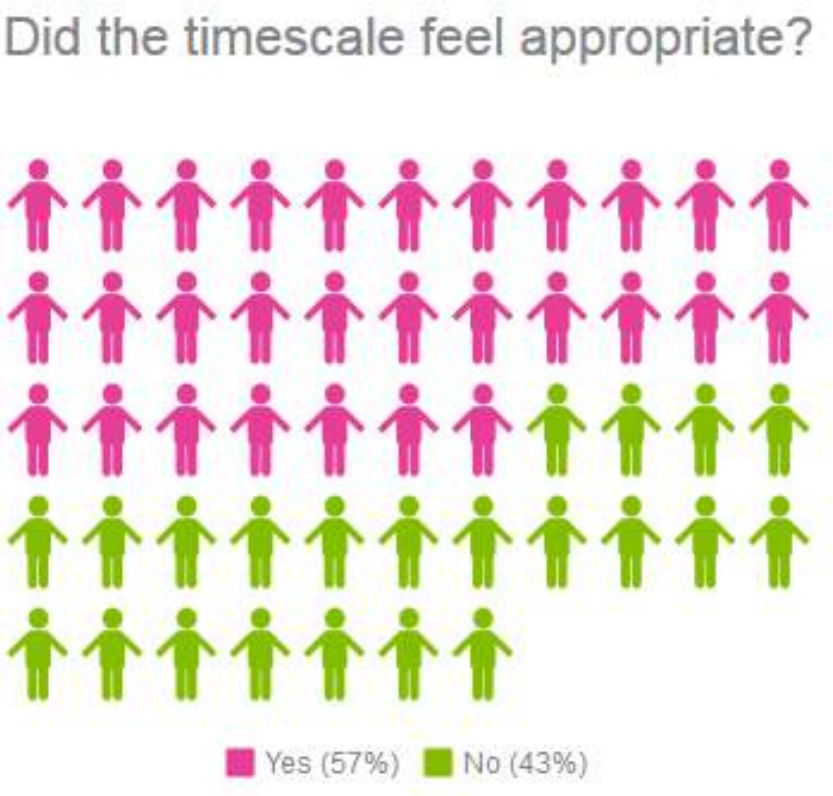
Definitely not! The main thing for us is that it would appear that no single person is responsible for looking after a patient and therefore there is an ownership issue.
Nobody is responsible - it feels to the patient and patient's family like nobody cares. No one keeps the patient updated. A patient is passed from pillar to post - literally. The patient is not aware who they can ask or contact for advice and the GP isn't either!

Anonymous - complainant

Timescales

It is clear from the conversations and the survey results[ii] that a high proportion of complaints are not completed within the specified timescales. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009[v] states that 'the responsible body must acknowledge the complaint no later than 3 working days after the day on which it receives the complaint'. The survey results[ii] show that this requirement is consistently going unmet with 51.6% of respondents reporting their complaint was not acknowledged within the 3 working day requirement.

The survey results[ii] appear to clash with the concept of 'agreed timescales' as laid out in the IW NHS Trusts Complaints Procedure (appendix B). The terminology 'agreed' suggests that agreement has been sought from the complainant for a specific timescale, yet the survey results[ii] directly contradict this with 43.1% of respondents stating they did not feel the timescale was appropriate, which is at odds with the statement 'agreeable' timescale. 53% of respondents reported being provided with a timescale and a further 33.3% reported no timescale being provided, meaning only 13.6% of people agreed their timescale.

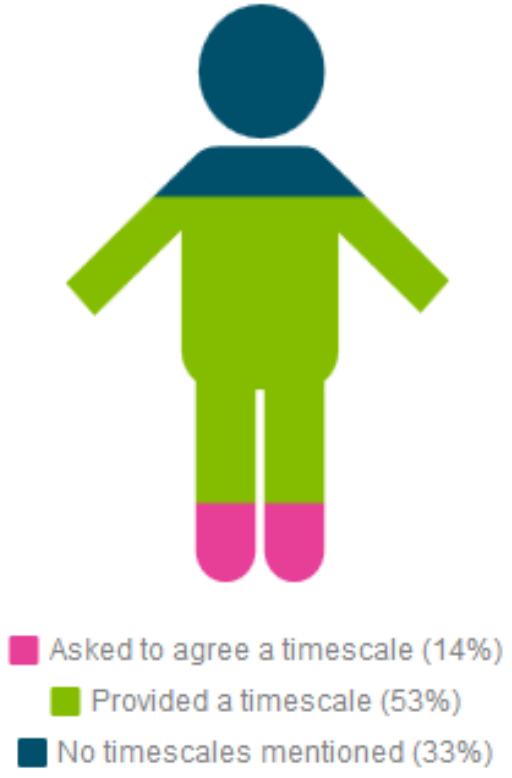


This is further evident when the IW NHS Trust is unable to provide a response within the original specified timescale, the policy(appendix B) again states that 'if a response cannot be sent within this timescale, then agreement must be sought from the complainant for an extension to these timescales giving the reason for the delay'. This creates the question of what if the complainant does not agree?

'With regard to being asked to provide another date for final response, it was tagged into the letter as it if was 'assumed' I would agree, when I really wasn't happy about the delay, but there seemed little I could do'.

- Anonymous survey respondent[ii]

To add to the uncertainty around timescales the 'Managing Your Complaint - Explaining our Process'[vii] document on the IW NHS Trusts website[vi] states that: 'This risk assessment together with the experience of the Quality Team would be used to determine the timescale for the investigation and response to your complaint'. This again suggests that agreement is not sought from complainants as stated in their policy but that they do indeed determine the timescales and provide them to the complainant.



When awaiting a response to their complaint survey[ii] respondent's experiences have varied widely. 55.7% of respondents were kept up to date on the progress of their complaint with 16.7% stating they had to ask for an update, whilst the remaining 27.9% reported no update being provided.

'I waited a long time for answers and no responsibility was taken'.

- Anonymous survey respondent[ii]

These results indicate that people who have made a complaint are not consistently being kept up to date, as far as is reasonably practicable during the investigation, as set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009[v].

'You just keep going from pillar to post'

- Anonymous survey respondent[ii]

For those that did receive updates during the investigation the results again showed wide variations of satisfaction, with just over half stating they were not happy with the level of information they were given in their update.

'I got the impression that responsibility for the problems were being passed between departments and individuals with no clear lead responsibility'.

- Anonymous survey respondent[ii]

9 Conclusion

64.5% of survey[ii] respondents reporting they do not feel confident that there would be no adverse effects on future care as a result of their complaint, is a cause of concern. The survey[ii] also shows that only 25% of respondents were offered support to make their complaint. The NHS Constitution[viii] pledges 'to ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment (pledge)'. The IW NHS Trust urgently needs to look at how it can achieve this pledge and regain the trust of complainants.

Statistics need to be available, specifically stating whether a complaint has been resolved to the satisfaction of the complainant. Simply relying on complainants to re-establish contact if they are unhappy with the outcome is not a reliable method of reporting, and could lead to the IW NHS Trust being unaware that dissatisfaction rates are high.

13.6% of survey[ii] respondents were not aware of their right to complain and 34.8% of respondents found that they were not given the information they needed to make a complaint as soon as they wanted to make their complaint. This highlights that the general quality of complaints information available to patients needs to be made clearer and more readily accessible. The NHS Trust website[vi] requires changes, to make sure information for service users is consistent, readily navigable, and makes sense from an individual's perspective, rather than an organisational one.

Timescales are consistently going unmet. This will negatively impact on the overall experience of the complaints process. A process must be developed to agree reasonable timescales with complainants. Full explanations need to be provided for all complainants experiencing a delay and new timescales should be agreed as soon as a delay is anticipated.

A recurrent theme throughout this report is the inconsistency experienced by people who have made a complaint. The IW NHS Trusts complaints procedure provides a solid foundation for them to follow and build upon. With investment in staff training, leading to consistent implementation of the procedure, outcomes would undoubtedly improve.

Recommendations

Healthwatch Isle of Wight recommends the following:

1. Posters and leaflets should clearly state all the information a person would need to make a complaint (including potential timescales involved).

2. All staff should be trained in the handling of complaints and a consistent message given to all those who have made a complaint.

3. PALS leaflets and posters should be redesigned to provide a fuller explanation of what the service provides.

4. Independent advocacy should be widely advertised throughout the hospital and included on hospital designed posters and leaflets to ensure the individual's choice.

5. Complaints literature (posters and leaflets) should be available at every department in the hospital and should be clearly visible to the public.

6. The complaints triage system is improved to ensure that all responses directly address all aspects of a complaint. Final responses should then be cross referenced with the original complaint to ensure this happens. At this time the language should be reviewed to ensure the response is in plain English and is of an appropriate tone as required by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009[v] and the NHS England Accessible Information Standard[viiii]

7. All responses should explain what will / has been done to ensure things will improve in the future, and include an apology where necessary.

8. The IW NHS Trust instigates a protocol for gaining agreement from the complainant around timescales for resolution of the complaint. This should include either a written agreement from the complainant or a file note of such agreement, after this has been established with the complainant.

9. That if timescales are unlikely to be met the IW NHS Trust inform complainants of this immediately and seek further agreement from the complainant to extend the timescales.

10. That the IW NHS Trust review their practice to establish the cause of the 3 working day acknowledgement requirement consistently going unmet.

11. The 2 separate sections on the IW NHS Trusts website[vi] should be merged together into 1 page that clearly explains:

- The complaints procedure
- How timescales are determined
- PALS role and also SEAP

12. The IW NHS Trust offers advocacy services to all complainants within 3 working days of the complaint being raised. Advocacy services should be fully explained within the main body of the acknowledgement letter and not as supplementary information.

13. Upon resolution of the complaint that the IW NHS Trust seeks clarification from the person who has complained, that they are happy with the outcome.

Review

A follow up of all recommendations and actions will be undertaken by Healthwatch Isle of Wight in August 2016.

9 References

[i] *IW NHS Trust Complaints Accessibility Enter and View Report, 2015, Healthwatch Isle of Wight* - http://www.healthwatchisleofwight.co.uk/sites/default/files/ev_complaints_report.pdf

[ii] *Complaints Survey Results, Healthwatch Isle of Wight* www.healthwatchisleofwight.co.uk

[iii] *Isle of Wight NHS Trust Quality Report, 2014, Care Quality Commission* - http://www.cqc.org.uk/sites/default/files/new_reports/AAAA1882.pdf

[iv] *Annual Complaints Report 2013/14, 2014, Isle of Wight NHS Trust* - http://www.iow.nhs.uk/Downloads/Quality%20Complaints/Annual%20Complaints%20Report%202013%20-%2014%20Final.pdf

[v] *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, 2009, The Stationery Office Limited under the authority and superintendence of Carol Tullo, Controller of Her Majesty's Stationery Office and Queen's Printer of Acts of Parliament* - http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf

[vi] *Isle of Wight NHS Trust Website* - http://www.iow.nhs.uk/

[vii] *Managing Your Complaint - Explaining our Process'* - http://www.iow.nhs.uk/Downloads/Making%20a%20Complaint/Managing%20your%20complaint%20-%20Explaining%20our%20process.pdf

[viii] NHS Constitution, 2015, Produced by Williams Lea for the Department of Health - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448466/NHS_Constitution_WEB.pdf

[viiii] *NHS England Accessible Information Standard* - http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/

Appendix

Isle of Wight NHS
NHS Trust

Complaints and Compliments Policy

Document Author	Authorised Signature
Written By: Vanessa Flower Signed: Date: November 2012	Authorised By: Karen Baker Signed:  Date: 17 December 2012
Job Title: Quality Manager	Job Title: Chief Executive
Lead Director: Sarah Johnston, Acting Executive Director of Nursing	
Effective Date: December	Review Date: 17 December 2015
Approval at: Executive Board	Date Approved: 17 December 2012

DOCUMENT HISTORY					
Date of Issue	**Version No.**	**Next Review Date**	**Date Approved**	**Director Responsible for Change**	**Nature of Change**
29.03.12 .	4.0	20.12.12	Approved 20.12.10	Chief Nurse	Logo and wording updated for new organisation
25.11.12	4.1			Executive Director of Nursing	Updated in line with NHSLA requirements
6.12.12	4.2				Agreed at Quality & Patient Safety Committee with amendments
14.12.12	4.2				Agreed at Policy Management Group with amendments
17.12.12	5.0	17 December 2015	17/12/2012	Executive Director of Nursing	Approved at Executive Board

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

Contents

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 the guidance issued by the Care Quality Commission, the NHS Litigation Authority and National Patient Safety Agency and act in accordance with the NHS Constitution (2010); Complaints and Redress and Parliamentary and Health Service Ombudsman's 'Principles of Remedy' (2009).

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.

1.3 Careful handling of complaints is an essential requirement of the Trust in terms of patient safety, patient experience and reputation management. It is recognised that being involved in a complaint can be both challenging and stressful. The process should run as smoothly as possible and should not be undertaken in an adversarial manner. An open, fair and honest culture should be encouraged and where shortcomings are identified appropriate action should be taken straightaway to resolve and rectify matters accordingly. The emphasis should always be on resolution.

1.4 Where learning is identified from complaints, training must be provided where indicated. The Francis Report (2010) made specific reference to complaints and incident reporting, and the need for staff to act on the learning that arises from complaints.

1.5 Complaints should link with risk management and other aspects of clinical governance to ensure that improvements are made to the quality of services. The Trust should publicise improvements made to the services that have been made as a result of complaints, both internally and to the public

2. INTRODUCTION

2.1 This policy covers concerns and complaints about all the services provided by the Isle of Wight NHS Trust.

2.2 The policy covers the Local Resolution stage of the NHS Complaints Procedure through which complaints will be handled in the first instance, following national and local guidelines. If, following the completion of Local Resolution, complainants remain dissatisfied they will be advised that they have the option of asking the Parliamentary Health Service Ombudsman for an independent review. The Ombudsman's decision is final.

2.3 Concerns should ideally be raised at the time, if at all possible, by speaking to the healthcare professional or member of staff involved. Staff, at the time, are often best placed to deal with the issues and they will try to put things right 'on the spot'.

2.4 The Trust recognises complaints as being a valuable tool for improving the quality of health services and to identify training needs of the staff it employs. As well as ensuring the efficient handling of complaints, the Trust will identify good practice or areas of risk and will take necessary action to rectify matters.

2.5 The aim of the complaints policy is for the resolution of concerns raised by the complainant either verbally or in writing and for an improvement in the quality of services wherever possible, rather than the apportionment of blame. Every effort should be made to resolve the complaint to the satisfaction of the complainant whilst being scrupulously fair to the staff members concerned

2.6 The objectives of this policy are:

- To endeavour to achieve resolution of a complaint.
- To ensure that complaints are handled efficiently and in a timely manner.
- To identify any areas of risk and take appropriate action where necessary.
- To learn from outcomes of complaints and share good practice throughout the Trust.
- A simple procedure common to all complaints about any services provided by the Trust.
- An open and honest process that is fair to complainant and staff.

2.7 **Definition of a 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.

2.8 **Definition of a 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 two working days.

2.9 **Definition of a recordable compliment** - Expressions of appreciation by letter, card, gift or donation. Letters of appreciation/compliments as well as acknowledgement letters should be reported to the Directorate's 'Good News Coordinator' who then reports to the complaints department on a quarterly basis. Verbal compliments are not formally recorded in the overall statistics, although these compliments should be reported and the service or member of staff recognised as a result.

3. SCOPE

3.1 This Policy applies to all staff employed by Isle of Wight NHS Trust and will act as a guide to the NHS Complaints Procedure, including collating and recording of compliments received by the Trust.

3.2 **Who can complain?**
Patients or any person who is affected by or likely to be affected by, the action, omission, or decision of the Trust may make a complaint. Where the complainant is not the patient, care must be taken to ensure the patient's confidentiality is not breached. Each complaint must be taken on its own merit and responded to accordingly. The Quality Manager is the appropriate person to advise on who is, and is not, a qualifying individual.

4. PURPOSE

The purpose of this policy is to ensure that all staff employed by the Isle of Wight NHS Trust, are able to effectively manage complaints, compliments and concerns in line with the NHS Complaints Process and are aware of their individual responsibility in the process.

5. ROLES AND RESPONSIBILITIES

5.1 The Trust will ensure that there is a designated Complaints Manager, known as the Quality Manager for complaints about provided services who will be responsible to the Chief Executive for the handling of all complaints made against the Trust. The Quality Manager will record all complaints received by the Trust and ensure that they are dealt with in accordance with this policy, reporting as necessary to the Chief Executive. S/he will liaise as required with other staff within the Trust and practitioners at all levels to ensure that the appropriate information is available to enable full and open responses to be drafted within the appropriate timescale for the Chief Executive to consider.

5.2 **The Board is responsible for:**

- Monitoring the overall procedures, process and responses to complainants and action identified to prevent a recurrence

5.3 **Chief Executive (CEO) is responsible for:**

- Signing the final response to complaints, or in their absence a nominated deputy, when for good reason the Chief Executive is not able to do so
- Ensuring that the complaints process, with support from the Quality Manager, is followed in accordance with this policy
- Ensuring matters of extreme seriousness are discussed with a relevant member of the Board and will be referred to the appropriate professional body, or the police in the case of criminal offences

5.4 **Executive Director of Nursing is responsible for:**

- Ensuring compliance with the arrangements made under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, and that action is taken in the light of the outcome of any investigation. The Chief Executive has designated this role to the Executive Director of Nursing
- Ensuring effective implementation of learning from complaints

5.5 **Quality Manager is responsible for:**

- Ensuring the implementation of national guidance and requirements in relation to complaints and that robust systems are in place for the management of compliments, concerns and complaints.
- Providing support and expertise in complex health complaints or complex complaints spanning health and social care
- Producing annual statistics to the Department of Health for their KO41a
- Providing training and support to staff in handling complaints and investigations, including assistance with drafting responses.
- Produce reports to the Board, Directorates and Quality and Patient Safety Committee on the number and subject of complaints as well as lessons learnt and action taken. The outcome of investigations and any corrective action taken should be used to improve future services.
- Produce an annual report for the Chief Executive and the Board reflecting trends over the last year
- Triaging complaints to identify potential risks early; linking with other Trust procedures such as Safeguarding Vulnerable Adults or Children or Serious Incidents Requiring Investigation
- Overseeing the management of the complaint from start to conclusion including ensuring lessons are learnt
- Ensuring that any complaints received from patients formally detained under the Mental Health Act are referred to the Mental Health Act Coordinator
- Ensuring that the Trust's Clinical Risk and Claims Manager is informed of all complaints when a claim for possible negligence or investigation identifies concerns regarding compliance to NHS Litigation Authority standards, or complainant requests compensation
- Updating the Chief Executive directly on the progress of the complaint
- Ensuring that target dates and deadlines are achieved
- Maintaining suitable records, including the logging of complaints and concerns
- Liaising with Directors, Clinical Leads and other Senior Managers and clinicians to ensure they are regularly updated on issues of particular interest and learning from complaints
- Ensuring mediation and or conciliation is available to complainants and practitioners, if required
- Ensuring any recommendations made by the Health Service Ombudsman are implemented

5.6 **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
- Meeting with patients, carers and relatives to advise on problem resolution, including action planning to support resolution
- Manage the compliments, concerns and complaints process for the clinical directorate(s), including supporting the investigation process, supporting letter drafting and ensuring action planning takes place for lessons learnt
- Work with Governance Advisors to identify common themes for improvement and areas of best practice within defined clinical directorate(s)

5.7 **Directorate Management Teams**

Clinical Directors are responsible for:

- Ensuring that directorate-wide complaints are monitored by the Directorate Board with regard to trend analysis, the identification of common themes and for ensuring, through the Directorate Board, that lessons learnt and action taken are disseminated across clinical services within the Directorate, as appropriate
- Supporting the management of complex complaints particularly those relating to medical staff, when other mechanisms have failed to reach a resolution

Associate Directors are responsible for:

- Monitoring complaints within their Directorates. They will review trends, monitor outcomes and ensure in partnership with appropriate lead clinicians or other professional staff that plans are in place, training needs are identified and addressed to prevent recurrence. Also, share concerns and lessons learnt with other Associate Directors

Heads of Clinical Services (HoCS) are responsible for:

- Ensuring the complaint is investigated, and that this is undertaken by the most appropriate person
- Ensuring responses to complaints are complete and factual
- Ensuring staff are supported as necessary during the process of investigation
- Ensuring that actions are taken according to the risk associated with the complaint
- Ensure that lessons are learnt from complaints and shared throughout the Directorate
- Ensuring that the final letter is drafted within time. This responsibility may be delegated by the HoCS to the most appropriate person

5.8 **Modern Matrons are responsible for:**

- Assisting ward and clinical staff to ensure a satisfactory early resolution of concerns/complaints. Modern Matrons will support, as appropriate, staff in reviewing and responding effectively to complaints, and advising and assisting to ensure lessons are learnt and action is taken to prevent recurrence
- Taking the lead in reviewing a complaint with staff and assisting with responses if requested

5.9 **Line Managers are responsible for:**

- Informing the Quality Team of complaints they have received directly, on the same day they receive them, (telephone, fax or email), followed up by sending the original details of complaint to the Quality Team for processing
- Undertaking complaint investigations
- Root cause analysis of complaints
- Informing staff involved in the complaint
- Ensuring that their staff are familiar with the NHS Complaints Procedure
- Ensuring that all written statements made by staff as part of the investigation process are accurate, legible, signed and dated
- Providing a response letter, approved by contributors, to the PEO in a timely fashion

- Liaising - information sharing and feedback - where the investigation indicates that external partner agencies should be involved. For example - Health & Safety Executive, Housing, Police
- Using complaints/findings as a learning opportunity process for staff by cascading good and poor practice identified, and ensuring actions are taken to minimise and prevent future complaints to include - review of practice and systems in place and training thereby promoting good governance within area of responsibility

5.10 **Bed Manager/Night Coordinator is responsible for:**

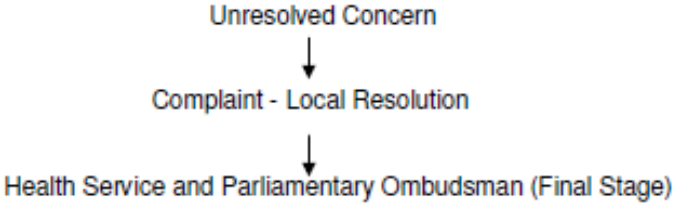
- Ensuring complaints made out of hours are resolved by the appropriate care staff if possible. If a complaint is considered to be significant it should be recorded and reported to the relevant Associate Director or General Manager as soon as practically possible. If a complaint identifies a matter recognised as of a potentially serious nature, the advice of the senior manager on call must be obtained

5.11 **All staff within the Trust are responsible for:**

- Responding to and satisfactorily resolving, whenever possible, verbal concerns/complaints raised by patients/clients or their representatives, and if significant, document the complaint. If it is not possible to reach a resolution within two working days then an offer to manage the complaint in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 must be made
- Being aware of the NHS Complaints Procedure and local policies and practice in relation to the management of complaints and to be able to explain the options available when service users/patients wish to make a complaint
- Contacting the Quality Manager for advice if they have any doubts about the handling of a complaint
- Being aware that complainants may need to be advised to progress his/her concerns through other appropriate channels; Care Quality Commission, Professional Societies/Colleges, the Mental Health Act Commission, or the Parliamentary and Health Services Ombudsman
- Ensuring that any verbal complaint, involving harm to a patient, is recorded and the relevant Head of Clinical Services is informed as soon as practically possible
- Ensuring that no patient who makes a complaint is discriminated against, allowing patients, relatives and carers to have confidence that, a concern/complaint raised will not prejudice their future care of treatment

6. POLICY DETAIL / COURSE OF ACTION

6.1 This section sets out the processes to be followed to ensure compliance with the NHS Complaints Procedure. The format identifies the key stages of the process as outlined in the diagram below



Ideally the process will end at local resolution in the majority of cases, with a very small number of cases being referred to the Ombudsman.

6.2 Raising concerns

6.2.1 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 does not progress to a formal complaint.

6.2.2 PEOs are responsible for ensuring a quick response and resolution to concerns raised by contacting relevant staff to inform them of the concern and advising them of the need for action to resolve whenever possible. PEOs should involve the Quality Manager promptly if there is any issue of a potentially serious nature or when a concern cannot be resolved within two working days. The Quality Manager should be informed if complainant wishes to make a complaint under the NHS complaints procedure.

6.3 Local resolution

6.3.1 The Trust has a clear process in place for Local Resolution and a flow chart outlining this process can be found in Appendix A. Every attempt will be made by the staff to try to resolve complaints at the point of contact. Complaints against the Trust should be acknowledged within 3 working days and investigated and responded to within a timescale agreed with the complainant. However, if a response cannot be sent within this timescale, then agreement must be sought from the complainant for an extension to these timescales giving the reason for the delay. More details on timescales for responses can be found in Appendix B

6.3.2 A comprehensive investigation, to identify root cause/s, should be undertaken by senior members of staff identified to carry out the investigation for the service the complaint is about. Investigations should be thorough, with statements and information being obtained as necessary in order to identify the circumstances of the complaint, why it happened, what could have been done to prevent it, and what actions, if any, are needed to prevent a similar complaint being made. This process should endeavour to support a culture of continuous improvement in the Trust.

6.3.3 It is expected that most complaints will be resolved at the local resolution stage.

6.3.4 On receipt of a complaint

All complaints, verbal, telephone, email, written, must be sent to the Quality Manager upon receipt. A complaint form (Appendix C) should be completed if there is no written correspondence. For complaints made out of hours the same Trust procedure should be followed. If however the complainant wishes to access a senior manager to discuss the complaint and appropriate members of staff at local level have not been able to resolve matters, then the senior manager on call should be contacted.

If on receipt of a complaint fraud and or corruption is suspected, report to the Local Counter Fraud Specialist, Director of Finance and IM&T or National Fraud and Corruption on 0800 028 40 60.

6.3.5 The Quality Manager will log the complaint and will either send an acknowledgement letter, (signed on behalf of the Chief Executive), or work with PEOs to contact the complainant by telephone within three working days. There should be one central tracking system in place for all complaints against the Trust, overseen by the Quality Manager.

6.3.6 Consent

There are occasions where a complaint is received that relates to another NHS body or local authority, such as GP, dentist, hospital or social services, in these circumstances consent must be obtained from the complainant before forwarding to the relevant Trust for investigation.

6.3.7 Investigation of the complaint

The PEO will forward the complaint to the appropriate manager or investigating officer advising of timescales for the completion of the investigation – at this time staff directly involved in the complaint will be asked for their response. Upon completion of the investigation the complaint file will be passed to the Head of Clinical Service or equivalent who should prepare, or designate the preparation of a response addressing all points raised in the complaint. The response should be written in 'plain English' - succinct, jargon-free, conciliatory in tone, clear on all clinical issues and should be written as though from the Chief Executive of the Trust.

6.3.8 Final response letter

The final letter must be signed by the Chief Executive, or a designated deputy, and sent to the complainant within the timescale agreed with the complainant. This deadline may be extended but only by agreement of the complainant. An opportunity will be given in this letter for the complainant to contact the Quality Team if there are any questions arising from the response.

6.3.9 Should they remain dissatisfied at the conclusion of local resolution, they should be advised of their right to contact the Health Service Ombudsman to review their complaint.

6.3.10 In some cases, it may be appropriate to invite a complainant to meet with staff to address any outstanding queries, either initially or following an exchange of correspondence. Complainants should be supported if they wish, for example, by a friend, relative, carer, advocate or an Independent Complaints Advocacy Service (ICAS) Officer. Practitioners can also be supported if they wish, for example, by a colleague or staff representative.

6.4 Parliamentary and health service ombudsman (PHSO) (Final stage)

6.4.1 The Health Service Ombudsman independently reviews NHS complaints (Appendix D). They can only review the complaint if it has already been raised with the Trust or practitioner concerned and if the complainant is dissatisfied with the local resolution process. The Ombudsman is completely independent of the NHS. The Ombudsman will only consider complaints, which have been through the NHS complaints procedure. There is no appeal against a decision made by the Ombudsman.

6.5 Outcome following complaint process

6.5.1 An outcome following acknowledgement by the Trust of the complainant's concerns can include an appropriate range of remedies:

- an apology, explanation, and acknowledge of responsibility
- remedial action, which may include reviewing or changing a decision on the service given to an individual complainant; revising published material; revising procedures to prevent the same thing happening again; training or supervising staff; or any combination of these

- financial compensation for direct or indirect financial loss, loss of opportunity, inconvenience, distress or any combination of these.
- An explanation of options thereafter if the complainant remains dissatisfied with the Trust's response; the Ombudsman or seeking a legal remedy outside of the complaints procedure.

6.6 Risk assessment of complaints

6.6.1 On receipt of a letter of complaint it will be graded in line with the Trust's incident risk scoring system. This will help determine the level or nature of investigation required. See appendix E

6.6.2 Risk category allocated after complaint investigation complete

The complaint will be scored at time of triage by the Quality Manager or PEO who will allocate a score. The assessment process can be found in Appendix F

6.7 Confidentiality

If a third party is making a complaint, authorisation should be obtained from the patient in the first instance for the subsequent release of any clinical records or confidential information in order to clarify any issues raised and help with the resolution of a complaint. There may be instances where consent may not be given, for example a child or a person with a lack of mental capacity in which case the Quality Manager, taking advice where necessary, is an appropriate person to advise whether the need for the patient's consent can be waived.

6.8 Support for complainants including 'Being open'

6.8.1 The Quality Manager will be able to offer advice and act as a guide through the complaints policy and its associated procedures. The Trust's PEOs can help to resolve concerns and can provide advice, including information about local Independent Complaints Advocacy Services (ICAS).

6.8.2 ICAS is a separate service and provides independent advice and support to people who wish to raise a complaint about the NHS. Their services may include drafting letters for a complainant or accompanying them to a meeting with NHS staff, Primary Care Providers, Independent Providers (of NHS treatment) or their staff.

6.8.3 Complainants can also obtain information about the complaints process from NHS Direct on 0845 46 47. The Local Citizens Advice Bureau may also be able to assist complainants.

6.8.4 **Being open** - If a patient is harmed as a result of a mistake or error in their care, the Trust believes that they, their family or those who care for them, should receive an apology, be kept informed as to what happened, have their questions answered and know what is being done in response. This needs to be done with honesty, clarity and in a timely and confidential manner in line with the Trust's policy and procedures on 'Being Open'.

6.9 Support for staff/disciplinary issues

6.9.1 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.

6.9.2 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.

6.10 Fairness and equality

6.10.1 Making a complaint does not mean that a patient/complainant will receive less help or that things will be made difficult for them. Everyone can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality and sexual orientation. Staff must also ensure that patients and their carers are not discriminated against when a complaint is made and that their ongoing treatment will be unaffected. Complaint records must be kept separate from clinical records and no correspondence in relation to the complaints process are to be held in patients clinical records.

6.11 Legal matters and compensation

6.11.1 If formal legal action has been initiated by the complainant, the NHS complaints procedure can continue if it is deemed appropriate and does not impact on the legal case.
If the complaints procedure ceases, the complainant and complained against must be advised in writing. The case must be referred to the Trust's Clinical Risk and Claims Manager

6.11.2 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

6.12 Identification of a serious incident requiring investigation (SIRI) or safeguarding issue

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

6.12.2 Where a complaint leads to the identification of a Safeguarding issue, the Multiagency safeguarding procedures for adults or children must be followed

6.12.3 If either of the above procedures is to be followed the Quality Manager must ensure that 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 between the Investigating Officer and the Quality Manager 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 and or another agreed investigation.

6.13 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.

6.14 Multi-agency complaints

6.14.1 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 HMP Isle of Wight, the Trust will forward the complaint to the other agencies concerned, with the complainant's permission. Agencies will work together to determine how best to respond.

6.14.2 **Complaints about Health and Social Care**

Where a complaint includes aspects relating to health and social care, these complaints can be handled by either Trust. The two bodies should seek to agree which Trust should take the lead. Both organisations are bound by duty to co-operate with each other in trying to resolve the complaint. Consent must be obtained from the complainant in order to share the relevant information. Across Hampshire and the Isle of Wight the NHS and Local Authorities work to an agreed joint protocol for the management of complaints (APPENDIX G)

6.15 Withdrawal of a complaint

If a complainant withdraws a complaint at any stage of 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 however should be followed up within the service area and any learning cascaded to staff.

6.16 Persistent and unreasonable complaints

In extreme cases, the Trust will consider following its Persistent and Unreasonable Complaints Procedure (Appendix H) but all possible efforts will be made before this happens to resolve matters.

6.17 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 complainants, staff or unconnected third parties. The Communications Team should handle such communications in conjunction with senior staff involved in the complaint.

6.18 Record maintenance & storage

6.18.1 The Quality Manager will, with support from the Quality Assurance Lead (QAL), prepare and retain files for the various complaints and where appropriate will include:

- Chronology of the case
- Copies of correspondence
- Copies of any relevant medical records
- Notes from any local resolution meetings
- Any local investigation documents
- Relevant/related policies or procedures
- The Trust's views on the complaint

6.18.2 These files will be made available to the Health Service Ombudsman in the event of a request for an independent review by a complainant. The Trust will comply with any requests from the Health Service Ombudsman and adhere to their deadlines.

6.18.3 The complaints department will keep complaint records for 8 years after completion of action, after which time records can be destroyed under confidential conditions. For concerns managed by the Quality Team (formally PALS) 10 years will apply.

6.19 Fraud and corruption

If on receipt of a complaint fraud and or corruption is suspected, report to the Local Counter Fraud Specialist, Director of Finance and IM&T or National Fraud and Corruption on 0800 028 40 60.

6.20 Compliments

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 the staff. Compliments are collated by the Good News Coordinator for each service on a monthly basis and sent to the Quality Assurance Lead on a quarterly basis for reporting. (Appendix I)

7. CONSULTATION

This policy is a revision of a previous policy and has been available on the draft policy site, whilst being reviewed by Quality and Patient Safety Committee, Policy Management Group prior to submission to Executive Board for approval.

8. TRAINING

This Complaints and Compliments Policy does not have a mandatory training requirement but the following non-mandatory training is recommended:

E Learning Module on incidents, complaints and claims handling.

9. DISSEMINATION

9.1 When approved this document will be available on the Intranet and will be subject to document control procedures. Approved documents will be placed on the Intranet within 5 working days of date of approval once received by the Quality Team.

9.2 When submitted to the Quality Team for inclusion on the Intranet this document will have fully completed document details including version control with the actual hard copy signed by the relevant Lead Director. Keywords and description for the Intranet search engine will be supplied by the author at the time of submission.

9.3 Notification of new and revised documentation will be issued on the Front page of the Intranet, through e-bulletin, and on staff notice boards where appropriate. Any controlled documents noted at the Executive Board will be notified through the e-bulletin.

9.4 Staff using the Trust's intranet can access all procedural documents. It is the responsibility of managers to ensure that all staff are aware of where, and how, documents can be accessed within their areas of work.

9.5 It is the responsibility of each individual who prints a hard copy of any document to ensure that the printed hardcopy is the current version. Current versions are maintained on the Intranet.

10 EQUALITY ANALYSIS

This procedure has undergone an equality analysis please refer to Appendix L.

11. REVIEW AND REVISION ARRANGEMENTS

This policy will be reviewed every 3 years, or sooner should national guidance change, by the Quality Manager.

12. MONITORING COMPLIANCE AND EFFECTIVENESS

12.1 Monitoring complaints, including implementation and monitoring of recommendations

12.1.1 The Trust will monitor the content of complaints, how they have been handled, identify trends, take action to deal with areas of concern and disseminate good practice.
The Board, Clinical Directorates and Quality and Patient Safety Committee will receive monthly reports in order that they can be confident that complaints are being dealt with appropriately, note any trends and ensure that identified improvements are, where practicable, implemented. Reports will include the number of complaints progressing to the PHSO, stage two of the complaints procedure, and any PHSO recommendations as a result. Any recommendations arising from these Boards/Committees should be implemented and monitored by the appropriate people as determined in the Trust.

12.1.2 Complaints can highlight concerns about any aspect of the work of the Trust including services directly provided, commissioned and funded. Where an omission or error in services is identified, consideration should then be given to how to ensure there is no repetition. Where appropriate, working procedures will be reviewed, amendments implemented and shared around the specific service area and other departments.

12.2 Key performance indicators

12.2.1 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 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 complainant

12.3 Learning from complaints

12.3.1 Using the 'four Cs' the Trust will use any comments, compliments, concerns and complaints received to:

- Identify what is working well through compliment trends – share good practice
- Help identify potential service problems through trends in concerns raised – early warning system
- Highlight potential system failure and or human error – identify need for improvement
- Provide the information required to review services and procedures effectively - respond to requests for patient experience data for service reviews/evaluations

12.3.2 Listening to feedback the Trust can uncover new ideas to help improve the way in which things are done. This is increasingly important for the Trust, which is expected to evidence how they use feedback to improve care.

12.3.3 Following the closure of a complaint root causes and actions arising as a result of the complaint will be reported to the Head of Clinical Services who is responsible for ensuring that actions are completed and learning shared across the directorate

12.3.4 Learning will be shared across the Trust in quarterly 'Learning Lessons' bulletins

13. LINKS TO OTHER ORGANISATION POLICIES/DOCUMENTS

13.1 Good practice

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

- Department of Health (2009) Listening, responding, improving: a guide to better customer care

13.2 Links to other Trust policies

- Being Open Policy
- Disciplinary and Dismissal Policy
- Capability Policy
- Grievance Policy
- Safeguarding Vulnerable Adults Policy
- Incidents, complaints and claims investigation, analysis and organisational learning
- Incident Reporting and Management Policy
- Management of Serous Untoward Clinical Incidents
- Whistle Blowing Policy
- Claims Handling and Management Policy
- Health & Safety policy
- Records Management
- Confidentiality – Code of Practice
- Press media
- Fraud and Corruption Policy and Reporting Procedure

14. REFERENCES

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 – Statutory Instruments No. 309
- National Patient Safety Agency (2005) Being Open
- The NHS Constitution (2010)
- Health Service Ombudsman (2009) - 'Principles of Good Administration', 'Principles of Good Complaint Handling' and 'Principles for Remedy'
- Francis R. QC (2010) The Mid Staffordshire NHS Foundation Trust Inquiry: DH

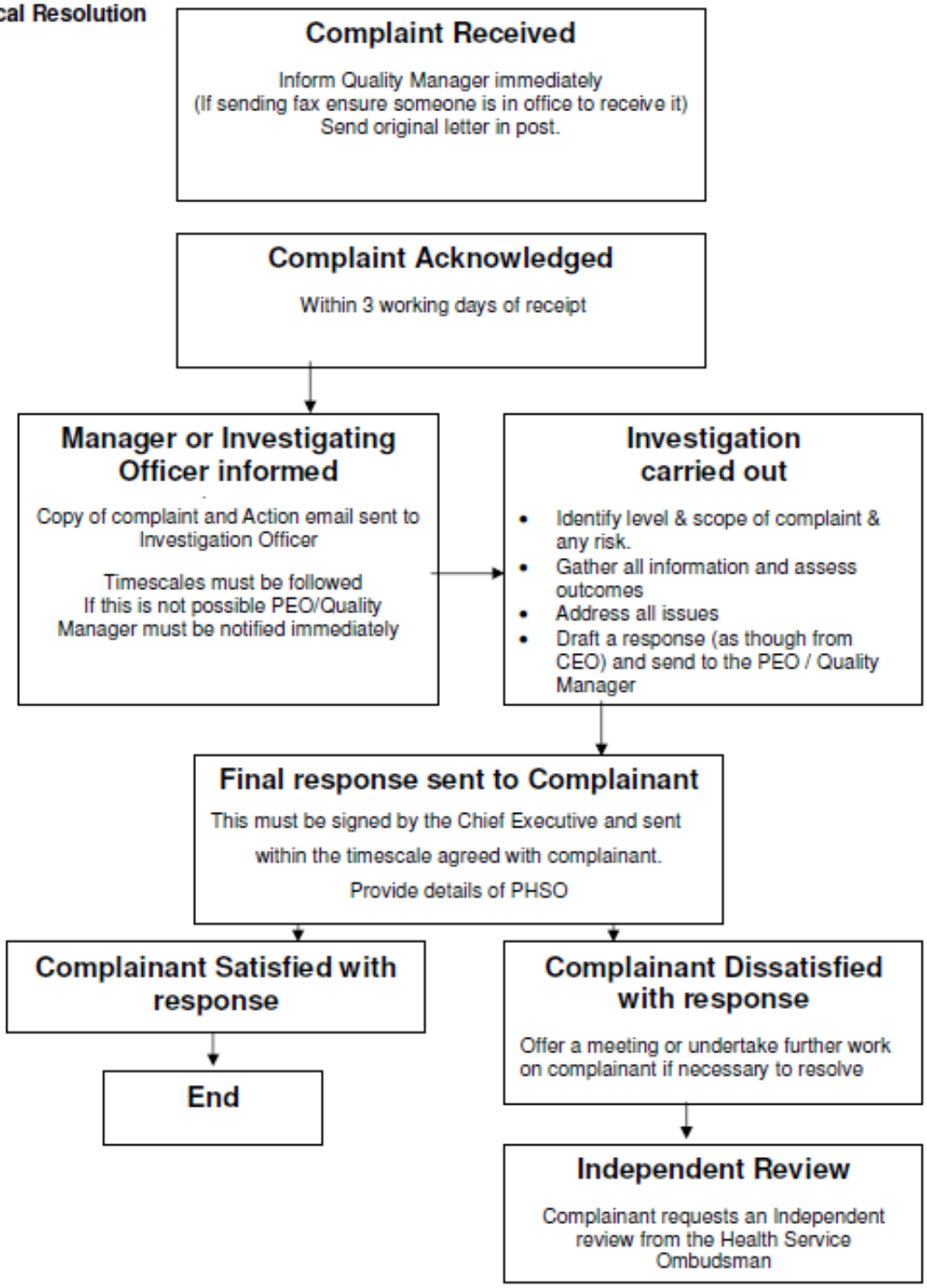
15. DISCLAIMER

It is the responsibility of all staff to check the organisation intranet to ensure that the most recent version/issue of this document is being referenced

Appendix A

Flow Chart - Complaints Process

Local Resolution



Appendix B

NHS COMPLAINTS PROCEDURE

SUMMARY OF TIMESCALES

A complaint must be made within **twelve months** of the date on which the matter that is the subject of the complaint occurred; or twelve months of the date on which the matter that is the subject of the complaint came to the notice of the complainant.

This period may be extended if the complaints manager (Quality Manager) is of the opinion that there was good reason for not making the complaint sooner and that it is still possible to investigate the complaint effectively and efficiently.

LOCAL RESOLUTION

Acknowledgement – A complaint will be acknowledged within **three working days** of its receipt.

If a complaint has been made orally, then a written record of the event should accompany the acknowledgement letter.

Full Response – The designated officer will investigate the complaint and a response from the Chief Executive will be provided to the complainant **within the timescale agreed with the complainant.** The deadline can be extended, but only by agreement with the complainant.

If there is a delay the Trust will keep the complainant appraised over the reasons for the delay, the progress of the investigation and provide an expectation of when a response will be provided.

PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)

If a complainant is dissatisfied with the outcome of the Trust's investigation and response s/he may request the PHSO to consider their complaint further.
The PHSO will assess the complaint and will advise the complainant whether it will independently review the complaint or refer back to the Trust for further work to be done. This is the final stage of the NHS Complaints Procedure.

Appendix C

Isle of Wight NHS
NHS Trust

COMPLAINT FORM

Service Area ..... **Location**.....
(*e.g. Elective Services*) (*e.g. Luccombe*)

Name & Address of Complainant: .....
(*please write clearly*)

.....

.....

.....

Date: ..... **Telephone:** .....
(*Home, work or mobile*)

Name of Patient: .....
(*If different from above*)

Description of Complaint:
(In order to investigate the complaint, please give a clear description of all the issues of concern. Please continue overleaf if necessary)

.....

.....

.....

.....

.....

.....

.....

This summary was completed by: .....
(Please print clearly)

Signature .....

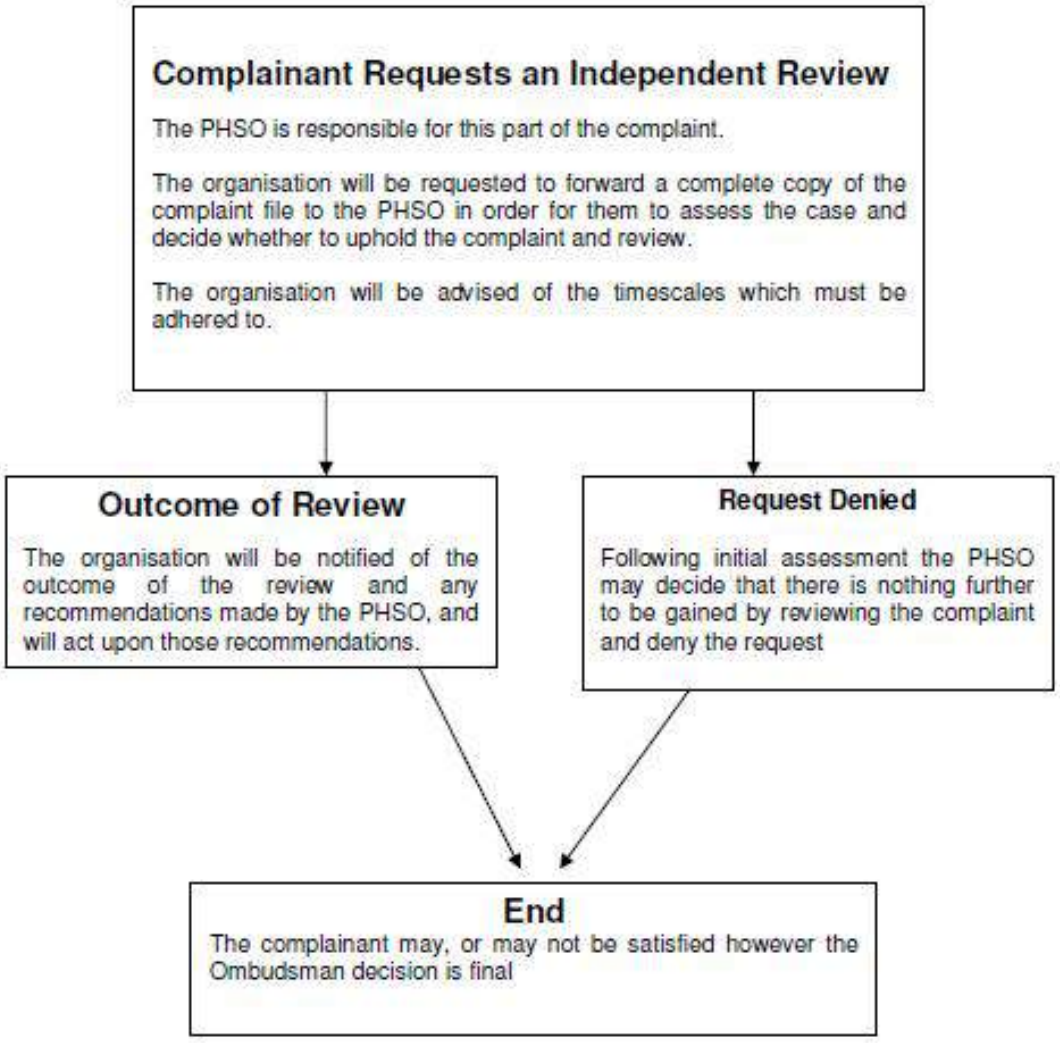
How complaint was received: verbal/telephone/other
(*Please circle*)

Received by: ..... **Title:**.....

Work Area: ..... **Tel No:** .....

Flow Chart – NHS Complaints Process

Final Stage – Parliamentary Health Service Ombudsman (PHSO)



Appendix E

BAND	**EXAMPLES/Indicators (not an exhaustive list)**	**Level of Investigation/Action**
Green	• Able to reply promptly with standard response, e.g. parking. • Non-clinical. • Issue relating to one service only. • Raised with staff or with PEO via a telephone call could have been resolved 'on the spot'. • Overall treatment or service suboptimal • Single failure to meet internal standards • Minor implications for patient safety if unresolved • Reduced performance rating if unresolved	Administrator or PEO via verbal discussion
Yellow	• Two or more aspects to a non-clinical complaint involving different team/ward/service. • Complaint of attitude of staff but no elements of criticism regarding clinical judgement. • Clinical complaint but indicating no untoward clinical outcome e.g. issues relating to lack of, or poor communication, or unable to see a doctor when requested. • Likely events may occur again. • Repeated failure to meet internal standards • Major patient safety implications if findings are not acted on	PEO via standard request letter to team leader, ward sister or consultant for answer and/or to discuss with relevant staff and inform 'complaints' of the outcome.
Orange	• A clinical complaint where a negative outcome is alleged. • Multiple aspects to a clinical complaint involving more than two Consultants/areas. • Complaint of attitude which indicates this led to a negative outcome in relation to a decision made or care provided. • Waiting time when alleged delay had negative outcome for patient. • Complaint that indicates the subject matter may lead to the Trust receiving bad publicity. • Complaint on a matter receiving topical 'media' interest. • Allegation of clinical negligence. • Non-compliance with national standards with significant risk to patients if unresolved	Quality Manager will obtain clinical file if necessary and contact key lead staff to confirm fact. Clinical Lead or manager will be asked to respond to the allegation. Depending on response Quality Manager may request meetings with staff or complainant. Prompt review of clinical file and Clinical lead contacted to confirm fact. If clear evidence allegation not substantiated complaint treated in line with procedure for 'orange' grading. If substantiated, move to 'red'.
Red	• Allegation of negligence (substantiated by allegation of serious outcome). • Totally unacceptable level or quality of treatment/service • Gross failure to meet national standards • Complaint letter details a significant untoward incident substantiated by fact. • A complaint indicates a serious risk issue for the Trust. • Complaint likely to be referred to Ombudsman	Prompt review of clinical file and Clinical lead contacted to confirm fact. If a clinical complaint, the Quality Manager will inform the Executive Director of Nursing, Executive Medical Director, Clinical Director and Head of Clinical Services as a priority. Procedure for serious untoward incidents can be invoked and an incident review team established.

Appendix F

RISK ASSESSMENT SCORING INFORMATION

Frequency

Assessment of likelihood of re-occurrence of the event:

Certain	Likely to re-occur on many occasions, a persistent issue
Likely	Will probably re-occur but is not a persistent issue
Possible	May re-occur occasionally
Unlikely	Do not expect to happen again but is possible

Severity

If the incident were to occur again what is the most likely severity/consequence score?

NO HARM: No negative outcome or risk to the Trust. Example - Issues that would or could be resolved immediately if brought to the attention of staff at the time. Examples - window left open causing draft, insufficient pillows/blankets, appointment information within letter misleading.

MINOR: Minimal distress/concern caused. Example - Shortfalls in general care but no negative long-term health effects. (alleged inappropriate medication, delay in surgery/treatment, misunderstanding re diagnosis, attitude of staff)

MODERATE: Example - Care/treatment issues that lead professional staff identify as not meeting expected standards of care, leading to additional but avoidable discomfort, concern, distress or recognised short-term negative health effect for patient. (missed fracture, poor pain control, delay in diagnosis, appropriate tests, appointment/operation identified as due to lack of care/organisational error.)

MAJOR: Severe discomfort, permanent impairment. Example - Inappropriate care, treatment, action or shortfall that resulted in need for additional corrective treatment. Action causing injury or irreversible negative long-term health effect. Inappropriate care, treatment or comments that would be considered grounds for disciplinary action. Any action likely to attract very negative national publicity. Any incident so serious as to pose a major risk to property, equipment or the proper running of the Trust.

CATASTROPHIC: Example - As above but causing death or life threatening health consequence involving more than one patient or general population 'negatively' affected.

Potential, Future Risk to Persons/Department/ Trust

Likelihood of Recurrence	Most Likely Consequences (should the event occur again)				
	1 No Harm	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 - Certain/Almost certain	5(G)	10(Y)	15(O)	20(R)	25(R)
4 - Likely	4(G)	8(Y)	12(O)	16(R)	20(R)
3 – Possible	3(G)	6(Y)	9(Y)	12(O)	15(R)
2 – Unlikely	2(G)	4(G)	6(Y)	8(O)	10(O)

Appendix G

Isle of Wight NHS Trust

PROTOCOL FOR THE HANDLING OF INTER-ORGANISATIONAL COMPLAINTS IN HAMPSHIRE & THE ISLE OF WIGHT

Between

NHS Trusts

Basingstoke and North Hampshire Hospitals Foundation Trust

Frimley Park NHS Foundation Trust

Hampshire Community Healthcare Trust

Hampshire Partnership NHS Trust

Portsmouth Hospitals NHS Trust

Southampton Community Healthcare NHS Trust

Southampton University Hospitals NHS Trust

South Central Ambulance NHS Trust

Surrey and Borders Partnership NHS Trust

Winchester and Eastleigh Healthcare Trust

Isle of Wight NHS Trust

PCTs

Hampshire PCT (dividing as opposite)

Portsmouth City Teaching PCT

NHS Southampton City PCT

NHS Hampshire (Hampshire PCT)

Local Authorities

Southampton City Council – Adult Services

Portsmouth City Council - Social Care

Hampshire County Council – Adult Services

Isle of Wight Council

All signatories to this protocol will require their Independent Providers to adhere to the protocol as part of their contractual commitment.

Similarly, organisations party to this protocol working in partnership with bodies outside the protocol (e.g. prison healthcare) will ensure that any complaints arising from the joint working are handled in line with this protocol.

Legislative framework

Data Protection Act 1998

Freedom of Information Act 2000

Human Rights Act 1998

Local Authority Social Services and National Health Service Complaints Regulations 2009

Supporting Staff, Improving Services (Department of Health 2006)

The Care Standards Act 2000

1. Introduction

1.1 Public bodies in Hampshire and Isle of Wight health and social care are committed to high standards in the management of complaints which are fundamental to ensuring that service users and patients who complain either to social services or to NHS bodies are provided with a prompt, systematic and consistent response.

1.2 In recognition of the potential for confusion arising from the range of health and social care organisations with which people might be in contact there has been a protocol in place since 2003 and in arriving at this revised version account has been taken of guidance on such protocols resulting from the 'Making Experiences Count' Early Adopter Project (2008). The protocol has continued to provide an effective means of bringing together the organisations in the interest of providing a responsive and effective service for complainants.

2. Aim

2.1 To provide a framework for dealing with complaints involving more than one of the participating organisations to ensure that complainants receive a seamless, effective service regardless of the organisations involved within the local economy.

3. Why is a Protocol Necessary?

3.1 In a complicated service environment, the more general benefits of a joint-organisation protocol will be measured in terms of:

- reduction of confusion for service users and patients about how complaints will be dealt with, and by whom;
- clarity about the respective roles and responsibilities of organisations; and
- enhancement of inter-organisation co-operation.

3.2 This protocol seeks to clarify responsibilities across the organisations and to set out a framework for inter-organisation collaboration in the handling of complaints to ensure:

- a single consistent and agreed contact point for complainants;
- regular and effective liaison and communication between Complaints Managers; and
- that learning points arising from complaints, covering more than one body, are identified and addressed by each organisation.

4. The Role of the Complaints Manager

4.1 For each signatory organisation, the designated Complaints Manager is responsible for co-coordinating whatever actions are required or implied by this protocol.

4.2 To co-operate with other Complaints Managers and to agree who will take the lead role in inter-organisational complaints.

4.3 To clarify whom any requests for collaboration under this protocol should be addressed when s/he is absent (through leave, illness etc).

4.4 In the unlikely event that Complaints Managers are unable to reach agreement about any matter covered by this protocol, they should each refer the matter promptly to the relevant Directors/Senior Managers in their respective organisations for resolution.

5. Factors to Determine the Lead Organisation

5.1 The following factors should be taken into account when determining which organisation will take the lead role with any inter-organisational complaint:

- The organisation that manages integrated services;
- The organisation that has the most serious complaints relating to it;
- If a disproportionate number of the issues in the complaint relate to one organisation compared to the other organisation(s);
- The organisation that originally receives the complaint (should the seriousness and number of complaints prove roughly equivalent);
- If the complainant has a clear preference for which organisation takes the lead;
- The organisations can agree separately from the above should other factors be pertinent. For example, if the impact on the individual organisation's governance arrangements.

6. Process

6.1 A flowchart which outlines the process to be used when dealing with inter-organisational complaints can be found in Appendix 5.

6.2 It is desirable, where possible, for all responses to be provided to the complainant as a composite, or at least to be delivered within a single cover. The Complaints Managers will need to co-operate closely for this purpose, in agreement with the complainant.

7. Complaints about one organisation which are addressed to another organisation

7.1 On occasions a complaint which is concerned in its entirety with Social Services is sent to an NHS body, or vice versa. This may be due to lack of understanding about which body is responsible for which service, or because the complainant chooses to entrust the information to a professional person with whom s/he has a good relationship.

7.2 The Complaints Manager of the organisation receiving such a complaint should contact the complainant within two working days. They should advise them that the complaint has been addressed to the wrong organisation and ask if s/he wants it to be forwarded to the other organisation on their behalf. Providing the complainant consents, the complaint should be sent to the other organisation at once, and a written acknowledgement should be sent to the complainant detailing where the letter has been sent and including the contact details.

7.3 In the event of several organisations receiving the complaint as an apparent original, contact will be made with the other organisations and a decision made as to which will be the 'lead organisation'. The lead organisation will acknowledge within two working days on behalf of all organisations involved and will clarify the complaint and explain the role of the other organisations.

8. Complainant's consent to the sharing of information between agencies

8.1 Nothing in this protocol removes the obligation to ensure that information relating to individual service users and patients is protected in line with the requirements of the Data Protection Act, Caldicott principles and the confidentiality policies of each signatory organisation. It is for this reason that the complainant's consent must always be sought before information relating to the complaint is passed between organisations. Moreover, the complainant is entitled to a full explanation of why his/her consent is being sought.

8.2 Consent to the passing on or sharing of information under this protocol should be obtained, in writing, wherever possible. Where this is not possible, the complainant's verbal consent should be recorded and logged.

8.3 If the complainant withholds consent to the complaint being passed to the other organisation, the Complaints Manager of the organisation receiving the complaint will seek to engage with him/her to resolve any issues or concerns about remit and responsibility and offer any liaison which could contribute to the resolution of the matter of concern. The complainant should be reminded of his/her entitlement to contact the other organisation direct.

8.4 The only circumstances in which a complainant's lack of consent could be overridden would arise if the complaint included information which needed to be passed on in accordance with Safeguarding Children or Protection of Vulnerable Adults procedures or other service user safety issues. In such cases, the complainant would be entitled to a full written explanation as to the agency's Duty of Care and its obligation to pass on the information.

8.5 A form is attached to this protocol as Appendix 2, which records the consent of complainants for their case records to be disclosed for the purpose of complaints investigations.

8.6 Close co-operation between Complaints Managers will be crucial in ensuring that confidential case-file information is shared appropriately, and that the necessary safeguards are put in place. Information exchanged under this protocol must be used solely for the purpose for which it was obtained.

9. Complaint Grading

9.1 It will be the responsibility of the lead organisation to ensure that an assessment is undertaken in order to determine the seriousness/ urgency of the complaint. This assessment will require communication with personnel in all affected organisations. Contact is to be made via the relevant complaints service.

9.2 The individual professional remains accountable within his/her relevant organisation for the information pertaining to the initial assessment.

9.3 When direct contact is made with the complainant then it is the responsibility of the individual undertaking the investigation to be satisfied with the information pertaining to the initial assessment and make any necessary arrangements in response to any factors identified.

9.4 Where a complaint may be shared, the lead organisation will confirm to the complainant a named person, address and telephone number to identify where each part of the complaint is being investigated. This letter will also confirm registration of the complaint and will be copied to other organisations involved in the complaint.

10. Learning from complaints

10.1 All complaints services are fully committed to facilitating organisational learning and development through complaints resolution. Resolving the individual complaint is only part of the process.

10.2 Taking positive steps to identify communication, procedural, operational or strategic issues within and across each agency is a vital role in ensuring a relevant and positive complaints service.

10.3 To achieve this aim, all complaints services will together undertake a review of joint complaints including consideration of action taken and improvements in practices. As a minimum these will take place on a quarterly basis.

10.4 The lead partner, at the end of the process, should where possible send a questionnaire to the complainant to gain feedback on the process.

10.5 All complaints services will use the process of at least quarterly and annual reporting to support effective communication between organisations and share learning. These will include any findings and recommendations that have an inter-organisational impact.

10.6 Complaints activity will be reported separately by the complaints services in accordance with their own agreed procedures.

11. Protocol Review

The operation of the Protocol should be reviewed at least every twelve months or when statutory changes dictate through the MEC framework.

Reviewed February 2009

Appendix 1

Complaints Managers and Other Contacts in Signatory Organisations*

Organisation	Complaints Manager	Other contact in complaints manager's absence	Chief Executive/ Director of Social Services approval	Date of approval
Basingstoke and North Hampshire Hospitals Foundation Trust				
Frimley Park NHS Foundation Trust				
Hampshire Community Health Care Trust (Hampshire PCT)				
Hampshire County Council – Adult Services				
Hampshire Partnership NHS Trust				
Isle of Wight Council				
Isle of Wight NHS Trust				
NHS Hampshire (Hampshire PCT)				
Portsmouth City Teaching PCT				
Portsmouth City Council - Social Care				
Portsmouth Hospitals NHS Trust				
Southampton City PCT				
Southampton City Council – Adult Services				
Southampton University Hospitals NHS Trust				
South Central Ambulance NHS Trust				
Surrey and Borders Partnership NHS Trust				
Winchester and Eastleigh Healthcare Trust				

Appendix 2

Statement of consent for the disclosure of personal records

Complainant's Name: _____

Complainant's Address: _____

_____

_____

_____

Telephone Number: _____

I hereby give my consent for the organisations listed below to share any relevant information in order to complete the investigation into my complaint. I understand that this is likely to include disclosure of my personal records.

_____ (Lead Organisation)

_____ (Organisation)

_____ (Organisation)

This will assist the investigation of my joint-organisation complaint, which is being co-ordinated by:

_____ (Name of Complaints Manager) of

_____ (Organisation)

The reason for and the implications of this have been explained to me by the above named Complaints Manager. I understand that information exchanged as agreed by me must be used solely for the purpose for which it was obtained.

Signed: _____

Date: _____

Once completed, please return this consent form to……..

Appendix 3

Form of Authority

To be completed by the complainant

Complainant's Name: _____

Complainant's Address: _____

_____

_____

_____

Complainant's Tel. No.: _____

I, the above-named, give consent for

Name: _____

Address: _____

_____

_____

_____

Telephone: _____

to contact

_____ (Name of Complaints Manager) of

_____ (Organisation)

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

Signed: _____

Date: _____

Once completed, please return this consent form to .....

Appendix 4

Sample Acknowledgement Letter

Name

Address

Our ref:

Dear

Re: Joint Organisation Complaint

I would like to formally acknowledge receipt of your complaint, which was received on *date*, regarding *summary of complaint*. I am sorry that you have had reason to raise concerns about the services you have received and apologise for the distress caused.

I am pleased to confirm our intentions in dealing with your complaint in the attached Complaints Plan. Please make any amendments that you feel are necessary and then sign and date the statement. As this statement will be used to guide the officers investigating your complaint, you will need to be satisfied that it reflects all the concerns that you would like to have investigated.

I will be co-ordinating the response to your complaint but the other organisations involved will be assisting me with the investigation.

Please note: If the complaint plan and consent form are not returned within 10 working days of the date of this letter I shall assume that this complaint is being withdrawn and I will close the file. No further investigation will take place unless you contact me.

If acting for service user: I understand from our conversation that you are acting on behalf of the service user *name of service user* and so would ask that they complete and return the form of authority enclosed so that I can record their written consent for this to happen. Please note that any investigation can only start when this form has been signed and returned to me. Please find enclosed a freepost envelope for your convenience.

For your information I have enclosed a copy of the factsheet on making complaints, which briefly outlines the complaints procedure.

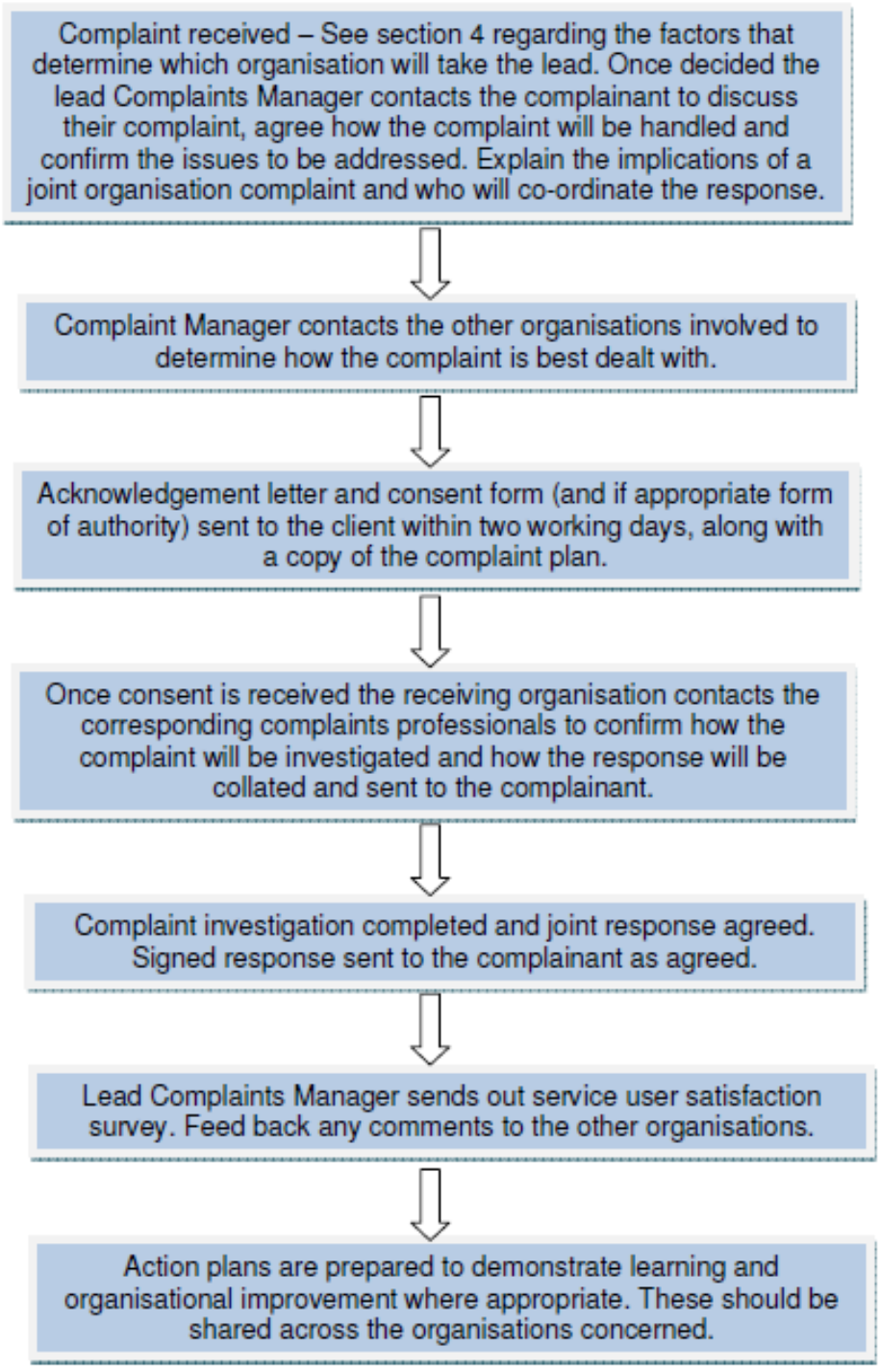
in the case of a bereavement On a personal note may I take this opportunity to offer my condolences to you and your family for your sad loss.

If you require any support or advice regarding your complaint please do not hesitate to contact me. I can be reached on *telephone number*.

Yours sincerely

Appendix 5

Flowchart for the Handling of Joint Organisation Complaints



Appendix H

Isle of Wight NHS Trust

GUIDELINES FOR MANAGING PERSISTENT AND/OR UNREASONABLE COMPLAINTS

1. INTRODUCTION

In determining arrangements for handling persistent and/or unreasonable complainants, staff are presented with two key considerations:

To ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed, and to appreciate that even persistent complainants may have aspects that contain genuine cause for concern. The need to ensure an equitable approach is crucial.

To identify the stage at which a complainant is determined to be persistent and/or unreasonable, applying criteria with care, fairness and due consideration for the complainant's circumstances – bearing in mind any known physical or mental health conditions that may explain the reason for their difficult behaviour. This should also include consideration of the impact of bereavement, loss of significant/sudden change changes to the complainant's lifestyle, quality of life or life expectancy

2. PURPOSE OF THE GUIDANCE

The aim of this guidance is to identify situations where the complainant might be considered to be persistent and/or unreasonable and to suggest ways of responding to these situations, which are fair to both staff and complainant. The guidance should only be implemented following careful consideration by the Quality Manager and with the authorisation of the Chief Executive or nominated deputy

It is emphasised that this guidance should only be used as a last resort and after all reasonable measures have been taken to resolve complaints following the Local Authority Services and NHS Complaints Procedure.

Reasonable measures to consider

Where no meeting with staff has been held, consider offering this as a means to dispel misunderstandings and move matters forwards – this option will only be appropriate where risks have been assessed, and a suitably senior member of staff can be present
Where multiple departments are being contacted by the complainant, consider setting up a strategy to agree a cross-departmental approach

Consider the involvement and assistance of the Independent Complaints Advocacy Services (ICAS) or other independent advocate.

Consider if providing a copy of records, a meeting to talk them through – this may help dispel misunderstandings or misconceptions

3. PERSISTENT AND/OR UNREASONABLE COMPLAINT CRITERIA

A complainant (and/or anyone acting on their behalf) may be deemed to have a persistent and/or unreasonable complaint where previous or current contact with them shows that: -

The complainant has met the following **single** criterion

- Has **threatened or used actual physical violence** towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. Consideration should be given as to whether the organisation should take action such as reporting the matter to the police or taking legal action, or using its risk management or health and safety procedures to follow up such an event in respect of impact on staff.

Or **any two** of the following criteria

- **Persist in pursuing a complaint** where the complaints procedure has been fully and properly implemented and exhausted (example - where investigation has been denied as "out of time".)

- **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 or repeatedly focus on conspiracy theories.

- **Do not clearly identify the precise issues** which they wish to be investigated, despite reasonable efforts of staff and, where appropriate, the ICAS to help them specify their concerns, **and/or where the concerns identified are not within the remit** of the organisation to investigate.

- **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, e-mail or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgement based on the specific circumstances of each individual case.)

- Have **harassed** or been personally **abusive or verbally aggressive** on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment.)

- Are known to have **recorded** meetings or face-to-face/telephone **conversations without** the prior knowledge and **consent** of other parties involved.

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

4. OPTIONS FOR DEALING WITH PERSISTENT AND/OR UNREASONABLE COMPLAINTS

Where complaints have been identified as persistent and/or unreasonable in accordance with the above criteria, the Chief Executive (or their nominated deputy) will determine what action to take. The Chief Executive (or nominated deputy) will implement such action and will notify complainant in writing of the reasons why the complaint has been classified as persistent and/or unreasonable and the action to be taken. Copy this guidance to them, and advise them to take account of the criteria in any further dealings with the organisation. In some cases it may be appropriate, at this point, to remind the complainants that they may seek advice in processing their complaint, example - through the ICAS. A record must be kept for future reference of the reasons why a complaint has been classified as persistent and/or unreasonable.
This notification may be copied for the information of others already involved in the complaint, example - practitioners, ICAS, Member of Parliament.

The Chief Executive (or nominated deputy) may decide to deal with complaints in one or more of the following ways: -

- Drawing up a signed "agreement" with the complainant (and if appropriate involving the relevant practitioner in a 2-way agreement) which sets out a code of behaviour for the parties involved if the organisation is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other action as indicated in these guidelines.
The following example may be helpful in establishing ground rules prior to invoking further action

  Both Parties will agree to:

  - *Explain what name we would like to be called when corresponding*
  - *Take turns speaking and not interrupting each other*
  - *Listen respectfully and sincerely to try and understand each other's needs and interests*
  - *Recognise that each of us is entitled to our own perspective, even if we do not agree with it*
  - *Not engage in 'put downs' and will ask questions of each other for the purpose of clarification and understanding*
  - *Make a conscious effort to use time constructively to work towards the resolution of the complaint*
  - *Avoid using inappropriate language or take on a confrontational attitude to each other*
  - *Avoid being physically aggressive or threatening*
  - *Speak up if something is not working for us*

  Signed and dated by both parties

- Placing time limits on telephone conversations and personal contacts
- Restricting the number of calls that will be taken or made
- Requiring contact be made with a named member of staff
- Limiting the complainant to one mode of contact
- Requiring any personal contact to be made in the presence of a witness
- Future correspondence will be read and placed on file, but not acknowledged unless new evidence is provided. If staff are to withdraw from a telephone conversation with a complainant, it may be helpful for them to have an agreed statement available to be used at such times.
- Inform the complainant that in extreme circumstances the organisation reserves the right to pass correspondence or other material about complaints that is unreasonable to the organisation's solicitors. Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from the Department of Health.

5. REVIEWING AND WITHDRAWING 'PERSISTENT AND/OR UNREASONABLE' STATUS

Once a complaint has been specified as 'persistent and/or unreasonable' there needs to be a mechanism for reviewing and/or withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Record all reviews of and appeals to the status.

The Chief Executive (or nominated deputy) will previously have used discretion in recommending 'persistent and/or unreasonable' status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held between the Chief Executive (or nominated deputy) and Quality Manager. Subject to their approval, normal contact with the complainant and application of NHS complaints procedures will then be resumed.

Appendix I

Isle of Wight NHS
NHS Trust

COMPLIMENT FORM

Service Area ..... **Location** .....
(e.g.: Elective Services) *(e.g. Luccombe)*

Compliments received for the month of: .....

No:	Card (✓)	Letter (✓)	Date Received	Compliment paid to/ Specific Comments:

Please ensure this summary is sent to the Good News Coordinator of the service area on a monthly basis (including nil returns)
Thank you.

Appendix J

CHECKLIST FOR THE DEVELOPMENT AND APPROVAL OF CONTROLLED DOCUMENTATION

To be completed and attached to any document when submitted to the appropriate committee for consideration and approval.

Title of document being reviewed:		Y/N/ Unsure	Comments
1.	**Title/Cover**		
	Is the title clear and unambiguous?		
	Does the title make it clear whether the controlled document is a guideline, policy, protocol or standard?		
2.	**Document Details and History**		
	Have all sections of the document detail/history been completed?		
3.	**Development Process**		
	Is the development method described in brief?		
	Are people involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
4.	**Review and Revision Arrangements Including Version Control**		
	Is the review date identified?		
	Is the frequency of review identified? If so, is it acceptable?		
	Are details of how the review will take place identified?		
	Does the document identify where it will be held and how version control will be addressed?		
5.	**Approval**		
	Does the document identify which committee/group will approve it?		
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		
6.	**Consultation**		
	Do you have evidence of who has been consulted?		
7.	**Table of Contents**		
	Has the table of contents been completed and checked?		

Title of document being reviewed:		Y/N/ Unsure	Comments
8.	**Summary Points**		
	Have the summary points of the document been included?		
9.	**Definition**		
	Is it clear whether the controlled document is a guideline, policy, protocol or standard?		
10.	**Relevance**		
	Has the audience been identified and clearly stated?		
11.	**Purpose**		
	Are the reasons for the development of the document stated?		
12.	**Roles and Responsibilities**		
	Are the roles and responsibilities clearly identified?		
13.	**Content**		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
14.	**Training**		
	Have training needs been identified and documented?		
15.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
16.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or Key Performance Indicators (KPIs) to support the monitoring of compliance with and effectiveness of the document?		
	Is there a plan to review or audit compliance within the document?		
	Is it clear who will see the results of the audit and where the action plan will be monitored?		
17.	**Associated Documents**		
	Have all associated documents to the document been listed?		
18.	**References**		

Title of document being reviewed:		Y/N/ Unsure	Comments
	Have all references that support the document been listed in full?		
19.	**Glossary**		
	Has the need for a glossary been identified and included within the document?		
20.	**Equality Analysis**		
	Has an Equality Analysis been completed and included with the document?		
21.	**Archiving**		
	Have archiving arrangements for superseded documents been addressed?		
	Has the process for retrieving archived versions of the document been identified and included within?		
22.	**Format and Style**		
	Does the document follow the correct style and format of the Document Control Procedure?		
23.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?		

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies for inclusion on the Intranet.			
Name of Committee		Date	
Print Name		Signature of Chair	

Appendix K

IMPACT ASSESSMENT ON DOCUMENT IMPLEMENTATION

Summary of Impact Assessment (see next page for details)

Document title	Complaints and compliments policy

Totals	WTE	Recurring £	Non Recurring £
Manpower Costs		0	0
Training Staff		0	0
Equipment & Provision of resources		0	0

Summary of Impact:

This Policy is an update of an existing policy, and as such does not need any further cost / resources in order to implement this policy. The current Quality Team support the clinical directorates with implementing the NHS Complaints Procedure for the Trust and the role of complaints management is already an existing part of staff roles. As such no further financial impact is identified through the implementation of this policy.

Risk Management Issues:

Failure to comply with the policy could result in PHSO imposing a financial redress payment for complaints, not appropriately managed by local resolution.
Clinical negligence cases could be escalated if policy not followed.

Benefits / Savings to the organisation:

Ensuring implementation of the policy will ensure positive organisational reputation for managing the complaints process, and possibility of reduction in some minor litigation costs.

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.

IMPACT ASSESSMENT ON POLICY IMPLEMENTATION

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.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
Additional staffing required - by affected areas / departments:			
Totals:	0	0	0

Staff Training Impact	Recurring £	Non-Recurring £
Affected areas / departments		
e.g. 10 staff for 2 days		
Totals:	0	0

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:	**0**	**0**

- 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:	

Appendix L

Equality Analysis and Action Plan

This template should be used when assessing services, functions, policies, procedures, practices, projects and strategic documents

Step 1. Identify who is responsible for the equality analysis.

Name: Vanessa Flower
Role: Quality Manager
Other people or agencies who will be involved in undertaking the equality analysis: None

Step 2. Establishing relevance to equality

Show how this document or service change meets the aims of the Equality Act 2010?

	Relevance		
Protected Groups	**Staff**	**Service Users**	**Wider Community**
Age	X	X	X
Gender Reassignment	X	X	X
Race	X	X	X
Sex and Sexual Orientation	X	X	X
Religion or belief	X	X	X
Disability	X	X	X
Marriage and Civil Partnerships	X	X	X
Human Rights	X	X	X
Pregnancy and Maternity	X	X	X

Equality Act – General Duty	Relevance to Equality Act General Duties
Eliminates unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act.	This policy is applicable to all and as such eliminates unlawful discrimination, harassment or victimisation.

Advance equality of opportunity between people who share a protected characteristic and people who do not share it	This Policy is applicable to all patients / members of the public and staff.
Foster good relations between people who share a protected characteristic and people who do not share it.	

Step 3. Scope your equality analysis

	Scope
What is the purpose of this document or service change?	Not a new document, a review of current document based on NHS process for Complaints.
Who will benefit?	All patients / carers / staff
What are the expected outcomes?	Ensure that complaints are managed in line with the NHS Complaints Process.
Why do we need this document or do we need to change the service?	NHS requirement, and to meet NHSLA requirements.

It is important that appropriate and relevant information is used about the different protected groups that will be affected by this document or service change. Information from your service users is in the majority of cases, the most valuable.

Information sources are likely to vary depending on the nature of the document or service change. Listed below are some suggested sources of information that could be helpful:

- Results from the most recent service user or staff surveys.
- Regional or national surveys
- Analysis of complaints or enquiries
- Recommendations from an audit or inspection
- Local census data
- Information from protected groups or agencies.
- Information from engagement events.

Step 4. Analyse your information.

As yourself two simple questions:

- What will happen, or not happen, if we do things this way?
- What would happen in relation to equality and good relations?

In identifying whether a proposed document or service changes discriminates unlawfully, consider the scope of discrimination set out in the Equality Act 2010, as well as direct and indirect discrimination, harassment, victimization and failure to make a reasonable adjustment.

Findings of your analysis

	Description	Justification of your analysis
No major change	Your analysis demonstrates that the proposal is robust and the evidence shows no potential for discrimination.	No major change - no potential discrimination.
Adjust your document or service change proposals	This involves taking steps to remove barriers or to better advance equality outcomes. This might include introducing measures to mitigate the potential effect.	
Continue to implement the document or service change	Despite any adverse effect or missed opportunity to advance equality, provided you can satisfy yourself it does not unlawfully discriminate.	
Stop and review	**Adverse effects that cannot be justified or mitigated against, you should consider stopping the proposal. You must stop and review if unlawful discrimination is identified**	

5. Next steps.

5.1 Monitoring and Review.
Equality analysis is an ongoing process that does not end once the document has been published or the service change has been implemented.

This does not mean repeating the equality analysis, but using the experience gained through implementation to check the findings and to make any necessary adjustments.

Consider:

How will you measure the effectiveness of this change	By ensuring that all complainants are managed appropriately through the NHS Complaints Process
When will the document or service change be reviewed?	Statistics provided monthly on complaints, KO return annual return will review equality impacts
Who will be responsible for monitoring and review?	Quality Manager
What information will you need for monitoring?	Complaints statistics / data
How will you engage with stakeholders, staff and service users	Appropriately advertising the complaints service.

5.2 Approval and publication
The Executive Board will be responsible for ensuring that all documents submitted for approval will have completed an equality analysis.

Under the specific duties of the Act, equality information published by the organisation should include evidence that equality analyses are being undertaken. These will be published on the organisations "Equality, Diversity and Inclusion" website.

Useful links:

Equality and Human Rights Commission
http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/equality-act-guidance-downloads/