

Policy Number OP08 Complaints Management Policy

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Attachments:

- 1 [Complaints Procedure](#)
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Appendices

- 1 Formal complaints process flow chart
- 2 Information gathering and the written account (statement)
- 3 Staff Support
- 4 Minutes and recordings of meetings
- 5 Handling complaints out of normal working hours
- 6 Vexatious complainants
- 7 Role of the Parliamentary and Health Service Ombudsman (PHSO)
- 8 Administration & Documentation (closed complaints)
- 9 Primary Care complaints flowchart
- 10 Protocol for Coordinated Complaints Handling

1.0 Policy Statement (Purpose / Objectives of the policy)

The Royal Wolverhampton NHS Trust (RWT) welcomes feedback from users of the service. Complaints are just one of the many ways in which the organisation receives feedback and must be used to inform, learn and improve services. Patients often see the service from a different perspective to those who work in it; their views provide a valuable insight in an organisation committed to continuous quality improvement.

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

This policy relates to the management of complaints in accordance with the relevant Health and Social Care Legislation and is not for the purpose of complaint handling for personal/HR/organisational related complaints.

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

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

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

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

- The policy promotes the use of people's experience of care to improve quality. By listening to people about their experience of healthcare, the Trust can resolve mistakes faster, learn new ways to improve the quality and safety of services and prevent the same problem from happening in the future.
- The policy will outline in a clear and concise manner for patients, relatives, carers and staff the process of handling complaints regarding Trust services.
- The policy deals with the handling of concerns and complaints regarding Trust services, buildings or the environment. Concerns and complaints may be received from patients; patient relatives, carers, visitors and other service users.
- The policy applies to all sites, departments and areas within the organisation; and applies to all permanent and temporary staff working within the Trust.
- The Complaint Management Policy aims to satisfy complainants by providing a sensitive, positive and detailed response to matters of concern. A complaint handled well will often restore public confidence in services. At no time will the patient's care or treatment be compromised as a result of them raising their concerns. All information given to patients and the public about raising concerns makes it clear that people will not be treated any differently as a result of doing so. Details of how to complain if people feel they are being treated unfavourably (as a result of raising concerns) is published in the complaints leaflets. Attachments 1a, 1b, 1c
- The Trust's aim is to use a personalised approach to handling complaints by incorporating a focus on listening, responding and improving services.

The policy and procedure will, as far as is reasonably practical, be easy to understand, accessible, publicised in ways that will reach all service users and include information about support and advocacy services.

- To listen, acknowledge mistakes, explain what went wrong and to consider prompt, appropriate and proportionate remedies to put things right.
- To provide a consistent approach to the timely and efficient handling of all concerns and complaints, establishing an agreed complaints plan with the complainant, with an emphasis on early resolution.
- Ensure organisational openness and an approach that is conciliatory and fair to people both using and delivering services.
- Respect the individual's right to confidentiality and treats all users of this policy with respect and courtesy.
- Learn from concerns and complaints and use them to improve the quality of services and to prevent mistakes happening again.
- The Trust will ensure that service users and carers can raise a concern or complaint without their care, treatment or relationship with staff being compromised.
- All formal complaints will be acknowledged within 3 working days of receipt. This can be done in writing or verbally. Where possible the complaint issues will be clarified, investigation timescale agreed with the complainant, and the best way to

reach a satisfactory outcome discussed.

- Investigations will be fair, thorough, honest, responsive and appropriate to the seriousness of the complaint, conducted within the timescales agreed with the complainant.
- The format of the response to the concern/complaint will be agreed with the complainant, this may be verbal (by phone or at a meeting), by email or written letter. Often, a concern can be satisfied with a verbal response. Complaints will require a written response, although some complainants prefer to receive this via email. The response will explain how the complaint has been investigated, apologising where appropriate, explain the outcome of the investigation, what actions have been/will be taken and what the next steps are for the complainant if they remain dissatisfied.
- The Trust will strive to resolve all complaints locally, whilst reminding people of their right to take the matter to the Parliamentary Health Service Ombudsman (PHSO) if they are not satisfied.
- Within Divisions and Directorates, local leadership and accountability will facilitate early resolution and ensure concerns and complaints are responded to promptly and used to initiate actions for service improvement/opportunities for staff improvement.
- Divisional governance structures will be used to ensure organisational learning from complaints and the sharing of best practice.

These aims are based on the recommendations following the Francis Inquiry (Feb 2013) and the review of NHS hospital complaints system, commissioned by the Department of Health (Clwyd & Hart) and published on 28 October 2013.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

A complaint can be defined as any expression of dissatisfaction, a perceived grievance or injustice or where a concern has not been locally resolved by the relevant department/ward or Patient Advice and Liaison Service (PALS) team. Although it is sometimes difficult to clearly differentiate between a concern and complaint, for the purpose of this policy the following definition will apply:

Concern – A verbal or written contact that meets ALL of the following criteria:

- The immediate resolution of a problem or issue relating to Trust services is the primary aim of the contact.
- There is no requirement for a wider retrospective review of the issue being raised.
- The person making the contact does not wish to have a written response detailing the results of an investigation into the issue(s) raised.
- The contact does not meet any of the criteria for a complaint specified below.

Complaint – A verbal or written contact that meets any ONE of the following criteria:

- The contact represents an expression of dissatisfaction that requires both an investigation and a written response.
- There is a specific statement of intent on the part of the person making the contact that they wish their concerns to be dealt with as a complaint under this procedure. Staff must be aware of any alternative language that the person making the contact may use to describe their intent in this respect, such as a stated wish to pursue the complaint “formally”.
- The problem or issue relating to the contact has previously been dealt with as a concern without resolution and the person making the contact remains dissatisfied and seeks further action from the Trust.
- **Compliment** – A verbal or written contact where providing positive feedback is the primary aim of the contact. Care must be taken to assess such contacts to ensure that these do not also include concerns or complaints.

Consent -The verbal or written agreement of a patient to allow the Trust to release confidential information about their care to a complainant acting on their behalf.

Datix is the product name of the complaint database and incident reporting software the Trust uses to support the management of healthcare risk and adverse event reporting. Datix is the only system on which complaints data should be entered.

Feedback - A verbal or written contact detailing a person’s experiences or views of Trust services and where no further response from the Trust is anticipated or wanted by the person making the contact.

Independent Review – This is the second stage of the complaints process and is managed by the Parliamentary Health Service Ombudsman (PHSO). Their role is to provide an independent review function for complainants who consider that the Trust has not resolved their complaint to their satisfaction.

The PHSO is independent of the NHS and government and derives power from the Health Service Commissioners Act 1993 [the 1993 Act]. The PHSO judges NHS performance against the standards for good administration and complaint handling set out in full in the Ombudsman’s Principles which is available at www.ombudsman.org.uk. The PHSO will not be able to investigate complaints until the NHS complaints procedure has been exhausted, unless in the circumstances of a particular case they judge that these conditions would be unreasonable.

Local Resolution – The first stage of the NHS Complaints Procedure which gives the Trust the opportunity to resolve issues of discontent or dissatisfaction no matter how they are raised.

Mediation – This means an independent impartial outsider acts as a go between and seeks to achieve agreement between disputing parties (i.e., the Trust and the complainant)

Query – A verbal or written contact where a request for information is the primary aim of the contact.

Responsible body – A Local Authority, NHS body or independent provider.

Risk Assessment – How the Trust assesses the severity of complaints.

Working Day – Any day except Saturday, Sunday or a Bank Holiday.

3.0 Accountabilities

The Chief Executive is the named officer with responsibility for ensuring that the Trust complies with the statutory obligation to ensure that patients, relatives and carers views are heard, acted upon and that complaints are dealt with in compliance with the Department of Health directives.

Deputy Chief Executive has overall responsibility delegated from the Chief Executive for ensuring that effective systems and processes are in place to deal with complaint, concern, comment and compliment feedback and ensure this is shared and acted upon to continually improve the quality of care provided.

The Medical Director and Chief Nursing Officer are responsible for providing expert clinical and nursing advice/guidance where appropriate and for ensuring action is taken following the outcome of independent reviews by the PHSO.

The Legal Services Manager is responsible for the management of all clinical negligence, personal injury and property claims, and deals with/advises on any legal or potential legal matters relating to the Trust.

Head of Patient Experience & Public Involvement is responsible for ensuring that all complaints activity is reported to the relevant committees and overseeing the implementation and monitoring of this policy. They are also responsible for ensuring that the Trust is compliant with all statutory requirements and that the Trust Complaints Management Policy is robust and responsive to the needs of its service users.

The Deputy Head of Patient Experience and Public Involvement is responsible for the co-ordination of all formal complaints and PALS working closely the Head of Patient Experience and Public Involvement to oversee the complaints management process from start to finish. The Deputy Head of Patient Experience and Public Involvement will assume responsibility for the initial grading of each complaint, ensure consistency in the approach to complaints handling across the organisation and ensure lessons learnt, or changes in action are communicated to the Trust Board as well as to the Divisions and Directorates. The Deputy Head of Patient Experience and Public Involvement is responsible for managing the mediation process and for coordinating investigations required by the PHSO.

The Patient Experience Advisor works closely with the Deputy Head of Patient Experience and Public Involvement to ensure the smooth centralised administration of the complaints process. They are also responsible for the grading and entering of all complaints onto the Datix system in a timely manner. This will ensure a consistent and qualitative approach is maintained. The investigating officer (IO) will receive automated milestone reminders via Datix in conjunction with a weekly reminder report which will include the Deputy Chief Operating Officer's (Dep. COO) to advise of all outstanding

complaints within their respective areas and the respective response dates.

The Patient Advice Liaison Service (PALS) team is responsible for providing support and help to patients, relatives, carers and visitors and to liaise with staff to facilitate prompt solutions. The team handles queries, feedback, compliments and concerns and will escalate complaints that require formal investigation to the Deputy Head of Patient Experience and Public Involvement. The PALS team will also be responsible for implementing an Outreach service and ensuring numbers and trends of concerns raised are communicated to the Directorates, Divisions and Trust Board.

The Investigating Officer (IO) is responsible for leading on the investigation of formal complaints, meeting with complainants where appropriate seeking comments from additional services mentioned in the complaint and drafting responses to complaints. They are also responsible for providing the complainant with regular updates and gaining consent to breach, where appropriate, in a timely manner. If the IO is unable to agree an extension verbally it is their responsibility to advise the complainant of any delay in writing. [Attachment 3d](#) should be used in this instance. It is the responsibility of the IO to ensure that the draft response is completed within the identified timeframe, includes comments from additional services (where appropriate) which have been approved ahead of being forwarded to the Dep. COO or Head of Nursing (HON) for divisional sign-off as part of the quality assurance process. They must also ensure that any delays or updates are communicated to the Deputy Head of Patient Experience and Public Involvement or the Patient Experience Advisor. The IO will be supported by the Deputy Head of Patient Experience and Public Involvement to ensure consistency in the Trust's approach to managing complaints.

An investigation template [Attachment 4](#) will be used where appropriate to guide the investigation process. The IO is responsible for determining the outcome of a complaint which is substantiated by information gained as part of the investigation process and is in line with the methodology used by NHS Digital. They are also responsible for identifying any lessons learned as part of the investigation process and for ensuring action plans are implemented and monitored through Directorate governance meetings.

The Investigating Officer will usually be a Group Manager, Directorate/Senior Manager, Head of Service or Matron.

The Deputy Chief Operating Officers (Dep. COO) are responsible for ensuring that their own directorates are compliant with the Trust policy, with regards to the management of timescales and breaches. Also, for identifying those who will assume responsibility for undertaking investigation of formal complaints. They are also responsible for ensuring that the Organisational Learning Action Plan [Attachment 4b](#) and the Quality Assurance Checklist [Attachment 4a](#) are completed by the IO via Division prior to gaining their signature. They will also be responsible for ensuring that any actions or recommendations made following independent review by the PHSO are completed.

The Divisional Management Teams will be responsible for ensuring that the process for complaints management is adhered to. Once a complaint is allocated, it is the responsibility of the directorate to ensure that in the absence of an appointed IO, contingency plans are in place for the management and monitoring of outstanding complaints.

Group Managers, Heads of Service and Matrons are supported by the Divisional Management Teams to undertake their role as IO and that actions and lessons learnt as a result of complaints are updated on Datix and any actions/recommendations are implemented.

The Practice Managers are responsible for ensuring that all formal complaints received by the GP Practices aligned to RWT directly from the patient, are forwarded securely in a timely manner via email securely to the Patient Experience Team. Also, for ensuring that their respective Practices are compliant with the Trust Policy with regards to the management of timescales. The Practice Manager will be responsible for ensuring that the Organisational Learning Action Plan [Attachment 4b](#) and the Quality Assurance Checklist [Attachment 4a](#) are completed and signed by the GP or themselves. They will also be responsible for ensuring that any actions or recommendations made for any complaint where the outcome is partly or full upheld or following independent review by the PHSO are completed in a timely manner.

The Practice Manager will also ensure that any complex clinical complaints will be passed at each stage to the MDU (GP “top-up” indemnity providers) who will review and quality assure the content.

Where the patient complains directly to NHS England, the NHS England regional complaints team will acknowledge receipt and coordinate the complaint on behalf of the patient. The Practice will still undertake the investigation in the same way as they would locally and will notify the Patient Experience Advisor so that it can be recorded on Datix. Once quality assured the final response will be sent to the patient by NHS England. [Appendix 9](#)

4.0 Policy Detail

See [Attachment 1](#) for further detailed information on the complaint procedure.

This policy has been developed to support the following:

Trust Strategy 2021-2022

Patient Experience Strategy 2019-2021

Quality and Safety Strategy 2019-2022

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No

5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	<p>Other comments</p> <p>A financial impact assessment has been undertaken which has revealed that ongoing financial resources will be required for publicity i.e., posters and translation of leaflets. The initial cost of amended publicity resources will be supported from the Patient Experience budget.</p>	

6.0 Equality Impact Assessment

The screening checklist has been completed. Reasonable efforts have been made to eliminate any possible equality and diversity discrimination.

An equality analysis has been carried out and it indicates that:

Tick	Options
	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

7.0 Maintenance

The Deputy Head of Patient Experience and Public Involvement will be responsible for ensuring that the policy is regularly reviewed to ensure it reflects up to date practice and national guidance.

8.0 Communication and Training

For those undertaking a formal complaint investigation (IO's) there is a requirement to undertake training in the process for handling formal complaints and undertaking investigations. Once the key personnel have been identified by the Dep COOs to deal with formal complaints, in-house low-level training will be delivered on an annual basis by the Head of Patient Experience and Public Involvement and the Deputy Head of Patient Experience and Public Involvement.

The Patient Experience Team will arrange for display posters and display boards to be placed at the entrances to each hospital / clinic / department and ward welcoming comments, concerns, complaints and compliments. Leaflets explaining the process and who they can approach for further information will be provided Attachments [1a](#), [1b](#), [1c](#)

The Complaint Management Policy will be available on the Trust intranet included in the Trust bulletins and communicated as a screen saver. An email will be sent out to advise staff of this and a separate briefing held at Divisional and Directorate Governance meetings as requested.

9.0 Audit Process

Compliance with the Trust complaint policy is reported and monitored monthly as part of the Chief Operating Officer's Performance Report to Trust Management Committee and Trust Board and quarterly as part of the Patient Experience Report to Patient Safety Improvement Group in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

An annual report on complaints will be compiled and included in the Trust's Quality Account, and will include: -

- number of complaints received;
- number of complaints upheld.
- number of complaints referred to the PHSO;
- a summary of the subject matter of complaints;
- actions taken and improvements to services as a consequence of the complaints.

Criterion	Lead	Monitoring	Frequency	Committee / Group
Complaints activity including all new, reopened and PHSO investigations	Deputy Head of Patient Experience and Public Involvement	Patient Experience Report/ Divisional Dashboards	Quarterly and Six monthly	Quality Safety Assurance Group
Decrease in the annual number of complainants who refer their complaints to the PHSO	Deputy Chief Operating Officer's/IO's & Deputy Head of Patient Experience and Public Involvement	Bi-annually analysis of complaints data	Bi-annually	Quality Safety Assurance Group
How action plans are followed up and PHSO recommendations	Deputy Head of Patient Experience and Public Involvement Deputy Chief Operating Officers/Divisional Governance Leads	6 - monthly reporting of action plans submitted / annual audit of sample of action plan implementation	Annually	Quality Safety Assurance Group/LfEG

Statutory monitoring of complaints	Deputy Head of Patient Experience and Public Involvement	KO41 Quarterly Report 6 monthly Patient Experience Report/ Quarterly Divisional Dashboards	Quarterly & Annually	Quality Safety Assurance Group /LfEG
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10.0 References

- 1 Statutory Instruments 2009 No 309 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- 2 Department of Health Listening Responding Improving A guide to better customer care 2009
- 3 Principles of Good Administration and Principles for Remedy
- 4 Statutory Instrument 2004 No 1769 the National Health Service [Complaints] Regulations 2004
- 5 Department of Health Guidance to support implementation of the National Health Service Complaints Regulations 2004
- 6 Statutory Instrument 2006 No 2084 the National Service [Complaints] Amendment Regulations 2006
- 7 Department of Health: Supporting Staff, Improving Services – Guidance to support implementation of the: National Health Service [Complaints] Amendment Regulations 2006 [SI 2006 No 2084]
- 8 Care Quality Commission Fundamental Standards Regulation 16 Receiving and Acting on Complaints
- 9 NHS Constitution (DH, 2009)
- 10 The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman, 2008)
- 11 NHS Litigation Authority guidance about complaints
- 12 Being open – communicating patient safety incidents with patients and their carers (NPSA, 2009)
- 13 Parliamentary and Health Service Ombudsman: Listening and Learning: the Ombudsman’s review of complaint handling by the NHS in England 2010 – 11

- 14 Parliamentary and Health Service Ombudsman (PHSO) NHS Complaint Standards (2022)

Part A - Document Control

<p>Policy number and Policy version:</p> <p>OP08</p> <p>Version 7.1</p>	<p>Policy Title</p> <p>Complaint Management Policy</p>	<p>Status:</p> <p>Final</p>		<p>Author: Head of Patient Experience & Public Involvement</p> <p>Chief Officer Sponsor: Chief Nursing Officer</p>
<p>Version / Amendment History</p>	<p>Version</p>	<p>Date</p>	<p>Author</p>	<p>Reason</p>
	1	Jan 2001		Update
	2	April 2009		Update
	3	Feb 2012		update
	4	Sept 2012		update
	4.1	April 2013	Patient Experience Lead	Audit section updated – removing reference to Trust Board and ICC Approved Policy Committee
		April 2013	Patient Experience Lead	Audit section updated – removing reference to Deputy Chief Operating Officers and ICC
	4.2	Oct 2014	Patient Experience Lead	Replacement of Flow Chart.
	5	March 2016	Head of Patient Experience & Public Involvement	Review
	5.1	August 2017	Head of Patient Experience & Public Involvement	Update

6	March 2019	Head of Patient Experience & Public Involvement	Review
6.1	June 2019	Head of Patient Experience & Public Involvement	Amendment to attachment 2 insertion of a timescale for dealing with PALS concerns.
6.2	January 2020	Head of Patient Experience & Public Involvement	Amendment to Attachment 1C – Making a Complaint Information FAQs.
6.3	February 2020	Head of Patient Experience & Public Involvement	Inclusion of additional appendix i.e. Protocol for Co-ordinated Complaints Handling across Health, Public Health and Social Care Boundaries for: City of Wolverhampton Council Social Care Wolverhampton Clinical Commissioning Group And The Royal Wolverhampton NHS Trust
6.4	July 2022	Head of Patient Experience & Public Involvement	Extension applied
7	September 2022	Head of Patient Experience & Public Involvement	Review
7.0	September 2022	Head of Patient Experience & Public Involvement	Minor update to Attachment 1

Intended Recipients: All members of staff employed by the Trust

Consultation Group / Role Titles and Date: Directors, Heads of Departments, Heads of Nursing/Deputy Chief Operating Officer/Staff side/NHSLA Lead/Information Governance

Lead/Head of Patient Experience & Public Involvement/Deputy Head of Patient Experience and Public Involvement	
Name and date of Trust level group where reviewed	Trust Policy Group – September 2022
Name and date of final approval committee	Trust Management Committee – September 2022
Date of Policy issue	September 2022
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	3 yearly or as national guidance/policy changes if earlier September 2025
<p>Training and Dissemination: In house low-level training will be delivered annually to the IO's in the process for handling formal complaints and undertaking investigations.</p> <p>Display posters, leaflets and display boards to be placed at the entrances to each hospital / clinic / health centre/ practice /department and ward welcoming comments, concerns, complaints and compliments.</p> <p>The Complaint Management Policy will be available on the Trust intranet included in the Trust bulletins and communicated as a screen saver. An email will be sent out to advise staff of this.</p> <p>Briefing sessions to highlight the policy changes will be held at Directorate and Divisional level including attendance at Governance meetings as requested.</p>	
<p>Publishing Requirements: Can this document be published on the Trust's public page: Yes (subject to online complaints form being approved and made available) If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of, as well as considering any redactions that will be required prior to publication.</p>	
<p>To be read in conjunction with: Trust Strategy 2021-2022 Patient Experience Strategy 2019-2021 Quality and Safety Strategy 2019-2022 CP53 Safeguarding Adults at Risk OP01 Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (Counter Fraud)</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes Full Equality Impact assessment (as required): Completed NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904</p>	
Monitoring arrangements and Committee	Quality Safety Assurance Group meetings held monthly/quarterly Learning from Experiences Group held quarterly
<p>Document summary/key issues covered.</p> <ul style="list-style-type: none"> • The management of complaints made to the RWT • Directorate and divisional responsibility to support the complaints process and their role in managing organisational learning through actions taken following investigations. • The management of requests received from the Parliamentary & Health Service Ombudsman to investigate complaints made about the RWT 	

<p>Key words for intranet searching purposes</p>	
<p>High Risk Policy? Definition:</p> <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.</p>	<p>Yes / No (delete as appropriate) If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:</p>

Part B **Ratification Assurance Statement**

Name of document: OP08 Complaints Management Policy

Name of author: Alison Dowling: Head of Patient Experience and Public Involvement

I, _____ the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date: 7 July 2022

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version OP08 version 7	Policy Title Complaints Management Policy	
Reviewing Group	Trust Policy Group	Date reviewed: August 2022
Implementation lead: Print name and contact details Judith Davis, Deputy Head of Patient Experience and Public Involvement. Direct dial: 01902 695115:email j.davis3@nhs.net		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead/s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.		
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	In house low-level training will be delivered annually to the IO's by the Head/Deputy Head of Patient Experience and Public Involvement in the process for handling formal complaints and undertaking investigations.	
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed		
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Briefing sessions to highlight the policy changes will be held at Directorate and Divisional level including	

	attendance at Governance meetings as requested.	
Financial cost implementation Consider Business case development	Ongoing financial resources will be required for publicity i.e., posters and translation of leaflets. The initial cost of amended publicity resources will be supported from the Patient Experience budget.	
Other specific Policy issues / actions as required e.g., Risks of failure to implement, gaps or barriers to implementation		

The Complaint Procedure

A patient, representative or their loved one may (should they wish) raise a Patient Advice and Liaison Service (PALS) concern prior to considering raising a formal complaint through the statutory framework for Local Resolution and the PHSO escalation process.

Raising Concerns with PALS Process

Patients, relatives or their representatives with concerns often prefer a central point of contact away from the area where the incident occurred. They may choose to visit, email or telephone the Patient Information Centre. The PALS telephone line and email address are answered by PALS staff who will liaise with the ward and departmental staff to assist in helping to resolve the concern; this will be recorded on the central PALS system.

Front line staff, however, are the most likely first contact for concerns from dissatisfied patients or relatives at the time they occur, and many matters can be dealt with as they arise. Staff are encouraged to answer/resolve concerns wherever possible directly with the patient or relative.

All staff have a duty to help patients, carers, relatives and visitors with any concerns or queries they have, with the emphasis on early resolution. Most complaints start as concerns and are received by front line staff in wards, clinics, at reception desks or by departmental managers. Where the concern cannot be dealt with there and then, requires further inquiry to resolve or the person requests this to be handled informally, the member of staff must refer this to the PALS service who will record this issue and facilitate a resolution.

When initial handling by frontline staff does not prove successful or either party considers the issue is more serious than an informal complaint, this must be referred to the Patient Experience Advisor to initiate the formal complaints process.

Out of normal working hours: 8.30-4.30pm, Monday to Friday, staff should seek advice from the on- call manager. [Appendix 6](#)

Should a patient or their representative be dissatisfied following the consideration of their PALS concern, they may, should they wish, escalate to the statutory formal complaints procedure.

1.0 Formal Complaint Procedure

The purpose of the complaint procedure is to detail actions that will be taken when a complaint is received by the Royal Wolverhampton Hospitals NHS Trust (the Trust). The NHS procedure for handling complaints is divided into two stages;

- 1. Local resolution (Investigation and written response)**
- 2. Independent review** by the Parliamentary & Health Service Ombudsman (PHSO)

1.1 Local resolution (Investigation and written response) – This provides the quickest and fullest resolution to a complaint. This process must be fair, open, flexible and

conciliatory to both complainant and staff. The Trust will send a response, following investigation, to the complainant making the complaint.

- 1.2 Timescales** - The Trust recognises the value of providing swift resolution of formal complaints. However, it should be recognised that some complaints within healthcare are very complex, and a lengthy investigation process may be required in order to provide a high quality response proportionate to the concerns raised.

The investigating officer (IO) must make contact with the complainant and agree timescales for completion. The timescale will not be more than 30 working days for any complaint received. The expected response date to the complainant must be communicated to the Patient Experience Team Advisor who will record this on the Datix system accordingly.

If there are exceptional circumstances and it is identified that the investigation will take longer than the initial timescale suggested, the IO or their representative will contact the complainant to negotiate and agree a new and achievable timescale. This should not be more than 2 weeks.

If, for any reason, this extended timescale cannot be met, this must be escalated to the Deputy Head of Patient Experience and Public Involvement. The appropriate request form must be completed detailing the reasons why the initial extended timescale could not be met in order to seek approval for a further extension (no more than a further 2 weeks).

No more than two extensions (one agreed locally by the IO and one by the Deputy Head of Patient Experience) to the 30-working day timescale will be agreed and complaints must be completed within the timescale agreed.

The Trust will measure performance for completion against the 30 working day timescales and will measure average timescales for completion for each directorate. This will include details of extensions sought. This will feature in PE reports.

The Trust have agreed to become an early adopter of the new Parliamentary and Health Service Ombudsman (PHSO) NHS Complaint Standards, developed with the Care Quality Commission, General Medical Council, the Department of Health and Social Care, NHS England and NHS Resolution. Whilst we will continue to measure performance against the Trust 30 working day timescales, the Trust will also measure its compliance to timescales against the PHSO draft standards for responding to patient complaints during a pilot standards implementation stage.

Details of the Parliamentary and Health Service Ombudsman (PHSO) NHS Complaint Standards, can be found at <https://www.ombudsman.org.uk/complaint-standards>

The standards require all “straightforward”/single issue complaints to be dealt with within six months and 95% within three. Of the “complex” complaints, 80% will need to be completed within six months and half within three months.

See table 1 for definitions.

Table 1

Complexity rating	Timescale for completion (from date of receipt to issue of our final response)	
Straightforward/single issue	95 % within 3 months	100% within 6 months
Complex/multiple issue or multiple organisations	50% within 3 months	80% within 6 months

The IO will give clear timeframes for how long investigating a complaint will take and agree the timescales with everyone involved, including with the complainant.

In keeping with the Regulations section 18, as soon as practical after the end of the financial year, we will produce and publish a report on our complaints handling. This will include how complaints have led to a change and improvement in our services, policies or procedures.

1.3 Meeting a Complainant

If a meeting is arranged with the complainant at any point in the process of dealing with a complaint, the IO must ensure that:

- an appropriate time and setting for the meeting has been arranged,
- enough time for discussion has been allowed,
- the complainant has been advised they can bring a friend, relative or member of an external agency to the meeting,
- the relevant Trust personnel are present at the meeting,

The meeting will normally form part of or be subsumed into an agreed plan. Wherever possible the meeting will be at the agreement of the complainant, digitally recorded and the complainant is given a copy of the CD after the meeting.

The IO will, within a maximum of 20 working days of the meeting having taken place, provide to the complainant a written record, summarising what was said and agreed, in the form of a formal response letter.

If it is the Trust's intention that the complaint be closed via this formal written response, the text should clearly indicate that the local resolution procedure has been exhausted.

All of the preceding information should be explained to the complainant before the meeting commences. The need to maintain appropriate written, dated and signed records at all stages of the complaints process, and particularly in these circumstances, cannot be stressed too highly.

1.4 Independent Review by the Parliamentary & Health Service Ombudsman (PHSO)

- The PHSO will investigate a complaint once the Trust's formal complaints process has been exhausted. The PHSO's principles are detailed in www.ombudsman.org.uk and [Appendix 8](#).

Information required by the PHSO will be managed by the Deputy Head of Patient Experience and Public Involvement with support from the divisional management team.

2.0 Accountabilities

As per Policy OP08 Management of Complaints.

3.0 The Formal Complaint Process

A formal complaint can be made either orally, in writing or electronically via email or accessing this link to the Trust website: [Compliments, Feedback and Complaints \(royalwolverhampton.nhs.uk\)](http://royalwolverhampton.nhs.uk)

All complaints received by any department in the Trust must either be referred to or forwarded directly to the Deputy Head of Patient Experience and Public Involvement who can be contacted on:

Extension 85115 (Internal)

01902 695115 (External)

rwh-tr.complaints@nhs.net

If the patient is an inpatient at the time the complaint is received, the Patient Experience Advisor will liaise with the manager for that area and agree who will approach the patient to discuss their concerns. Alternatively, if the complaint is made by a relative, carer or representative, the patient's consent will be sought. If the patient is unable to give consent, then the next of kin will be approached.

Visitors may complain about issues they have seen on the ward at the time which do not relate to the patient they are visiting. In such cases the complaint will be investigated as per the procedure, however, no personal details about the patient will be released and the complaint will be responded to in general terms only.

4.0 Acknowledgement and pre-investigation by Deputy Head of Patient Experience and Public Involvement

All formal complaints will be acknowledged within **three working days** of receipt; this is done in writing or verbally and undertaken by the Deputy Head of Patient Experience and Public Involvement or the Patient Experience Advisor. [Attachments 3a or 3b](#). The date of acknowledgement will be recorded on the Datix database.

The Deputy Head of Patient Experience and Public Involvement will ensure the following:

- Each complaint is issued with a **unique identification number (Datix)**, (The patient's name will not be used) the identification number will be used to help identify the complaint throughout the process.
- A risk assessment is completed in line with [OP10: Risk Management Reporting Policy](#) using the Trust categorisation matrix. This will be reviewed by the IO before and after investigation. Formal action plans, where required, will be developed by the Directorate and monitored through the Directorate Governance Framework.
- That all complaints graded Amber/Red have been subject to a search on Datix to establish whether an incident has previously been raised. If this is the case, then the Investigating Officer will be provided with the incident number prior to their investigation.
- If the complainant is not the patient ensure that appropriate consent is requested.
- The offer of support from the Wolverhampton Health Advocacy Complaints Service (WHACS) is made. Further information can be obtained from www.whacs.org.uk

4.1 Planning the investigation

Complaints will be investigated in proportion to the circumstances and seriousness of the issues raised and may be guided by the risk grading applied. Investigations for formal complaints range from local fact-finding enquiries to a Root Cause Analysis (RCA) investigation involving the methods listed below. It is important that the investigator considers the differing needs and requirements of the complainant and avoid a "one size fits all" approach. A personalised approach is considered the best option and the IO will determine the best way forward with the directorate team or clinician. The investigation plan must be discussed with the complainant at an early stage.

There are a number of options the IO may utilise when investigating a complaint. This list is not meant to be exhaustive or prescriptive and more than one activity can be used:

- Meeting with the complainant and any staff involved in the patient's care (following guidance in [Attachment 4](#)).
- Review of records/documentation.
- Discussions with key staff involved with complainant's care.
- Statement gathering (Guidance in [Appendix 2](#)).
- Commissioning an independent mediator.
- Involvement of someone not involved in the department where the incident occurred i.e., Peer review.
- Use of the Trust complaint investigation template, [Attachment 4](#). is encouraged where appropriate. It is likely that use of the template will be most suitable where a lengthy written response (e.g., over two A4 pages)

is required, or where the complaint is complex (e.g., with multiple points raised).

- The Trust recognises that serious complaints graded Amber or Red will require a more structured review to ensure that an effective investigation has been undertaken that maximises the potential for organisational learning. Red and Amber graded complaints with a scoring equal to or greater than 12 must have a Root Cause Analysis (RCA) review undertaken at the earliest opportunity. It is the responsibility of the IO to ensure that an RCA takes place.
- An RCA is not required for those cases graded initially as Red or Amber (i.e., according to the complainant's initial report) which are later graded as Yellow or Green upon closer review of the issues. A complaint may be re-graded at any point prior to, during, or after the investigation by the IO or by the Deputy Head of Patient Experience and Public Involvement as more information becomes available. The Datix database must be updated with the new grading assessment.
- The process and template for an RCA review can be found in [OP 10: Risk Management and Patient Safety Reporting Policy](#).

4.2 Duty to cooperate with the investigation and cross organisational complaints handling

All health and social care organisations will work together to ensure coordinated handling of complaints and provide the complainant with a single response that represents each organisations final response. This includes providing information to another responsible body as required or to attend, or ensure it is represented, at any meeting.

5.0 The investigation and outcomes

- 5.1** The nominated IO will carry out the investigation and will receive support from the Deputy Head of Patient Experience and Public Involvement, Directorate and if necessary Divisional Management team. This will include a discussion with the Directorate as to who is best placed to provide information about the complaint, i.e., the consultant/nursing staff/ward sister/matron. All staff who are required to provide information will have the opportunity to have sight of the complaint and also the final response.

Statements and supporting papers will be prepared by the IO as part of the investigation and used to prepare a full and comprehensive response to the complaint. All relevant statements, medical reports/charts/documentation will be kept as part of the supporting papers. All gathered relevant documentation supporting the investigation and its findings must be added to Datix by the IO. [Appendix 2](#)

Members of staff who become involved in investigations into complaints can find it both stressful and traumatic. It is important that we support our staff during these times. [Appendix 3](#)

5.2 Defining outcomes

The IO is responsible for determining the outcome of a complaint which is substantiated by information gained as part of the investigation process and is in line with the methodology used by NHS Digital <http://www.digital.nhs.uk/>. They are also responsible for identifying any lesson's learned as part of the investigation process and for ensuring action plans are implemented and monitored through Directorate governance meetings.

The Trust uses the following criteria:

Upheld	Complaints in which the main or majority of concerns were found to be correct on investigation and an apology given.
Partly Upheld	Complaints in which, on investigation, the main concerns were not found to be upheld, however some of the concerns or issues raised by the complainant were found to be correct and an apology given.
Not Upheld	Complaints in which the main or majority of concerns were not found to be correct on investigation. If a complaint is not upheld, we still recognise the validity of the concern to that complainant and we acknowledge that we have failed to meet their expectations.

For those complaints which are partly or fully upheld the Organisational Learning Action Plan ([Attachment 4b](#)) must be completed and forwarded with the draft response to the complaints team.

6.0 The draft response

The IO will write the complaint response and copies will be sent to all relevant parties involved for comment. It is then the responsibility of those individuals to respond in agreement or comment, prior to the draft response being sent to the Divisional Management team for quality assurance and approval ahead of the deadline for response. Failure to respond within the set period will be acknowledged as agreement for the response to progress.

It is the responsibility of the Head of Patient Experience and Public Involvement (or the Deputy Head of Patient Experience/ Patient Experience Advisor in their absence) to ultimately approve the draft response that is sent to the Chief Executive. The Head of Patient Experience and Public Involvement will make any amendments as necessary to the draft response, for example, to improve the grammar or language of the response. If it is considered that substantial changes are required (e.g., changes that significantly alter the content and/or meaning of the draft response), the response will be referred back to the IO or responsible Head of Service for further review as appropriate.

7.0 The final response and supporting papers [Attachment 5a](#)

A final response (with supporting papers) will go to the Chief Executive for review. Once the Chief Executive has approved and signed the letter, the Patient Experience Advisor will send the letter to the complainant. A copy of the letter will be stored (with supporting papers) by the Deputy Head of Patient Experience and Public Involvement for a period of 10 years.

The final response will include:

- an explanation of how the complaint has been considered.
- the conclusion reached including an apology if required.
- details of remedial action needed.
- confirmation of action to be taken.
- a feedback questionnaire to the complainant [Attachment 5b](#)
- a leaflet providing information on the steps open to the complainant if they are dissatisfied with the Trust's response [Attachment 5c](#)

The complaint will be closed and all documentation filed appropriately as a 'closed complaint' and filed electronically on Datix.

8.0 'Second' and subsequent letters received relating to the same complaint

If a complainant remains dissatisfied with a Trust response, they may contact the Trust again seeking a further response or additional action from the Trust. Where appropriate the case will be re-opened and a further response provided in line with the principles cited earlier for local resolution. If the complainant contacts the IO directly, the Deputy Head of Patient Experience and Public Involvement or Patient Experience Advisor should be notified so that the case can be re-opened on Datix and the timescales monitored.

The Trust will make all reasonable and proportionate efforts to resolve a complaint. If, upon review of a further contact from the complainant, the IO considers that additional efforts at local resolution would not be productive, this should be discussed with the Deputy Head of Patient Experience and Public Involvement. They will consider whether to bring local resolution to a conclusion and, if felt appropriate, will ask the Chief Executive to sign a letter advising the complainant that further local resolution will not be productive and requesting that the issues be directed to the PHSO if the complainant remains dissatisfied. The Deputy Head of Patient Experience and Public Involvement may also discuss the continued benefit of local resolution verbally with the complainant or with the PHSO.

Each case where a complainant advises they remain dissatisfied, the case is reviewed by the Deputy Head of Patient Experience and Public Involvement. This review leads to one of the following courses of action, according to the complainant's preference:

- The lead Directorate is asked to re-investigate the outstanding concerns and send a further response letter to the complainant addressing these issues.
- On rare occasions, a letter may be sent to the complainant advising that the Trust feels that it has already addressed all of the concerns raised and reminding the complainant that if they remain unhappy, they have the option of asking the Parliamentary and Health Service Ombudsman to independently review their complaint.

In the event that we do not have enough information to initiate the process outlined above, the Deputy Head of Patient Experience and Public Involvement will contact the complainant to clarify which issues remain unresolved and, where possible, identify some specific questions that the complainant wishes to be answered. The case will then be re-opened and a further response provided in line with the principles cited earlier for local resolution.

In all cases where a further written response is produced, the draft is reviewed by the Deputy Head of Patient Experience and Public Involvement and/or the Head of Patient Experience before sending it to an Executive Director for signing.

In the event that a complainant comes back to us again, having received two responses (whether in writing or by way of a meeting), the case will be escalated to the Head of Patient Experience & Public Involvement or Deputy Head of Patient Experience for review.

Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

9.0 Lessons learned & action plans

The majority of complainants want to know that their concerns have been listened to, action has been taken to put things right and lessons have been learned from the situation.

Where a final response to a complainant identifies the need for changes and recommendations, these must be discussed with the directorate and all actions agreed. The IO will liaise with the directorates involved in the complaint to ensure that a formal action plan is produced for complaints following investigation and that any recommendations are implemented within the timescales specified in the plan. A copy of the action plan must be sent to the Deputy Head of Patient Experience and Public Involvement or Patient Experience, who will maintain a record of action plans received and of those still outstanding. Datix must be updated with full details of any identified and agreed actions (on the investigation screen) and copies of the action plan added at the same time by the IO. If it is determined following the investigation of the complaint that no further actions are required, the Deputy Head of Patient Experience and Public Involvement or Patient Experience Advisor must be notified accordingly.

Monitoring of the action plan implementation will rest with the directorate and will be monitored through the governance framework.

Where the Trust has failed to get things right, and this has led to injustice or hardship, steps should be taken to put things right. This may include:

- reviewing or changing a decision on the service given to the individual.
- revising published material e.g., patient information leaflets.
- revising procedures, policies or guidance to prevent the same thing happening again.
- training or supervising staff.
- financial recompense (as agreed with the Deputy Chief Operating Officer).

In cases where it becomes apparent that complaints may lead to clinical negligence claims these must be discussed with the Legal Services Manager.

10 Confidentiality and Consent

Confidentiality of patient information is paramount. The disclosure of information from complaints should only be made available

- to the patient;
- the complainant, with the express permission of the patient;
- the patient's representative where the patient is unable to act for themselves;
- those referred to in the complaint including individual members of staff and their line manager;
- other members of staff as may be necessary to ensure an effective investigation.

If a relative or friend is acting on behalf of the patient, the patient must complete a form consenting to the release of information [Attachment 1e](#). It is the responsibility of the complainant to obtain the signed consent of the patient. However, the Trust recognises that some patients may not be able to sign a form and verbal consent may be requested in those circumstances. The person taking the verbal consent will make reasonable efforts to confirm the identity of the patient by asking simple questions about their personal information or care history. A clear file note should be made whenever verbal consent has been obtained.

If a patient has died, their personal representative can sign the consent form. The personal representative is the person or persons entitled to administer the deceased person's estate. The Access to Health Records Act 1990 also allows for information to be released to any person who may have a claim arising out of a patient's death. If the information requested through the complaint relates solely to the circumstances of a person's death, their closest relative or contact person (next-of-kin) may sign the consent form.

Where a patient lacks capacity on a long-term or permanent basis to consent to the release of information to the complainant, and no prior legal authority exists for the complainant or any other person to act on the patient's behalf, the Deputy Head of Patient Experience and Public Involvement may, in full consideration of the circumstances, agree to the release of limited confidential information to the complainant. Any disclosure must be proportionate and in the best interests of the patient.

The patient may have expressly stated prior to being unable to give their consent that they do not wish any information to be divulged to a named person or persons. Such intentions of the patient must be recorded in the patient's medical records. In such cases, the wishes of the patient must be strictly observed.

11 2018 Data Protection Act

All staff must comply with the provisions of the 2018 Data Protection Act when handling complaints which state:

The complaint file is disclosable on request from the patient or a person legally responsible for the patient. However, the Deputy Head of Patient Experience and Public Involvement should consider that the file does not contain private information relevant to other parties.

All such requests must be made through the Trust Data Protection Team and a Subject Access Request form must be completed as part of the process. The Data Protection Team will then liaise with the Deputy Head of Patient Experience and Public Involvement.

The purpose of the information gathered is specifically to investigate/respond and make changes as appropriate and share best practice

All complaint correspondence must be filed separately from the health records.

Records of complaints must be stored confidentially as indicated in the Trust's Records Management Strategy.

12 Litigation Cases

Where a complainant states an intention to take legal action or has requested compensation, the Deputy Head of Patient Experience and Public Involvement must inform the Legal Services Manager and the appropriate Divisional Management team. However, unless otherwise advised the complaint will continue to be dealt with under this policy.

It should not be assumed that, because a complainant has communicated their complaint through a solicitor, the complainant's intention is to take legal action, unless there is an express intention from the solicitor to this effect. The advice of the Legal Services Manager should be sought in any case of difficulty or doubt.

13 Complaints of a criminal nature

The complaints procedure is not geared to investigate matters of a serious criminal nature e.g., accusations of sexual or physical abuse. In such circumstances the Deputy Head of Patient Experience and Public Involvement will highlight the matter to the Medical Director/Chief Nurse to determine the correct course of action, which may involve the police or appropriate other authority. If there are concerns about safety of children or vulnerable adults these will be escalated to the Safeguarding Lead to be acted upon immediately in accordance with [CP 53: Safeguarding Adults at Risk](#).

Any complaints which do not meet the requirements of Section 42 Safeguarding will be managed through the Trusts formal complaints process.

14 Disciplinary Cases

Where it becomes apparent that disciplinary action is indicated the Deputy Head of Patient Experience and Public Involvement must inform the Head of Nursing/Matron/Consultant/Manager and Human Resources Department. However, the investigation of the complaint should continue to be dealt with under this policy. It may be necessary for the complaint lead to discuss the matter with the complainant and agree a relevant timescale for response.

The final response to the complainant must be mindful of patient and staff confidentiality at all times. The complainant should be informed of what has happened, why it happened and that the Trust will do its utmost to prevent a recurrence.

15 Administration and Documentation

An integral part of good complaint handling is the need for excellent record keeping. Staff should be aware that if a complaint escalates to the second stage it is imperative that the Trust is able to demonstrate due process in following the policy and that we have done what we have said we will do and have the evidence to prove this. It is therefore a requirement that all complaint documentation is uploaded to Datix on completion of the investigation. See guidance in [Appendix 9](#).

16 Equipment Required

Electronic access to Datix and a secure, lockable cupboard for filing confidential patient information.

Listening and Learning

Do you have a compliment, suggestion or complaint?

Royal Wolverhampton NHS Trust is committed to providing high standards of care and service. However, we know that, as in any other organisation, things can go wrong.

We would like to hear what YOU think about our services – whether good or bad. So, please let us know if you are unhappy about any aspect of the service provided. You can tell us your views about anything. Examples might be comments about your treatment, about a member of staff, or about our buildings and facilities.

How to tell your views

We find that concerns are much easier to sort out on the spot – so please tell the staff involved in your care as soon as possible if there are any problems. You can ask to speak to the member of staff in charge of the ward or department so that you can tell them your views. Where possible, they will try to resolve your concerns immediately, or by the next working day.

If you feel unable to talk to staff in the ward or department, you may like to talk things over with someone from our Patient Advice and Liaison Service (PALS).

PALS is available to all patients, their carers and their families to aid with on the spot resolution to any concerns you may have.

For PALS Telephone 01902 695362
or E-mail: rwh-tr.pals@nhs.net

If an issue or concern cannot be resolved, you may wish to make a formal complaint.

The NHS has a legal procedure that all Trusts follow in investigating formal complaints. Don't worry about this as we will guide you through every step. You can be assured that the quality of your care won't be affected because you have made a complaint. We are happy to discuss any concerns you have about this.

On the reverse page we list a number of ways you can contact us to make a complaint.

Taking independent advice

If you feel you need some help and advice in making a complaint, you can contact the Independent Complaint Advocacy Service (ICAS). ICAS offer a free, impartial and independent service for people who wish to make a formal complaint about the NHS. They can be contacted on 0845 120 3748.

Contacting the Complaints Team

By letter:

Write to the Patient Information Centre, New Cross Hospital,
Wednesfield Road, Wolverhampton, WV10 0QP.

By telephone:

01902 695362/5368

By e-mail

Send to rwh-tr.complaints@nhs.net

(Please remember standard e-mail is not secure, so potentially someone could read the details you are sending).

We have also provided with this letter a list of frequently asked questions to help you when you are thinking about making a formal complaint.

Of course, if you have any questions at all, please do not hesitate to contact our PALS or Complaints teams.

Listening and Learning

You can use this form to tell us about your experiences. However, please also feel free to use one of a range of feedback mechanisms to share your views i.e., to send a letter, to e-mail, or to telephone us.

Your Name and Address:

Daytime Telephone Number: _____

Patient Name (please include date of birth):

Name _____ Date of Birth _____

Your concerns:

It is helpful to number the key questions or issues that you would like to raise at the end of the form. We recommend focusing on a smaller number of issues that are most important to you. This helps us to focus on the points that matter most to you.

Please attach a blank sheet of paper if you wish to continue.

Signed:

Date:

Please return this form to: PALS & Complaints Team, The Patient Information Centre, Zone C Location C2, The Royal Wolverhampton Hospitals NHS Trust, New Cross Hospital, Freepost WV1894, Wolverhampton. WV10 6BR

Listening and Learning

Making a Complaint - Frequently Asked Questions

1. How should I write my complaint?

You can submit your complaint via letter, email or on the enclosed form. It is very important that you think about what you would like to achieve. We are more likely to be able to help if you can be specific about your complaint and realistic about what you want to happen as a result.

- Try to remember as much information as possible, including dates, times, places, and details of staff involved. Staff will usually wear Trust name badges, but if you can't remember these please write down any descriptions.
- Write down your key points and questions at the end of your letter. It is helpful if you could number these (point 1, 2, 3 etc...). This makes it easier for us to address directly the issues you are most concerned about.
- Please tell us clearly what you simply want to pass on as feedback, and what you would like us to investigate and respond to. We recommend focusing on a smaller number of issues that are most important to you. This helps us to focus on the points that matter most to you.

2. Is there a time limit for making a complaint?

You should make a formal complaint within 12 months of the incident happening, or within 12 months of you being aware of the problem that you wish to complain about.

We can waive this time limit if there are good reasons why you could not complain earlier. An example might be if you were too unwell to raise your concerns. However, please remember that many issues become more difficult to investigate as time passes.

3. Can I claim compensation?

You will typically need to take legal action if you want to make a claim for compensation. The NHS Complaints Procedure does not deal with cases for damages as a result of clinical issues. We cannot advise you about a legal claim and can only suggest that you seek independent advice.

4. I am worried that making a complaint will affect my care. Will the staff treat me differently?

No, our staff are encouraged to respond positively to complaints and view them as a learning experience. However, if you have any concerns about this, please discuss these with us.

5. Who can complain?

Any NHS patient can complain about any of the services they have received. You can complain on behalf of a friend or relative. However, they must agree to let you complain on their behalf.

When you make a complaint on behalf of someone else, we will send you a form called "Permission to Act on My Behalf". This should be signed by the patient to show that they are happy for you to complain on their behalf.

6. What will happen after I contact you?

Upon receipt of your formal complaint we will send you an acknowledgement letter within 3 working days. The letter will also detail who the investigating officer will be and when you can expect to receive a response. The investigating officer may wish to speak with you directly so that they are clear about your concerns. They may also contact you to see if your concerns can be resolved quickly outside of the formal procedure, particularly if you have an immediate care issue that requires attention.

7. Can you help if I have additional needs?

Yes, please let us know how we can help you. If you have a learning disability or visual impairment our organisation will assist and make reasonable adjustments to the complaints process in order to make the service more inclusive and accessible. This includes supporting you to make a complaint by listening to and noting your verbal complaint on your behalf. All of our published information can be made available in other formats, such as on a CD or as a word document for text reading. Our formal response can be sent this way too. If you have trouble reading or speaking English, please let us know and we will find a way to help.

8. Why should I make a complaint?

We cannot change your experiences however, we will apologise for any care failings. We will also tell you about any changes we are making within the hospital to improve the standard of service for future patients.

9. I have concerns about my care across a number of different hospitals. Do I have to complain to each in turn?

No, as long as some of the concerns relate to our service, we will contact the other organisations on your behalf.

Finally, please do let us know if you have any other questions.

Making a complaint on behalf of someone else

If you are unhappy with the care a relative or friend has received, you may wish to raise your concerns with us directly. We are very happy to receive complaints from a patient's loved ones. There are though some important points you should be aware of.

Hospital staff have a legal duty to protect a patient's confidentiality.

We cannot give you any private details about a patient's care unless they give us their permission. The duty of confidentiality also persists after a patient has died. However, the law gives some people access to a deceased person's medical information.

We cannot investigate a complaint about a patient's care unless they have agreed that you can act as their representative.

If the patient is a child, they should make the complaint themselves if possible. The law says that there has to be a good reason why a representative is complaining on the child's behalf.

A patient must be happy for you to complain on their behalf.

Special rules apply if a patient is physically unable to agree to the complaint being made or lacks the mental capacity to consent.

If a patient is not able to give consent, the person legally charged with looking after their affairs can agree to the complaint being made. In other situations, we will consider what is in the patient's best interests.

With this leaflet, we have sent you a form. It is called "Permission to act on my behalf". We cannot reply to your complaint until this form is completed and returned to us by post.

Do we have the answer to your question?

We certainly do not want to stop you from making a complaint. However, we hope you will understand the legal and ethical obligations we have to protect our patients' privacy.

We've listed some common questions below. Please let us know if you have any other queries.

I have been to all of the patient's appointments and know all about their care. Why do I need to obtain a signature now?

We need to be sure for our records that the patient is happy for us to give you information.

I only wanted appointment details clarified. Why have you sent me a form?

All information about a patient's care is confidential. Sometimes, the appointment information is sensitive and can be sufficient to identify what condition a patient has.

The patient is not able to sign. What should I do?

Firstly, **if the patient is physically and mentally able to sign, they must do this themselves.** If there are any language or physical barriers to the person signing, please let us know and we can look at other ways of obtaining their consent.

If a patient is currently unable to look after their own affairs and they cannot consent to giving us the information, then the form needs to be completed by whoever is legally charged with looking after that person's interests. The person completing the form will need to say why they are signing on behalf of the patient.

If a patient has died, the personal representative can sign the form. The personal representative is the person entitled to administer the deceased person's estate. The Access to Health Records Act 1990 also allows for information to be released to any person who may have a claim arising out of a patient's death. However, if the information requested through the complaint relates solely to only the circumstances of a person's death, their closest relative may sign the form.

I have made the complaint. Can I complete the form?

Yes. As long as the patient **signs** the form and understands what they are signing, you can fill in all the other details for them.

I don't want the patient to know that I have complained, as this will upset them.

We understand why you might feel that way, but the patient must agree to the complaint. If you have any

further questions, please:

Telephone us on 01902 695332

E-mail us at rwh-tr.complaints@nhs.net

Permission to Act On My Behalf

Safeguarding the privacy of our patients

Use this side of the form if the patient is signing to give their consent.

(1a) My full name is _____

(1b) I live at _____

(1c) I was born on this date _____

(2a) I am aware that a complaint has been made on my behalf by _____

(2b) Who lives at _____

I agree to this complaint being made. I give permission for The Royal Wolverhampton NHS Trust to release personal information about me to the person listed above (in 2a).

I understand this means that details about my medical condition and treatment will be included in a written reply to the above person. I realise that I do not have to sign this form if I do not want to.

Signed: _____ Date: _____

Do not sign this form if you do not understand what it means.

Warning: You must sign above only if you are the person identified in (1a). You must not falsify someone else's signature or sign on their behalf, as you could be liable for prosecution. If there is a reason why the patient cannot sign themselves, please use the reverse side of this form.

More information can be found in our advice leaflet titled "Making a complaint on behalf of someone else". This should have been sent to you with this form.

Permission to Act On My Behalf

Safeguarding the privacy of our patients

Use this side of the form if the patient is deceased.

Step 1. Write down the patient's details

(1a) The patient's full name is _____

(1b) The patient's date of birth is _____

Step 2. Write down the details of the person making the complaint.

(3a) A complaint has been made about the patient's care by _____

(3b) who lives at _____

Step 3. To be completed and signed by the person giving consent for the complaint to be made. For example, this could be the personal representative or someone with legal authority to make decisions on behalf of the deceased patient (e.g. if there is a Lasting Power of Attorney for health and welfare in place).

(3a) My name is _____

(3b) I live at _____

I give permission for Royal Wolverhampton NHS Trust to release details of the deceased patient's care to the person making the complaint. I understand this means that details about their medical condition and treatment will be included in a written reply to that person.

Please tick one.

I am the deceased patient's personal representative

I have authority to act on the person's behalf (if you have ticked here, please give further details below and attach any supporting documents)

Signed: _____ Date: _____

If you falsify someone else's signature, or do not tell the truth on this form, you could be liable for prosecution.

Our ref: XXXXX

Date

Private & Confidential

Name and Address

New Cross Hospital
Wolverhampton Road
Wolverhampton
West Midlands
WV10 0QP

Tel: 01902 307999

Dear xxxxx

Your Complaint re xxxxxx Hospital No xxxxxx Our Ref –xxxxx

Thank you for your correspondence which we received in this office on xxxxxx, regarding concerns relating to the care and treatment provided to xxxxxxxxxx, by The Royal Wolverhampton NHS Trust.

I am very sorry that you have been dissatisfied with our service and felt compelled to raise a formal complaint.

Please accept this letter as acknowledgement of your complaint and contact with us.

Having reviewed the issues you raise, The Royal Wolverhampton NHS Trust (RWT) has made the decision that this matter should be subject to a Root Cause Analysis (RCA) investigation.

An RCA is a method used for identifying the root cause of serious omissions in care and will examine an incident in great detail.

In these circumstances an RCA investigation supersedes the Trusts formal complaints process.

As such and in compliance with the Duty of Candour placed on a public authority, you will receive written formal notification of the decision to conduct a RCA, which will include proposed timescales and details of the terms of reference for any subsequent investigation.

At the conclusion of the RCA you will receive details of the investigation and any subsequent outcomes and learning.

If you have any questions, please do not hesitate to contact this office on 01902 695362/5368, by letter to the above address, or by sending an e-mail to

Chairman: Professor Steve Field CBE
Chief Executive: David Loughton CBE
Preventing Infection - Protecting Patients

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rwh-tr.complaints@nhs.net

Yours sincerely

Our ref:

Date

Private and Confidential

Name and Address

Your Complaint re- xxxxxxx - Hospital Number –xxxxxx - Our Ref- xxxxx

Dear,

Thank you for your letter which we received in this office on xxxxxxx regarding care and treatment provided to you, at The Royal Wolverhampton NHS Trust.

I am sorry that you have felt the need to raise a formal complaint.

Please accept this letter as acknowledgement of your complaint and contact with us.

Your comments have been forwarded to xxxxx (Group Manager) at the Royal Wolverhampton NHS Trust to review further and they will act as the “Investigating Officer” of your complaint. The formal complaint procedure is a 30 working day process that begins upon receipt of the complaint. We aim for the investigation to be completed and for a final response letter, signed by the Chief Executive, to be posted out to you by xxxxxx.

The Investigating Officer may contact you before this date if necessary.

You may already be aware that you can get independent advice about making a complaint from Wolverhampton Health Advocacy Complaints Service (POhWER) who can be contacted on 0300 456 2370. POhWER offer a free, impartial and independent service for people who wish to make a formal complaint about the National Health Service.

If you have any questions, please do not hesitate to contact this office on 01902 695362/5368, by letter to the above address, or by sending an e-mail to rwh-tr.complaints@nhs.net

Chairman: Professor Steve Field CBE
Chief Executive: David Loughton CBE
Preventing Infection - Protecting Patients

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Yours sincerely

Our ref:

Date

Private & Confidential

Name and address

Dear XXXXX

Re : - XXXXXX DOB XXXXXX Hosp No XXXXXX

Thank you for your letter/email, which we received on xxxxxx regarding concerns that relate to the care provided to xxxxxxxx, whilst a patient at The Royal Wolverhampton NHS Trust.

I am very sorry that you have been dissatisfied with our service and felt the need to raise a formal complaint.

Please accept this letter as acknowledgement of your contact with us.

As you are making a complaint with regards to xxxxxx care, we will require formal consent from (the patient) to allow us to address your complaint on her behalf. I am therefore sending through a "Permission to Act" consent form. It is very important that this is completed by the patient in the first instance as we are restricted in our ability to address your comments without this consent. I have attached an information leaflet with the form, but please do not hesitate to contact me should you require any further information.

Once consent is received your comments will be forwarded to a senior manager to review further. They will act as the "Investigating Officer" of your complaint and may contact you to discuss the issue(s) if necessary. We aim to have a final response posted out to you, signed by the Chief Executive, within 30 working days taken from the date the consent is received.

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Chief Executive: Professor David Loughton CBE
[Preventing Infection - Protecting Patients](#)

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SMOKEFREE





The Royal Wolverhampton
NHS Trust

New Cross Hospital
Wolverhampton Road
Wolverhampton
West Midlands
WV10 0QP

Tel: 01902 307999

You may already be aware that you can get independent advice about making a complaint from Wolverhampton Health Advocacy Complaints Service (POhWER) who can be contacted on 0300 456 2370. POhWER offer a free, impartial and independent service for people who wish to make a formal complaint about the National Health Service.

Yours sincerely

Chairman: Professor Steve Field CBE
Chief Executive: Professor David Loughton CBE
Preventing Infection - Protecting Patients

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SMOKEFREE



Attachment 3c

Our ref: XXXXX/XX

Date:

Private and Confidential

XXXXXXX
XXXXXXX
XXXXXXX
XXXXXXX

Dear Mr XXXXX

Thank you for your further letter dated XXXXX, which we received XXXXX.

I am sorry to learn that the Trust has not been able to resolve your concerns.

I have forwarded your further comments to XXXX, the Investigating Officer, who will undertake a further review of this matter.

In the meantime, if you have any queries, please do not hesitate to contact me.

Yours sincerely

Name
Patient Experience Advisor
Contact number
Email address

Attachment 3d

New Cross Hospital
Wolverhampton
West Midlands
WV10 0QP

Tel: 01902 307999

Our ref:

Date

Private and Confidential

Name and address

Dear

Further to my letter to you dated XXXX, I write to advise you that the investigation into your complaint is still on-going and therefore it is necessary to request an extension to the timescales noted previously.

I aim to have completed my investigation and provide you with a detailed response by XXXX.

Whilst the Trust appreciate that you are awaiting a response, and acknowledge that this should be provided in a timely manner, I want to ensure that the investigation is thorough and that the response provided is detailed and addresses the concerns raised.

If you wish to discuss this matter further, please do not hesitate to contact me on XXXX.

Yours sincerely

Name

Title

Chairman: Richard Harris
Chief Executive: David Loughton CBE
Preventing Infection - Protecting Patients

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WCA 531 02.11.12





The Royal Wolverhampton
NHS Trust

New Cross Hospital
Wolverhampton Road
Wolverhampton
West Midlands
WV10 0QP

Tel: 01902 307999

Our ref: ??/

Date

Private & Confidential

Name & Address

Dear XXXXXXXX

Your complaint re Hosp No XXXXXX – our Datix ref: XXXXXX

Thank you for returning the completed consent form, which we received on XXXXX.

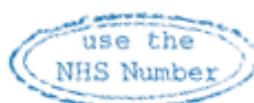
Your comments have now been forwarded to XXXXXXXX (Group Manager) to review further and he/she will act as the “Investigating Officer” of your complaint.

The formal complaint procedure is a 30 working day process that begins upon receipt of the complaint and associated consent. We aim for the investigation to be completed and for a final response letter, signed by the Chief Executive, to be posted out to you by XXXXXXXXXXXX. The Investigating Officer may contact you before this date if necessary, regarding the way forward.

Yours sincerely

Name
Job Title

Chairman: Professor Steve Field CBE
Chief Executive: Professor David Loughton CBE
Preventing Infection - Protecting Patients



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A report into the care of Mr Anonymous

Part 1: Introduction (Reason for Investigation)

Part 2. How the complaint has been investigated (Methodology)

Part 3: History and Case Background (Overall Summary)

Part 4: Findings (Reply to Individual Concerns and Questions)

Part 5: Conclusion

Part 6: Learning (Action Planning and Recommendations)

Part 7a: Statement of Openness and Fairness

The Trust seeks to promote an open and responsive culture where any poor experiences are listened to and learnt from. To the best of my knowledge this report is accurate. I have included all details that I believe are relevant and important to the concerns identified. I have considered the recollections and statements of all parties involved when preparing this report.

Signed:

Date:

My Name

My Job Title

Attachment 4a

Key Performance Quality Assurance Checklist

This form must be completed in full and accompany the draft response on return to the Patient Experience Team

Complainant's name

Datix ID

CRITERION	YES	NO	COMMENTS
The complaint has been acknowledged within 3 working days of receipt of the complainant's letter and the acknowledgement letter includes the name and contact number of the investigating officer, information about the complaint process, timeframe for response, information about independent advocacy support and the offer of a meeting (if appropriate).			
Is this a joint organisational or directorate complaint? If so involve other directorate/organisation at the beginning of the investigation. This will help determine timescales for completion.			
IO to make contact with the complainant and agree: <ul style="list-style-type: none"> • Issues to be investigated and the desired outcome. • Timescales agreed with complainant for completion within 30 working days. • The method of feedback desired 			
If required/appropriate <ul style="list-style-type: none"> • Extension 1 been agreed with the complainant 			
<ul style="list-style-type: none"> • Extension 2 been agreed with the Deputy Head of PE 			
All members of staff/organisations to assist you in investigating and responding have been identified by the Investigating Officer and the Patient Experience Advisor.			
Written statements are completed by all individuals involved in the complaint.			
Has the draft response been shared with all the staff involved and directorates providing comments ahead of Divisional sign off?			
The final response includes; <ul style="list-style-type: none"> • All the issues raised using easy to follow language and providing explanation of medical terminology • Understanding what should have occurred/provided vs what was experienced (if there is a difference why and if there is no difference why does the 			

complainant believe there was?) <ul style="list-style-type: none"> • Issues identified that require an action to put things right are clearly articulated • An explanation of action taken • Sincere apology where due • Signposting to the PHSO 			
Actions to avoid a recurrence are identified and recorded on Datix and an action plan developed and attached also.			
Ensure response is checked and approved by Divisional Management Team			
The complaint investigation summary has been completed by the investigating officer and returned with the draft response to the complaints team.			
Initial grading has been reviewed post investigation and revised grading updated on Datix (if appropriate)			
Has the complaint been not/partly/fully upheld.			
Was this complaint subject to another investigation (SUI/RCA/External) ? If so advise the complaints team.			
Each Directorate has 'complaints review' as a standing agenda item at their local governance meetings			
Correspondence relating to the complaint is not included in the patients' medical records			
Datix updated with all relevant documentation.			

Directorate Sign off

Name

Signature

Date

Divisional Team Sign off:

Name

Signature

Date

Original Grading Reviewed Grade post investigation

OP08 Appendix 4b

ORGANISATIONAL LEARNING ACTION PLAN

To be completed by Investigating Officer and signed by Deputy Chief Operating Officer

Using the lessons learned post investigations, please complete this plan to identify actions to be taken to resolve each of the issues raised in the complaint

Action Plan

No	Root Cause	Recommendation to address identified root cause	Action/s to implement the recommendation	Implementation Lead (Job Title)	Target Date for Completion
1					
2					
3					
4					
	Lessons Learned/ Incidental findings				
5					

Please note: The final action plan will be approved by the Divisional Management Team before sending onto the Commissioners for closure. The Healthcare Governance Manager will ensure that the Directorate Management Team receive the finalised version of the

report and action plan. The Directorate will then be responsible for ensuring the Implementation Leads are aware of the action attributed to them and the target date for the action to be completed and monitoring all actions through to completion.

COMPLAINT AND ACTION PLAN QUALITY ASSURANCE SIGN OFF

Investigating Officers Name		
Investigating Officers Signature		
Deputy Chief Operating Officer/Head Nurse Name		
Deputy Chief Operating Officer/Head Nurse Signature		

Date of Divisional sign off;

Attachment 5a

PROTOCOL FOR FINAL RESPONSE LETTERS PREPARED ON BEHALF OF THE CHIEF EXECUTIVE

Please note that the following suggestions are a guide only and you may need to adjust the wording to suit the circumstances.

- Before writing the final response ensure that all the issues have been identified and investigated
- The tone of your letter should be sympathetic, clear and accurate, avoid technical terminology and include apologies as appropriate.
- All responses should be shared with those complained about and those who have provided information to assist in resolving the complaint.

Private and Confidential

Dear *

Thank you for your letter dated **(date of original complaint letter)**. (Name and title of person investigating the complaint) has, on my behalf, investigated the issues you raised in your letter and I do hope you will find our comments helpful.

The investigation has included (i.e. discussions with/obtaining statements from etc).

For ease of reference I have used your concerns as sub headings. **(List those issues of concern which have been identified from the original letter of complaint – for example)**

1. The care and treatment of your mother Mrs Smith, whilst an inpatient on Ward X

Response – to include conclusions reached and any actions taken
.....
.....

2. Missing Medical Records

.....
.....

3. Lack of car parking space

The following two paragraphs are mandatory for inclusion in your final response and the final response for FORMAL complaints must be signed off by the Chief Executive.

I am sorry that you have needed to bring your concerns to my attention but I sincerely hope that my letter has addressed the issues raised to your satisfaction. However, if you feel there are any outstanding issues or you feel it would be helpful to discuss your complaint further, please do not hesitate to contact (name of investigating officer) on (telephone number) who would be happy to help you. If this is the case we would ask that you contact us within four weeks.

If you're not happy with our final response to your complaint and would like to take the matter further, you can contact the Parliamentary and Health Service Ombudsman. The Ombudsman makes final decisions on complaints that have not been resolved by the NHS, government departments and some other public organisations. The service is free for everyone. To take a complaint to the Ombudsman, go to www.ombudsman.org.uk/making-complaint or call 0345 015 4033. It is important that you make the complaint as soon as you receive our final response as there are time limits for the Ombudsman to look into complaints'.

Yours sincerely

Professor David Loughton CBE
CHIEF EXECUTIVE

WHERE A COMPLAINT INVOLVES A BEREAVEMENT THE OPENING PARAGRAPH SHOULD ALSO EXPRESS OUR CONDOLENCES

WHERE THERE HAS BEEN A DELAY IN RESPONDING TO THE COMPLAINANT, APOLOGIES SHOULD BE GIVEN TOGETHER WITH THE REASON FOR THE DELAY.

NB Reasons for delay in responding to a complaint should not be stated as being due to a member of staff being on annual leave. In such cases appropriate arrangements need to be made for the complaint

to be delegated to the next most suitable person to provide the response.

Please tell us about your experience of our complaints procedure

We would be very grateful if you could take a few moments to complete this questionnaire. This will be used to help improve our complaints service.

- Please indicate how strongly you agree or disagree with each statement. If you don't have a strong opinion either way, please tick "Neutral".
- Please tick one box only.

1. I was satisfied by how quickly the response to my letter arrived.

<input type="checkbox"/>				
Strongly Agree	Agree	Neutral	Disagree	Strongly disagree

2. I felt there was too long a period without any contact from the hospital.

<input type="checkbox"/>				
Strongly Agree	Agree	Neutral	Disagree	Strongly disagree

3. I thought the response answered all of the concerns I had raised.

<input type="checkbox"/>				
Strongly Agree	Agree	Neutral	Disagree	Strongly disagree

4. I did *not* understand the letter/report because it contained too many medical terms that were not explained.

<input type="checkbox"/>				
Strongly Agree	Agree	Neutral	Disagree	Strongly disagree

5. I feel as if my concerns have been listened to and taken account of.

<input type="checkbox"/>				
Strongly Agree	Agree	Neutral	Disagree	Strongly disagree

6. I felt the findings of the investigation were fair.

Strongly Agree

Agree

Neutral

Disagree

Strongly disagree

7. Please enter below any general comments you wish to make about the investigation and response you have received from the Chief Executive (sorry, we can't respond in detail to these – please contact us separately if you would like us to review your case).

8. When you first made your complaint, how did you let the hospital know about your concerns?

By e-mail

By letter

By speaking to someone over the phone

Other (please specify)

9. Were you satisfied with how easy it was to make a complaint?

Yes

No

Don't know

10. If your answer is No to Q9 above, what could we have done to make this easier?

Thank you for taking the time to complete the questionnaire. Please return this to the Patient Information Centre, Royal Wolverhampton Hospitals NHS Trust, New Cross Hospital, FREEPOST WV1894, Wolverhampton, WV10 6BR. No stamp is required. Please call us on 01902 695332 if you have any questions or e-mail us at rwh-tr.complaints@nhs.net.

What should I do if I am unhappy with your response

It is very important that you feel fully satisfied by the way we have dealt with your concerns. We will do all we can to provide a fair and balanced response to your complaint. However, sometimes your concerns might not be resolved by our response.

If you remain concerned following our reply, we want to hear about it. We have listed below some of the reasons why you might wish to discuss things further with us.

1. You might want to tell us about some factual errors you have noticed in our reply.
2. You might think we haven't really listened to what you have said. Perhaps we haven't really understood your experiences, or answered all of your questions.
3. You might feel we haven't gone far enough in making changes to the way we run the hospital. You could be worried the same sort of problem might happen again.
4. You might disagree with the conclusions of our investigation.

Taking another look.

We're more than happy to review our investigation and see what else we can do to resolve your concerns.

Please let us know as soon as possible if you are unhappy with our response. As time passes, further investigation may become very difficult.

Here are some of the things you might like to do.

1. Ask for a meeting with senior doctors, nurses and managers, so that you can talk to us in person about your concerns
2. Contact us with your comments and ask the investigator to take another look at your concerns.
3. Ask for another investigator to review your case.
4. Let us know if you think there's another way of resolving your complaint.
We're always keen to find new ways to better understand and respond to your concerns.

Unfortunately, there are times when we're not able to reach an agreement with you about the way forward. That's the point at which we'd ask you to talk to the Ombudsman about an independent review of your complaint. There are more details about this on the next page.

If together we really can't find a way to move forward with your complaint, you can ask the Ombudsman to review your complaint.

An independent review via the Ombudsman is a “last resort” option. Before moving onto that stage, the Ombudsman will have expected us to do all we can to resolve matters at a local level.

You can contact the Ombudsman as follows:

- [Visit their website: http://www.ombudsman.org.uk/making-complaint.](http://www.ombudsman.org.uk/making-complaint)
- Call their helpline: on 0345 015 4033

As a final point, we hope you do not mind us mentioning an obvious but very important part of any complaints procedure:

We have listened to you as we know how important your comments are. We have taken the time to investigate your concerns, so we do ask that you read our response carefully.

If you have any questions at all, please do let us know.

Write to: The Patient Experience Team, Patient Information Centre, Zone C, Location C2
The Royal Wolverhampton NHS Trust, Wednesfield Road, Wolverhampton,
WV10 0QP

Telephone: 01902 695362/5368

E-mail: rwh-tr.complaints@nhs.net

COMPLAINTS MANAGEMENT EXTENSION REQUEST FORM

Complaint Reference Number (Datix)		Complainants' Name
Date of request		Name of Complaint Investigation Handler

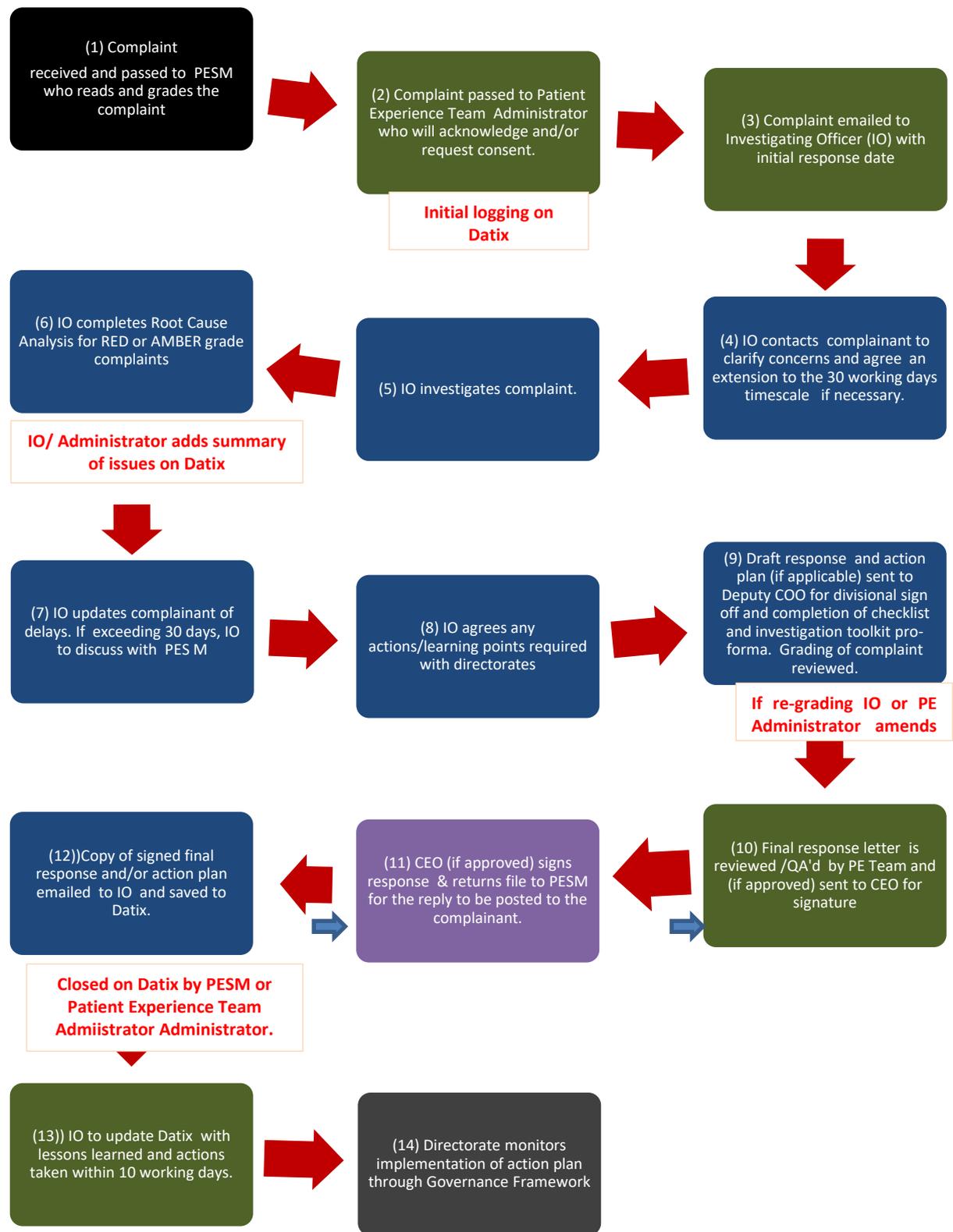
Date Complaint Received	Target Completion Date	Length of extension requested

Details of Reasons for Extension Request

Please insert timeline of complaint, request for statements etc;

Post Request Decision		
Request agreed	Yes	No
If not – rationale for request being declined		
Head of Patient Experience/Patient Experience Services Manager Signature		

Complaints Process Flowchart



Notes

Further complaint contacts – Refer to PESM and follow procedure as above (omit stage 2). PESM re-opens case on Datix. IO may omit further investigation/action planning as deemed appropriate

Meetings – IO arranges with complainant directly and updates PESM

CEO – Chief Executive

PESM – Patient Experience Services Manager

IO – Investigating Officer

Rep – representative (i.e. other staff member within team)

PE Team- Patient Experience

Dep CoO – Deputy Chief Operating Officer

Investigation and information gathering

1. You may be asked to help with an investigation into a formal complaint by providing a written account
2. The following guidance aims to help you with writing your account
 - 2.1. Begin with your full name, address, position and location at the time of the complaint
 - 2.2. Be clear about why you are writing the statement, what it is for and who will need to read it
 - 2.3. Write a factual account only, do not give opinions and avoid using hearsay (i.e. someone else's view or version of events)
 - 2.4. Always refer to the patient's notes to help you
 - 2.5. Give a full description of the sequence of events giving precise dates and times. Include the actions of others involved, and conversations held if appropriate
 - 2.6. Write simply and avoid jargon and abbreviations
 - 2.7. Written comments should be legible, preferably typed and carefully checked
 - 2.8. Sign and date your comments at the end and keep a copy for reference in a safe place
3. If you feel unsure about what you are being asked to do, guidance can be sought from
 - 3.1. Deputy Head of Patient Experience
 - 3.2. Your Line Manager
 - 3.3. Your Professional Association or Trade Union

RWT Response Letters

The quality check will ensure that the letter

4. Is addressed to the complainant
5. Is written by the Medical Consultant in the case of clinical issues or is collated by the Investigating Officer with reference to the clinician's response
6. Addresses all aspects of the complaint – itemising issues where appropriate
7. Deals with each issue raised by the complainant in a sensitive manner
8. Explains the cause of the situation that led to the complaint arising
9. Identifies what action has been taken to avoid recurrence, where there have been opportunities for learning or an explanation if nothing can be done.
10. Explains medical terminology in lay terms
11. Almost always includes an apology i.e. an apology that they have felt it necessary to complain
12. Always offers the opportunity for further help and clarification and the opportunity to meet if this is thought appropriate.
13. Does not include the outcome of any disciplinary action. Although it may be appropriate to disclose that an issue was addressed under a formal procedure

Staff support in the event of stressful or traumatic incidents, claims or complaints

Members of staff who become involved in the investigation of complaints can find it both stressful and traumatic.

In the first instance, advice and guidance in respect of complaints should be sought from the individual's line manager, Matron, Group / Directorate Manager or member of the Divisional Management Team as appropriate.

Advice and guidance can also be sought from the Deputy Head of Patient Experience, Legal Services Manager, Healthcare Governance Manager.

In the event that a complaint progresses to litigation, the claim will be managed by the Legal Services Manager. The member of staff will have the opportunity to comment and provide a statement of their involvement in the claim.

The Legal Services Manager will support the member of staff during the preparation of their witness statement and the giving of their evidence in Court. The Legal Service Manager will also support the member of staff during meetings with Solicitors and Counsel and at legal conferences. The member of staff will be given the opportunity to have a representative supporting them throughout the claims process, if they wish.

The Legal Services Manager will keep the member of staff informed of the progress of a claim and advised of the outcome.

Where the member of staff is particularly distressed at being a party to a claim, the Legal Services Manager will notify the line manager, so that he / she can provide the member of staff with the support they require in the workplace, or refer to the Occupational Health Department for stress counselling.

A risk assessment will be carried out by the line manager and where necessary, the member of Staff will be referred to the Occupational Health Department.

A confidential staff stress counselling service will be provided by the Occupation Health Department if indicated by the risk assessment.

The line manager as part of his/her role of dealing with risks in the workplace, will identify any potential cause of stress relating to the members of staff involved in a claim, incident or complaint investigation by monitoring for signs of stress in the workplace, where the employee is off sick with a stress related illness, or where the employee raises the issue with their line manager. The line manager will consider any actions to support the employee. The line manager will refer to [HR48: Workplace Health and Wellbeing Policy](#).

Recording a complaint meeting and taking minutes of complaint meetings

Recording a meeting is often a preferable method of keeping a record of a meeting for both Trust staff and the complainant(s). Recorded meetings should have the consent of all parties involved in the meeting. Recordings should be transferred to CD and can be stored electronically for future reference (e.g. PHSO investigation).

Minuted meetings - Proforma

- Date and time
- Location
- Names and titles of all those present:

[e.g.]	Mr F Bloggs	Complainant / Patient
	Mrs A N Other	Consultant / Clinical Director
	Mr Facilitator	Group Manager / Directorate Manager
	Miss Smith	Matron
	Mr S Ward	Chief Officer, Wolverhampton Community Health Council

- Agenda / List of Issues to be discussed

[e.g.]	1. Attitude of member of staff
	2. Communication by member of staff to relatives
	3. Treatment provided to patient
	4. Missed fracture

- Detail

1.	Attitude of member of staff
	1a Details of discussion
	1b Any action agreed [i.e. further training required]
2.	Communication by member of staff to relatives
	2a Details of discussion
	2b Any action agreed

Etc

- Summary of what has been discussed, agreed next steps with timescale
- Signed by all those present / chair as a true record of the meeting and dated.

Support in handling Complaints out of hours 16.30pm – 08.30am & weekends / bank holidays.

Outside of normal working hours for PALS, any complaints raised by patients and/or relatives that cannot be managed by frontline staff should be escalated to the most senior person on site i.e., Out of Hours Nurse Practitioner or Clinical Night Nurse Manager. In the event the complaint still cannot be managed, the On Call Manager can be contacted via switchboard.

The on-call manager will listen to the complaint, take any immediate action necessary, keep a file note of the contact, and pass the detail to the Patient Experience Services Manager and appropriate department at the earliest opportunity.

Training & Development

1. An on-line e-learning complaints process training package is provided as part of Mandatory Training and is accessed via the Trust Kite site. Periodic face to face training will be delivered if required.
2. Patient Experience/Complaints will be included within the Trust's Induction Programmes for all staff.

Contacts and useful addresses

Deputy Head of Patient Experience	Ext 85115
Patient Advice and Liaison Service (PALS)	Ext 85362/85368

Request for copies of Health Records

Where a complainant requests copies of their Health Records under the complaints procedure these will be released in accordance with the Data Protection Act 1998 or the Access to Health Records Act 1990, but without charge. The Information Governance & Freedom of Information Manager (Ext 88124) is responsible for organising the release of the relevant records.

Procedure For Handling Habitual or Vexatious Complainants

1.0 Introduction

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

In determining arrangements for handling such complainants staff are presented with two key considerations. The first is to ensure that the complaints procedure has been **correctly implemented so far as possible, and that no material element of a complaint is overlooked or inadequately addressed**, and to appreciate that even vexatious complainants may have issues which contain some genuine substance. The need to ensure an equitable approach is crucial. The second is to be able to identify the stage at which a complainant has become vexatious. One approach to the situation is to develop an approved policy which is formally incorporated into the complaints procedure. Implementation of such a policy would only occur in **exceptional circumstances**. Information on the handling of vexatious complainants could also be made available to the public as part of the material on the complaints process as a whole.

2. Purpose Of This Guidance

Complaints about services provided by the Trust are processed in accordance with the NHS complaints procedure. During this process staff of The Royal Wolverhampton Hospitals NHS Trust (RWT) inevitably have contact with a small number of complainants who absorb a disproportionate amount of NHS resources in dealing with their complaints. The aim of this procedure document is to identify situations where the complainant might be considered to be vexatious and to suggest ways of responding to these situations.

3.0 Objectives

It is emphasised that this procedure should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedure, for example through local resolution, conciliation, or involvement of the relevant Independent Complaints Advocacy Service (ICAS) as appropriate. Judgement and discretion must be used in applying the criteria to identify potential vexatious complainants and in deciding action to be taken in specific cases.

The procedure should only be implemented following careful consideration by, and with the authorisation of, the Trust's Chief Executive or his/her nominated deputy in their absence. Where nominated deputies are involved, the reason for the non-availability of the Chief Executive should be recorded on the file.

4.0 Definition of A Vexatious Complainant

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

Where complainants: -

- **Persist in pursuing a complaint** where the NHS complaints procedure has been fully and properly implemented and exhausted (e.g., where investigation has been denied as “out of time”, where the Ombudsman has declined a request for Independent Review).
- **Change the substance** of a complaint or **continually raise new issues** or seek to prolong contact by **continually raising further concerns or questions** upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints).
- Are **unwilling to accept documented evidence** of treatment given as being factual or **deny receipt** of an adequate response in spite of correspondence specifically answering their questions or **do not accept that facts can sometimes be difficult to verify** when a long period of time has elapsed.
- **Do not clearly identify the precise issues** which they wish to be investigated, despite reasonable efforts of Trust staff and, where appropriate, ICAS or the Patient Advice and Liaison Service to help them specify their concerns, **and/or where the concerns identified are not within the remit** of the Trust to investigate.
- **Focus on a trivial matter** to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is a ‘trivial’ matter can be subjective and careful judgement must be used in applying this criteria).
- Have **threatened or used actual physical violence** towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. (All such incidents should be documented using the Trust’s Incident Reporting Policy and the Complaints Services Manager advised as soon as possible after the event).
- Have, in the course of addressing a registered complaint, had **an excessive number of contacts** with the Trust, placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, email 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). It is strongly advised that, where it is apparent that a complainant is becoming vexatious, a log be maintained by all staff with whom the complainant comes into contact of the date, time and content of the contact.
- 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 and advise the Complaints Management Co-ordinator as soon as possible after the event).
- Are known to have **recorded** meetings or face-to-face/telephone **conversations without** the prior knowledge and **consent** of other parties involved.

- **Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable** (e.g., insist on responses to enquires being provided more urgently than is reasonable or recognised practice and insists on responses to complaints being provided more urgently than is set out in the national guidance on complaints handling).

5.0 Options for Dealing with Vexatious Complainants

Where complainants have been identified as vexatious in accordance with the above criteria, the Patient Experience Services Manager, following discussion with the Divisional Management Team will inform the Chief Executive who will determine what action to take. The Chief Executive (or nominated deputy) will implement such action and will notify complainants in writing of the reason why they have been classified as vexatious complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g., Advocacy Service or Member of Parliament. A record must be kept for future reference of the reasons why a complainant has been classified as vexatious.

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

- Try to resolve matters, before invoking this procedure, by drawing up a signed “agreement” with the complainant (and, if appropriate, involving the relevant practitioner in a 2-way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other actions as indicated in this section.
- Once it is clear that complainants meet any **one** of the criteria above, it may be appropriate to inform them in writing that they may be classified as vexatious complainants, copy this procedure to them, and advise them to take account of the criteria in any further dealings with the Trust. In some cases, it may be appropriate, at this point, to copy this notification to others involved in the complaint and to suggest that complainants seek advice in processing their complaints, e.g., through the local Advocacy Service.
- Decline contact with the complainant either in person, by telephone, by fax, by letter or any combinations of these, provided that one form of contact is maintained with a named individual within the Trust, or alternatively to restrict contact liaison through a third party.
- Notify all complainants in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- Inform the complainants that in extreme circumstances the Trust reserves the right to pass unreasonable or vexatious complaints to the Trust’s solicitors.
- Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance.

6.0 Withdrawing 'Vexatious' Status

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

Staff should previously have used discretion in recommending 'vexatious' status at the outset and discretion should similarly be used in recommending that the status be withdrawn when appropriate.

Where this appears to be the case, discussion will be held with the Chief Executive (or nominated deputies). Subject to their approval, normal contact with the complainants and application of NHS complaints procedure will then be resumed.

Role of the Parliamentary & Health Service Ombudsman

1. The Parliamentary & Health Service Ombudsman (PHSO)

- 1.1 The Parliamentary & Health Service Ombudsman's role is to consider complaints that the NHS in England has not acted properly or fairly or has provided a poor service.
- 1.2 The Ombudsman is independent of the NHS and of government and derives her powers from the Health Service Commissioners Act 1993 [the 1993 Act], as subsequently amended.
- 1.3 The Ombudsman judges NHS performance against the standards for good administration and complaint handling set out in full in the Ombudsman's Principles which is available at www.ombudsman.org.uk
- 1.4 Poor communication is still one of the most common reasons for people to bring complaints about the NHS to the Ombudsman.

2. Who can complain to the Ombudsman?

- 2.1 The Ombudsman can consider complaints made:
 - by a patient;
 - by a member of the patient's family or their spouse or partner;
 - or by someone acting on the patient's behalf that is authorised to do so.

3. What can they complain about?

- 3.1 The Ombudsman **can** consider complaints about:
 - unsatisfactory care or treatment, including the exercise of clinical judgment;
 - failure to provide a service that ought to have been provided; and
 - poor administration, which might include poor complaint handling, rudeness, misleading advice, refusal to provide information to which an individual is entitled, or clerical error.
 - 3.2 The Ombudsman **cannot** consider complaints about:
 - private health care not funded by the NHS;
 - NHS personnel matters such as recruitment, pay or discipline;
 - a refusal of access to medical records;
 - contractual disputes between NHS bodies and their suppliers;
 - matters about which legal action has already been taken or about which the individual intends to take legal action.
 - 3.3 Once a complaint is made, the Ombudsman will consider whether an investigation by her is likely to achieve anything worthwhile for the individual making the complaint.
- ### 4. When can they complain?
- 4.1 Anyone wishing to complain to the Ombudsman must normally have put their complaint first to the NHS organisation or practitioner concerned. However, the Ombudsman has the power to consider complaints that have not been put to the

relevant NHS body and / or where the first two stages of the complaints procedure have not been exhausted where she considers that, in the circumstances of the particular case, it is not reasonable to expect this.

4.2 The main stages at which complaints are likely to be made to the Ombudsman are where:

- the responsible NHS body or practitioner has refused to investigate a complaint for whatever reason and where the Care Quality Commission has upheld that refusal;
- an individual is dissatisfied with attempts at local resolution of their complaint and where the Care Quality Commission has refused an independent review of their complaint;
- the individual is dissatisfied with the process or outcome of an independent review of their complaint; or
- the relevant NHS body or the Care Quality Commission decides to refer a complaint direct to the Ombudsman, using their powers to do so under section 10 of the 1993 Act.

5. What will happen to a complaint once it is made to the Ombudsman?

5.1 Upon receipt of a complaint, the Ombudsman will first check that it is a complaint that she has the legal power to consider. She will then assess whether the complaint should be referred back for further action to the relevant NHS body, NHS practitioner or to the Care Quality Commission.

5.2 Where she determines that the complaint is one that can be investigated and where referral for further action by the body complained about is not appropriate, she will call for all the papers and other relevant information. Bodies or individuals under investigation must in law provide any evidence requested by the Ombudsman and must otherwise assist with her investigation in any way she requests. The appointment of a designated officer within NHS bodies responsible for each complaint is also expected to ensure effective liaison during the investigation. This will be the Patient Experience Services Manager.

5.3 Upon completion of an investigation, the Ombudsman may uphold the complaint in full or in part or may not uphold the complaint at all. In any case, she will set out her findings and the reasons for those findings in the report. Where the complaint is at least partially upheld, she may make recommendations for appropriate redress, which might include an apology, an explanation, improvements to practices and systems or, where appropriate, financial redress. She also has the power to refer individual clinicians to regulatory bodies in the interests of patient safety where she considers that this is appropriate.

5.4 The Ombudsman will expect her recommendations to be implemented and will contact the relevant NHS provider to find out how their recommendations have been implemented.

6. Preventing the intervention of the Ombudsman

6.1 The Ombudsman will expect that:

- individuals making complaints are always treated with respect and are not penalised for making a complaint;
- NHS bodies and practitioners will explain clearly to the individual making a complaint the way in which their complaint will be handled and will ensure that the individual is aware of the appropriate advice, advocacy and support

services available to them;

- individuals are given clear and specific reasons, which are based on the evidence, for any decision taken on their complaint and that those decisions address all of the concerns raised by the complainant; and
- NHS bodies and practitioners and the Care Quality Commission will ensure that individuals making complaints are given accurate information about the role of the Ombudsman and are aware of their right to complain to her should they remain dissatisfied with the outcome of their complaint.

7. Further information

7.1 Further information on the role and work of the Ombudsman is available by calling 0345 015 4033 or at her website:

<http://www.ombudsman.org.uk>

Independent Review by Parliamentary & Health Service Ombudsman

As from April 2009 responsibility for managing Independent Reviews lies with the Parliamentary & Health Service Ombudsman.

The protocol for handling requests for independent reviews is as follows:-

Process for Independent Review Requests

Day	Task	Action
1	1	Upon receipt Chief Executive's office forwards correspondence from the Ombudsman's office to the Patient Experience Services Manager
1	2	Patient Experience Services Manager will alert key managers in the Trust of the request
1	3	Patient Experience Services Manager to ensure that all those involved in the complaint are notified of the Ombudsman's involvement
2+	4	Patient Experience Services Manager will liaise with the Divisional Management Team to agree the Trust response and ensure all relevant documentation, including the relevant health record, is available to the Ombudsman by the date given. Divisional Management Team will keep a copy of the correspondence sent to the Ombudsman
10	5	Patient Experience Services Manager to forward Trust response to the Ombudsman with covering letter.
10	6	Patient Experience Services Manager will monitor compliance of this timetable and advise the Deputy Chief Nurse of any issues which prevent the Trust meeting the timetable set by the Ombudsman

Following receipt of a report from the Ombudsman the following steps will be taken by the Trust:-

- On receipt of a report from the Ombudsman, the Chief Executive will nominate the appropriate Divisional Management Team to ensure action arising from the report is taken.
- The Divisional Management Team will work with the appropriate people to produce an action plan and a response as required on each issue within **within 5 weeks**. This action plan will include costings where necessary.

The Complaints Services Manager will provide a report to the Quality and Safety Committee on a six monthly on all cases which have gone to the Ombudsman.

Administration & Documentation (closed complaint)

The File for the complaint must include the following:-

- Original letter of complaint.
- Summary sheet of complaint to date – setting out the major milestones of the complaint (Chronology).
- List of who's who of staff involved in the complaint to enable easy identification.
- All correspondence, in date order, between the Trust, the complainant and any other body or individual.
- All notes of any telephone or other conversations in date order.
- Statements from any “witnesses” [i.e. staff who have been asked to provide statements in response to the complaint or who witnessed the event from which the complaint arose].
- Notes / encrypted CDs from all meetings including conciliation meetings.
- Evidence of any actions taken by the Trust to date and evidence of improvements already taken as a direct consequence of the complaint [Action Plan].

These documents should be kept electronically by attaching them to the DATIX record through the “Documents” sub screen. [See Complaints DATIX User Guide for details on how to attach them below]

If documents are not kept electronically, a hard copy must be kept for 10 years. This is to be sent to the Patient Experience Services Manager to be held centrally.

DATIX – COMPLAINTS MODULE

DATIX is the database which holds all the information relating to complaints received by the Trust. The information held is vital in producing information for both the Board of Directors and outside agencies so that they can see how your directorate performs in handling complaints. The following standards have therefore been introduced.

- When complaints are received they must be entered on to DATIX within 10 working days. The only exception should be those complaints made by a third party and requiring consent. In this case the complaint must be entered on to DATIX within 10 working days following receipt of that consent.
- The following screens must be completed:-
 - ✓ Front screen (complaint:) all boxes ringed in red must be completed
 - ✓ Complainant screen (received date must match the received date on the front screen)
 - ✓ Person (Patient) screen
 - ✓ Subject screen (both sections, including Patient ethnicity)
 - ✓ Investigate screen (grading only at this stage)

Complaints must be graded by the investigating manager twice: once on receipt and again on completion of investigation (OP08).

- If complaints take longer than 30 working days to complete the investigating manager must contact the complainant, explain the reasons why and agree another date for completion of the investigation. The “Consent to Breach” box must then have an answer of YES or NO. Complaints which are completed within the 30 working day target must have NA attached to it.
- On completion of the investigation and final response the DATIX record must be closed down within two working days.
 - Open up record and complete
 - ✓ **Front Screen:**
 - ❖ Closed date,
 - ❖ outcome code,
 - ❖ outcome narrative box
 - ✓ **Complainant screen**
 - ❖ replied box (must match closed box on front screen)
 - ✓ **Investigate screen**
 - ❖ amend grading if necessary,
 - ❖ lessons learned (in conjunction with investigating manager)
 - ❖ Actions/Comments box.

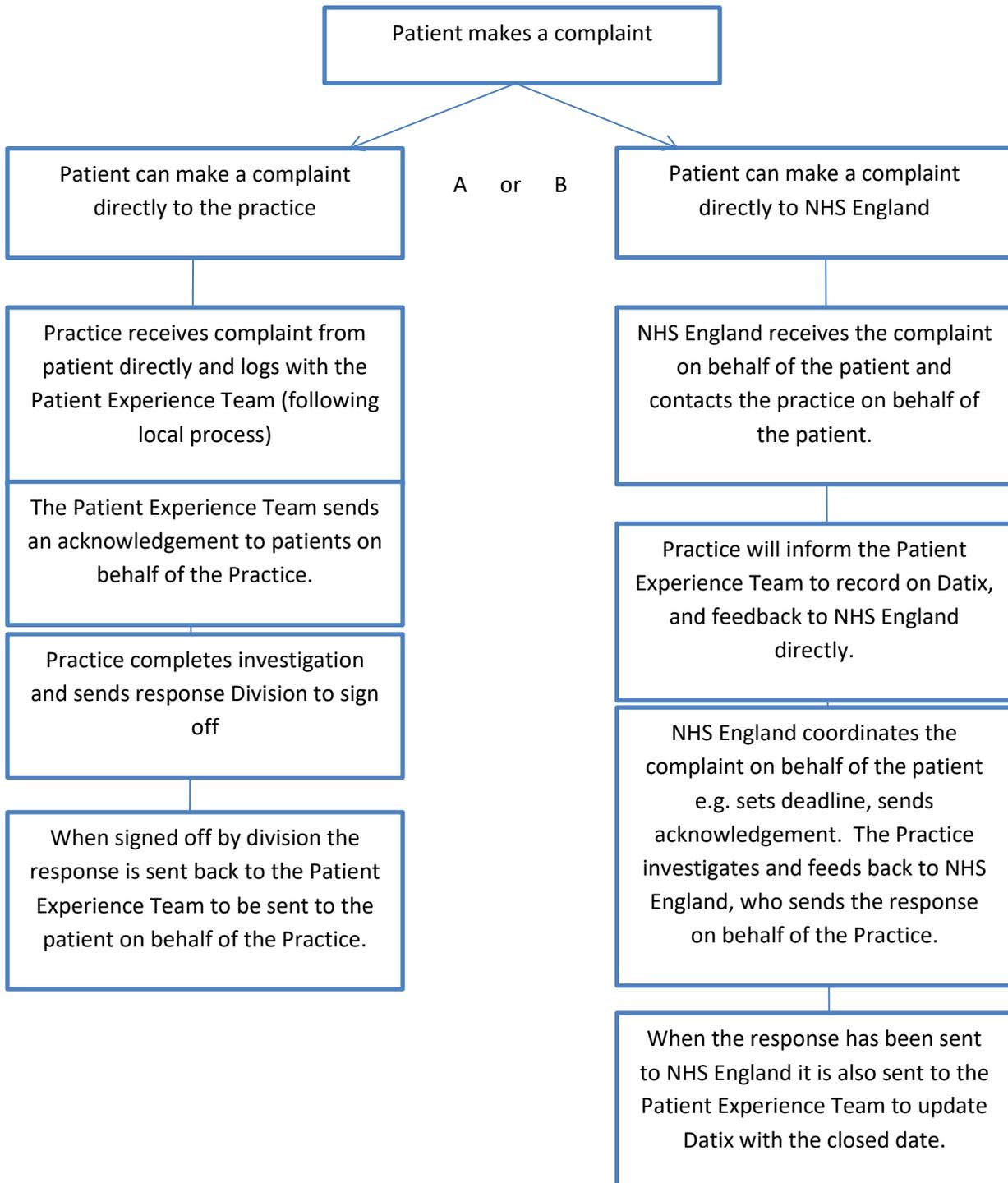
We have recently added two further screens in the Extra Fields screen, which will assist you when complaints are received which are about more than one Directorate/Division or are cross agency complaints.

ALL documents relating to the complaint must be attached using the documents screen

Primary Care Complaints

There are two ways that patients can make a complaint about their GP practice. Firstly, they can make a complaint directly to the Practice through the Practice Manager. This would then get sent to the Patient Experience Team as per the Complaints Management Policy OP08.

Secondly, patients can report complaints directly to NHS England, where NHS England Regional Complaints Team coordinates the complaint on behalf of the patient. Practices still investigate in the same way as they would locally and notify the Patient Experience Team so it can be recorded on Datix, with the final response and acknowledgement sent to the patient by NHS England.



Protocol for Co-ordinated Complaints Handling
across Health, Public Health and Social Care
Boundaries for:

City of Wolverhampton Council Social Care

Wolverhampton Clinical Commissioning Group

And

The Royal Wolverhampton NHS Trust

The Royal Wolverhampton 
NHS Trust

CITY OF
WOLVERHAMPTON
COUNCIL



Co-ordinated handling arrangements for the management of complaints between the City of Wolverhampton Council Social Care, Wolverhampton Clinical Commissioning Group and The Royal Wolverhampton NHS Trust

1. Purpose

To provide a framework for the co-ordinated handling of cross boundary complaints received in the NHS and adult social care arena, involving the Local Authority, the Wolverhampton Clinical Commissioning Group (WCCG) and the Royal Wolverhampton NHS Trust (RWT).

To ensure service users, carers and representatives have accessible information about how complaints that span health and social care services will be handled, with the focus being on swift local resolution by looking closely at desired outcomes.

To ensure effective communication between agencies and establish a method for disseminating any joint organisational learning, to facilitate a developmental approach to inter agency complaints work.

To provide a simple, consistent unified approach across Health and Social Care.

2. Desired Outcomes

- 2.1 Complainants can have a single, co-ordinated response to complaints.
- 2.2 To provide a system in which the complainant feels fully engaged.
- 2.3 The involved agencies to have greater opportunities to identify and share joint organisational learning.
- 2.4 To optimise joint working arrangements between Complaints Managers to ensure their obligations under the complaints regulations are met.

3. Process

- 3.1 The Complaints Manager of the receiving agency will engage with the complainant to advise them of the cross-boundary issue, explain who will co-ordinate the response, confirm the issues to be addressed and agree the most appropriate way forward.
- 3.2 The ownership of the complaint will normally be with the organisation which is legally responsible for the main element of the service which the complaint concerns. 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.

- 3.3 Once an investigation is commenced the need for a change of ownership may become apparent. Any such change of ownership will be agreed and recorded by each organisation's Complaints Manager.
- 3.4 The complainant is to remain fully informed throughout the shared agreed process and the Complaints Managers will agree how the responses of the involved agencies will be delivered to the complainant.
- 3.5 The Complaints Manager for each organisation involved in a complaint will ensure that relevant members of staff are engaged in the process.
- 3.5.1 In line with national guidance, the expected timescale for responding to a complaint will be determined in line with the lead organisation's locally set timescales, taking into account the nature of the complaint, how the case is to be investigated and following discussion with the complainant at the outset of the complaint handling.

4. Organisational Responsibilities

- 4.1 Each organisations complaints process is governed by the general legal framework laid down by the Health and Social Care complaints regulations that came into force on 1st April 2009. Each organisation will have in place its own resources and operational arrangements for handling complaints.
- 4.2 Information will be shared in line with the requirement of the Data Protection Act, The General Data Protection Regulations (GDPR), Caldicott principles and in accordance with Wolverhampton City Health and Well-Being Partnership's Information Sharing Protocol
- 4.3 It is the responsibility of the lead agency Complaints Manager to ensure that all necessary and appropriate communication takes place with the complainant regarding access to records and consent.
- 4.4 The lead agency will notify the other complaints service upon completion of an investigation and the date that a report has been issued awaiting a departmental response.
- 4.5 Each agency will need to align their complaints policies.
- 4.6 The involved agencies are to remain fully informed throughout the process at all stages through their Complaints Managers (Appendix 1)

5. Safeguarding Vulnerable Adults

- 5.1 In line with the Department of Health's guidance published 26th February 2009 'Listening, Responding, Improving – a guide to better customer care' Advice sheet 2, the only circumstances in which a complainant's lack of consent can be overridden is if the complaint includes information that needs 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 is entitled to a full written explanation about the organisation's Duty of Care and its obligation to pass on the information. Information about protecting vulnerable adults can be accessed on www.wolverhampton.gov.uk/adultprotection

- 5.2 An example form that records the consent of complainants for their case records to be disclosed for the purpose of complaint investigations is attached (Appendix 2). Close working relationships and co-operation between complaints managers is crucial to ensure that confidential case file information is shared appropriately and that the necessary safeguards are put in place.
- 5.3 Information exchanged under this protocol can be used only for the purpose for which it was obtained.

6. Support for Complainants

- 6.1 Details of available support are provided in each of the involved agencies respective policies and complaints literature. For example, advocates, interpreters, PALS and WHACS.
- 6.2 It will be the responsibility of the lead agency to ensure complainants are notified of support services that can be accessed to facilitate the process.

7. Risk Assessment

- 7.1 All involved agencies will undertake an assessment of any risk factors and ensure effective inter-departmental communication in respect of risk. For example, any increased risk to vulnerable adults whose care arrangements are complicated by cross-boundary considerations
- 7.2 Risk assessment may require communication with involved agencies. Contact is to be made via the relevant Complaints Manager.
- 7.3 The individual professional remains accountable within his/her relevant agency for the information pertaining to risk that is disclosed.
- 7.4 In the event direct contact is to be made with a complainant it is the responsibility of the individual undertaking the investigation to be satisfied that necessary arrangements integral to risk are identified.
- 7.5 A Risk Assessment form is to be completed by the lead organisation to grade the complaint. The individual professional remains accountable within their relevant organisation for the grading information that is disclosed. This will be necessary prior to any direct contact with complainants. All individuals are to be aware of the relevant procedures on risk assessment and risk for lone workers.

8. Learning from complaints

- 8.1 Each involved agency is fully committed to facilitating organisational learning and development through complaints resolution. An action plan will be produced to

demonstrate learning and organisation improvement where appropriate and this should be shared across the organisations concerned.

- 8.2 Taking positive steps to identify communication, procedural, operational or strategic issues, within and across each agency is a vital component in ensuring a relevant and positive complaints service.
- 8.3 The complaints services will continue to develop processes to capture service user feedback.
- 8.4 Involved agencies will use the process of annual reporting to support effective communication between agencies. These will include any findings and recommendations that have an inter-agency impact.
- 8.5 Complaints activity will be reported separately by involved agencies in accordance with local procedures.

9. Evaluation of Joint Protocol

- 9.1 The protocol will be reviewed annually to appraise the effectiveness of the joint working arrangements and identify any problems and solutions.
- 9.2 An evaluation report will be jointly produced following the review of this protocol.

(Appendix 1)

Complaints Managers and other Contacts in Signatory Agencies

The Royal Wolverhampton NHS Trust

Alison Dowling
Head of Patient Experience and Public Involvement
01902 695363

Email address – alison.dowling1@nhs.net

Judith Davis
Deputy Head of Patient Experience and Public Involvement
01902 695115

Email address: j.davis3@nhs.net

Ann-Marie Cannaby – Chief Nurse

Wolverhampton Clinical Commissioning Group (WCCG)

Complaints Manager - 01902 444878
Email address – wolccg.wccg@nhs.net

Sally Roberts
Chief Nurse and Lead for Complaints

City of Wolverhampton Council

Sarah Campbell
Customer Engagement Manager
01902 551090

Navdeep Nijjar
Customer Engagement Officer
01902 551901/553215

Email Address: adultsocialcarecomplaints@wolverhampton.gov.uk
customerfeedback@wolverhampton.gov.uk

David Watts: Director of Adult Services

(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 the complaint.

I understand that this is likely to include disclosure of personal records which may include sensitive personal information about me or the person on whose behalf the complaint was made.

_____ (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 and in accordance with current UK data protection legislation.

Signed: _____

Date: _____

Once completed, please return this consent form.

Procedure/ Guidelines number and version	Protocol for Coordinated complaints handling across Health and Social Care Boundaries	Status: Final		Authors: Head of Patient Experience RWT Customer Engagement Manager, City of Wolverhampton Council Chief Nurse, Wolverhampton CCG
Version / Amendment History	Version	Date	Author	Reason
	V1	03/2009	As above	Original first creation of protocol
	V2	02/2020	As above	Updated/revise to account for GDPR and refreshed content
	V3	08/2022	As above	Review
Intended Recipients: Internal staff at all three organisations who deal with complaint management.				
Date of Procedure/Guidelines issue		October 2022		
Review Date and Frequency		Yearly after final ratification in 2020.		