

# Responding to Concerns, Complaints and Compliments Policy

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**Responsible Committee:** Governance & Quality Committee

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## 1. Definitions

1. The **Organisation** is SELDOC.
2. A **Concern** is an issue raised by a patient, their relative or carer that has not been made in writing and can be resolved by the end of the next working day.
3. A **Complaint** is 'an expression of dissatisfaction requiring a response' as defined by the Citizens Charter Complaints Task force and used in the Department of Health Good Practice in Complaints Toolkit (DH 2004).
4. The **Governance Team** encompasses the Medical Director, Deputy Medical Director, Quality Manager, Quality Assistant and Lead Pharmacist. It has overarching responsibility for the resolution and investigation of concerns and complaints and for the processing of clinical and non-clinical claims against the organisation.
5. **Categorising of Complaints:** Complaints are categorised according to complexity, length of time needed to resolve, the level of investigation required and the possible impact on the individual and the organisation.
6. **Independent Complaints Advocacy Service (ICAS)** is a free, independent and confidential service provided to support people in expressing concerns or making complaints.
7. **Parliamentary and Health Service Ombudsman (PHSO)** provides a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England have not acted upon properly or fairly or have provided a poor service.
8. **Care Quality Commission (CQC)** is the independent regulator for all health and social care services in England, whether they are provided by the NHS, local authorities, private companies or voluntary organisations

## **2. References**

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 – Statutory Instrument 2009 No. 309

‘Listening, Responding, Improving – A guide to better customer care’ – Department of Health ref 11215 26/2/09

‘Principles of Good Complaint Handling’ – Parliamentary and Health Service Ombudsman 10/2/09 The Data Protection Act 1998. London: The Stationery Office. Available at: [www.opsi.gov.uk](http://www.opsi.gov.uk)

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An Organisation with a Memory: Report of an Expert Group on Learning from Adverse Events in the NHS. London: The Stationery Office. Available at: [www.dh.gov.uk](http://www.dh.gov.uk) Department of Health. (2001).

Building a Safer NHS for Patients: Implementing an Organisation with a Memory. London: Department of Health. Available at: [www.dh.gov.uk](http://www.dh.gov.uk)

National Patient Safety Agency (NPSA). (2004). ‘Root Cause Analysis (RCA) toolkit’. Online tool. NPSA. Available at: [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

National Patient Safety Agency (NPSA). (2008). Root Cause Analysis Investigation Tools. Guide to investigation report writing following Root Cause Analysis of patient safety incidents. London: National Patient Safety Agency. Available at: [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

National Patient Safety Agency (NPSA). (2009). Patient Safety Alert. Being Open: Communicating with patients, their families and carers following a patient safety incident. NPSA. Available at: [www.npsa.nhs.uk](http://www.npsa.nhs.uk) Patient Safety First. (2009).

The ‘How to Guide’ for Implementing Human Factors in Healthcare. London: Patient Safety First. Available at: [www.patientsafetyfirst.nhs.uk](http://www.patientsafetyfirst.nhs.uk)

### **3. Introduction**

3.1. In a patient centred healthcare system, patients should be able to express their views – positive and negative – about the treatment and services they receive, with the knowledge that it will not affect their future care. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force in April 2009 with the accompanying guidance ‘Listening, Responding, Improving’.

3.2. These regulations and guidance place an emphasis on better complaint resolution and learning from the issues raised, as well as requiring changes to the way in which complaints and other concerns are dealt with by organisations that provide care.

3.3. If complainants are not satisfied with the response they receive they are entitled to a review by the Parliamentary and Health Services Ombudsman, who has identified six key principles for the handling of complaints. These are:

*Getting it right*  
*Being Customer Focused*  
*Being Open and accountable*  
*Acting fairly and proportionately*  
*Putting things right*  
*Seeking continuous improvement*

4.4 SELDOC has developed a process for dealing with complaints in a manner that embodies these principles and reflects the Regulations. The policy provides the overarching framework to support the process and ensure that the principles described are met. All SELDOC staff must take responsibility for resolving concerns and complaints when they arise. If this is not possible, patients, relatives and carers are to be advised of SELDOC’s policy and procedure. It is recognised that early resolution of concerns and complaints, as close as possible to the point at which the concern or complaint has arisen, is most likely to lead to a satisfactory outcome for both the complainant and the organisation.

In summary this policy serves to:

1. Promote suitable early management and remedial action to address concerns and prevent complaints and adverse events occurring in the future
2. Define SELDOC’s systems and procedures for the management of complaints to minimise harm or risk of harm to service users, carers, employees, GP members and other stakeholders and improve satisfaction and reduce the risk of litigation
3. Develop a culture that enables the reporting of complaints, ensuring all SELDOC staff and duty doctors have adequate knowledge to report and respond appropriately to patient complaints.
4. Support a robust complaint handling process at SELDOC which is seen as positive, supportive and non-threatening and encourages staff to participate in the investigation, promote learning from patient complaints

5. Fulfil SELDOC's obligations to manage patient complaints as part of commissioners and Out of Hours (OOH) contract externally and internally report and record patient complaints.

6. Ensure that SELDOC makes a co-ordinated and efficient response to all patient complaints, in order to increase patient satisfaction, improve communication and ensure continuing service improvements.

In addition, SELDOC receives feedback from staff, patients and duty doctors which also assists our corporate learning.

## **4. Purpose and Principles**

4.1. SELDOC recognises the need to learn from complaints, concerns and compliments. They are all an important source for improving patient safety within the organisation and a tool for improving care. The policy describes the procedures it is using for the investigation and resolution of complaints and concerns, proportionate to their complexity. These procedures look beyond the individuals concerned and seek to understand the underlying causes, to support effective change and service improvement.

4.2. The principles underlying the policy are the commitment of SELDOC to:

- Ensure that staff have the information and guidance necessary to resolve concerns or complaints in a manner and timescale that meets complainants' needs.
- Use the National Patient Safety Authority (NPSA) Root Cause Analysis (RCA) Tool for the investigation of complaints where appropriate.
- Ensure that staff have the necessary advice and information to be able to advise patients and members of the public on how to raise concerns and complaints in a manner and timescale that meets their needs.
- Ensure that the complaints process does not result in patients being treated differently if they raise a concern or make a complaint.

4.3 Ensure that all complaints and concerns are dealt with in the following manner:

- Within SELDOC's Missions, Visions and Values.
- In an open, honest and constructive manner in line with the Duty of Candour principles.
- As speedily as possible and in a manner appropriate for the complainant.
- That complainants are reassured that they will not be treated differently as a result of making a complaint.
- Where a full written response is required, to do this within 30 working days unless otherwise agreed with the complainant.
- Ensure that the organisation values complaints and concerns as a means of identifying unsatisfactory service delivery and as an opportunity for learning, and has in place the processes and mechanisms with which to do so.
- Ensure compliments and accolades are shared across the organisation.

## **5. Equity of Access**

5.1 The aim of SELDOC is to provide open and easy access to all users of its services wishing to make a complaint, raise a concern or convey a compliment.

5.2. If interpreting services are needed, SELDOC will make every effort to ensure that these are available in a timely manner so that a complainant can voice their opinion.

5.3. SELDOC will try to provide information in whatever form the complainant requires, according to the complainant's needs.

5.4. SELDOC staff are happy to meet with complainants and their advocates, to ensure all people can access the Complaints process in an equally timely and appropriate manner.

5.5 SELDOC is committed to ensure the confidentiality of patients, and may require written consent from the patient or approved guardian to investigate and respond to the complaint, if the complainant is not the patient.



## **6. Duties**

6.1. The **Board** has a duty to:

6.1.1. Ensure that SELDOC complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and to conduct complaint handling with reference to the accompanying guidance 'Listening, Responding, Improving' and the Ombudsman's Principles of Complaint Handling.

6.1.2. Assure itself that SELDOC is meeting its obligations, through:

- Implementation of this policy
- Ensure Learning from Incidents, Complaints and Claims is identified and cascaded to all appropriate staff
- Appropriate reports to the Board from the Quality Committee with overarching responsibility

6.2. The **Quality Committee** is the sub-committee with overarching responsibility for:

Ratifying the Policies on Responding to Concerns, Complaints and Compliments, and the Procedure for Responding to Learning from Incidents, Complaints and Claims (BHT Pol 097)

Receiving the quarterly Healthcare Governance Report including performance reports on concerns, complaints and compliments.

Monitoring trends for complaints in monthly reports, discussing causal factors and the themes

Ensuring performance against related targets are monitored.

Communicating learning from complaints where there is a wider application than the individuals involved.

Informing the ongoing development, review and implementation of related policies. Assuring the Board that clinical risk arising through complaints is being monitored and managed.

6.3. The **Medical Director** has responsibility for:

The Medical Director, on behalf of the Board, is the 'Responsible Person' identified by the Board, to ensure compliance with arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and any subsequent amendments.

Hold the portfolio for Governance and are the responsible members of the Board to ensure that outcomes and learning from complaints, and any subsequent organisational change, are reported to the Board.

They are responsible for ensuring that a process is in place to respond to all forms of concern and complaint expressed by patients and members of the public.

6.4. The **Deputy Medical Director** is responsible for

Scrutinise compliance with the process followed from receipt of the complaint through to the final resolution.

Be able to conduct a full investigation into all complaints

Ensure the complaint response is full and satisfactory in order to avoid the complaint being further referred on to the Health Service Ombudsman for re-investigation.

To identify any actions required as a result of the complaint and draw up and implement an action plan to address any issues.

Scrutinise the identification of lessons to be learned, their effective translation into an Action Plan, its implementation, and the identified improvement that is the intended outcome.

6.5. The **Quality Manager** is responsible for:

Recording concerns and complaints received and resultant actions and outcomes in the complaints database in a timely manner.

Maintain an up to date record of staff and contact details relating to complaints handling

Maintaining regular contact with the Operations Team and Service Managers.

Developing good relationships with those divisions, to support them in the investigation and reporting process, with advice and practical help.

Providing regular performance reports on complaints to the Deputy Medical Director at a weekly Complaints Meeting.

Ensuring files are appropriately opened, coded, maintained and closed on the complaint file.

Following up with the Deputy Medic when an action plan is not received back with a complaint response.

Ensuring that all complainants are advised of the availability of the Independent Complaints Advocacy Service (ICAS) and to work with ICAS to ensure that complainants have support where needed. Ensuring that complainants have been properly advised of their right, if dissatisfied with the response they have received, to approach the Parliamentary and Health Service Ombudsman to review their case.

Ensuring that all complainants have been advised of their right to contact the care Quality Commission to provide feedback on their experience; however the CQC will not investigate their complaint in its own right.

Ensuring that compliments and accolades are collated, recorded centrally and that they are shared with departments and individuals across the trust to encourage best practice and learning.

Ensuring that all staff involved in a complaint are included in the investigation process and made aware of the findings and outcome.

#### 6.6. **All Staff**

All members of staff have a responsibility to resolve any complaints and concerns as quickly and effectively as possible and to highlight any issues which could warrant further investigation.

All staff must be fully open and cooperative with any process to investigate complaints and concerns.

At all times, staff should be mindful of SELDOC's Mission and Values.

## **7. Support for Complainants (Patients, Carers and Relatives)**

It is recognised that raising a concern or making a complaint is stressful and that SELDOC should make an effort to support patients, their carers and relatives through the process. The Governance Team will assist those complainants who find it difficult to make a complaint in writing, have special needs or find the experience daunting.

All complainants are to be made aware of any appropriate independent bodies such as ICAS who can support them through the process. SELDOC's compliance with the Duty of Candour themes requires that SELDOC apologises and explain what has happened as part of the organisation's commitment to the principle of a culture of openness with other healthcare organisations, healthcare teams, staff, patients, relatives and carers.

## **8. Support for and Liaison with Staff**

8.1. SELDOC ensures that all staff are fully aware of the policy and procedure for handling concerns and complaints by:

- Placing the policy on the SELDOC intranet.
- Informing staff of its publication in the monthly clinical newsletter.
- Inclusion of complaints training in the online induction and mandatory training provided for all staff.

8.2 It is recognised that involvement in a complaint can be a stressful and upsetting experience for staff. The Governance Team ensure that all possible support is provided to staff throughout the process of a complaint.

8.3. Members of staff named in a complaint either personally or by role, must be informed of the complaint by the Governance Team. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely and should not apportion blame. Consideration should be given to the appropriateness of staff attending complaint meetings and if they do it is essential that they are supported by senior staff at the meeting.

8.4. SELDOCs “Health and Safety” Policy “Safety Arrangements 5-18 – Stress in the Workplace” provides advice for staff who find themselves in stressful situations in the workplace. It has guidance and contact information both for staff who find themselves in stressful situations and for managers who identify potential or actual stress in the workplace arising from complaints. SELDOC’s Workplace Health Department is able to support staff following self or management referral, and can obtain external help if it is required.

## **9. Who can make a complaint?**

9.1. A complaint can be made by any person who is receiving or has received NHS treatment or services. Any person can also complain if they are or may have been affected by an action or decision of the organisation.

9.2. A complaint can also be made by a representative acting on behalf of a person who receives or who has received services from the above, who is a child, is unable to make the complaint themselves because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005, has died, or has requested the representative to act on their behalf.

9.3 If a complaint is made on behalf of an individual, then SELDOC needs to obtain consent from the patient before carrying out a full investigation. If the individual is not able to provide consent for a person to make the complaint on their behalf (for example, they are incapable due to lack of physical or mental capacity or they are a child) then their legal guardian, or parent, or other verified appropriate representative will be accepted to act on their behalf.

9.4. If a patient is deceased, the relationship of the complainant to the deceased patient must be clarified and confirmed as the next of kin or Executor of Estate.

9.5. If a Member of Parliament (MP) makes a complaint on behalf of a constituent, it will be considered that the MP has obtained consent from the patient prior to contacting SELDOC (in line with requirements of the Data Protection Act 1998 Processing of Sensitive Personal Data – Elective Representatives Order 2002). In the event that consent is not received, the Governance Team will notify the MP in writing confirming that they will not receive any details relating to the patient or any information obtained via health records.

## **10. Complaints that will not be dealt with under this policy**

10.1. The following complaints will not be dealt with under the NHS Complaints regulations:

- A complaint made by a local authority, NHS body, Primary Care Provider or independent provider.
- A complaint made by an employee or a local authority or NHS body about any matter relating to employment.
- A complaint which is the same as a complaint that has previously been made and resolved.
- A complaint which is or has been investigated by a Health Service Commissioner under the 1993 Act.
- A complaint arising out of the alleged failure by the organisation to comply.

## **11. Confidentiality**

11.1. Complaints and concerns will be handled in the strictest confidence at all times. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it. Information will not be disclosed to patients or complainants unless the person who has provided the information has given explicit consent to the disclosure of that information. If the Governance Team require consent from an individual, they will send a consent form which can be signed and returned to SELDOC.

11.2. Particular care must be taken where the patient's record contains information provided in confidence by or about a third party who is not a health professional.

11.3. Complaints and concerns will be dealt with in the strictest of confidence and must be kept separately from patients' medical records.

## **12. Learning from Complaints**

12.1 It is SELDOC policy that staff adopt the National Patient Safety Agency (NPSA) Root Cause Analysis tool when investigating complex complaints. This ensures a rigorous and systematic approach to identifying the root cause of issues.

12.2. Lessons learned from complaints are shared across the organisation as described above, and disseminated through the routine reports and in the Staff Bulletins.

12.3. The themes of current complaints and the identified actions from recently closed complaints are reviewed on a monthly basis and analysis is provided through the structure of governance and reporting to the quality committee.



### **13. Duties to Outside Organisations**

13.1. SELDOC has an obligation to work with a number of other organisations in order to comply with the complaint regulations and to provide an efficient and effective complaint-handling process.

13.2 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 requires health care organisations to work with other health care organisations and local authority Social Services departments when handling complaints that include issues relating to more than one organisation in order to provide the complainant with a single combined response where possible.

13.3 If SELDOC receives a complaint not involving SELDOC, and relating to another health care organisation, SELDOC will ensure the complaint is forwarded to the appropriate department within the health care organisation. SELDOC will not attempt to address any concerns or issues raised.

13.4. Under the Complaints Regulations 2009 a complainant has a right if dissatisfied with the response they have received to approach the Parliamentary and Health Service Ombudsman (PHSO) to review their case. It is the duty of SELDOC to advise complainants of their right to ask the PHSO for a second stage review and to comply with the PHSO's requests as part of their investigations. It is also SELDOC's responsibility to address the recommendations made by the PHSO as a result of their review.

13.5 Since the complaint process is often difficult for complainants the Independent Complaints Advocacy Service (ICAS) is available to provide impartial support and advocacy for those complainants who require this type of support. SELDOC has a duty to advise all complainants of the availability of this service and to work with ICAS to ensure that complainants have support where needed.

## **14. PROCESS FOR HANDLING CONCERNS AND COMPLAINTS**

### **1. INITIAL CONTACT BY COMPLAINANT**

There are various methods by which a complainant may contact SELDOC with a concern or complaint. These are: -

#### **1.1. Verbally**

By talking to staff in the ward, department or service concerned who will seek to resolve the concern at this stage.

By telephone to SELDOC

By requesting that a written record of their complaint be made on their behalf and passed to the Governance team.

A copy of the "Record of Verbal Complaint (Telephone/In Person) Form is to be found at Appendix. This form should be readily available at all base centres and call handling centres

#### **1.2. In Writing**

By completing the "Feedback" form on the SELDOC website

By e-mail to the Complaints mailbox on the SELDOC website.

By letter to SELDOC

Through third party organisations e.g. Patient Advice and Liaison Services (PALS) at secondary care providers at hosted base services

### **2. CATEGORISING CONCERNS AND COMPLAINTS**

Concerns and complaints should be reviewed, assessed and categorised by a senior clinician within three working days of receipt. This assessment is documented in the "Complaint Primary Assessment Form", and uses "Outcome Risk Assessment Tool" and the "Domains Assessment Tool" (please see Appendix for documents). The form and tools have been designed to simplify the process of determining how the concern or complaint should be handled in a flexible manner to meet the needs of the complainant and the organisation

### **3. ACKNOWLEDGMENT**

#### **3.1 Timescale.**

All complaints to be acknowledged within 3 working days of receipt by the Governance team.

#### **3.2 PROCESS**

3.2.1 Complaints (Category 1), also known as Concerns, are handled by the Deputy Medical Director or Medical Director with a view to a quick resolution.

The following should be established or advised at acknowledgement:

When it is best to contact them.

What outcome the complainant is hoping to receive.

When they are likely to receive a resolution.

3.2.2 Categories 2, 3, 4 and 5 complaints are handled by the Governance team with an aim to respond within the defined timescales.

As part of the acknowledgement process it is important to agree on how the complaint will be handled and so the acknowledgement letter will offer the complainant the following:

How their complaint will be handled and responded to

Expected response timescales

Any consent required if the complainant is not the patient

3.2.3 Verbal Complaints will be processed in the same manner as other written complaints. However, the completed verbal form will be sent to the complainant at the time of acknowledgement for verification. The complainant will be allowed to correct any points of concern and return it to SELDOC to address in answering the complaint.

#### 4. RESOLUTION AND RESPONSE

##### 4.1.1 Resolution of Concerns (Category 1) Complaints by Deputy Medical Director or Medical Director

Category 1 complaints to be resolved as quickly as possible and if possible within 5 working days of receipt.

Concerns and complaints to be passed by telephone or preferably in person to the relevant staff as soon as possible in order to achieve a quick resolution.

Agree with staff and complainant as to appropriate action required, which may include staff calling complainant direct or meeting with them.

All details of concerns and complaints to be recorded and filled in the complaint file. These forms to include all actions taken, outcomes and any further actions or learning as a result of the concern or complaint

##### 4.1.2 Categories 2, 3, 4 and 5 Complaints – Investigation and Response

A flowchart identifying actions and timescales is to be found **at Appendix ???**.

Complaints are sent by e-mail from the Quality Manager / Quality Administrator to the Deputy Medical Director and Medical Director, who will conduct the Complaint Primary Assessment Form

The Deputy Medical Director commences an investigation and root cause analysis of the complaint, having identified all staff involved and requesting a statement be obtained in response to the complaint on the completed Complaint Primary Assessment Form. The completed CPA Form will then be returned to the Quality Manager/Quality Administrator to action (“Part C”).

As standard practice, a copy of the electronic notes will be uploaded to the complaint file, allowing ease of examination while

If the complaint relates to a telephone advice call, the call will be recovered and saved into the appropriate complaint file. It will then be listened to as part of the complaint investigation process.

If the complainant has requested a meeting this will be organised by the complaints team once there is an understanding of which staff are required to attend. The timing of the meeting will be determined by the complainant and will usually take place once the investigation has taken place and the response has been sent, although it may take place earlier in the process if requested or appropriate.

An investigation report, by means of complaint response letter, is completed by the Deputy Medical Director, and forwarded to Medical Director, along with a list of the staff involved in the complaint and copies of all statements and evidence used in the

complaint response. The finalised complaint response letter must be approved by the Medical Director.

A copy of the approved response letter is signed by the Deputy Medical Director and Quality Manager, and sent to the complainant.

If the complaint requires information from more than one organisation (if SELDOC is leading on the response) it is the responsibility of the Governance team to coordinate the response.

The Governance team will be the point of contact for the complainant during the complaints process unless it is clear that it is likely that the timescale will be exceeded. The complainant will be informed of any extension required to complete the investigation and answer the complaint, and the reason for the delay.

## **4.2 Timescales for responding to Category 2, 3, 4, and 5 complaints**

### **4.2.1 Meetings**

The timescales designated for the categories of complaint are considered reasonable for an investigation of a complaint and for the written response to be approved by the Medical Director, but do not allow for meetings. If a meeting is requested by the complainant then the following should apply:

The completion date will remain as the date on which the response is sent to the complainant even if it is not possible to hold a meeting until after that date.

If the complainant requests a meeting prior to receiving the response and it is not possible to hold that meeting in the timescale the completion date will remain as that on which a response was made ready for sending.

### **4.2.2 Timescales for Categories of Complaints**

Category 1 (Concerns) - to be resolved within 5 working days. Timescale will depend on the issues and the requirements of the complainant.

Categories 2, 3 and 4 complaints – final response letter to be sent in 25 working days if possible.

Category 5 complaints – final response letter to be sent in 25 working days but it is recognised that more complex or joint complaints may take longer. Dependent on the complexity this could be up to 40 working days with a provision for longer if required. If a concurrent Significant Incident Investigation is occurring, this should not delay or influence the response to a complaint.

4.2.3 If it likely that the timescales for category 3, 4 or 5 complaints will be exceeded then it will be the responsibility of the Governance Team to contact the complainant to discuss this and renegotiate the timescale. Potential breaches of the standard 25 working day time scales will be discussed at the weekly Complaints meeting between the Quality Manager, Deputy Medical Director and Medical Director.

### **4.2.3 Reopened complaints**

It is recognised that on occasions the response sent to a complainant is not adequate in their view or they would like a further investigation as a result of the information provided. In these situations, it may be necessary to re-open a complaint that has been closed. A reasonable timescale should be set to respond that is acceptable to the complainant and is reasonable for further investigation to be completed.

### **4.2.4 Joint complaints with other organisations**

Where SELDOC has agreed to lead on collating a response to a complaint that relates to more than one organisation, then SELDOC's timescales will apply. This

will be made clear as part of discussions with the other organisation(s) to determine which organisation should lead based on the number and complexity of the issues relating to each organisation within the complaint. If another organisation is not in the position to provide the information required within SELDOC's deadline, then consideration may be made to extending the timescale. SELDOC Governance team will negotiate with the complainant and agree this with a view to sending a separate response if that is more appropriate.

## **15. Resolution of Concerns and Complaints - Responsibilities and Support**

It is everyone's responsibility to respond to concerns and complaints that are brought to them by patients or their representatives. Staff may wish to seek support from their manager who should support you in trying to resolve the issues 'on the spot'. Early personal contact with the complainant can be a highly effective way of resolving concerns. However, if not handled sensitively, it can sometimes make matters worse and it is therefore essential that the following points are considered, particularly with respect to more serious issues:

- Find somewhere private and free from interruptions, where practically possible, taking due regard for your personal safety.
- Allow sufficient time for people to relax and feel listened to.
- Reflect on the main issues of what is being said, and record the key points.
- Apologise for any distress caused – do not try and blame other causes, and do not worry that an apology is an admission of fault; this is not the case.
- Assure the complainant that any concern or complaint raised will not affect their or their relative's care and that it will not be recorded in any relevant medical records.
- Complainants often wish to ensure others do not experience the same problems, so make efforts to reassure them of this, and pass actions on to the Governance Team.

Dealing with complaints can be stressful and staff are reminded that SELDOC has a duty to address stress within the workplace. The policy "Health and Safety" that can be found on the SELDOC homepage.

If it has not been possible to resolve the concern or if the complainant wishes it, the complaint must be recorded on a Verbal Complaints Form (see Appendix) and sent to the complaints team for processing as a written complaint.

The form must **not** be included in the patient's medical notes and complainants reassured that making a complaint will not have any effect on their care.

## **16. Guidance on Writing a Complaint Response Letter**

The following is guidance relating to the process of producing a complaint response letter based on individual statements and reports produced by the staff involved along with other relevant records related to the complaint.

1. It is sometimes hard for the staff concerned in a complaint to remain objective when making their statements or writing a report. It is therefore very important that responses from staff, unless conforming to this guidance, are not reproduced exactly as written in replies to complainants. This particularly applies to comments of irritation about patients or their relatives, and comments which appear to pass the buck to others and not accept personal or corporate responsibility.

2. Sometimes an individual member of staff concerned is very critical in their statement or report about the way the NHS is organised either nationally or internally. Discretion must be used in including these in the investigation report and therefore conveying them to the complainant. A complaint response letter is not the right place for a political debate about a government policy – even though it is reasonable to identify a policy as the source of a decision, if that is the case.

3. Any individual statement or report for an investigation will normally be used within SELDOC as evidence on which to base the complaint response letter and therefore the response to the complainant. On occasion a statement or report may have to be disclosed when an investigation is being undertaken by an external body such as the Coroner, the Parliamentary and Healthcare Ombudsman or in the event of a claim against the trust. The author of any statement or report should bear this in mind.

4. The senior clinician conducting the investigation of a complaint and writing the complaint response letter should have the following approach:

- be committed to answering the complainant's questions as a fundamental part of good practice in the modern health care setting
- recognise that members of staff may find complaints difficult to handle or threatening and may need support in working through that towards an objective statement or report
- show understanding for the member of staff concerned, be prepared to help with their statement or report if necessary.
- However, the issue must be thoroughly investigated. SELDOC is discredited if the complainant can address deficiencies in the complaint response letter.

5. If the member of staff identifies a problem within SELDOC that has created the issue of concern then the SELDOC must acknowledge this but **must** always indicate what is being done to rectify the situation.

6. All individual statements and reports arising from a complaint should:

- Be timely, accurate, factual, signed, dated, and clearly expressed
- Exclude personal opinions (unless expressly requested) and emotional statements
- Establish the sequence of events referred to and all those involved
- Contain where appropriate an acknowledgement of errors or shortcomings

7. The complaint response letter should incorporate all of the above, and:
- Confirm and address all the issues raised in the complaint
  - Demonstrate that the investigation has been thorough, that conclusions drawn are based on evidence, and that appropriate action has been taken or planned
  - Not contain medical terminology unless translated into clear layman's terms.

Finally, a reminder that the complaint response letter will be sent to the complainant as the response and so the very best test of whether the complaint response letter has been drafted appropriately is to read it through as if you were the complainant and consider how you issues and conclusions.



## **17. Compliments and Accolades**

Patients and relatives who take the trouble to write in about their positive experiences can make a significant difference to morale, and to standards of practice in that area or service.

If a compliment or accolade is received, the Governance Team should ensure that:

It is shared with the organisation.

It is shared with their line manager.

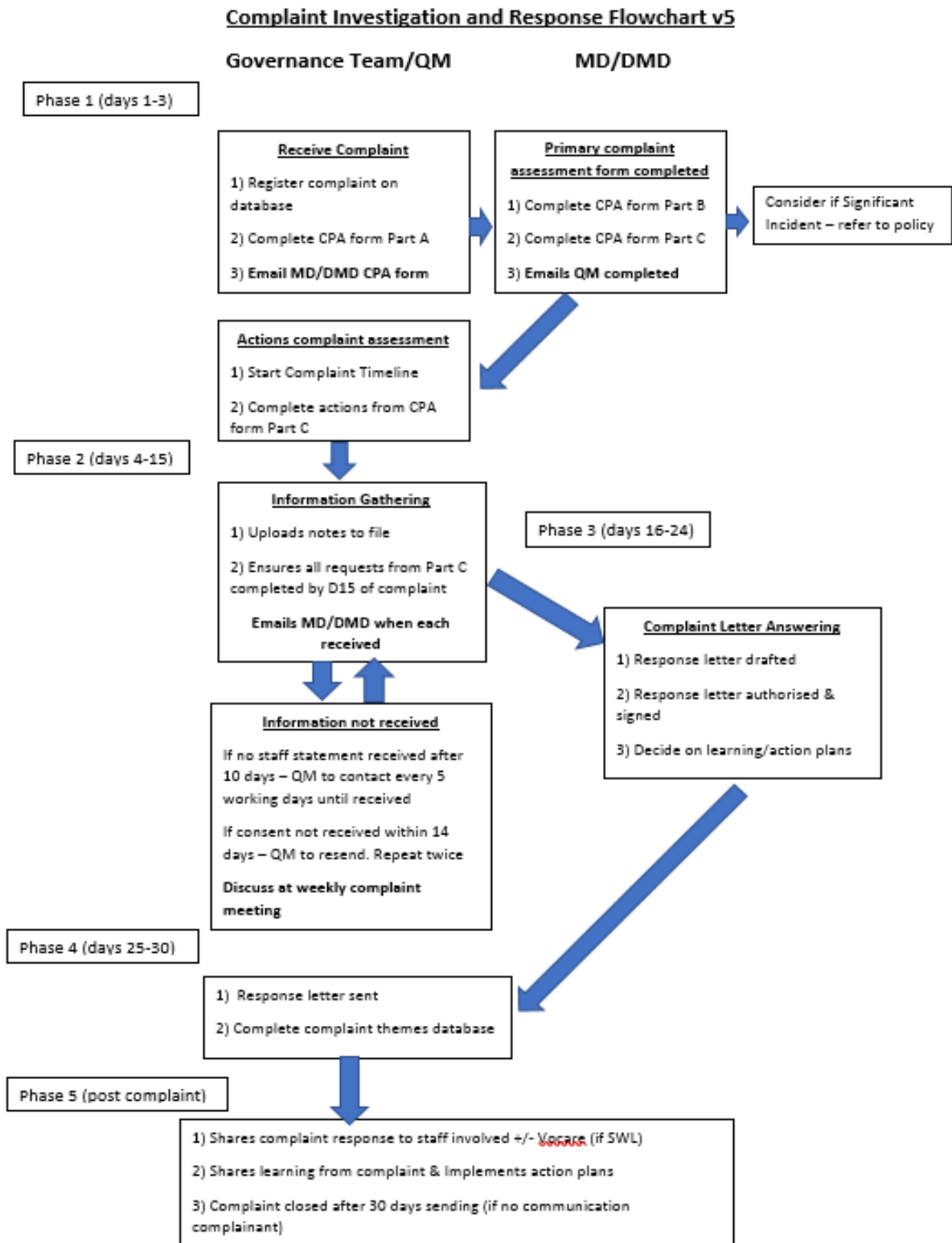
The numbers of compliments and accolades received should be recorded on the compliments database. A total of all types of compliments and accolades, including cards and gifts, must be recorded on the form.

Please do not send the cards, letters or gifts to the Governance Team.

These figures are included in the monthly and quarterly reports to the Quality Committee and are reported to the Board.

# APPENDIX

# Appendix A – Complaint Investigation and Response Flowchart v5



**Appendix B - Record of Verbal Complaint (Telephone/In Person)**  
**Form**

**Complaint taken by -**

**Date of complaint -**

**Complainant (name) -**

**Complaining on behalf of (name) -**

**Telephone Number -**

**Address -**

**Date of Birth - / /      Medical (Adastra) Record Number -**

**Summary of Complaint –**

**What would the complainant like to happen? -**

**Signed.....**

**Date.....**

**\*\*PLEASE FORWARD TO GOVERNANCE TEAM, HANOVER HOUSE\*\***

## **Appendix C - SELDOC Complaint Primary Assessment (CPA) Form**

### **Part A – (to be completed by QM/Governance Team)**

SELDOC complaint ref	
Adastra No	
Date of Incident	
Date Complaint Received	
Site of Incident	
Staff involved	
Clinical notes attached in pdf? (if not – reason)	Yes or No

\*Once Part A complete - please email to DMD or MD on secure nhs.net account with copy of notes in pdf form\*

### **Part B – (to be completed by Deputy Medical Director or Medical Director)**

Summary of Incident	
Risk Score (1-5)	1-5
Main Sub-Categories of Themes	
Any suspicion of Significant Incident?	Yes or No
If Risk Score 1 – suitable to address as concern?	Yes or No

\*Once Part B complete - please complete Part C\*

### **Part C – (to be completed by Deputy Medical Director or Medical Director) – Actions for QM or Quality assistance**

Send complaints acknowledgement letter to complainant?	Yes or No
Send consent form to complainant?	Yes or No
Send request for statement to staff involved?	Yes or No
If statements requested – who from?	Doctor or Team Leader or Driver or Other (please specify)
Request telephone recordings to be put in complaint file?	Yes or No
Any other action required? (specify below)	Yes or No

\*Once Part C complete - please email to QM or Governance team on secure nhs.net\*

**Appendix D - Outcome Risk Assessment Tool**

<b>Risk</b>	<b>Emotional</b>	<b>Physical</b>	<b>Service Delivery</b>
1	Emotional distress	No physical harm	No impact on care provision
2	Significant emotional distress	No physical harm	Minimal impact on care provision, no physical harm or risk resulting
3		Non-permanent physical harm, not requiring hospital admission	Minimal disruption to care provision, risk of +/- actual harm as per physical harm def.
4		Non-permanent physical harm, requiring hospital admission or prolonging of admission	Moderate disruption to care provision. Risk of +/- actual harm as per physical harm def.
5		Death or significant permanent disability	Significant disruption to care provision. Risk of +/- actual harm as per physical harm definition

### **Appendix E - CPA - Complaints Domains Assessment Tool**

Domains	Categories	Sub-Categories	Explanation
<b>Clinical</b>	<b>Quality</b>	Examinations	<i>Inadequate examination by clinical staff</i>
		Patient Journey	<i>Problems in co-ordination of treatment in different services</i>
		Quality of Care	<i>Substandard clinical care</i>
		Treatment	<i>Poor, or unsuccessful, clinical treatment</i>
	<b>Safety</b>	Error in Diagnosis	<i>Erroneous, missed, or slow diagnosis</i>
		Medication Errors	<i>Errors in prescribing or administering medications</i>
		Safety Incidents	<i>Events of complications threatening patient safety</i>
		Skills and conduct	<i>Deficiencies in skills of staff</i>
<b>Management</b>	<b>Organisational Issues</b>	Bureaucracy	<i>Problems with administrative policies and procedures</i>
		Environment	<i>Poor accommodation or resources</i>
		Service Issues	<i>Problems with services for supporting patients</i>
		Staffing & Resources	<i>Inadequate staffing or resource levels</i>
	<b>Timing &amp; Access</b>	Access & Admission	<i>Lack of access to services or staff</i>
<b>Relationships</b>	<b>Communication</b>	Delays	<i>Delays in admission of access to treatment</i>
		Referrals	<i>Problems in being referred to a healthcare service</i>
		Communication Breakdown	<i>Inadequate, delayed or absent communication with patients</i>
	<b>Caring</b>	Incorrect Information	<i>Communication of wrong, inadequate or conflicting information</i>
		Patient-staff dialogue	<i>Not listening to patients, lack of shared decision making</i>
		Respect, dignity, and caring	<i>Rude, disrespectful, or insensitive behaviours to patients</i>
		Staff attitudes	<i>Poor attitudes towards patients or their families</i>
		<b>Patient Rights</b>	Abuse
Confidentiality	<i>Breaches of patient confidentiality</i>		
Consent	<i>Coercing or failing to obtain patient concern</i>		
Discrimination	<i>Discrimination against patients</i>		

## **Appendix F - Exclusions from the policy on responding to concerns, complaints and compliments**

### **Matters that are Excluded from this Policy**

A request for information relating to general service provision or protocols from an MP or another health care organisation, where the request is not connected to any complaint from their constituent.

A complaint made by an employee about any matter relating to their contract of employment.

A complaint that has been investigated by the Parliamentary and Health Service Ombudsman.

A complaint about which the complainant has stated in writing that they intend to take legal proceedings

When it is decided that investigation should take place or is already taking place under the disciplinary procedure. However, if there are other matters in the complaint not relating to the disciplinary procedure, these other matters should continue to be investigated under the Complaints Policy

A complaint that has been referred to the Police or to a health regulatory body

A complaint made by an independent health care provider or an NHS health care provider about any matter relating to arrangements made with them

A complaint arising from the alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000



## **Appendix G - Independent Review – Handling and Consideration of Complaints by the Parliamentary and Health Service Ombudsman**

1. Complainants have a right to ask for a review of their complaint by the Health Service Ombudsman. After the complainant has received SELDOC's final response the complainant may ask the Parliamentary and Healthcare Ombudsman to conduct an independent review of their complaint if:

- they are not satisfied with the result of the local resolution investigation.
- the local resolution investigation is not completed, without good reason, within six months of the date on which the complaint was made.
- SELDOC has decided not to investigate the complaint on the grounds that the complaint was made 'out of time'.

2. The complainant must make their request to the PHSO verbally or in writing (including electronically) within one year from the time they first became aware of the matters complained about.

3. Having considered the request, the PHSO will notify the complainant as to whether the PHSO proposes to:-

a) take no further action

b) make recommendations to SELDOC as to what action might be taken to resolve the complaint

c) investigate the complaint further

d) consider the subject matter of the complaint as part of or in conjunction with any other investigation which it is conducting or proposes to conduct

e) refer the complainant to a health regulatory body.

4. In order to make any of the above decisions, the PHSO may take specialist advice as required.

5. If the decision is made to investigate the complaint, the PHSO will contact SELDOC and request the appropriate documentation. SELDOC will be given the opportunity to comment on the complaint before the investigation commences and the PHSO will normally contact SELDOC to advise of the outcome. The PHSO will not normally contact SELDOC about a case if it has been decided not to investigate.

6. SELDOC's Governance Team will take responsibility for ensuring that all SELDOC staff involved in the complaint are kept fully informed of its progress through all stages of the complaints procedure.

7. There is a general duty to co-operate under these regulations, to answer questions reasonably posed by the body carrying out the investigation, provide any information relating to the complaint which is reasonably requested, and attend any meeting reasonably required to consider the complaint. If a panel is set up, participants will be given the opportunity to be being heard in person.

8. If the complaint is referred back to SELDOC for further action, and the complainant remains dissatisfied after this action has been taken, the complainant may ask the PHSO to look at the complaint again. The PHSO is likely to be critical of SELDOC if a

complainant requests independent review again, and the PHSO find SELDOC has not acted on the initial recommendations for further action unless there are good reasons.

Where the PHSO investigates a complaint, a written report of the investigation will be prepared, which:

- Summarises the nature and substance of the complaint.
- Describes the investigation and summarises its conclusions including any findings of fact, the PHSO's opinion of those findings, and the reason for the opinion.
- Recommends what action should be taken and by whom to resolve the complaint.
- Identifies what other action, if any, should be taken and by whom.
- The PHSO's report will be sent to the complainant and to SELDOC.

## **Appendix H - Vexatious or Habitual Complainants**

All complaints should be processed in accordance with the Local Authority Social Services and National Health Service Complaints Regulations 2009. During this process, staff may have contact with a small number of complainants who absorb a disproportionate amount of resources in dealing with their complaints. The aim of this policy is to identify situations where the complaint might be considered to be habitual or vexatious and to suggest ways of responding to these situations.

In determining how to appropriately manage complaints, the following must be considered in order to be able to identify the stage at which a complaint has become habitual or vexatious:

The complaints procedure has been correctly implemented so far as is possible and that no material element of a complaint has been overlooked. It must be appreciated that even habitual or vexatious complaints may have aspects which contain some genuine substance.

An equitable approach has been followed.

### **Definitions**

Complainants may be deemed to be habitual or vexatious, where previous or current contact with them shows that they meet two or more of the following criteria:

The complainant:

- persists in pursuing a complaint when the complaints procedure has been fully and properly implemented and exhausted (e.g. where an investigation had been denied as 'out of time' or where the PHSO has declined a request for independent review).
- changes the substance of a complaint, or continually raise new issues, or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. However, care must be taken not to discard new issues, which are significantly different from the original complaint, and these should be addressed as separate complaints.
- is unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, hand-written or computer records, or deny receipt of an adequate response, despite correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period has elapsed.
- does not clearly identify the precise issues they wish to be investigated, despite the reasonable efforts by staff to help them specify their concerns, and/or where the concerns identified are not within the remit of SELDOC to investigate.
- focuses on a trivial matter, to an extent that it is out of proportion to its significance and continues to focus on this point (it is recognised that determining what is 'trivial' can be subjective and careful judgement must be used in applying this criterion).

- has threatened or used actual physical violence towards staff or their families or associates at any time. This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication (all such incidents must be documented and logged).
- has, in the course of addressing a registered complaint, had an excessive number of contacts with SELDOC, placing unreasonable demands on staff (a contact may be in person or by telephone, letter or fax and discretion must be used in determining the precise number of 'excessive contacts').
- has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates.

However, 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. All incidents of harassment must be documented and logged.
- is known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of the other parties involved.
- displays unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

### **Options for dealing with vexatious complainants:**

Where a complainant has been identified as habitual or vexatious, in accordance with the above criteria, the Medical Director and the Chair of the Board (or appropriate deputies in their absence) will determine what action to take. The Medical Director (or deputy) will implement such action and will notify the complainant in writing of the reasons why they have been classified as habitual or vexatious complainants and the action to be taken. This notification may be copied for information to others already involved in the complaint. A record must be kept for future reference, of the reasons why a complainant has been classified as habitual or vexatious.

The Medical Director and Chair of the Board (or deputies) may decide to deal with such complainants in one or more of the following ways:

Try to resolve matters, before invoking this policy, by drawing up a signed 'agreement' with the complainant, which sets out a code of behaviour for the parties involved, if SELDOC is to continue to process the complaint. If these terms were contravened, consideration would then be given to implementing other action as indicated further.

Once it is clear that a complainant meet any one of the criteria above, it may be appropriate to inform the complainant in writing that they may be classified as a habitual

or vexatious complainant, with a copy of this policy to them and advice to take account of the criteria in any further dealings with SELDOC.

Decline contact with the complainant either in person, by telephone, fax, letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party.

Notify the complainant in writing that the Medical Director (or deputy) has responded fully to the points raised and has tried to resolve the complaint, but there is now nothing more to add and continuing contact on the matter will serve no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged, but not answered.

Temporarily suspend all contacts with the complainants or investigations of a complaint, whilst seeking legal advice or guidance from the Strategic Health Authority, NHS Executive or other relevant agencies.

### **Withdrawing “habitual” or “vexatious” status**

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

Complaints staff should previously have used discretion in recommending habitual or vexatious status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate.

Where this appears to be the case, discussion will be held with the Medical Director. Subject to their approval, normal contact with the complainants and the application of the complaints regulations of 2009, procedures will then be resumed.