

# Complaints Policy and Procedure

## *Approval Process*

Lead Author	Katie Bamber, Complaints Manager ASP	
Developed by	Katie Bamber, Complaints Manager ASP Karina Plough, Complaints Manager ASP Sharon Fox, Trust Board Secretary Jessica Bawden, Director of Communications and Patient Experience	
Approved by	Incident Learning Group	18/02/10
Ratified by	Healthcare Governance Group	02/03/10
	Trust Board	26/05/10
Document Type	Policy	
Version	9	
Latest Revision date	Feb 2010	
Review date	Feb 2012	
Valid on		15/06/2010

### Document Control Sheet

Development and Consultation:	Katie Bamber, ASP Complaints Manager Karina Plough, ASP Complaints Manager Sharon Fox, Trust Board Secretary, NHS Cambridgeshire Jessica Bawden, Director of Communications and Patient Experience
Dissemination	Dissemination will be through NHS Cambridgeshire Staff Briefing and to Independent Contractors
Implementation	Director of Communications and Patient Experience, NHS Cambridgeshire
Training	Through team briefs, workshops
Audit	12 months from the date of implementation
Review	Katie Bamber, ASP Complaints Manager Karina Plough, ASP Complaints Manager Jessica Bawden Director of Communications and PE
Standards for Better Health	This policy supports NHS Cambridgeshire in its compliance with the DH (2004) Standards for Better Health and Care Quality Commissioning framework
World Class Commissioning Competency	Competency 3
Equality and Diversity	An Equality Impact Assessment has been completed on this policy.

### Revisions

Version	Page/ Para No	Description of change	Date approved

## Definitions used in this Procedure

<b>A complaint</b>	A <u>written or oral</u> expression of dissatisfaction with the service provided (or not provided) or the circumstances associated with its provision. An expression of dissatisfaction which requires a formal investigation and response.
<b>Issues/concerns</b>	A <u>written or oral</u> expression of dissatisfaction with the service provided (or not provided) or the circumstances associated with its provision, but which can be resolved by the end of the day after which the complaint was made, without the need for formal investigation and formal correspondence.  Current and front-line issues/concerns which do not need formal investigations should be referred to the Patient Advice and Liaison Service (PALS).
<b>Coordinated complaint</b>	A complaint which involves more than one NHS body or an NHS body and another external organisation.
<b>PALS</b>	The Patient Advice and Liaison Service (PALS) provides advice and liaison to patients who have queries/concerns about the NHS.
<b>Director of Communication and Patient Experience</b>	The person identified in NHS Cambridgeshire responsible for overseeing the complaints procedure and liaising with the Anglia Support Partnership, through a defined Service Level Agreement.
<b>Investigating Officer</b>	The person identified in NHS Cambridgeshire responsible for handling and investigating an individual complaint.
<b>The Parliamentary and Health Service Ombudsman (health complaints) and Local Government Ombudsman (adult social care complaints)</b>	Referral body for complainants when a complaint can not be resolved at local level

## Part 2 - Useful Addresses

<b>Director of Communications and Patient Experience</b>	Jessica Bawden Lockton House Clarendon Road Cambridge CB2 8FH	Responsible for overseeing the complaints procedure within NHS Cambridgeshire
<b>NHS Cambridgeshire PALS</b>	Susan Last Assistant Director of Patient Experience and Public Engagement Lockton House Clarendon Road Cambridge CB2 8FH	Patient Advice and Liaison Service
<b>Medical Director</b>	Dr Christine Macleod Lockton House Clarendon Road Cambridge CB2 8FH	Responsible for complaints of a medical nature
<b>Complaints Manager – Anglia Support Partnership Acting on behalf of NHS Cambridgeshire</b>	Katie Bamber, Complaints Manager Anglia Support Partnership 18 Vinery Road Cambridge CB1 3DX Telephone: 01223 477760 Fax: 01223 477795	Advise and support to staff to ensure standards are met Produce reports Admin Support
<b>Complaints Manager Anglia Support Partnership Acting on behalf of NHS Cambridgeshire</b>	Karina Plough, Complaints Manager Anglia Support Partnership 18 Vinery Road, Cambridge CB1 3DX Tel: 01223 477760 Fax: 01223 477795	Deals with complaints about independent contractors i.e. GPs, dentists, pharmacists and providers of NHS sight tests.
<b>Independent Complaints Advocacy Service (ICAS)</b>	East of England ICAS C/o POHWER Unit 26A, E Space North 181 Wisbech Road Littleport, Ely Cambs, CB6 1RA Tel: 0845 456 1084	ICAS is the agency that supports and represents individuals complaining about the NHS
<b>The Parliamentary and Health Service Ombudsman</b>	The Parliamentary and Health Service Ombudsman Millbank Tower Millbank London SW1P 4QP Tel: 0345 015 4033 Fax: 024 7682 1960	

## Introduction

**PART 1** of this Policy sets out NHS Cambridgeshire's approach to the handling of patient complaints about its members of staff and its provision of services e.g. provision of treatment for IVF, availability of dentistry etc. The Policy is relevant in answering complaints at all levels and is applicable to all managers who have responsibility for ensuring that complaints are handled positively and competently. The policy should also guide the practice of all NHS Cambridgeshire staff.

Procedures for the investigation of complaints against independent contractors i.e. GPs, dentists, pharmacists, and providers of NHS sight tests can be found in **PART 2** of the Policy.

## Policy Statement

NHS Cambridgeshire wants to ensure that complaints, concerns and issues raised by patients, relatives and carers are used as learning opportunities and trends are analysed and reported on. Learning from complaints is shared through the Incident Learning Group which is a sub group of the Healthcare Governance Committee.

NHS Cambridgeshire's new Policy and Procedure to handle complaints, concerns and issues from patients, relatives and carers will be less rigid and process driven, bringing it into line with the Local Authority Social Services and NHS Complaints (England) Regulations 2009. NHS Cambridgeshire will be able to respond in a way that is the most appropriate to the individual and their circumstances emphasising local resolution, personalised action plans and remedial outcomes. We will also make it easier for people to make comments compliments and complaints or to raise concerns, and we will have robust systems for learning from service users' experience and making changes and service improvements. The underlying principles of this complaints system are:

- To get it right
- To be customer focussed
- To be open and accountable
- To act fairly and proportionately
- To apologise and to put things right
- To seek continuous improvement

It is the aim of NHS Cambridgeshire to ensure that patients, relatives and their carers will not be treated differently as a result of making a complaint. This will be achieved by ensuring that complaints are dealt with fairly and openly and by the maintenance of confidential complaints records which will be kept separate from a service user's records.

It is clearly not always possible for the complainant to receive the outcome they hoped for, but if they feel that their complaint has been dealt with appropriately and that they have had a fair hearing, then this is a positive outcome.

This policy has been written in accordance with the **Local Authority Social Services and National Health Service Complaints (England) Regulations 2009**

[Http://Www.Opsi.Gov.Uk/Si/Si2009/Uksi\\_20090309\\_En\\_1](http://www.opsi.gov.uk/Si/Si2009/Uksi_20090309_En_1) . NHS Cambridgeshire will also make reference to the DoH Guidance in Complaints Handling – ‘**Listening, Responding, Improving**’ ([www.dh.gov.uk/mec](http://www.dh.gov.uk/mec)) and the PHSO ‘**Principles of Good Complaints Handling**’.

A comprehensive complaints management service is provided to NHS Cambridgeshire by the Anglia Support Partnership’s Complaints and Claims Department and is undertaken in accordance with current service specifications.

Our Patient Advise and Liaison Service also deals with concerns and issues from patients on a daily basis. This Policy and Procedure will also apply to those working within PALS.

## **PART 1 - PROCEDURE**

### **1. General provisions**

1.1 NHS Cambridgeshire will take steps to ensure that the Complaints Policy and Procedure is known and accessible to all service users via:

- (a) NHS Cambridgeshire Complaints leaflet and poster, to be widely available and clearly displayed, including in all Trust premises and on the Trust website
- (b) NHS Cambridgeshire Complaints Policy and Procedure to be easily accessible on the Trust website and in hard copy.
- (c) the right to assistance with any concern or issue from independent advocacy services, mainly ICAS
- (d) access to the independent Mediation/Conciliation Services (operated from the Anglia Support Partnership Complaints and Claims Department), which can be used at any point in the procedure.

1.2 It should be noted that as of 1 April 2009, under the revised NHS Complaints Regulations, complainants can choose to have an investigation led by NHS Cambridgeshire rather than by the direct provider of the service. This is at the discretion of NHS Cambridgeshire. If a complainant requests this course of action, and it is agreed that this is the most appropriate course of action, NHS Cambridgeshire will facilitate the investigation and will liaise directly with the complainant in accordance with Flow Chart 1 (**Appendix A**).

### **2. Receiving complaints, issues and concerns regarding NHS Cambridgeshire**

2.1 Complaints together with issues and concerns can be received orally, in writing, by fax or by email. A complaint may be made by:

- a. A patient/service user
- b. any person who is affected by or likely to be affected by the action, omission or decision of NHS Cambridgeshire
- c. a person acting on behalf of a person mentioned in a) or b) above (a representative) where that person:
  - has died
  - is a child
  - is unable, due to physical or mental incapacity, to make the complaint himself/herself
  - has requested the representative to act on his/her behalf

2.2 Where the complaint or issue or concern has been made on behalf of a child, NHS Cambridgeshire must be satisfied that there are reasonable grounds for the complaint being made by the parent rather than the child. If they are dissatisfied, they must write to the parent explaining the decision, and the reasons for it.

2.3 A representative must:

- a) have, or have had, an interest in the person's welfare, and
- b) be a suitable person to act as representative

### **3. Period within which complaints, issues and concerns can be made**

3.1 The period for making a complaint, issue or concern is:

- a) 12 months from the date on which the event that is the subject of the complaint occurred;  
or
- b) 12 months from the date on which the event that is the subject of the complaint came to the complainant's notice

3.2 This time limit may not apply if it is deemed that the complainant had reasonable grounds for not making the complaint within the time limit and that the complaint can still be investigated effectively and fairly.

### **4. Action upon receipt of a complaint/concern**

#### **4.1 Where the issue can be dealt with promptly:**

- 4.1.1. The member of staff receiving the complaint should determine if the issue is capable of being resolved promptly. If so, there should be an immediate response from the member of staff.
- 4.1.2. It is important that staff listen attentively and obtain a full picture of the issue/concern and that they check with the complainant that their understanding is accurate. A simple apology may be all that is required by the complainant, together with an explanation of what happened and why.
- 4.1.3. If the member of staff cannot resolve it, they should speak with their line manager who may be able to do so. If the matter can be resolved to the complainant's satisfaction no later than the next working day after the day on which the complaint was made, this issue does not need to be dealt with as a formal complaint.
- 4.1.4. These issues/concerns should be recorded on the form attached at Appendix F. This ensures that the concern is recorded and any learning can be gained, shared and implemented.

#### **4.2 Where the issue cannot be resolved promptly:**

- 4.2.1 If the issue relates to a current problem or concern, then the complainant should be signposted to PALS who will be able to assist. However, if the issue has a historical element which will need formal investigation, the complaint should be referred to the NHS Cambridgeshire complaints team immediately.
- 4.2.2 The NHS Cambridgeshire complaints team will acknowledge the complaint, issue or concern as appropriate.

- 4.2.3 At the time of acknowledging the complaint, issue or concern the NHS Cambridgeshire complaints team must:
- a) offer to discuss with the complainant:
    - i) an action plan for handling the complaint
    - ii) when the investigation is likely to be completed
    - iii) what reasonable outcome is desired
    - iv) when the response is likely to be sent
  - b) arrange an early meeting if appropriate
  - c) advise the complainant of advocacy services available such as ICAS
  - d) complete the Case Management Record (**Appendix C**), including the Risk Assessment to determine the seriousness of the complaint.
- 4.2.4 If the complainant does not take up the offer of a discussion, the NHS Cambridgeshire complaints team should determine the response period and notify the complainant of that in writing.
- 4.2.5 The agreed action plan and timescales for response should be confirmed to the complainant in writing.

## 5. The Investigation

- 5.1 The investigation will be conducted speedily and efficiently, and in a manner proportionate to the seriousness of the complaint.
- 5.2 The NHS Cambridgeshire complaints team will:
- a) send a copy of the complaint and covering letter to the investigating officer, together with a breakdown of the issues as far as possible
  - b) identify at an early stage whether it would be helpful to introduce conciliation/mediation
  - c) keep the complainant up to date with progress of the investigation
- 5.3 The Investigating Officer will:
- a) establish what happened, what should have happened and who was involved and make written records of the investigation/staff statements
  - b) make sure an appropriate and sincere apology is made
  - c) identify what actions can be implemented to ensure that there is no recurrence and address any training issues and learning points
  - d) draft a report addressing the issues raised by the complainant and comment on what action is being taken to prevent recurrence in the future
  - e) send the draft investigation report to the NHS Cambridgeshire complaints team

- 5.4 The staff involved in the complaint:
- a) should be made aware of the complaint and asked to prepare written accounts as part of the investigation
  - b) are required to co-operate with the complaints procedures as part of their terms of employment
- 5.5 Where an employee refuses to give an interview or a written account without reasonable grounds, this should be considered a disciplinary offence.
- 5.6 Where the complaint relates to a clinical matter, a written report from the appropriate clinician shall be obtained. This report can potentially be disclosed to the complainant and therefore must be written in plain English and without jargon. NHS Cambridgeshire is expected to release clinicians and staff from other commitments to act as advisers for complaints cases so that delays in the process can be avoided.

## **6 Conciliation and Mediation**

- 6.1 Experienced conciliators are available from the NHS Cambridgeshire complaints team. Conciliation can be used at any stage of a complaints investigation but should be used as early as possible where the circumstances of the complaint are likely to be stressful for all parties e.g. where the complaint relates to the death of a patient or the care of an infant or child.
- 6.2 Where conciliation has been agreed, the relevant managers will be informed and full cooperation from all parties is essential to make it work.

## **7 The Response**

- 7.1 On receipt of the investigation report, a response to the complaint will be drafted by the NHS Cambridgeshire complaints team. The response to the complaint should be in plain English and free from medical jargon.
- 7.2 The written response should include the investigation report. This report should:
- a) address all the issues raised by the complainant
  - b) provide explanations and apologies where appropriate
  - c) indicate organisational learning from the complaint
  - d) include what steps have been taken to prevent a reoccurrence
  - e) offer a meeting to discuss the written response
  - f) outline what options are available if the complainant is not satisfied including details of the relevant Ombudsman
- 7.3 The drafted written response, including the investigation report will be sent for approval to:

- a) the Investigating Officer
- b) the Service Manager (if different from above)
- c) the Director of Communications and Patient Experience and following approval of the above, sent to the
- d) Chief Executive – for final approval and sending out

7.4 If in exceptional circumstances a response cannot be made within the agreed timescale, for example if a person who has information about the complaint is absent on leave, it is important to keep the complainant informed of delays. The complainant will be contacted by the NHS Cambridgeshire complaints team and agreement to a specified revised timescale will be sought.

7.5 If the complainant is satisfied with NHS Cambridgeshire's response then the case will be closed. The issues giving rise to the complaint and any changes to practice or procedures as a result of the complaint investigation, will be subject to ongoing review through the Incident Learning Group.

7.6 If the complainant is dissatisfied, every effort should be made to achieve a satisfactory outcome at local level by:

- identifying outstanding issues
- arranging a further meeting
- providing a further response
- involving the NHS Cambridgeshire Mediation/Conciliation service

## **8 Coordinated Complaints**

8.1 Where complaints involve more than one NHS or Social Care body, the NHS Cambridgeshire complaints team will follow the Department of Health Guidelines on Joint Working on Complaints.

8.2 Where a complaint is a coordinated complaint (a complaint which involves more than one NHS body or an NHS body and another external organisation) the NHS Cambridgeshire complaints team will liaise with the other body/bodies to ensure that the complainant receives a coordinated response.

Discussions will take place about who should take the lead in:

- a) co-ordinating the handling of the complaint
- b) communicating with the complainant

8.3 The complainant will be notified of this decision and will be kept informed of progress. It may be necessary to seek permission from the complainant to forward a complaint to another body.

- 8.4 Where a complaint is received from another health or social care provider, NHS Cambridgeshire will provide the relevant information reasonably requested by that body.

## **9 Registering Complaints and record keeping**

- 9.1 A central register of all complaints will be maintained and allocated a complaint reference number by the NHS Cambridgeshire complaints team
- 9.2 Clear and accurate documentation is essential to ensure robust complaint management. Each complaint received by NHS Cambridgeshire will have a separate complaints file which includes any letters, memoranda or other written correspondence and file notes of all telephone and personal conversations relating to the complaint. This should be kept apart from the service user's records and no formal reference be made on their case file. The complaints file will usually be kept by the NHS Cambridgeshire complaints team, and once the complaint has been closed, all documents relating to the complaint should be forwarded to the NHS Cambridgeshire complaints team to keep with the complaints file.
- 9.3 If the complaint proceeds to the Ombudsman, accurate, clear and comprehensive records can help to demonstrate that the complaint has been investigated appropriately at local resolution. Complaints are more likely to be referred to the next stage if they have been inadequately or inappropriately handled at local level, and good records will assist NHS Cambridgeshire in justifying the outcomes of local resolution.
- 9.4 By law, these files must be kept for ten years. Case files may also be called for review by local Governance Committees, for use in Ombudsman enquiries and as part of Care Quality Commission reviews.

## **10 Monitoring mechanisms and reporting**

- 10.1 The NHS Cambridgeshire complaints team will prepare integrated quarterly reports to enable the Incident Learning Group to monitor patient experience on a quarterly basis, identify trends and monitor action taken to improve systems and procedures.
- 10.2 The NHS Cambridgeshire PALS team will prepare integrated quarterly reports to enable the Incident Learning Group to monitor patient experience on a quarterly basis, identify trends and monitor action taken to improve systems and procedures.
- 10.3 The Incident Learning Group will also assess outcomes of complaints alongside the outcomes of issues/concerns, incidents, claims and compliments for dissemination of learning across the organisation.

- 10.4 As soon as practicable after the year end, NHS Cambridgeshire will prepare an annual complaint report to be available to any person on request. This report should include:
- a) the number of complaints received
  - b) the number of complaints considered to be well-founded
  - c) the number of complaints that NHS Cambridgeshire has been advised are under consideration by the Ombudsman
  - d) the report must include a summary of the subject matter, matters arising from the investigation and any actions taken as a result of complaints
  - e) The report will also include any learning from complaints

## **11 Training**

- 11.1 NHS Cambridgeshire recognises the importance and value of appropriate complaints management training and is committed to ensuring that all appropriate staff within NHS Cambridgeshire receive training in the handling and management of complaints.
- 11.2 The NHS Cambridgeshire complaints team will provide or arrange coaching and training in complaints investigations and customer service and care for NHS Cambridgeshire staff. Managers should ensure that appropriate staff in their areas who require such support attend these sessions and that attendance is monitored.

## **12 Support for staff who are the subject of a complaint**

- 12.1 NHS Cambridgeshire is committed to supporting staff who are the subject of a complaint. It is acknowledged that staff are doing their best to carry out their work in a safe and effective manner to benefit service users, and that being involved in a complaint is very stressful.
- 12.2 Support is available to staff from their line manager/clinical lead as well as trade unions and other professional organisations. Further information and advice can always be obtained from the complaints team and an Employee's Guide is available from managers and NHS Cambridgeshire's intranet, which advises employees if they are the subject of a complaint. It is attached at **Appendix D**.

## **13 Review of the Complaints Procedure**

- 13.1 NHS Cambridgeshire's Healthcare Governance Committee will undertake an annual review of the formal Complaints Procedure to ensure it meets national requirements.

## 14 The Ombudsman

- 14.1 In the response letter, the complainant should be informed that if their response cannot be resolved through local resolution, they can request the Ombudsman to review their complaint.
- 14.2 This must be requested within 12 months of the completion of local resolution.
- 14.3 If the complaint concerns health care, or health and social care, the appropriate Ombudsman is the Parliamentary and Health Service Ombudsman. If the complaint concerns social care only, then the appropriate referral is the Local Government Ombudsman.

## 15 Unreasonably Persistent Complainants

- 15.1 The Persistent Complainants Policy is attached at **Appendix E**. The key principles are summarised below.
- 15.2 The decision to declare someone a persistent complainant must be taken jointly by NHS Cambridgeshire's Director of Communications and Patient Experience, the Medical Director and the Chief Executive.
- 15.3 Although staff are encouraged to respond in a professional and helpful manner to the needs of all complainants, occasionally nothing further can reasonably be done to assist the complainant or to solve their problem.
- 15.4 Once a complainant has been officially declared as an 'habitual or persistent complainant', the Chief Executive will write to the complainant, informing them that the organisation has responded as fully as possible to the points raised and that there is nothing further that can be achieved.
- 15.5 Any further communication on the same subject will not be acknowledged. This fact should be communicated formally to the complainant and to all staff to ensure consistency of approach throughout the organisation.
- 15.6 It must be emphasised that declaring an individual as habitual or persistent does not mean that any new issues raised by the complainant will not be dealt with in the normal way.

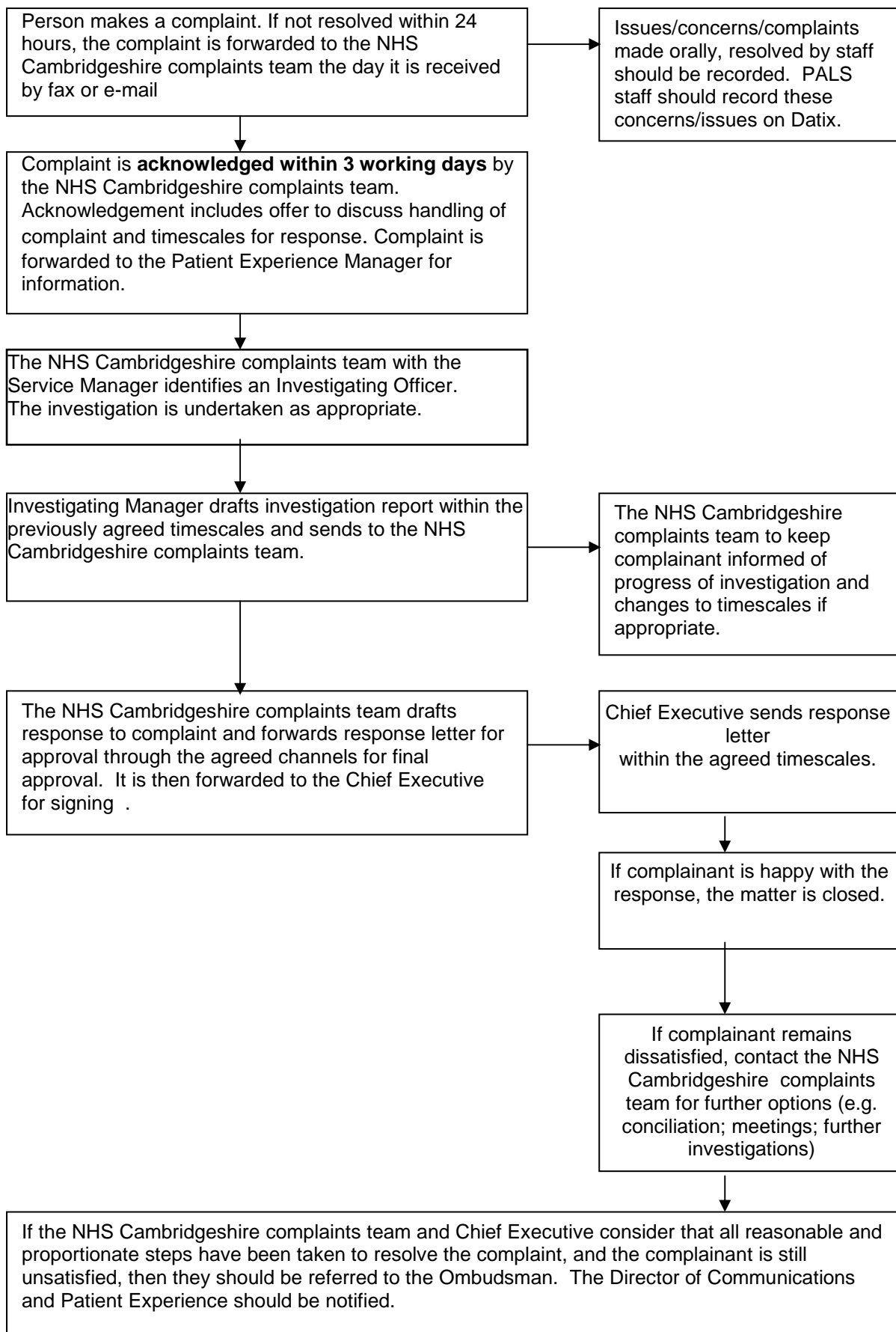
## **PART 2**

### **1 Complaints against Independent Contractors GPs, Dentists, Pharmacists and providers of NHS sight tests**

- 1.1 All contractor groups are required to operate a complaints procedure in accordance with the same Regulations and Guidance cited in Part 1 of this Policy for those complaints that come directly to their attention.
- 1.2 A proportion of complaints against primary care contractors come directly to the attention of NHS Cambridgeshire/ the complaints team either via practices seeking help and advice in the investigation, or via the complainant/patient preferring to have an outside body facilitate the investigation.
- 1.3 For the large majority of cases, it will be appropriate for the complaint to be investigated in accordance with the practice policy, but facilitated by the complaints team as outlined in the service specification between NHS Cambridgeshire and Anglia Support Partnership. This will include the provision of independent conciliation and independent clinical advice.
- 1.4 In addition, referrals can be made to the two local Performance Advisory Groups (PAGs) for medical and dental services to provide professional support and advice to practitioners either during complaints investigations or in response to matters arising from complaints investigations. The PAGs are also able to address any competency/training issues identified through the investigation of a complaint and to make recommendations for onward referral of a practitioner to NHS Cambridgeshire's Decision Making Group (see 'Management of Primary Care Performers' Lists policy and procedure).
- 1.5 Current Regulations allow complainants to request that NHS Cambridgeshire take the lead on their complaint. This can be undertaken at the discretion of NHS Cambridgeshire and in a small minority of cases it may be appropriate for NHS Cambridgeshire to take this lead, for example where the practice has a poor record of complaints handling or the complaint suggests a significant risk to patient safety.
- 1.6 The two options above are outlined in **Appendix B**.
- 1.7 Independent contractors are required to provide NHS Cambridgeshire with a detailed annual report of complaints in accordance with Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations, 2009.

- 1.8 Otherwise, quarterly reports of complaints that have come to the attention of the NHS Cambridgeshire complaints team will be prepared for NHS Cambridgeshire for monitoring and reporting purposes as outlined in Paragraph 10 of Part 1 of this Policy.

**PROCEDURE FOR HANDLING NHS CAMBRIDGESHIRE COMPLAINTS**





**CASE MANAGEMENT RECORD**

**Case Reference Number:** .....

<b>1. INITIAL CONTACT</b>			
Date complaint received:		Date complaint acknowledged (within 3 days of receipt):	
Initial complaint risk assessment: <b>(see Part 5)</b>	Number grading: (eg 3 x 2 = 6)		RED / AMBER / GREEN
Details of first contact with complainant after receipt of complaint:	Date:	Name of person who made contact:	
<b>2. SUBJECT OF COMPLAINT</b>			
Practitioner/Service complained about:			
<b>3. COMPLAINANT'S DETAILS</b>			
Complainant's name (include title):			
Complainant's address:			
Complainant's telephone numbers:	Home:	Work:	Mobile:
Complainant's email address:			
Specific requirements for future contact (days, times or method):			
Any special requirements, eg large font text, translation, wheelchair user:			



Consider involvement of Independent Conciliator.	Conciliator involved Yes / No	Name and details of Conciliator
--	----------------------------------	---------------------------------

**5. RISK ASSESSMENT**

Determine the likelihood of recurrence of the incident or circumstances giving rise to the complaint. Risk assessing a complaint can ensure that subsequent handling is proportionate to severity of complaint and related risks.

E.g. a serious complaint with almost certain recurrence  $5 \times 5 = 25$

Seriousness	Likelihood of recurrence				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1 Minimum	<i>LOW</i>				
2 Minor					
3 Moderate		<i>MEDIUM</i>			
4 Major					
5 Serious			<i>HIGH</i>		

**High risk** – requires immediate response to minimise risk and to ensure patient safety

**Low risk** – can be dealt with on a practice or departmental level – early intervention and early resolution within 24 hours may help to prevent complaint escalation and avoiding need to record incident as a complaint.

**6. INVESTIGATION PLAN (must be proportionate to risk assessment above)**

	The main issues to investigate	Who/how will be investigated (to be agreed with Complainant as appropriate) e.g. records, other documents, interviews with staff etc.
1.		
2.		

3		
4		
Outcome the complainant is seeking (eg apology, explanation). <b>Note:</b> If this outcome is unrealistic, manage the Complainant's expectations and explain what is achievable		
<b>7. TIMESCALES REGARDING NEXT ACTIONS AND AGREED TIMEFRAME FOR FINAL RESPONSE:</b>		
Initial contact letter sent (including investigation plan (if appropriate), details of agreed next contact and when final response letter will be due):	Date:	By whom:
<b>8. SUMMARY OF COMPLAINT INVESTIGATION AND OUTCOME/FINDINGS</b>		
Final response letter and Investigation report sent:	Date:	By whom:
Action points:		
Learning:		
<b>9. MONITORING OF OUTCOME/AUDIT</b>		
Action plan	Allocated to:	Date:
Complainant feedback on process requested:	Date sent:	Feedback received:

**10. OMBUDSMAN**

Request received	Date:	Ombudsman contact:
Recommendations		
Recommendations actioned	Date:	By whom:

### COMPLAINTS – AN EMPLOYEE’S GUIDE

#### Introduction

The purpose of this leaflet is to advise you what will happen if you are involved in a complaints investigation or are the subject of a complaint.

It is acknowledged that:

- staff are doing their best to carry out their work in a safe and effective manner to benefit patients
- adverse events (which may lead to a complaint) often occur due to system errors, rather than an error on behalf of an individual
- when investigating complaints we are looking at **what** happened and should have happened, **not who** did something wrong
- being involved in a complaint which is being investigated can be a stressful experience for all staff involved

#### Responsibilities of Trust Staff

Staff have a duty to co operate with Trust managers, complaints managers and the Ombudsman during the investigation of a complaint. Your Trust has a Complaints Policy which sets out the procedures to be followed and if you are involved in a complaint, you should familiarise yourself with this policy. Ask your manager for a copy of the policy or it can be located on the Trust website.

You can become aware that a complaint is going to be made against you from a number of sources:

- the patient, their relative or representative tells you that they are going to complain. If this happens, you are expected to try and address the issue at the time. If this is not appropriate or you have already tried to address the complaint, advise the complainant of the complaints procedure and inform your line manager. Remember that apologies, explanations and expressions of sympathy made in good faith are encouraged.
- you receive a written complaint direct in which case you must inform your line manager who may be the responsible investigating officer
- your line manager informs you that a written complaint has been received directly into the Trust and that your line manager has been asked to investigate.

### **Local Resolution - The investigation**

When a complaint is being investigated you may be asked for a statement which is a written account of events. When providing written comments, an informal but detailed account is required – see below for guidance. When asked for this information by your line manager, please attend to it promptly. Delays in providing a response often inflame the original complaint and give the impression that the matter is not being taken seriously. If you are unable to attend to the matter promptly, inform your manager in order that the complainant can be kept updated.

Although the majority of statements will go no further, your statement may be copied to the complainant if it is appropriate to do so and must be written with this in mind. (It may also be required at a later stage by the Ombudsman if the complaint cannot be resolved at the local level).

### **Providing an account of events**

It is recommended to use the template provided on Page 5. Include your full name, professional qualifications, grade and relevant experience at the time of the event.

It is very important to establish as fully as possible what happened. Differentiate between your own recollection of the event or circumstances and what is gleaned from medical/nursing/care notes.

- use chronological order, giving dates, times, locations etc.
- do not use jargon or medical terminology, explain difficult terms and do not use abbreviations.
- obtain any records you need to refer to and use these to support your account and provide copies of the record or originals to your line manager/investigating officer.
- respond in detail to the specific issues of concern.
- identify other staff involved
- if relevant, include references to any policies, procedures or guidelines.
- avoid ambiguous comments.
- do not speculate or give opinions – stick to the facts.
- do not worry about what to include and what to leave out. It is better to give too much information than too little
- avoid hostility towards the complainant and an overly defensive attitude.
- be honest – if the level of care fell below an acceptable standard or if a problem occurred – say so.

**Finally**, your account should be signed and dated and you should retain a copy.

### **What happens next?**

Your line manager/ investigating officer will compile a draft response based on your account and possibly other accounts, medical records and sources of information/policies.

It would be good practice for your manager to share the contents of the draft response with you before the final response is seen by the Chief Executive.

The Trust may decide to meet with the complainant to convey the findings of their investigation and then follow this up in writing or a written response may be sent with the offer of a meeting. The majority of complaints are resolved at this point, but if this is not the case, a meeting may be arranged.

It is rare for staff to be directly involved in meetings with complainants. If meetings take place, it would be usual for only the line managers, service directors, clinical directors and complaints manager to be involved in meeting with the complainant.

It may be appropriate for meetings to be facilitated by an experienced, independent **Conciliator**. The conciliation service is available via the NHS Cambridgeshire complaints team. The involvement of a conciliator will provide impartial advice to both parties and help to ensure that the outstanding issues are addressed. The conciliator may wish to meet with you in person in which case you may choose to be accompanied by a friend or your manager, the conciliator will fully explain their role and the process. All the conciliators are extremely experienced and have received specialist training in mediation and conflict resolution.

### **Outcome of the investigation**

If there are any learning outcomes from the investigation of the complaint, including changes to practice, procedures or any training requirements, these must be followed up, implemented and audited. It is good practice to provide evidence of any changes/improvements to the complainant, and if the complaint progresses, evidence of any changes or improvements will definitely be required by the Ombudsman.

If the complainant remains dissatisfied with the outcome of the local investigation, they have the right to pursue their complaint with the **Ombudsman**. The Ombudsman will request full information from the Trust regarding the handling of the case at local level.

You may be requested for further information or clarification at this stage, but if the case file of the investigation process and response can demonstrate that the investigation was clear, complete and correct, the requirement for further information will be minimised.

### **Disciplinary Action**

If, as a result of the investigation, any kind of disciplinary action is deemed necessary, this will be conducted through the normal HR procedures. We have a duty to protect staff confidentiality and the complainant will only be told that those aspects of the complaint are being dealt with separately through internal procedures.

**Advice:**

You can seek advice from a number of sources:

- your line manager
- your clinical lead or supervisor
- The NHS Cambridgeshire complaints team
- your Trade Union or professional organisation

Employees have access to a free confidential **helpline and counselling service**. The helpline is available to discuss any personal or work related problems and is open 24 hours per day, every day of the year. Telephone 0800 027 7844

**Further contacts**

NHS Cambridgeshire complaints team

At

Anglia Support Partnership  
18 Vinery Road  
Cambridgeshire CB1 3DX  
Tel : 01223 477760  
Fax : 01223 477795

**ACCOUNT OF EVENTS****IN STRICT CONFIDENCE**

<b>Full Name</b> <i>please print</i>		<b>Grade</b>	
<b>Job Title</b>		<b>Professional Qualifications</b>	
<b>Involvement in episode</b>		<b>Relevant Experience</b>	
<b>COMPLAINANT</b>		<b>PATIENT/ SERVICE USER</b>	

*Please continue on separate sheet if necessary*

Signed: .....

Date: .....

*Please sign and date every page if using additional sheets*

## Appendix E

### Persistent Complaint Policy

#### 1 Introduction

- 1.1 Habitual or persistent complainants are an increasing problem for the NHS, sometimes as a result of increased expectations of patients. Dealing with such complainants places demands on scarce NHS resources and can result in additional stress for staff.
- 1.2 Although staff are encouraged to respond in a professional and helpful manner to the needs of all complainants, there comes a point where nothing further can reasonably be done to assist the complainant or to solve their problem.

#### 2 Purpose Of This Policy

- 2.1 The purpose of this policy is to enable staff to identify when this point has been reached and clarify the actions to be taken when situations like this arise.
- 2.2 It is emphasised that this policy should only be used as a last resort and after all reasonable measures have been taken to assist the complainants.

#### 3 Dealing With Habitual/Persistent Complainants

- 3.1 It should be remembered that the most difficult of complainants may have issues of genuine substance.
- 3.2 When dealing with difficult members of the public, staff should always endeavour to remain professional and polite. However, this does not mean listening continually to the same story of complaint, nor does it mean that it is not possible to politely but firmly terminate the conversation or call.
- 3.3 If a member of staff thinks they are dealing with a complainant who should be classified as an habitual or persistent complainant, they should inform NHS Cambridgeshire immediately.
- 3.4 In such circumstances, staff should keep a documented record of all contacts with the complainant to support any decisions made about a complainant being habitual/persistent and to demonstrate the 'excessive' nature of the contact.

#### 4 Declaring A Complainant As Habitual/Persistent

- 4.1 Complainants will need to meet two, or more, of the following necessary criteria and will be deemed habitual if they:
  - 4.1.1 Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted

- 4.1.2 Change the substance of the complaint, or continually raise new issues or seek to prolong contact by repeatedly raising further concerns or questions. Care must be taken not to discard new issues that are significantly different from the original complaint and which would need to be addressed separately
  - 4.1.3 Have not clearly identified the precise issue despite all reasonable efforts to help them do this
  - 4.1.4 Refuse to accept that it is not within the remit of the individual to resolve their complaint
  - 4.1.5 Consume a disproportionate amount of time or resources and/or the issue is trivial
  - 4.1.6 Have made an excessive number of contacts within the organisation by telephone, letter or fax
  - 4.1.7 Display unreasonable demands or expectations and fail to accept these may be unreasonable e.g. insist on immediate responses from senior staff when they are not available
  - 4.1.8 Threaten, or use physical violence
  - 4.1.9 Have been verbally abusive or verbally aggressive on more than one occasion
- 4.2 In every case, the decision to declare somebody a persistent complainant should be made jointly by the Medical Director, the Director of Communications and Patient Experience and the Chief Executive.

## **5 Next Steps**

- 5.1 Once a complainant has been officially declared as an 'habitual or persistent complainant', NHS Cambridgeshire will write to the complainant, informing them that the organisation has responded as fully as possible to the points raised and that there is nothing further that can be added.
- 5.2 Any further communication on the same subject will not be acknowledged. This fact should be communicated formally to the complainant and to all staff to ensure consistency of approach throughout the organisation.
- 5.3 It must be emphasised that declaring an individual as habitual or persistent does not mean that any new issues raised by the complainant will not be dealt with in the normal way.

## **6 Associated Policies**

- Caldicott Principles
- Violence and Aggression Policy

**Complaints resolved satisfactorily without the need for formal correspondence**

Name of Business Unit:		Clinical Group or Team:	
Manager:	Completed by (name/role):	Date (month/year):	

Name of patient/service user:	Date concern was raised:	Nature of issue:	Resolution:	Further action required:

For office use only:	<i>Return to: Complaints Manager, Anglia Support Partnership by the 5th working day of each following month</i>
----------------------	---

---