

CORPORATE POLICY: Complaints Management

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Complaints Management Policy

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7.0	General Review and update
8.0	Review & update following KMPG Audit

Consultation
Director of Nursing
Head of Patient Experience
Directorate Governance Leads
Executive Group
Chief Executive

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Complaints Management Policy

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To be read in conjunction with any policies listed in Trust Associated Documents.

1 Introduction

- 1.1 This Policy outlines the Trust's commitment to dealing with complaints about its services and provides information on how we manage, respond to and learn from complaints made about our services.
- 1.2 The Trust's Policy on complaints management is to meet the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 - Statutory Instrument 2009/309 ("the Regulations"), conform to the NHS Constitution and reflect the recommendations from the Francis Report (2013).
- 1.3 The Trust will treat complaints seriously and ensure that complaints, concerns and issues raised by patients, relatives and carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with resulting actions will be explained to the complainant.
- 1.4 The Trust's policy is to follow the "Good Practice Standards for NHS Complaints Handling" (Sept 2013) outlined by the Patients Association:
 - 1.4.1 Openness and Transparency – well publicised, accessible information and processes, and understood by all those involved in a complaint;
 - 1.4.2 Evidence based complainant led investigations and responses. This will include providing a consistent approach to the management and investigation of complaints;
 - 1.4.3 Logical and rational in our approach;
 - 1.4.4 Systematically respond to complaints and concerns in appropriate timeframes;
 - 1.4.5 Provide opportunities for people to offer feedback on the quality of service provided;
 - 1.4.6 Provide complainants with support and guidance throughout the complaints process;
 - 1.4.7 Provide a level of detail appropriate to the seriousness of the complaint;
 - 1.4.8 Identify the causes of complaints and take action to prevent recurrences;
 - 1.4.9 Effective and implemented learning – use "lessons learnt" as a driver for change and improvement;
 - 1.4.10 Ensure that the care of complainants is not adversely affected as a result of making a complaint;
 - 1.4.11 Ensure that Medway NHS Foundation Trust meets its legal obligations;
 - 1.4.12 Act as a key tool in ensuring the good reputation of Medway NHS Foundation Trust.

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- 1.5 The complaints system also incorporates the Parliamentary and Health Service Ombudsman's 'Principles of Good Complaints Handling, Principles of Good Administration and Principles for Remedy' which include:
- Getting it right
 - Being customer focused
 - Being open and accountable
 - Acting fairly and proportionately
 - Putting things right
 - Seeking continuous improvement

2 Purpose / Aim and Objective

- 2.1 The purpose of this Policy is to provide a framework for dealing with complaints relating to services provided by Medway NHS Foundation Trust and to ensure that patients, relatives, carers and all other users of services have their complaints and concerns dealt with in confidence and impartiality, with courtesy and empathy in a timely and appropriate way.
- 2.2 The aim of the policy is to ensure that all complaints (formal or informal) are treated in a courteous and sympathetic manner by any person to whom the complaint is made.
- 2.3 It is also intended for distribution to patients and members of the public who require more detailed information than that contained in the Trust's leaflet 'How to make a complaint'
- 2.4 It is intended that the Trust's complaints procedures:
- 2.4.1 Provide a single process which deals with complaints
 - 2.4.2 Provide a flexible approach to investigating complaints locally and to providing people with a rapid, open, and honest response
 - 2.4.3 Are fair to staff and complainants alike.
 - 2.4.4 Enable the Trust to use the information it receives from patients' complaints to improve its services for patients.
 - 2.4.5 Use complaints as an opportunity to gain insight into the patient experience and improve the quality of care and treatment and overall experience.
 - 2.4.6 Complaints between NHS bodies, providers and local authorities may require a collaborative response covering all complaints across health and social care, including primary, secondary and tertiary health care. The investigation may involve colleagues in other NHS Trusts or agencies. In negotiation with the other organisations involved, a single trust should lead and co-ordinate the response. In these circumstances any response that we provide to another organisation should be signed off by the CEO in the usual

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way. Equally where we are leading, the final response should be sent to other organisations involved.

3 Definitions

- 3.1 A **complaint or concern** is an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not, that requires a response. Patients may not always use the word "complaint." They may offer a comment or suggestion which can be extremely helpful but it is important to recognise those "comments" which are really complaints and need to be handled as such.
- 3.2 **Regulations** - Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 - Statutory Instrument 2009/309. The Regulations set out the statutory framework that the Trust follows including
- 3.2.1 Persons who can make complaints
 - 3.2.2 Duty to handle complaints
 - 3.2.3 Complaints about the provision of health services
 - 3.2.4 Complaints not required to be dealt with
 - 3.2.5 Duty to co-operate
 - 3.2.6 Time limit for making a complaint
 - 3.2.7 Procedure before investigation
 - 3.2.8 Investigation and response
 - 3.2.9 Forms of communication, Publicity, Monitoring, Annual Reports
 - 3.2.10 Full details of the Regulations are available
via: <http://www.legislation.gov.uk/uksi/2009/309/contents/made>

4 (Duties) Roles & Responsibilities

4.1 Trust Board

- 4.1.1 Responsible for approving the Trust's Corporate Policy for complaints management.
- 4.1.2 Responsible for reviewing and approving the annual report to the Board on complaints.
- 4.1.3 Responsible for understanding the statutory framework for management of complaints and assuring itself on the adequacy of the Trust arrangements for meeting requirements.

4.2 Chief Executive

- 4.2.1 In accordance with the Regulations the Chief Executive is the designated "Responsible Person".

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4.2.2 Overall accountability for ensuring the Trust's Corporate Policy for complaints management meets the statutory requirements as set out in the Regulations.

4.2.3 Responsible for approving and signing complaints response letters. Regulation 4 (2) of the Regulations allows the functions of the Responsible Person to be performed by any person authorised by Medway NHS Foundation Trust to act on the Responsible Person's behalf. Accordingly, Medway NHS Foundation Trust has delegated responsibility for signing of complaints within the parameters set out in appendix 1.

4.3 Head of Quality Governance

4.3.1 Is responsible for complaints management and is the designated "Complaints Manager" required by the Regulations. Complaints management is managed operationally by the Central Complaints Team.

4.4 Central Complaints Team

4.4.1 Is responsible for the implementation and co-ordination of the Trust's complaints policy.

4.4.2 Is responsible for ensuring all complaints are read and recorded,.

4.4.3 Is responsible for the collation and submission of any returns required in relation to complaints e.g KO41.

4.4.4 Is responsible for the preparation of the annual report in relation to complaints.

4.4.5 Is the Systems Manager for the Trust's complaints management system with responsibility for ensuring the correct usage and application of the system and the extraction of data to meet reporting requirements.

4.5 Chief Operating Officers

4.5.1 The Chief Operating Officers have operational responsibility to ensure that their directorate has adequate procedures and resources for investigating and responding to complaints in accordance with the requirements of the Regulations.

4.5.2 They also have responsibility for ensuring that there are effective Directorate governance processes for reviewing and embedding the learning from complaints.

4.6 Directorate Governance Lead

4.6.1 Has responsibility for following the Trust procedure for managing and reviewing the complaints it receives; the focus of which will be to review and, where necessary, change practice, develop learning outcomes and improve the quality of patient care.

4.6.2 Directorate reports will be provided for review through the directorate's governance structure detailing the work being undertaken to learn from complaints. Good practice initiatives will be shared across the organisation

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and issues of concern will be addressed through the Trust's governance and performance process.

- 4.6.3 Has responsibility for allocating complaints to an Investigating Manager and ensuring that they respond in accordance with the established procedures.
- 4.6.4 Has responsibility to ensure complaint responses are coordinated and completed within the given deadlines.
- 4.6.5 Where recommendations or action plans are produced by the Parliamentary and Health Service Ombudsman following their investigations, it is the responsibility of the Directorate Governance Lead to implement and monitor these recommendations and plans. All Parliamentary and Health Service Ombudsman recommendations will be reported through the Directorate Governance Lead.
- 4.6.6 The Directorate Governance Lead is responsible for identifying when an action plan is required and ensuring actions are completed and monitored and uploaded to datix.

4.7 Directorate Governance Facilitators/Administrators

- 4.7.1 In circumstances whereby a local resolution meeting with directorate staff members is required, directorate governance staff will coordinate the meeting arrangements in a timely manner and ensure that a record of the meeting is taken (this may be written or recorded) and that notes of the recording are uploaded onto Datix.
- 4.7.2 Are responsible for ensuring that all evidence relating to the complaint and its investigation is uploaded onto Datix ensuring the integrity of the audit trail and completeness of the complaint record on Datix. On some occasions, an internal high level review or serious incident will be necessary as part of the complaint and these documents must be scanned into Datix.
- 4.7.3 Are responsible for providing a complaints management service to the Directorate Programme, including the analysis of the complaint, setting up meetings, gathering of information required to respond to the complainant, ensuring that the complaint is responded to within the specified timeframe.
- 4.7.4 Collate and analyse patient experience data both quantitative and qualitative (complaints, PALS, surveys, Friends and Family etc.) identifying emerging and consistent themes and trends. Provide patient experience reports at both speciality and programme level.
- 4.7.5 Co-ordinate the Duty of Candour process, ensuring that outcomes are communicated and recorded and included within complaint responses.

4.8 Investigating Manager

- 4.8.1 Has a responsibility to thoroughly investigate the concerns raised in each complaint. Statements will be gained from the relevant staff involved. All statements and supporting information will be forwarded to the Directorate Governance team for uploading onto Datix, which is the Trust's complaints database.

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4.9 Complaints Direct to CEO Office

- Complaint received direct to CEO and/or medical director.
- Acknowledged by CEO Executive Assistant.
- CEO Executive Assistant sends to CCT.
- CCT acknowledges & requests consent where required.
- CCT log compliant and allocate to directorate.
- Complaint will then follow trust process [OTCGR187 - Complaints - Process Flowchart](#)

4.10 Staff

4.10.1 Staff and managers on the wards, in clinics and at reception desks are those most likely to receive verbal concerns or complaints. The first responsibility of anyone who receives a complaint or concern is to ensure that the immediate health care needs of the patient concerned are being met. This may require urgent action before any matters relating to the complaint are tackled. The recipient should then seek a full understanding of the complaint, including any aspects which might not be immediately apparent. This needs to be undertaken with tact and sensitivity. Complainants should be encouraged to speak openly and freely about their concerns and be assured that whatever they say will be treated in confidence. Staff should refer to the procedures in [SOP0219 - Complaints - Handling Verbal Concerns](#) for further guidance

4.10.2 The aim should always be to satisfy the complainant that his or her concerns are being treated seriously, to offer an apology and an explanation and to take the necessary action to resolve the complaint. Any response given to a complainant which refers to matters of clinical judgement must be agreed by the clinician concerned and, in the case of medical care, by the consultant concerned. A record of such complaints should be made and managed within the directorate.

4.10.3 All staff should feel empowered to manage a complainant's concerns, however it is recognised that this will not always be the case. If the member of staff feels they cannot help the complainant further they should contact their immediate line manager. The manager should make the complainant a priority and should try to allay all fears and put the situation right. This may or may not be followed up in writing or with a telephone call; this is dependent on the situation. If the complainant remains dissatisfied and wishes to pursue it further then the complainant will be advised of the formal complaint process and provided with the Trust's complaints leaflet.

4.11 Patient Advice and Liaison Service (PALS)

4.11.1 Is responsible for promoting their service across the organisation to patients, and acting as the first point of contact for complainants as it is the right of every member of the public to contact them to help them resolve a situation.

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5 Policy Framework

- 5.1 **Medway NHS Foundation Trust** is committed to complying with statutory, mandatory and best practice requirements through a supporting framework of documents:

<p>SOP0190 - Complaints Procedure</p> <p>This procedure outlines the process for how we deal with complaints received.</p>
<p>GUCGR026 - Complaints - Responding to Letters of Complaint</p> <p>This document provides guidance on how to respond positively to complaint letters allowing staff to apologise to our patients if something has gone wrong.</p>
<p>OTCGR187 - Complaints - Process Flowchart</p> <p>A flowchart detailing the process from the beginning to end including timeframes.</p>
<p>Complaints Patient Information Leaflets</p> <p>PIL00001114 - Complaints - Easy Read</p> <p>How to make a complaint</p> <p>A leaflet for patients that tells them our process for making a complaint.</p>
<p>Complaints – Supporting Procedures</p>
<p>SOP0219 - Complaints - Handling Verbal Concerns</p>
<p>SOP0217 - Complaints - Process for Managing Persistent and Unreasonable Contact in relation to Complaints</p>
<p>SOP0235 - Complaints - Datix Web</p>

6 Accessible Information Standard

- 6.1 When responding to complaints, the Trust will comply with the requirements of The Accessible Information Standard, which aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. The Standard tells organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in accessible formats.
- 6.2 The Standard also tells organisations how they should make sure that people get support from a communication professional if they need it, and about changing working practices to support effective communication. By law ([section 250 of the Health and Social Care Act 2012](#)), all organisations that provide NHS care or adult social care have been required to follow the Standard in full from 31 July 2016 onwards.

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- 6.3 The Standard says that patients, service users, carers and parents with a disability or sensory loss should:
- 6.3.1 Be able to contact, and be contacted by, services in accessible ways, for example via email, text message or Text Relay.
 - 6.3.2 Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
 - 6.3.3 Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
 - 6.3.4 Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.

7 Principles underpinning complaints handling

- 7.1 People complain for many different reasons. The vast majority of people receiving NHS services do not set out to become complainants, so when they do express a concern, or raise a complaint, we recognise that it is usually a significant thing for them to do.
- 7.2 When members of the public raise matters with the Trust if things have gone wrong we commit to:
- 7.2.1 Signposting them to the relevant organisation if responsibility for dealing with the complaint does not rest with the Trust;
 - 7.2.2 Inviting the complainant to have a say in how the case is handled and how things are to be put right;
 - 7.2.3 Providing an honest and open response to all the concerns;
 - 7.2.4 Providing a thorough and detailed explanation concerning events leading up to the complaint;
 - 7.2.5 Providing an apology where things have gone wrong;
 - 7.2.6 Providing a response in a timely manner adhering to Trust response deadlines
 - 7.2.7 Providing an explanation to the complainant concerning what the organisation will learn from this experience, with the reassurance that other patients will have a better outcome as a consequence;
 - 7.2.8 Consider making a financial contribution to the complainant if they have suffered a financial loss as a direct consequence.
- 7.3 No one should be discriminated against or treated badly as a result of making a complaint or raising a concern. Where the complainant is a patient, it is important that their right to quality care is not compromised by their complaint and that they are not treated adversely.

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- 7.4 It is important to listen and react appropriately when patients, carers or relatives express a concern or make a complaint. Not everything that patients, relatives and carers raise as a concern is necessarily a “complaint”. Most complaints and concerns can and should be resolved informally by the people to whom they were addressed or by their immediate manager. All possibilities should be explored in an attempt to resolve the complaint positively.
- 7.5 Where patients find it difficult to complain, or are unable to complain, the Trust will welcome complaints from a close family member or a patient advocate in appropriate circumstances. When someone complains on behalf of a patient, the organisation will need to satisfy itself that the patient has agreed to their information being shared for the purposes of investigation and resolution of the complaint.
- 7.6 Information received from a complainant will remain confidential and be communicated only to those people who need to know. Specific patient information will be anonymised wherever possible.
- 7.7 The Trust’s complaints leaflet will be published on the Trust’s website and be available to patients upon request.
- 7.8 If the complainant is dissatisfied with the final response of the Trust, s/he has the right to take their complaint to the Parliamentary and Health Service Ombudsman.

8 Entitlement to complaint documentation

- 8.1 The Freedom of Information Act, provides a right to access official information. Under the Freedom of Information Act the complainant will have the right to request any recorded information held by a public authority. The complainant can ask for any information they think the public authority may hold. The Act only covers recorded information which includes information held on computers, in emails and in printed or handwritten documents as well as images, video and audio recordings. The complainant should identify the information required as clearly as possible. The request can be in the form of a question, rather than a request for specific documents, but the authority does not have to answer this question if it would mean creating new information or giving an opinion or judgment that is not already recorded. Some information may not be given because it is exempt, for example because it would unfairly reveal personal details about somebody else. Further information can be located on the following link <https://ico.org.uk/your-data-matters/official-information/>

9 Complaints & Serious Incidents

- 9.1 On receipt of a complaint that is already recorded as a serious incident, the complaint will be logged onto datix and linked to the serious incident. The complaint response due date will be the same target date set for the serious incident and the complainant will be notified of this date and of the existing investigation.

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10 Matters Excluded from the NHS Complaints Procedure and this Policy

- 10.1 The following complaints are excluded from the scope of the NHS Complaints Procedure:
- 10.1.1 A complaint made by a Trust employee about any matter relating to their contract of employment;
 - 10.1.2 A complaint made by another NHS body which relates to contractual arrangements with the Trust;
 - 10.1.3 A complaint which is or has been investigated by the Parliamentary and Health Service Ombudsman;
 - 10.1.4 A complaint relating to a failure to comply with a request for information under the Freedom of Information Act 2000;
 - 10.1.5 An oral complaint which is resolved to the complainant's satisfaction although understanding that feedback about the service can help continuous improvement;
 - 10.1.6 A matter that has already been investigated under the complaints regulations;
 - 10.1.7 A matter arising out of an alleged failure to comply with a data subject request under the General Data Protection Regulations 2018;
 - 10.1.8 If a complaint is also part of an ongoing police investigation or legal action it will be discussed with the relevant police authority or legal advisor and only continue as a complaint if it does not compromise the police or legal action.
- 10.2 The Trust will write and explain the reasons for not dealing with the complaint.

11 Who may Complain and Timescales for Complaints

- 11.1 The Trust will act on complaints from people who are receiving, or have recently received, the services which it provides. People may complain on behalf of existing or former patients, where this is the explicit wish of the patient and consent has been given. They may also complain on behalf of a patient who is not competent to give consent, for example because he or she is too ill at the time or because they have parental responsibility or for a patient who has died. The Trust will establish that the person is able to act on behalf of the patient. Particular attention will be given to the need to respect the confidentiality of the patient and any known wishes expressed by the patient before death.
- 11.2 A complaint should always be made as soon as possible after the incident in question. The Trust will not normally investigate a complaint which is made more than 12 months after the event giving rise to it. The Trust may use its discretion to extend the time limit in cases where, for example, the complainant has suffered particular distress or trauma which prevented him or her from complaining earlier, where it is still possible to investigate the complaint effectively and efficiently.

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- 11.3 The target response time for all complaints is 30 working days, For complex complaints or those where a Serious Incident investigation is required the complainant will be informed the Trust will require 60 working days to allow sufficient time for the investigation and resulting report. The target for a response to a complaint relating to two or more agencies is likely to be longer than 30 working days, the complainant will be notified of the timeframe. The response should include information on what action the complainant should take if they remain dissatisfied with the response. Where it is not possible to provide a full reply within 30/60 working days, contact should be made with the complainant by the directorate explaining the reason for the delay and the anticipated timescale for resolution. The Trust aims to answer 85% of complaints within 30 working days.
- 11.4 The Trust leaflet entitled 'How to make a complaint' giving guidance on the complaints procedure will be made freely available in all patient areas. Complainants will also be advised that written complaints may be sent via email directly to the Complaints Team. The original communication method i.e. letter or email will be the route in which the Trust will enter into corresponding with the complainant. The leaflet provides details of advocacy services that can support people in making a complaint.
- 11.5 The Trust recognises the role mediation and conciliation can play in resolving complaints. If a complaint warrants mediation or conciliation in order to resolve matters, this should be discussed with the Chief Operating Officer. The use of external mediation services will be considered on a case by case basis.

12 Complaints Requesting Reimbursement

- 12.1 Complaints may contain an explicit request for reimbursement of costs incurred for travelling or parking when travelling to hospital for clinic appointments that are cancelled without prior notification. In cases such as these the Chief Operating Officer will consider the request made by the complainant and include the decision on reimbursement in their response including the rationale for the decision taken. Funds for reimbursement will be paid from directorate funds. This is in conjunction with the Parliamentary and Health Service Ombudsman's Principles for Remedy. This is only appropriate for patients undergoing care and treatment provided by Medway NHS Foundation Trust. In the case of a complaint where another organisation is involved reimbursement must be considered separately by that specific organisation.
- 12.2 Where a request is made for reimbursement of onsite parking costs due to cancelled clinic appointments, or cancelled treatment, the Chief Operating Officer will consider reimbursing the costs in full only if no attempt was made to contact the patient to warn them of the cancellation. It is reasonable to expect that contact should be made by the most appropriate means in the circumstances such as by text, mobile phone, email or letter. Additional parking costs incurred for late running clinics will not be reimbursed.
- 12.3 No other costs (eg. salary, petrol) will be reimbursed. This is recognising that the NHS has finite resources that must be prioritised on patient care.

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- 12.4 Patients remain responsible for their personal belongings whilst on Trust premises. Therefore, requests for reimbursement of lost property will not be considered further unless the items were handed over to the Trust for safekeeping and a receipt issued by the Trust. Patients will be signposted to their home insurers for reimbursement.

13 Complaints and Legal Action

- 13.1 Where the complaint is made concurrently with a legal claim or shortly after the legal claim has already been notified to the Trust, the Central Complaints Team will take legal advice from the Trust's Legal Services Team, who in giving that legal advice shall have regard to the current law and guidance which is relevant, about whether the complaint should be dealt with at that time or whether it should be put into abeyance pending resolution of the legal claim.
- 13.2 The default position is that the Chief Operating Officer will ensure they investigate the complaint concurrently with the Legal Team. Actual or intended litigation will not be a barrier to the processing or investigating of a complaint.

14 Parliamentary and Health Service Ombudsman Procedure

- 14.1 Where a complainant is dissatisfied with the response received from the Trust and the outcome of any further attempts to resolve the complaint locally has not been accepted, he or she may make a request to the Parliamentary and Health Service Ombudsman for review of the complaint. Any requests received by the Trust must be forwarded to the Ombudsman within the timescales specified.
- 14.2 The information produced by the Parliamentary and Health Service Ombudsman describing its role, should be made available to complainants on request – <http://www.ombudsman.org.uk/make-a-complaint/how-to-complain>
- 14.3 The Trust will respond promptly to the Parliamentary and Health Service Ombudsman, and in accordance with any targets set by them. All correspondence and records which are requested for their investigation will be coordinated through the Central Complaints Team.

15 Disruptive and unreasonably persistent complainants

- 15.1 There are a small number of complainants who, because of the frequency of their contact with the Trust, hinder the Trust's consideration of their, or other people's, complaints. We refer to such complainants as 'persistent complainants' and, in exceptional cases, where this contact is unreasonable, we will take action to limit their contact with the Trust.
- 15.2 The decision to restrict access to our service is taken at a senior executive level and any restrictions imposed are appropriate and proportionate.
- 15.3 In all cases we will write to tell the complainant why we believe their behaviour falls into this category, and request that they change it.

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- 15.4 If the behaviour continues, we will write to the complainant explaining that we are limiting their access to the Trust. We will also tell them how they can complain if they disagree with that decision.
- 15.5 Advice for staff on handling unreasonable, regular or persistent complainants is found in a separate SOP - [SOP0217 - Complaints - Process for Managing Persistent and Unreasonable Contact in relation to Complaints](#)
- 15.6 The Trust follows NHS England (NHSE) guidance on dealing with persistent and unreasonable contact set out in appendix two of the NHSE Complaints Policy which is available via this link: <https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf>

16 Monitoring and Review

What will be monitored	How/Method/Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Policy review	First review in one year and then every three years	Executive Director for Complaints Team	Executive Group / Board	
30 working day response target	DATIX table demonstrating the status of complaints / Monthly	Directorate Governance Manager	Deputy Director of Nursing	
Complaints analysed and trends identified	Monthly via DATIX and reports to PRMs	Directorate Governance Team	Directorate Governance groups Quality Steering Group	Where gaps are recognised, action plans will be put into place by each directorate governance lead
Overdue complaints and directorate response times	Directorate Governance Team liaise with the appropriate specialty where matters of concern arise	Directorate Governance Manager	Deputy Director of Nursing	Review DATIX fields and tables
Turnaround times regarding collaboration with external organisations (joint responses)	Monthly	Directorate Governance Manager	Deputy Director of Nursing External organisations	Review DATIX fields and tables
The number of Ombudsman requests	Monthly	Central Complaints Team (CCT)	Quarterly complaints report weekly CEO report	

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What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Changes as a result of formal complaints	Changes in practice discussed at monthly directorate and governance meetings	Directorate Governance Manager Deputy Director of Nursing	Directorate Management Board	Each Directorate will demonstrate learning and where necessary a change of practice
Dashboard incorporating complaints, serious incidents and DOC response rates	Monthly, submitted to IQPR and quarterly to QSG	Central Complaints Team	Quality Steering Group SI Panel	

17 Training and Implementation

17.1 Staff Training

- 17.1.1 The Head of Quality Governance is responsible for ensuring that the training requirements for staff are identified and met.
- 17.1.2 Directorate Governance Leads will be responsible for ensuring that all staff receive the relevant training in complaint management provided by the Trust in order to address their specific needs.
- 17.1.3 All staff need to know how to react and what to do if someone makes a complaint as the initial response may either help resolve the situation on the spot or provide the complainant with the reassurance that their concerns will be treated appropriately.
- 17.1.4 The Trust will provide training and support for all staff required to deal with complaints from or on behalf of the Trust.

18 References

POLCGR005 - CORPORATE Complaints Management Policy
OTCGR187 - Complaints - Process Flowchart
SOP0190 - Complaints Procedure
GUCGR026 - Complaints - Responding to Letters of Complaint
SOP0235 - Complaints - Datix Web
SOP0219 - Complaints - Handling Verbal Concerns
SOP0217 - Complaints - Process for Managing Persistent and Unreasonable Contact in relation to Complaints
PATIENT INFORMATION LEAFLETS
PIL00001114 - Complaints - Easy Read

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Appendix 1

Initial assessment of complaint	Type of complaint	Level of investigation, response period and signatory
Low level (Green) - formal complaint	Simple, non-complex complaints e.g. Cancelled outpatient appointment/admission Waiting time, Car Parking	Simple investigation required. Response may be provided verbally or in writing by the Matron/Service Manager , with the complainant's agreement. Response period – Within 10 working days from date complaint opened or when consent received. Alternatively a written response can be signed by the Chief Operating Officer or Deputy Director of Nursing .
Medium level (Amber) – formal complaint	May be several issues and/or involve clinical care	More detailed investigation involving clinical matters. Response to be signed by Chief Operating Officer unless: <ul style="list-style-type: none"> • Complaint crosses more than one directorate – in which case either the Director of Nursing or Medical Director can sign; a judgment will need to be made as to which of these is most appropriate in light of the complaint issues • Investigation results in initial assessment changing from amber to red • Is subject to an incident / Serious Incident investigation Response period – within 30 working days from from date complaint opened or when consent received.
High level (Red) – formal complaint	Complex complaint involving several Directorates or more than one organisation. Issues may have been investigated as a Serious Incident (or need to be) or may have the potential for legal action.	Detailed investigation with option to obtain advice from Associate Medical Director/Lead Clinician. Response to be signed by Chief Executive Response period within 60 working days

Complaints Management Policy

High level (Blue) – formal complaint	MP's involvement Solicitor's involvement	Response period – within 30 working days from from date complaint opened or when consent received.
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