Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Please Note: This policy is currently under review and is still fit for purpose.

Complaints, Concerns, Comments and Compliments:

Resolution and Learning

This procedural document supersedes: Complaints, Concerns, Comments and Compliments: Resolution and Learning - CORP/COMM 4 v.6

Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Moira Hardy – Acting Director of Nursing, Midwifery & Quality
Author/reviewer: (this version)	Louise Povey – Head of Patient Safety & Experience
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Approved by:	Policy Approval and Compliance Group
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Target audience:	Trust Wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 7	12 October 2017	Terminology updated in accordance with Trust Changes and implementation of Care Groups and Re-structure of the Patient Experience Team	Louise Povey
Version 6	February 2014	• Title changed • Two policies combined into one • A re-write of both polices with significant changes to the process and notification of the formation of the Patient Experience Committee	Heather Keane
Version 5	July 2013	• Title changed from Formal Complaints Management • Roles and responsibilities updated □ Monitoring of compliance updated □ New sections: - "who can complain" - Ensuring care is not adversely affected when a complaint is made - Time limit for providing information to an investigation - Ensuring an appropriate setting for meetings - Providing minutes of a meeting in a timely manner - Managing habitual frequent or vexatious complainants	Joanne Blockley

Version 4	April 2011	• Title changed from Managing concerns and complaints • Policy and guidance separated into two documents • Information to be given to the complainant regarding the role of the Parliamentary Ombudsman • Organisation restructure – Divisions to Clinical Service Units	Joanne Blockley

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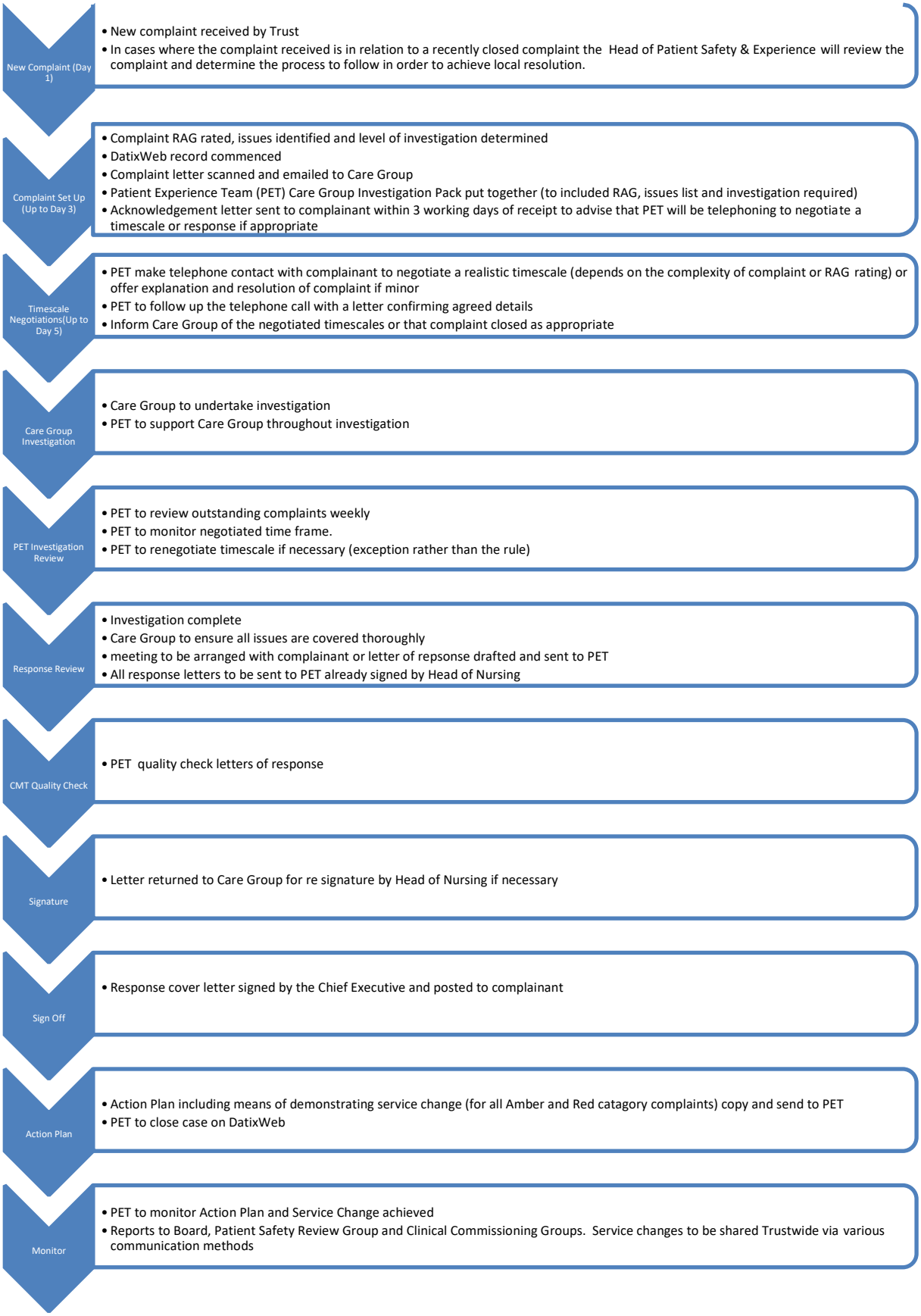
New Complaint (Day 1)
• New complaint received by Trust
• In cases where the complaint received is in relation to a recently closed complaint the Head of Patient Safety & Experience will review the complaint and determine the process to follow in order to achieve local resolution.
Complaint Set Up (Up to Day 3)
• Complaint RAG rated, issues identified and level of investigation determined
• DatixWeb record commenced
• Complaint letter scanned and emailed to Care Group
• Patient Experience Team (PET) Care Group Investigation Pack put together (to included RAG, issues list and investigation required)
• Acknowledgement letter sent to complainant within 3 working days of receipt to advise that PET will be telephoning to negotiate a timescale or response if appropriate
Timescale Negotiations(Up to Day 5)
• PET make telephone contact with complainant to negotiate a realistic timescale (depends on the complexity of complaint or RAG rating) or offer explanation and resolution of complaint if minor
• PET to follow up the telephone call with a letter confirming agreed details
• Inform Care Group of the negotiated timescales or that complaint closed as appropriate
Care Group Investigation
• Care Group to undertake investigation
• PET to support Care Group throughout investigation
PET Investigation Review
• PET to review outstanding complaints weekly
• PET to monitor negotiated time frame.
• PET to renegotiate timescale if necessary (exception rather than the rule)
Response Review
• Investigation complete
• Care Group to ensure all issues are covered thoroughly
• meeting to be arranged with complainant or letter of repsonse drafted and sent to PET
• All response letters to be sent to PET already signed by Head of Nursing
CMT Quality Check
• PET quality check letters of response
Signature
• Letter returned to Care Group for re signature by Head of Nursing if necessary
Sign Off
• Response cover letter signed by the Chief Executive and posted to complainant
Action Plan
• Action Plan including means of demonstrating service change (for all Amber and Red catagory complaints) copy and send to PET
• PET to close case on DatixWeb
Monitor
• PET to monitor Action Plan and Service Change achieved
• Reports to Board, Patient Safety Review Group and Clinical Commissioning Groups. Service changes to be shared Trustwide via various communication methods

1 INTRODUCTION

Doncaster & Bassetlaw Teaching Hospital NHS Foundation Trust (hereafter referred to as the Trust or DBTH) considers every encounter with patients, their family, carers and the public as an opportunity to learn from their experience of its services, and if appropriate to take action to improve them.

The Trust recognises that patients have the right to expect high quality services and the right to offer their comments, express concerns, complain when expectations are not met and offer compliments where they are exceeded. The Trust also acknowledges that concerns or complaints arise from differences of understanding, perceptions, or beliefs. However, all feedback provides a valuable indication of the quality of services provided and this information can be used to help improve communication or services to better meet the needs of the individual.

The Trust will always listen to complaints, concerns, comments or compliments, raised, apologise where it is appropriate, strive to put right any error and implement any learning. The Trust will also use compliments to ensure that areas of good service and practice are shared across the Trust.

The approach adopted by the Trust is structured around the Parliamentary and Health Services Ombudsman's Principles for Good Complaints Handling (2009), Parliamentary and Health Services Ombudsman's Designing Good Together: transforming hospital complaint handling (2013) and also the recommendations contained in local and national standards;

- Getting it right – first time, every time
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement
- Duty of candour (a duty to be open and honest)

In addition this policy also reflects the recommendations resulting from The Mid Staffordshire NHS Foundation Trust public inquiry (2013) including:

- Openness, transparency and candour throughout the system
- Importance of narrative as well as numbers within the data
- Complaints amounting to a serious incident should trigger an investigation.

2 PURPOSE

This policy identifies the use of all Patient Experience Feedback to improve services. Clarifying the distinction between the resolution process for concerns and complaints and defines who, and how someone may raise concerns or complaints with the Trust.
The policy also lays out the process and duties the organisation should use to resolve concerns and complaints when they are received.

The policy outlines how to categorise the severity and impact of complaints, and how to assess whether a complaint is partially or fully justified. It will also identify methods of monitoring compliance with the policy.

The policy will outline how evidence of improvements in service are identified and implemented following the resolution of a concern or complaint.

This policy does not apply to concerns/complaints that are being investigated through the Trust's Disciplinary, Grievance or Whistleblowing policies.

The Trust recognises that raising a concern or complaint about its staff or services and having it dealt with thoroughly and respectfully is an important right of individuals, as outlined in the NHS Complaints guidance updated 2015 and an opportunity for the Trust to learn and improve the quality of its services.

The Trust expects all investigations into concerns and complaints to be open and transparent. Where mistakes have been made, or things have not met the expectations of the person expressing their concerns or complaint, responsibility will be taken by the appropriate person and a genuine apology will be given as soon as possible in accordance with the Trust's Being Open and Duty of Candour Policy (CORP/RISK 14).

It is extremely important that accounts given by those expressing concerns about their experiences are taken seriously and given validity as their "real experiences". Those raising concerns or complaints should always be treated with respect, empathy and compassion. At the same time staff who are involved in a complaint should be given support and their own experiences taken seriously. The purpose of having a procedure for dealing with concerns and complaints is not to apportion blame, but to investigate situations fairly; to achieve resolution so that everyone can learn from what has taken place.

When applying the Complaint's policy within the Trust, with respect to either adults or children, staff should be aware that Safeguarding of patients is an imperative consideration. All staff should ensure that where needed, actions are taken to safeguard either children or adults and this must not be delayed due to the complaint's process.
Where Safeguarding issues are identified relating to adults, staff should follow the Nottinghamshire or Doncaster Safeguarding Adult procedures in line with the Trust's Safeguarding Adults Policy (PAT/PS 8).

Where the safeguarding concerns relate to a child or children, staff should follow the Doncaster or Nottinghamshire Safeguarding Children Board Procedures in line with the Trust's Safeguarding Children Policy (PAT/PS 10).

3 DUTIES AND RESPONSIBILITIES

3.1 The Chief Executive

The Chief Executive is responsible for ensuring that arrangements are made under relevant regulations.

The Chief Executive (or nominated deputy in his/her absence) will respond, where appropriate, in writing to all formal complaints. This will be in the form of a short covering letter enclosing a detailed response from the appropriate Care Group.

3.2 The Director of Nursing, Midwifery and Quality

The Director of Nursing, Midwifery & Quality is the executive lead for Quality and Patient Experience and is responsible for ensuring compliance with this policy. He/she is responsible for cultivating a culture of openness and of listening and learning from patient experiences.

Any complaints initially graded as "red" will be escalated to the Director of Nursing, Midwifery and Quality or Medical Director to ensure that the investigation and resolution is consistent with the concerns being raised. The Director of Nursing, Midwifery and Quality will also consider identifying a senior officer to act as an independent support to the complainant.

3.3 The Head of Patient Safety & Experience

The Head of Patient Safety & Experience will link with the Matrons to promote improvements of the patient experience and support the effective management of concerns and complaints. This will include monitoring of performance against key quality performance indicators e.g. performance against agreed timescales.

Any complaint which remains unresolved with the complainant still dissatisfied, the Head of Patient Safety & Experience will review the entire complaints file to ensure that a comprehensive response was provided, and if, following discussion with the Director of Nursing, Midwifery and Quality, arrange an independent external review. The Head of Patient Safety & Experience will also discuss with the complainant possible resolution solutions.

3.4 The Head of Communications & Marketing

The Head of Communications and Marketing will monitor social and media network forums and identify any complaints, comments, concerns and compliments raised and respond accordingly.

3.5 Care Group Director, Head of Nursing/Midwifery/Therapies & Heads of Department

- The relevant Care Group will oversee and manage the investigation into concerns and complaints within designated timeframes.
- Assign staff as Investigating Officers for complaints unless identified by the Director of Nursing, Midwifery and Quality or Medical Director.
- Assign resources to ensure effective management of concerns and complaints.
- As appropriate, ensure action plans are developed and implemented. Where lessons are learnt, these are reported to the Patient Experience Team Leader (formerly known as Patient Experience Manager) to ensure organisational learning.
- Ensure all staff are aware of their responsibilities and adhere to the Trust policy Release staff to attend relevant training.

3.6 Patient Experience Team Leader

- Review contacts (whether in person, verbal or written, including by email) to ensure that the method of resolving, and the timeframe by which resolution should take place, has been agreed with the person raising the Concern or Compliment.
- Manage the process relating to concerns and complaints thus ensuring patients receive the appropriate management of their concern/complaint in order to achieve resolution within agreed timescales.
- Risk assess every complaint upon receipt using the matrix within this policy/DATIXWEB. Following the outcome of the investigation, risk assess the complaint again. The score may be revised depending on the information concluded from the investigation.
- Following investigation, determine whether the complaint is partially or fully justified and record on DATIXWEB.
- Initially, and following investigation, record whether any harm was suffered by the patient.
- Monitor delivery of action plans to ensure improvements are made.
- Oversee organisational learning by cascading outcomes from action plans throughout the organisation.
- Act as identifiable point of contact for Ombudsman.
- Act as facilitator for Independent Reviews and prepare trust documentation.

3.7 Patient Experience Officer(s)

- Offer advice and support to those expressing concerns/complaints and liaise with relevant staff throughout the process until resolution is achieved.
- Support and facilitate the resolution of concerns and complaints.
- Monitor the progress of each individual concern or complaint to ensure agreed timescales will be met. Take action as appropriate if any deviation for the expected resolution timeframe.
- Quality checks all response letters to ensure all concerns or complaint subjects have been addressed. Prepare covering letter for sign off by the Chief Executive or designated deputy.
- Ensure accurate data relating to all concerns and complaints are recorded on DATIXWEB, including appropriate codes.
- Ensure all documentation relating to each concern/complaint is stored on DATIXWEB (electronically scanned where necessary).
- Ensure notice boards throughout the Trust are updated regularly with patient experience information e.g. “you said - we did”.

3.8 Front Line Staff

- Front line staff are expected to resolve concerns as they arise thus ensuring our services meet the expectations of the individual.
- Escalate any concerns that they are unable to resolve to ward/department managers immediately thus ensuring the appropriate person can resolve the issue.
- Cooperate fully with any relevant investigation into a concern/complaint.
- Complete statements within 4 working days of receipt of request.
- Where action plans are developed, embrace the principles of the plan to ensure objectives are achieved.

4 PROCEDURE

4.1 A concern or complaint is an expression of dissatisfaction that requires a response.

4.2 Often the person raising the concern/complaint expresses their wish to have it addressed as a “formal complaint”. However upon listening to the person or reading the correspondence, it may become apparent that the most appropriate way of assisting the person is not by following the formal complaints route. It is therefore not always the complexity or severity of a concern/complaint that defines whether it is a concern or complaint. It is the most appropriate method of resolution that may be the influencing factor. In these circumstances, a member of the Patient Experience Team should contact the ‘complainant’ to discuss the most appropriate form of resolution.

4.3 The Trust recognises that many people choose to try local resolution through expressing a concern first. If the concern is not addressed to their satisfaction, they may then wish to proceed to making a complaint to achieve resolution.

4.4 Concerns can be expressed in many different ways. They can be raised as:

- Questions
- Suggestions
- Feedback
- Requests for information
- Comments
- Complaints
- Through a third party
- Internally through a near miss, incident or claim

4.5 The Trust encourages patients, their relatives and carers to raise their concerns openly, either in person, on the telephone, email or in writing. There are posters throughout the organisation advising patients and relatives on the action to take if they are not satisfied with the care offered by the Trust. The Trust website also offers advice on how to express a concern, or make a complaint. All staff are expected to respond to, and resolve concerns as quickly and locally as possible.

4.6 Many queries or minor disagreements can be resolved at this local level without the need for concerns to be registered with the Patient Experience Team and registered on DATIXWEB. These are all part of the general service delivery of wards and departments although in most case it will be necessary to make an appropriate record of the issues raised and the actions taken to resolve these.

4.7 Concerns can be raised to the organisation by patients, their family or carers, and members of the public, through either of the following methods:

- In person
- By telephone, to staff members or the Patient Experience Team 01302 642764
  By post to staff teams or Patient Experience Team, Armthorpe Road, Doncaster, South Yorkshire, DN2 5LT.
- By e-mail via Trust website at dbth.pals.dbh@nhs.net Via Healthwatch.

4.8 If the person receiving the concern is unable to resolve it, he/she must refer it to the most appropriate person who can resolve it e.g. a more senior member of staff within the department or Care Group. The person raising the concern should be advised who the matter has been passed to and their contact details.

4.9 Once the concern has been resolved, the person raising the concern should be informed of the outcome. Any learning should be communicated to the team or staff member's manager as soon as possible.

4.10 On occasions, the person raising the concern may be unsatisfied with the response given to their concern. Further attempts to rectify the concern should be made e.g. repeat the above process. If it appears that resolution cannot be achieved then in those cases, information relating to the complaints procedure should be offered.

4.11 Written records should always be kept of concerns that have been raised with staff, and of subsequent action taken. Ward manager/department managers are responsible for ensuring that all staff members keep good records, which should be held at local level. These records are not to be kept as part of patient's clinical records. To ensure accurate records and that Trust wide learning opportunities are not missed a monthly submission of the number of concerns should be sent to the Patient Experience Team on the 1st of every month.

4.12 Data relating to concerns to be recorded on ward dashboards.

4.13 The Patient Experience Team will maintain electronic records (DATIXWEB) of all informal concerns raised via the Patient Experience Team, including the outcome of the concern.

4.14 Data on informal concerns will be reported within the quarterly complaints reports to Board of Directors and Commissioners.

4.15 Every concern, complaint and compliment that the Trust receives is an opportunity to improve services locally and Trust wide.

4.16 It is always the responsibility of the staff member who first receives the concern to act on it and pass on information as promptly as possible and to escalate the matter if they cannot resolve it.

4.17 In the first instance, and where appropriate, local practical changes should be made which will address the concern as quickly as possible.

4.18 Informal concerns should be assessed to learn whether procedural, clinical governance or strategic changes are required to prevent such an event occurring again. These should be assessed whether these are of short, medium or long term significance. These should be raised with the appropriate person or body for action.

4.19 Staff teams should clearly document concerns raised, lessons learned and actions taken. These should be sent (email is acceptable) to the Patient Experience Team

Leader for filing and reporting “changes following resolution of informal concerns”.

4.20 A complaint may be about any aspect of a patient’s care and treatment, or the way in which this is being provided. As a result the subject area is wide and does not just relate to clinical care.

4.21 In some circumstances, the Trust may deliver services in partnership with another organisation. In these situations, the Trust will hold joint responsibility for ensuring a thorough investigation is carried out and a resolution to the complaint is achieved. The Trust may be the lead organisation for the complaint, in which case, holds responsibility for collating responses from all organisations and ensuring resolution is achieved within the agreed timeframes. Alternatively another organisation could be the lead investigator, and the Trusts responsibility is to provide the relevant information to the lead organisation.

4.22 If the trust receives a complaint that relates wholly to the services provided by another organisation, the complainant must be asked, within 3 working days whether they wish the complaint to be sent to the other organisation. If consent is given, the complaint must be sent to the correct organisation as soon as possible. If consent is not given, the Trust must advise the complainant that they would not be able to provide a response to the specific areas managed by the other organisation.

4.23 A complaint may be made by: A patient.

- A former patient.
- Any person affected by, or likely to be affected by, an action, or omission or decision of the Trust, if it is the subject of the complaint.
- A person acting on behalf of another, where:
    - The person themselves has requested that they act as their representative and has provided consent for them to do so
    - The person themselves is unable, by reason of physical or mental capacity (under meanings within the Mental Capacity Act 2005), to make a complaint on their own behalf
    - The patient is a child and the representative is the parent, legal guardian or other adult person who has care of the child (local authority when the child is a “looked after child”)
    - The person has died, and the representative is a relative or other person who, in the opinion of the Head of Patient Safety & Experience had or has sufficient interest in their welfare and is a suitable person to act on their behalf.

4.24 Where a person makes a complaint or concern on behalf of a patient (over 18), the Trust must first satisfy itself that the patient has provided consent for the

carer to act as their representative, and for release of personal information (see appendix 1 & 2 for consent form templates).

4.25 In circumstances where a complaint relates to a child/young person (under 18) and the complainant is noted as neither parent, legal guardian nor other adult person who has care of the child (local authority when the child is a "looked after child"), consent will be requested from the appropriate legal representative (see appendix 1 & 2 for consent form templates).

4.26 Where the patient's consent is required but withheld, the Trust's response to the complainant will be limited to that information which can be shared without compromising the patient's right to confidentiality. This will be clearly explained to the person making the complaint and every effort will be made to be as open as possible.

4.27 Where physical or mental incapacity affects a patient's ability to make a complaint or provide consent to a representative to act on their behalf, the Head of Patient Safety & Experience in discussion with the Director of Nursing, Midwifery & Quality, relevant Clinical Director or Medical Director, and Chief Executive will determine whether the complainant has sufficient interest to be considered a suitable representative. This decision will take into account the need to respect the patient's confidentiality and any previously expressed wishes about disclosure of information to third parties. It is advisable to obtain the opinion of the Trust Legal Advisor before any information is disclosed to the patient's representative.

4.28 Where an urgent need to protect a vulnerable person is identified in a concern or complaint raised by a representative, there may be a need to disclose information or to act prior to consent being received. If this is the case, the discussion and decision, should

be clearly recorded in the complaints file. The safeguarding policies (PAT/PS 10 and PA/PS 8) should also be followed in such instances.

4.29 Where a complaint is in relation to the care of a deceased patient, if the complainant is a relative or person who had or has sufficient interest in the patients welfare and is suitable to act on their behalf then in these circumstances consent will not be required.

4.30 Complaints are best made as soon as possible after an event has occurred as an investigation is likely to be more effective when events are fresh in the memories of those involved.

4.31 The time limit for making a formal complaint is:

- 12 months from the date on which the matter of the complaint occurred
- 12 months from the date on which the matter of the complaint came to the notice of the complainant.

4.32 Where a complaint is made outside the above timeframe, the discretion to vary the time limit will be used sensitively and an investigation will be carried out and response provided. Having regard to the context of the complaint, the Patient Experience Team Leader, Head of Patient Safety & Experience and the Care Group Clinical Director may decide to carry out an investigation if they are of the opinion that:

- The complainant had good reason for not making the complaint within 12 months
- It is still possible to investigate the complaint effectively and efficiently, notwithstanding the time passed.

However, this will be out with the current national complaints process. This must be explained to the complainant at the beginning of the process.

4.33 Formal complaints can be made orally or in writing (including electronically) to any member of staff, including the Patient Experience Team and Chief Executive.

4.34 Staff within the Patient Experience Team will assist those who wish to make a written complaint but feel unable to do so. All verbal complaints will be transcribed by a member of the Patient Experience Team to ensure the information relating to the complaint is recorded. If the complainant does not wish for a member of staff to assist with the writing of the complaint, information about Healthwatch will be provided as an alternative form of support. If the complainant is unable to articulate their complaint translation services should be offered.

4.35 Where a complaint is in writing, it must be clearly stamped with the date if it was received by the Patient Experience team.

4.36 A formal letter of acknowledgement should be sent to the complainant within 3 working days of receipt of the complaint (see appendix 3 for template).

4.37 A file on DATIXWEB should be commenced. All documentation relating to a complaint is to be stored on DATIXWEB e.g. complaint letter, response, statements etc.

4.38 A copy of the complaint should be sent to the relevant Head of Nursing to ensure an appropriate investigation is initiated/conducted. The person allocated to investigate a complaint is known as the Investigating Officer.

4.39 If a formal complaint is received and addressed at local service level without passing through the Patient Experience Team, it is the responsibility of the staff member who receives or deals with the complaint to ensure a copy of the complaint and its acknowledgement is sent to the Patient Experience team as soon as possible. The Patient Experience Team Leader will ensure the correct process outlined within this policy is still adhered to.

4.40 Central to managing a complaint efficiently and effectively is preparing the appropriate level of investigation for the nature of the complaint raised. Upon receipt of a complaint, the Patient Experience Team Leader will undertake a categorisation of the complaint (see appendix 4 for the grading matrix). The Patient Experience Team Leader will also give a judgement on the level of investigation that seems appropriate for the severity and nature of matters raised (see appendix 5) the reasons for the grading and level of investigation must be clearly documented. This grading and level of investigation will be sent with the complaint to the Head of Nursing. It is the responsibility of the Investigating Officer (as appointed by the Head of Nursing) to ensure that the level and speed of investigation is proportional to and commensurate with the grading and level of investigation required of the complaint. Once the complaint has been resolved, the Patient Experience Team Leader will re categorise the complaint and also make a judgement whether the complaint has been upheld, or not.

All complaints categorised as “red” will be reported to the Director of Nursing, Midwifery & Quality/ and or Medical Director, Head of Patient Safety & Experience and will be directly managed and monitored by the Patient Experience Team Leader. The responsible Executive Director will determine the level of investigation and timeframes.

All complaints categorised as “amber” will be directly managed and monitored by the Patient Experience Team Leader.
All complaints categorised as “green” can be directly managed and monitored by any member of the patient experience team.

All complaints categorised “red” will be reported to the Board of Directors (brief synopsis), in the monthly complaints report, when opened and reported again upon closure outlining whether the complaint was upheld.

4.41 A flowchart demonstrating the key stages for managing a formal complaint can be found at the beginning of this policy.

4.42 Once an assessment of the appropriate level of investigation is completed, the Patient Experience Officer will contact the complainant, either in person if in hospital, or by telephone. At this contact the Patient Experience Officer will;

- Ensure that the Trust has a full understanding of the areas and scope of the complaint from the complainants perspective

- What outcome s/he is hoping to achieve
- How s/he wish to be communicated with and updated throughout the investigation
- A mutually acceptable timeframe for the investigation and resolution is agreed
- Whether the complainant will require any support in preparation prior to or at a meeting e.g. Healthwatch
- How s/he will be informed of the completion of the investigation and whether these have been achieved how the investigation will be conducted and that a meeting is generally the first method of response/resolution.
- This discussion will be documented on an individual "Complaint Plan" (see appendix 6). A copy of this plan will be sent to the Investigating officer by the Patient Experience Officer.

4.43 The investigating Officer will carry out the investigation with reference to the individuals Complaint Plan and keep the complainant updated of progress as agreed at the initial discussion. The Patient Experience Officer will liaise with the Investigating Officer on a weekly basis to ensure progression of the complaint is in line with the individual

Complaint Plan. If not, the Investigating Officer must provide evidence of remedial action they will take to ensure compliance with the individual Complaint Plan. If there is a deviation from the plan, the Head of Patient Safety & Experience must be informed.

4.44 Once the investigation is complete, the Investigating Officer will convene a meeting with the complainant and relevant Trust employees. Where appropriate, the meeting will be recorded and a CD of the meeting will be given to the complainant at the end of the meeting. A copy will be retained in the complaints file.

4.45 If the complainant declines to attend a meeting, the Investigating Officer will write a full letter of response, including recommendations for learning and action (where appropriate). This will be sent both electronically and a signed copy to the Patient Experience Officer(s) along with copies of the investigating officer's evidence. S/he will also prepare a formal letter to accompany the response for the Chief Executive's signature (or his designated deputy in his absence).

4.46 For all complaints, the Patient Experience Officer (s) will carry out a quality check of the letter of response to ensure all aspects of the initial complaint have been answered and the agreements within the Complaint Plan have been adhered to. The formal response will then go to the Chief Executive along with a covering letter for signature.

4.47 When a complaint is received it may be evident that the clinical picture is indicative that a serious incident may have occurred. If after reviewing the DATIXWEB system it is determined that the incident has not been reported, then the complaint will continue to be investigated whilst a decision is made as to whether to class the matter as a serious

incident. Following the outcome of this decision, the serious incident process will take over where applicable. The complainant must be fully informed throughout the process.

4.48 Where a complaint identifies concerns relating to the safeguarding of a vulnerable patient, the Patient Experience Team will immediately notify a Safeguarding professional and agree the most appropriate process to follow.

4.49 Some complaints will identify information about matters which are of a serious nature relating to staff performance and/or behaviours which may necessitate disciplinary action to be considered. Where it is decided that disciplinary action is appropriate, the complaints investigation into those aspects should be suspended until the disciplinary process has been completed. In such an event, the remainder of the complaint should still be investigated and run alongside the disciplinary process, providing neither investigation will compromise the other. The complainant must be informed that an internal enquiry is proceeding, but that any issues that relate to the disciplinary process may remain confidential to the Trust.

4.50 Where the complaints investigation reveals evidence of potential negligence or the likelihood of legal action, the Complaints Department must seek advice from Head of Patient Safety & Experience.

4.51 Where the information suggests that the complaint may require investigation by the Police the police should be informed immediately.

4.52 On occasion, it is necessary to categorise a complaint, or complainant as being persistent or unreasonable (vexatious). In these circumstances the procedure at appendix 7 should be followed instead of the standard complaints procedure.

4.53 The Patient Experience Team Leader may, on request of, or with the agreement of, the complainant, make arrangements for conciliation, mediation or other reconciliatory action to help find a resolution to a complaint.

4.54 Where a complainant remains dissatisfied with the outcome of the formal local resolution process, the Patient Experience Team Leader will arrange for the original concern/complaint and the response to be reviewed by the Head of Patient Safety & Experience. Once this process is complete the Patient Experience Team Leader will contact the complainant to identify whether there are any further actions the Trust can take regarding any outstanding concerns.

4.55 Where the Trust considers it has acted as fairly and proportionately as possible and that further local resolution measures are unlikely to resolve the outstanding issues then the Director of Nursing - Midwifery & Quality and the Head of Patient Safety & Experience should consider requesting an external review (i.e. from

another Trust). The Care Group Clinical Director and the Head of Patient Safety & Experience will identify the most appropriate external reviewer. The questions to be asked of the external reviewer should be agreed with the complainant by the Head of Patient Safety & Experience. The complainant should be advised about the review.

4.56 If, after the external review the complainant is still dissatisfied, the Patient Experience Team Leader will provide the complainant with information on how to appeal to the Health Service Ombudsman.

4.57 The Parliamentary Health Service Ombudsman will liaise with the Patient Experience Team Leader for the information it requires. The Trust must fully and promptly cooperate with these requests.

4.58 Following the review, the Parliamentary Health Service Ombudsman will inform the Trust of the outcome on their investigation.

4.59 Every complaint that the Trust receives should be regarded as an opportunity to learn and improve services.

4.60 If appropriate, on completion of an investigation, the Investigating Officer should send an action plan to the Patient Experience Officer along with the statements, draft response letter or minutes of a meeting. This action plan must highlight specific actions to be taken as a result of the complaint, set against timescales and responsibility for delivery of each action.

4.61 The actions should reflect the grading of the complaint and therefore be proportionate. Care should be taken to:

- restore the complainant to the position they were in prior to making the complaint (as far as is possible)
- consider the range of options available to prevent such a complaint occurring again e.g. procedural, clinical, strategic, information or governance changes may be required. Consider whether these are of short, medium or long term significance.

4.62 Information sharing following complaints will be posted as “you said we did” in public areas around the Trust. Changes following complaints will be published within Trust staff magazines on a regular basis, again, to ensure organisational learning takes place.

4.63 The Patient Experience Team Leader will produce reports through data gained from complaints and will highlight themes, trends and relevant qualitative information including harms caused to patients. These will be shared with the

relevant groups, both within the organisation and outside e.g. CQC & commissioners.

4.64 An audit of patient (complainant) satisfaction with the management of complaints will be carried out every month by the Patient Experience Team Leader (analysis carried out by the audit department). Where themes dictate, action plans will be developed to improve the complaints management system to improve satisfaction with the service.

4.65 The Patient Experience and Engagement Committee (PEEC) meets on a monthly basis in order to monitor and discuss the concerns, complaints and compliments which have been received by the Trust. PEEC discuss the reports provided by the Patient Experience Team. The group members include Director of Nursing - Midwifery & Quality, Deptuy Director of Quality & Governance, Deputy Director of Nursing, Midwifery & Quality, Head of Patient Safety & Experience, Patient and Public Governors, Medical Representative, Nursing Representative, Patient Experience Team Leader, Clinical Commissioning Group (CCG) representative(s) and Healthwatch representative(s). The group provides feedback to the Board of Directors on a quarterly basis and to the Clinical Governance and Quality Committee.

4.66 Whenever a complaint is received by the Patient Experience Team, they will review DATIXWEB to ascertain whether an incident, serious incident, claim or inquest has been reported/in progress. The Patient Experience Team Leader will liaise with the Head of Patient Safety & Experience about how to progress such complaints.

4.67 Where someone makes a complaint pertaining to a serious incident, it is recommended that the complainant awaits the Serious Incident report before proceeding with the complaint. This allows time for the complainant to identify which parts of their complaint has already been addressed in the Serious Incident report and to which areas they might like more information about.

4.68 The roles of independent advocacy groups may be crucial to the fair and thorough management of a complaint for some people. Healthwatch is a statutory organisation who will offer advice and support to anyone who wishes to make a compliant relating to healthcare. They are able to offer:

- Help people deal with the complaints process e.g. writing letters, accompanying clients to meeting
- To refer people to other agencies regarding their complaint
- Help people explore their options for resolution of the complaint and the potential outcome
- Ensure quality for patients with diverse needs

4.69 When a complaint is registered, the Patient Experience Team will open a file on DATIXWEB, each case being clearly marked with the individual case number generated by DATIXWEB.

- All records e.g. correspondence, file notes, statement etc., should be held electronically on DATIXWEB.
- For all paper records, the DATIXWEB ID number should be used. When a complaint has been resolved, all paper documents must be scanned onto the DATIXWEB database.
- All paper records should be kept in a secure environment with a "clear desk" policy implemented at the end of every working day within the Patient Experience Team offices. Copies of complaints material should not be filed in the patients clinical records, unless there is an item of specific clinical importance. It might however be appropriate to keep copies of specific clinical records relevant to the complaint within the complaints file.
- Paper records relating to a complaint will be retained by the Patient Experience Team for 2 years then archived in line with the Trust Retention and Destruction Policy. Any Care Group who manages their own complaints will retain their own paper copies of records utilising the same process.

4.70 In accordance with the Data Protection Act 1988, complainants can apply for access to their complaints files. Requests for access should be put in writing to the Patient Experience Team Leader. Statement provided by staff cannot be disclosed to the complainant without the written consent of the author.

4.71 Patients and their families express their gratitude to staff much more often than they complain about the services provided. It is of enormous value to hear of any positive experiences. It is important to know how well the organisation performs at both a strategic and local level. Staff thrive on demonstrating that 'we care' and therefore learn and build on valuable and constructive feedback in the form of compliments. The Trust must therefore capture this valuable information as this is a valuable tool in motivating staff.

4.72 Staff should record compliments such as thank you cards or letter, chocolates etc on DATIXWEB. Where appropriate e.g. when specific staff members have been named, this should be recorded, as this information can be used for appraisals and revalidation purposes.

4.73 Compliments will be reported and given the same emphasis as concerns and complaints within patient experience reports to Board of Directors, Board of Governors and Commissioners.

5 TRAINING/SUPPORT

5.1 It is imperative that all staff within the Trust know how to deal with any concerns patients, family of visitors may express to them. Prompt resolution of a concern will improve the patient experience and prevent the person having to make a complaint to achieve a suitable outcome.

5.2 The Patient Experience Team Leader will provide regular training sessions on Complaints Investigation and response writing, which is aimed at complaints investigation leads. The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

5.3 The Patient Experience team are available at all times (Mon – Fri, 9am - 5pm) to support any member of staff to deal with a concern or complaint. Investigation Officers can also approach members of the Patient Experience Team to assist them with the investigation process who can be contacted on 01302 642764.

5.4 The Patient Experience Team Leader should be available, if requested by the complainant; to support the complainant at meetings with clinical staff when this is the preferred method for resolution of complaint graded Amber or Red.

5.5 It is the responsibility of all managers to ensure that staff are aware of this policy and facilitate attendance at the training sessions where appropriate.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Management of complaints, learning and complainant satisfaction	Patient Experience Team Leader	Monthly	Reviewed by Head of Patient Safety & Experience and shortfalls escalated to Director of Nursing, Midwifery and Quality
Complaint report action plans	Care Group Director, Head of Nursing/Midwifery/Therapies & Heads of Department	Monthly	Reviewed by Patient Experience Team Leader and escalated shortfalls

			to Head of Patient Safety & Experience
Care Group complaints and concerns	Patient Experience Officer	Weekly	Reviewed by Patient Experience Team Leader and escalated to Head of Patient Safety & Experience
Trust action plans following complaints	Patient Engagement & Experience Committee	Quarterly	Report produced by the Patient Experience Team Leader
Complaints performance data, learning from complaints and complainant satisfaction	Clinical Governance & Quality Committee	Quarterly	Report produced by Head of Patient Safety & Experience

7 DEFINITIONS

Clinical Governance - A Framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Commissioner - An organisation with responsibility for assessing the needs of service users, arranging or buying services to meet those needs from service providers in either the public, private or voluntary sectors, and assuring itself as to the quality of those services.

Clinical Commissioning Group - Clinically-led organisation that commissions most NHS-funded healthcare on behalf of its relevant population. CCGs are not responsible for commissioning primary care, specialised services, prison healthcare, or public health services.

Healthwatch – An independent national champion for people who use health and social care champions.

Abbreviations

PEEC – Patient Engagement & Experience Committee

PSRG – Patient Safety Review Group

CG – Care Group

NHSI – National Health Service Improvement

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 8).

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Being Open and Duty of Candour Policy - CORP/RISK 14
Safeguarding Children Policy – PAT/PS 10
Safeguarding Adults Policy – PAT/PS 8
Serious Incident (SI) Policy - CORP/RISK 15
Fair Treatment for All Policy – CORP/EMP 4
Equality Analysis Policy – CORP/EMP 27
Mental Capacity Act 2005 – Policy and Guidance, Including Deprivation of Liberty Safeguards (DoLS) – PAT PA 19

10 REFERENCES

Principles for Good Complaints Handling (2009), Parliamentary & Health Services Ombudsman

Mellor J, Designing good together: transforming hospital complaint handling (2013), Parliamentary & Health Services Ombudsman

Francis, R, QC, The Mid Staffordshire NHS Foundation Trust public Inquiry (2013) NHS Constitution (2013), Department of Health

The Mid Staffordshire NHS Foundation Trust public Inquiry: Government Response (2013), Department of Health

NHS Complaints Guidance (2015), Department of Health.

APPENDIX 1 – CONSENT FOR RELEASE OF RELEVANT INFORMATION

Our Ref:

[DATE]

PRIVATE & CONFIDENTIAL

Name

Address

Dear

CONSENT FOR THE RELEASE OF RELEVANT PERSONAL INFORMATION

I am writing to let you know that [**NAME**] has contacted the Trust to make a formal complaint about care provided to you by the Trust.

In order to respond to the complaint it may be necessary to disclose some personal information about your health care. The Trust has a legal responsibility to keep all of the information held about you confidential; therefore, I need to obtain your consent to disclose the relevant information to **Name** in order to answer all the concerns which have been raised.

If you agree that I may disclose any necessary information in order to respond please complete and sign the attached declaration and return it in the envelope provided.

Please do not hesitate to contact me if you wish to discuss this in more detail. Yours

sincerely,

NAME

TITLE

Consent form for the release of relevant personal information

I authorise the release of personal information, which relates to my health and social care, to enable Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust to fully respond to a formal complaint which has been made by (**NAME**)

Signed:

Name:

Address:

Tel:

Email:

Date:

APPENDIX 2 – CONSENT FOR A REPRESENTATIVE TO MAKE A COMPLAINT AND FOR THE RELEASE OF RELEVANT INFORMATION

Our Ref:

[DATE]

PRIVATE & CONFIDENTIAL

Name

Address

Dear

CONSENT FOR A REPRESENTATIVE TO MAKE A COMPLAINT AND FOR THE RELEASE OF RELEVANT PERSONAL INFORMATION

I am writing to let you know that [**NAME**] has contacted the Trust expressing their concerns about services which have been provided for you and has indicated that they would like to make a formal complaint about these issues. As the concerns relate to services provided for you, I need to make sure that you would like [**NAME**] to raise these on your behalf.

In order to respond to the concerns it may be necessary to disclose personal information about your health and social care. The Trust has a legal responsibility to keep all of the information held about you confidential; therefore, I need to obtain your consent to disclose the relevant information in order to answer all the concerns which have been raised.

If you agree that **[NAME]** may raise concerns on your behalf and that I may disclose any necessary information in order to respond to them please complete and sign the attached declaration and return it in the envelope provided.

Please do not hesitate to contact me if you wish to discuss this in more detail. Yours

sincerely,

NAME

TITLE

Consent form for a representative to make a complaint and for the release of relevant personal information

I confirm that (**NAME**) may raise concerns on my behalf

I authorise the release of such personal information as maybe necessary to (**NAME**). The information which relates to my health and social care will enable Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust to respond to concerns which have been expressed by (**NAME**) about my care/treatment provided by the Trust.

Signed:

Name:

Address:

Tel:

Email:

Date:

APPENDIX 3 – ACKNOWLEDGEMENT LETTER

Our Ref:

[DATE]

PRIVATE & CONFIDENTIAL

Name

Address

Dear

Thank you for your letter received **[DATE]**. I am sorry that you feel that you have had cause to make a complaint about our services.

Your concerns have been forwarded to …….for investigation and will be dealt with through the NHS Formal Complaints Procedure.

In conducting our investigation, we will endeavour to address your concerns and provide a response in the most appropriate way. This would usually be by way of a meeting with relevant staff, or in writing.

It is often helpful to meet with the service involved in your complaint so that they can fully understand your concerns. A meeting like this can often bring about an early resolution to a complaint.

For written responses, we will discuss the expected timeframe with you to ensure your complaint is dealt with as thoroughly and timely as possible.

If you require any support whilst pursuing your complaint the Trust's Patient Experience Team is also available to offer advice and support to patients and visitors and liaise with staff at all stages of a complaint, irrespective of whether it is an informal concern or a formal complaint. You can contact them on 01302 642764.

Once again, may I express my regret that you have felt it necessary to make a complaint and thank you for bringing this matter to our attention.

Yours sincerely,

APPENDIX 4 – CATEGORISATION OF THE COMPLAINT – GRADING MATRIX

Categorisation	Impact on Patient	Impact on Trust	Example	Timeframe for resolution & preferred (suggested) method of resolution
Green	No obvious/lasting harm Minor inconvenience Unsatisfactory patient experience	Minimal Impact	Waiting times Lists/appointments cancelled Admission cancelled Access to services Attitude of staff Environment/facilities General care Inadequate pain management Inappropriate discharge	Within 5 days 1. Phone call 2. Meeting 3. Letter

Amber	Injury/ill health Temporary incapacity Experience below reasonable expectations Possible impact upon other patients	Increased length of stay Possible adverse publicity Moderate loss of confidence	Medication error (minor) HCAI (minor) Problem requiring extended length of stay Re-admission required Extra OPA appointment required Failings in care/planning arrangements Minor injuries Breach of same sex accommodation Attitude of staff Inappropriate discharge	Within 20 - 40 days (but must be negotiated with the complainant) 1. Meeting 2. Letter
Red	Major injury/disability /incapacity Totally unsatisfactory experience Impact upon other patients	Adverse publicity (possibly national) Risk of litigation	Major injury Unexpected/ unexplained death Incorrect procedure Major infection Allegations of abuse	Within 90 days (but must be negotiated with the complainant) 1. Meeting 2. Letter

APPENDIX 5 – LEVEL OF INVESTIGATION GRADING

The levels below offer some broad criteria for helping to assess the scope and timeframes for complaint investigations, following the formal risk assessment. This categorisation help to ensure that the right stakeholders are involved early in the process and that the appropriate level of scrutiny and time is given to the management of individual cases.

Green
• The complaint is about one, or a limited number of issues, that are relatively straight forward to investigate and quick to resolve often just concerning factual matters and requiring simple specific actions • The complaint does not involve more than one service area, and only one, or a limited number of individuals are involved • The complaint concern areas are of low risk to the patient, or the organisation, with no foreseeable complications • The complaint should take no more than a day or two to complete and respond • The investigation might not require a formal letter of response e.g. telephone call, email, response. • The response, by the most appropriate method, will be within 5 working days
Amber

• The complaint involves more than one issue, medium risk to patient or organisation and complexity • The investigation may involve more than one Care Group or several individuals are involved • There might be a few practical actions that could be taken immediately to help resolve a complaint • The Investigating Officer may need 2-3 weeks to meet with or collect all the statements required before being in a position to respond to the complainant • The response, by the most appropriate method, will be within 20-40 working days. The preferred resolution method is by meeting with the complainant.
Red
• The complaint concerns matters of very high risk or many different and complex issues • The complaint may involve many services and/or individuals • The complaint may involve other organisations as well as this Trust • An independent clinical review may be required • Outcomes of investigations/actions may have significant implications for governance or quality of care • It may be that resolution is expected to take a significant amount of time due to the complexity of the complaint. Therefore an explanation should be given to the complainant at the outset rather than have to extend the timescale • Generally, resolution should be complete within 90 working days. The preferred resolution method is by meeting with the complainant

APPENDIX 6 – COMPLAINT RESOLUTION PLAN

COMPLAINT RESOLUTION PLAN

DATIXWEB reference No.	**Investigating Officer:**
Date of receipt:	**Agreed date of resolution:**

Patient Name:	
Hospital Number:	
DOB:	

Complainant *(if different from above)*		
Address:		
Contact numbers	**1.** **2.**	
e-mail address		
Preferred Contact:		
Consent required:	**Y/N**	**Date requested:**

Brief overview of concerns:	
Complainants Desired Outcome:	
Initial Categorisation:	
Resolution Meeting Agreed	**Date:** **Time:** **Venue:** **Attendees:**

Formal response requested	Agreed timescale for response:
Resolved within agreed timescales	Y/N
Outcome	Upheld / Not upheld
Action plan developed	
Action plan completion date	
Categorisation upon resolution	

APPENDIX 7 - MANAGING PERSISTENT COMPLAINANTS (VEXATIOUS)

Introduction

The Trust is committed to dealing with all concerns and complaints as quickly, fairly and impartially as possible. However, there are a small number of complainants who may, because of the frequency and nature of their contact with the Patient Experience Team, hinder the consideration of their own, or other people's complaints. A persistent complainant can absorb large amounts of the Trust's resources which are disproportionate to the complaint raised. Resolving such complaints satisfactorily can be a considerable strain on many staff, particularly when it has been established that there is nothing further that can reasonably or practicably be done.

Scope

This policy should only be applied as a very last resort, and after all reasonable measures have been taken to try and assist the complainant achieve resolution of their complaint.

In all cases, regardless of the manner in which a complaint is made and pursued, the substance of the complaint should be considered carefully and on its own merits. However, if a complainant is abusive, or threatening, it is reasonable to require them to communicate in a particular way e.g. in writing or to one designated member of staff.

In all cases, complaints about matters unrelated and separate to previous complaints should be dealt with, with similar objectivity and without the assumption that they are frivolous, vexatious or unjustified.

However when it is considered that the complainant is acting in a vexatious manner it is good practice to make it clear to the complainant the ways in which their behaviour is unacceptable and to advise them of the likely consequences if that behaviour is not amended, before the below actions are taken.

Criteria and definition of a "persistent complainant"

Complainants (and/or anyone acting on their behalf) will only be defined as a persistent complainant when previous, or current contact demonstrates that they meet one or more of the following criteria:

- Persists in raising the same complaint/issue when the NHS complaints procedure has been fully and properly implemented and completed.
- Changes the subject of a complaint, or continually raises new issues, or seeks to prolong contact with the service by repeatedly raising further questions or concerns upon receipt of a response, or when the complaint is still under investigation (care must be taken not to disregard new issues that are separate to the original complaint, as these should be addressed separately).

- Does not clearly identify the specific issues they wish to have investigated, despite reasonable efforts by Trust staff to help them so this.
- Raises complaints about every part of the health system regardless of being advised on what does and does not fall within the Trusts management.
- Persists in contacting many different agencies and individuals despite being advised of the correct procedures.
- Displays unreasonable demands or expectations of staff, or the complaints service, and fails to accept that these may be unreasonable e.g. insists on an immediate meeting, or a meeting with staff who may not be available despite being given an explanation and clear assurances of how contact can be made.
- Refuses to accept that different perceptions of incidents can occur, and verification of the facts can be impossible when a long period of time had elapsed.
- Have threatened, or used actual physical violence.
- Have harassed, or been personally abusive or verbally aggressive towards staff dealing with them.
- Seeks repeated contact with the Trust through a range of people or through an excessive number of telephone calls, letters, emails or faxes, and refuses to use a single contact point/person once advised to do so (staff should keep a record of contacts made, with details of date, time and place, and send it to the Patient Experience team to facilitate a central log).

Procedure

If a complainant consistently displays one or more of the above behaviours, the Patient Experience Team Manager should be informed as soon as possible.

A file note objectively detailing the reasons and evidence for consideration of defining the complainant as “persistent” should be sent to the Patient Experience Team Manager.

The Patient Experience Team manager will use this information to compile a report on the case, also outlining all the contacts, actions and approaches taken in the complaints process to date.

If a complainant is a patient, the relevant clinician responsible for their care should be asked to provide a report on whether the patient’s condition is likely to be influencing the tendency to make complaints and a risk assessment on whether continuing to respond to the behaviours, or persistent complaints, is in the patient’s best interests.

These two reports will be discussed between the Chief Executive, Director of Nursing, Midwifery and Quality, Head of Patient Safety & Experience and the Head of Nursing of the relevant Care Group. This panel, either through “virtual” or an actual meeting, will make a decision on whether the complainant meets the criteria as “persistent”.

Once the decision has been made, a management plan should be agreed by this panel, which will include a letter to the complainant advising them of the:-

- The position their complaint has reached

- Parameters for a code of behaviour and why past behaviour has not been acceptable
- Lines of communication to be followed and future arrangements (e.g. name of contact person, number of calls per week allowed)

Where appropriate, this letter will also:

- Inform the complainant that further correspondence will be acknowledged but not answered
- Reaffirm the arrangements for continued clinical care

This letter, drafted by the Head of Patient Safety & Experience, will be signed by the Chief Executive.

If telephone calls are received after the above communication has been sent, which do not correspond with the written arrangements, staff will behave courteously, but will firmly terminate the call. Time should not be spent listening again, or responding to, a well-known complaint.

New concern/s of the complainant must be dealt with in the usual way. New complaints should be submitted in writing, with a short summary identifying why they are new and have not been dealt with previously.

All staff that are likely to have contact with the complainant should be informed of the arrangements outlined above.

Review

A summary report on the number of persistent complainants and broad reasons for their registration as such, should be included in the quarterly complaints report.

Each case will be reviewed by the original panel members six months after its registration. If a complainant is demonstrating a more reasonable approach, the status of “persistent” will be removed and the management plan changed accordingly.

The Patient Experience Team should maintain a clear file of the panel’s decision making process and correspondence, which should be made available to the Health Services Ombudsman and mental Health Commission, if so requested.

APPENDIX 8 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Complaints, Concerns, Comments and Complaints: Resolution and Learning	Nursing Directorate	Louise Povey	Existing	September 2017

1) Who is responsible for this policy? Name of Care Group/Directorate: Nursing Directorate

2) Describe the purpose of the service / function / policy / project/ strategy? To ensure that Complaints, concerns, comments and complaints are dealt with appropriately and consistently across the Trust. Risk Assessment of complaint and timescales are adhered to.

3) Are there any associated objectives? NHS England Complaints Guidance 2015

4) What factors contribute or detract from achieving intended outcomes? – None

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) Is there any scope for new measures which would promote equality? [any actions to be taken]

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	

g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	**Outcome 2**	**Outcome 3**	**Outcome 4**

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review: September 2020

Checked by: Lisette Caygill **Date: September 2017**