



Complaints Handling Policy (including, Concerns)

This procedural document supersedes: This procedural document supersedes:
 CORP/COMM 4 v. 7. – Complaints, Concerns, Comments and Compliments Resolution and Learning



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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 |
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| Version 8 | November 2024 | Added detail regarding extensions and sharing information with Vulnerable patients' group | Grace Mhora Head of Patient Engagement, experience & involvement. |
| Version 8 | January 2024 | Updated Risk Matrix to reflect Divisional teams | Grace Mhora Head of Patient Engagement, experience & involvement. |
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| Version 8 | September 2023 | Shared with Maternity Voices Partnership – no changes requested. | Janine Grayson Equity and Equality Lead Midwife |
| Version 8 | August 2023 | Changed Introduction and purpose, Changed format and information on roles and responsibilities, changed processes. | Grace Mhora Head of Patient engagement experience and Involvement |
| Version 8 | February 2022 | The policy has undergone major changes therefore please read this policy in full. | Stacey Nutt Deputy Director of Nursing, Patient Experience |
| 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 |

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| Version 6 | February 2014 | <ul style="list-style-type: none"> • 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 |
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| Version 4 | April 2011 | <ul style="list-style-type: none"> • Title changed from Managing concerns and complaints • Policy and guidance separated into two documents • Information to be given to the people making complaint regarding the role of the Parliamentary Ombudsman • Organisation restructure – Divisions to Clinical Service Units | |

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PROCESSES FOR MANAGING COMPLAINTS

WHEN A PERSON MAKES A COMPLAINT CONTACT WITH THE PALS/COMPLAINTS TEAM

- Consider if this is an everyday conversation where the person making complaint is not expecting a response from the Trust.
- If it is an everyday conversation that can be resolved by PALS/Complaints team, capture the feedback and any advice or sign posting offered.
- If it is not an everyday conversation is the complaint regarding an inpatient?
- If it is related to an inpatient, the PALS/Complaints team contact relevant Ward via telephone or attend to ward face to face to ask to resolve.
- If not resolved within 24 hours escalate to Matron to resolve.

WHEN A PERSON MAKES A COMPLAINT CONTACT TO THE PALS/COMPLAINTS TEAM REGARDING A COMPLAINT THAT IS NOT RELATED TO AN INPATIENT

- Consider if the issues can be resolved quickly.
For example: a service has not been provided that should have been, a service has not been provided to what the people making complaint would say is an appropriate standard, a request for a service has not been answered or actioned, a staff member was rude or unhelpful, a cancelled appointment.
- The PALS/Complaints team complete the risk assessment, and with support from divisions, (complaint made verbally resolved by the next working day will not need to go through the complaints process). The key concerns and actions to resolve the complaint should be recorded on DATIX.
- For complaints received via email, the PALS/Complaints team make an effort to speak with the people making complaint on the phone or face to face to clarify the questions or key points of the complaint if this is possible.
- An acknowledgement email will be sent within three days and the wording should reflect that the agreed timescale might be reviewed if after scoping the division consider it may take longer to resolve the complaint.
- If early resolution is possible, (resolving within ten days) PALS/Complaints team will contact the Matron, by telephone call followed by an email to Matron, Division Nurse and Governance Leads outside DATIX with the complaint attached. All emails should be saved and uploaded onto DATIX.
- The Investigating Officer allocated will contact the people making complaint to see if the complaint can be resolved over the phone or at an early resolution meeting with the aim of resolving the complaint within ten days.

- If there is an early resolution meeting, the Investigating Officer will agree an early resolution meeting date and communication plan with people making complaint. This should be recorded on Datix.
- If after an early resolution meeting, the complaint has been resolved to the people making complaint's satisfaction, by the next working day the complaint can be closed without a written response. The key concerns and outcomes of the meeting, including who was present, should be recorded on Datix.
- If the complaint is resolved within ten days; a summary of the complaint and how the Trust has resolved the complaint should be provided to the people making complaint. The Investigating Officer should draft the summary response letter which should be checked by the Divisional Nurse prior to sending it out to the people making complaint.

EARLY RESOLUTION ACHIEVED AT WARD LEVEL WITHOUT PALS INPUT

- Where concerns are solved at ward level without PALS input these should be captured on DATIX.

IF A COMPLAINT CANNOT BE RESOLVED QUICKLY

- PALS/Complaints Team to risk assess complaint – if it is high risk or there are concerns regarding patient safety inform the Divisional Nurse via a telephone call followed by an email.
- PALS/Complaints team to contact the people making complaint and clarify their key concerns and send an acknowledgement within three working days. Clarification should include what the people making complaint would like to happen to resolve the complaint.
- PALS/Complaints team should also ask people making complaints if they would like a face-to-face meeting to resolve issues.
- PALS/Complaints team to add complaint onto DATIX and only add Divisional nurse /Deputy Divisional Nurse and Investigating Officer to complaint. All previous correspondence should be saved and uploaded onto DATIX.
- PALS/Complaints team and investigating officers to ensure that they record all actions on progress notes.
- The Investigating Officer will then contact the people making complaint within 24 hours and confirm the key areas of concern are correct.
- Division nurse /Matron to identify other contributors to investigation and add them onto DATIX.
- Investigating Officer to arrange face-to-face meetings with people making complaint.

- Investigating Officer to update DATIX Progress notes with actions undertaken and upload emails relating to any correspondence.
- Where there are concerns regarding people making complaint or possibility of press interest or significant patient safety issues raised, Divisional nurse will escalate to Chief Nurse, Chief Executive and Deputy Chief Nurse accordingly.

COMPLAINTS LED BY OTHER PROVIDERS

- Where a complaint is led by another provider is received by the PALS/Complaints team. PALS/Complaints team will record the Complaint on Datix but clarify that this is led by another provider.
- The PALS team/Complaints team will manage the complaint as a complaint led by the Trust but once the response is provided from the Trust the complaint will be closed on Datix.
- The approved wording will go through the normal quality assurance process including a check by the Chief Nurse and CEO sign off.

COMPLAINTS LED BY THE ICB

- The PALS team/Complaints team will receive from the ICB, the questions they require responses in an excel spreadsheet.
- The Investigating Officer will be requested to complete the ICB investigation excel spreadsheet and produce a DBTH approved wording response regarding questions that are relevant to us. The approved wording will go through the normal quality assurance process including a check by the Chief Nurse and CEO sign off prior to sending it to the ICB.
- The ICB will include our response verbatim in the body of the single response letter their will write.
- Any changes to our response will be requested through the PALS/Complaints team with the suggested changes. The PALS/Complaints team will forward the suggested changes to the Investigating officer to consider with a timeframe for response.
- If any changes are made they should be reapproved via the Chief Nurse and CEO sign off prior to resending them to the ICB.

CLOSURE OF A COMPLAINT

To enable the PALS/complaints team to close the complaint once the response has been completed, please follow the below steps:

- Change the “Current Stage” to Send to PALS
- Click on the Complaint’s closure (DIVISION) down the left-hand side of the page
- Complete the learning in the sections displayed
- PALS can then complete the rest of the sections to close the complaint.

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 Complaints Standards (2022).

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.

2 PURPOSE

The primary aim of this policy is to provide strong internal structures for the investigation of complaints, instigating actions and monitoring the effectiveness of resultant actions.

Resolving complaints to the satisfaction of the people making complaint are fundamental to effective complaints handling. This policy sets out clear responsibilities and essential management requirements that will enable complaints and concerns to be managed in a consistent manner throughout the Trust. This will support the delivery of safer, more efficient, more effective and resilient services.

3 DUTIES AND RESPONSIBILITIES

Overall responsibility and accountability for management of complaints lies with the 'Responsible person' (as defined by the 2009 Regulations). In our organisation this is our Chief Executive.

We have processes in place to make sure that the responsible person and our Chief Nurse regularly review insight from the complaints we receive, alongside other forms of feedback on our care and service. They will make sure action is taken on learning arising from complaints so that improvements are made to our service.

They will demonstrate this by:

- leading by example to improve the way we deal with compliments, feedback and complaints
- Understanding the obstacles people face when making a complaint to us, and taking action to improve the experience by removing them knowing and complying with all relevant legal requirements regarding complaints.

The roles and responsibilities of staff within our organisation, when dealing with complaints, are set out below.

Regulations 4(2) and 4(3) of the 2009 Regulations allow us to delegate any complaint handling function to relevant staff where appropriate.

3.1 Chief Executive

The Chief Executive has overall responsibility to make sure that we:

- Comply with the 2009 and 2014 Regulations.
- Comply with the NHS Complaint Standards and this procedure take any necessary remedial action.
- Report annually on how we learn from complaints.
- Signing the final written response to the complaint (unless delegated to an authorised person(s)).

3.2 Chief Nurse

The Chief Nurse retains ownership and accountability for the management and reporting of complaints. They are responsible for ensuring there are processes in place to quality assure the written response and that we improve our services and learn from complaints. Deputising for the Responsible Person, as authorised.

3.3 Divisional Nurses

The Divisional Nurses have oversight of complaints and ensure divisions provide timely quality responses to complaints. As part of this they are also responsible for:

- Ensuring learning is derived from complaints and that there are changes to practice based on feedback.
- Signing off responses as per risk matrix.

3.4 Head of Patient Engagement, Experience and Involvement

The Head of Patient Engagement, Experience and Involvement is responsible for ensuring there are robust procedures for complaints handling in the Trust and the Trust provides Quality responses to complaints and feedback. With this they are also responsible for:

- Reviewing the information gathered from complaints and using this to consider how services could be improved, or how internal policies and procedures could be updated.
- Reporting on the outcomes of these reviews via the Trust's governance structure.
- Making sure complaints are central to the integral to quality improvement in the Trust.
- Making sure staff are supported both when handling complaints and when they are the subject of a complaint.

3.5 Complaints Manager

The Complaints Manager (as defined by the 2009 Regulation) is responsible for managing this procedure and for overseeing the handling and consideration of any complaints we receive.

The 2009 Regulations allow us to delegate the relevant functions of the Responsible Person and Complaints Manager to our staff where appropriate. We do this to ensure we can provide an efficient and responsive service. As part of their role they are also responsible for:

- Providing a weekly report to divisions of their complaints position.
- Ensuring any complaints that may be breaching agreed timescales are escalated accordingly.
- Escalating to Divisional nurses any outstanding complaints.

3.6 Complaints Team/ Patient Advise and Liaison Team (PALS)

The complaints team function is responsible for ensuring that the complaint response is completed within the agreed timescale.

- Responsible for screening complaints using the risk assessment tool to decide the input from the Trust and the level of response from the Trust.
- Clarifying with the person making the complaint the key issues they would like to be addressed, ensuring they are aware they can meet with the Division to resolve the concerns.
- In their PALS function, they are responsible for providing an identifiable, accessible, flexible and confidential service to patients, their families and carers, acting as a compassionate and caring facilitator and mediator to help resolve concerns.
- Listening to patients, their relatives, carer and friends and answering their questions and resolving their concerns as quickly as possible.
- Seeking to acknowledge all concerns by the next working day and providing a response within five working days. If PALS are unable to resolve the concern at this point, they will keep the person making the complaint informed of the progress and set realistic timescales for resolution and escalate where necessary to the complaints manager and team leader.

3.7 Investigating Officers

The investigating officers are responsible for:

- Contacting the person making the complaint and ensuring the key issues to be addressed are understood.
- Offering a meeting to the person making a complaint to resolve concerns as a default.
- Co-ordinating the complaint response by obtaining and collating comments/statements from appropriate staff and drafting the complaint response using the Trust response templates.
- Liaising and obtaining relevant information from other departments.
- Identifying learning points and cascading learning within their management function.
- Reporting any delays to Divisional nurses.

3.8 All Staff

All staff have a responsibility to understand this policy and its impact on their area of work. Staff responsibilities include:

- Listening, responding and where possible resolving any voiced and unvoiced expressions of dissatisfaction by patients and carers.
- Reporting immediately to the person in charge of the ward/department or consultant in charge of the patient's treatment at the time when a complaint or concern is made.
- Acting promptly when requested to assist in investigating a complaint to ensure the person making complaint receives a response within the agreed timescale.

4 PROCEDURES

4.1 Everyday conversations with our patients

Our staff speak to people who use our service every day. This can often raise issues that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint. The focus of our complaints handling will be early resolution through face-to-face meetings.

4.2 When people want to make a complaint

We recognise that we cannot always resolve issues as they arise and that sometimes people want to make a complaint. A complaint is an expression of dissatisfaction, either spoken or written, that requires a response. It can be about:

- An act, omission or decision we have made.
- The standard of service we have provided.

4.3 Feedback and complaints

People may want to provide feedback instead of making a complaint. In line with [DoHSC NHS Complaints Guidance](#) people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.

People do not have to use the term 'complaint'. We will use the language chosen by the patient, or their representative, when they describe the issues, they raise (for example, 'issue', 'concern', 'complaint', 'tell you about'). We will always speak to the person raising the complaint to understand the issues they raise and how they would like us to consider

them. For example, a person may write they have a complaint, but on speaking to them they do not want a response and want to provide us with feedback. This will be documented accordingly.

If we consider that a complaint (or any part of it) does not fall under this procedure, we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant signposting information.

Complaints can be made to us:

- In person
- By phone to PALS on 01302 642764
- In writing to Patient Advice and Liaison Service, Armthorpe Road, Doncaster, South Yorkshire, DN2 5LT
- By email dbth.pals.dbh@nhs.net

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. We will record any reasonable adjustments we make.

We will acknowledge complaints within three working days of receipt. This can be done in writing or verbally.

5 WHO CAN MAKE A COMPLAINT

As set out in the 2009 Regulations, any person may make a complaint to us if they have received or are receiving care and services from our organisation. A person may also complain to us if they are not in direct receipt of our care or services but are affected, or likely to be affected by, any action, inaction or decision by our organisation.

If the person affected does not wish to deal with the complaint himself or herself, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their written consent for their representative to raise and discuss the complaint with us and to see their personal information (including any relevant medical records).

If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, a representative may make the complaint on their behalf. There is no restriction on who may act as representative but there may be restrictions on the type of information we may be able to share with them. We will request the patient representative provide us with proof that they are a representative of the patient. We will explain this when we first look at the complaint.

If at any time we see that a representative is not acting in the best interests of the person affected, we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such

circumstances, we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.

6 CONSENT

When the person making complaint is not the patient, to maintain patient confidentiality, the patient's consent must be obtained to enable the Trust to disclose information to a third party. The Trust policy is that consent will be in writing. If the patient has died there is a need to clarify who is the next of kin or contact person as identified by the patient (executor to the estate) and therefore eligible to receive the information. This will be done by clarifying who is documented as Next of Kin in our records. If a patient has previously disclosed they do not want their information shared, advice should be sought from the Trust's legal services prior to responding to the complaint. There is a requirement to maintain patient confidentiality following their death.

6.1 Complaint from a representative

If the person directly affected does not want to complain themselves, they can ask someone else to make the complaint on their behalf and represent them throughout the process.

A representative can be anyone such as:

- A family member
- A friend
- An advocate
- A legal representative
- An MP or Local Councillor

There is no restriction on who may act as a representative and this list is not exhaustive.

If a representative makes the complaint, we will make sure that we follow confidentiality and data protection legislation. In addition to authorising the representative to act on their behalf, the person affected must consent to us discussing their complaint and sharing their personal information with them (see Appendix 3).

6.2 Complaint made on behalf of or by a child

A person with parental responsibility can make a complaint on behalf of a child. We do not need the child's consent in these circumstances (or the consent of the other parent/guardian).

If the child has sufficient maturity and understanding, they can either make the complaint themselves or consent to a representative making the complaint on their behalf

6.3 Complaint made on behalf of an adult who cannot give consent

We may receive a complaint where the person directly affected does not have the capacity to consent to the complaint being made on their behalf. In this case, we first consider if the person making the complaint on their behalf has a legitimate interest in the person's welfare and that there is no conflict of interest.

If the patient is unable to give consent due to lack of mental capacity, we will check if the people making complaint is a significant person in the patient's life who is considering their best interests. We will consider any instructions the patient may have made when they had capacity about disclosure of information or if they have appointed an attorney with a health and welfare – lasting power of attorney. This will be considered in conjunction with the Trusts policy for the mental capacity act. If it is considered the person, making complaint is an interested party in a patient's life and care, to maintain confidentiality any information disclosed must be focussed on the complaint and not involve issues outside of the scope of the complaint raised. It is acknowledged 'Next of kin' has no definition in law.

7 CONFIDENTIALITY AND COMPLAINTS

We will maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation will be securely stored and kept separately from medical records or other patient records. Documents will only be accessible to staff involved in the consideration of the complaint. Complaint outcomes will be anonymised and shared within our organisation and may be published on our website to promote service improvement.

8 TIMESCALE FOR MAKING A COMPLAINT

Complaints must be made within 12 months of the date the incident being complained about happened or the date the person making the complaint found out about it, whichever is the later date. However, they 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.

If a complaint is made after the 12-month's deadline, we will consider it if we believe there were good reasons for not making the complaint before the deadline, and it is still possible to properly consider the complaint.

If we do not see a good reason for the delay or we think it is not possible to properly consider the complaint (or any part of it), we will write to the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

9 COMPLAINTS AND OTHER PROCEDURES

We will make sure staff who deal with complaints are properly supported and trained to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. When this happens, the staff member dealing with the complaint will inform the person making the complaint and give them information about any other process that may help address the issues and has the potential to provide the outcomes sought.

At the beginning of the complaints process, the complaints team will risk assess the complaint using appendix one. It is however, acknowledged further information may be available later in the complaint process identifying issues that could or should:

- Trigger a patient safety response.
- Trigger our safeguarding procedure
- Involve a coroner investigation or inquest
- Trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- Involves a relevant legal issue that requires specialist advice or guidance.

When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint. We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:

- The individual requests or agrees to a delay
- There is a formal request for a pause in the complaint process from the police, a coroner or a judge.
- In such cases the complaint investigation will be put on hold until those processes conclude.

If we consider that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, we will advise the person raising the complaint whilst maintaining confidentiality as per data protection legislation. If the person dealing with the complaint identifies at any time that anyone involved in the complaint may have experienced, or be at risk of experiencing, harm or abuse then they will discuss the matter with relevant colleagues and initiate our safeguarding procedure.

9.1 Making sure people know how to complain and where to get support

The Trust encourages patients, their relatives or personal representatives to raise their concerns openly. The Trust website offers advice on how to express concerns or make a complaint and there are posters throughout the organisation advising patients and relatives on the action to take if they are not satisfied with the care received by the Trust.

We will make sure that our patients' ongoing or future care and treatment will not be affected because they have made a complaint.

The roles of independent advocacy groups facilitate the fair and thorough management of a complaint for some people. Voiceability is a statutory organisation who will offer advice and support to anyone who wishes to make a complaint relating to healthcare. They can:

- Help people deal with the complaints process e.g. writing letters, accompanying clients to meeting
- 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

9.2 What we do when we receive a complaint

We want all patients, their family members and personal representatives to have a good experience while they use our services. If somebody feels that the service received has not met our standards, we encourage people to talk to staff, or to our Patient Advice and Liaison Service to see if we can resolve the issue promptly.

We want to make sure we can resolve complaints quickly as often as possible. To do that, we train our staff to proactively respond to service users and their representatives and support them to deal with any complaints raised at first point of contact.

All of our staff who have contact with patients, or those that support them, will handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, get an answer to the issues quickly wherever possible, and any learning is captured and acted on. Our primary aim will be to provide face to face resolution meetings with the support of PALS and the Complaints team within ten days of receipt of a complaint.

Staff are expected to:

- Listen to people making complaints to make sure they understand the issue(s).
- Ask them how they have been affected.
- Ask them what they would like to happen to put things right.
- Carry out these actions themselves if they can (or with the support of others).
- Explain why, if they cannot do this.

- Capture any learning if something has gone wrong, to share with colleagues and improve services for others.

All complaints will be risk assessed using the Trust Risk Assessment (Appendix 1).

It is frequent practice for Members of Parliament's (MP's) in receipt of complaints about the Trust's services from their constituents to address personal letters to the Chief Executive. These will be sent to PALS immediately for registering on DATIX and investigated through the formal complaints process, however will be allocated a timeframe of 20 working days. It is acknowledged the PHSO standards do not specify timeframes. This timeframe of 20 working days will be an internal timeframe to ensure timely management of MP complaints. If the issues are complex and more time is needed these are acted upon in the same way as any other feedback and the MP office will be updated by email to advise of the rationale for adopting a longer timeframe.

Where an MP has made a complaint on behalf of a patient it will be assumed that the patient has given implied consent. If however, the feedback relates to a third party, consent will need to be obtained from the patient.

9.3 Focus on Early Resolution

Our default will be to focus on early resolution. When our staff believe that an early resolution may be possible, they are authorised to take action to address and resolve the issues raised, and put things right for the person raising them. This may mean giving a quick explanation or apology or making sure a colleague who is more informed of the issues does. Our staff will resolve complaints in person or by telephone wherever possible. If we think a complaint can be resolved quickly, we aim to do this in a matter of days. We will always discuss with those involved what we will do to resolve the complaint and how long that will take.

9.3.1 If we can resolve a complaint

If we can answer or address the complaint early, and the person making the complaint is satisfied that this resolves the issues, our staff have the authority to provide a response on our behalf. This will often be done as a face-to-face meeting, over the telephone, in a Microsoft teams meeting or in writing (by email or letter) in line with the individual circumstances.

We will capture a summary of the complaint and how we resolved it and we would share that with the person who has made the complaint. This will make sure we build up a detailed picture of how each of the services we provide is doing and what people experience when they use these services. We will use this data to help us improve our services for others.

9.3.2 Meeting with people making complaints

It is helpful to offer people making complaints an opportunity to meet relevant clinicians or a manager to discuss the outcome of the investigation. This also enables the people making complaint the opportunity to ask additional questions, seek clarification on the points, and aid local resolution. A meeting can also be held as the Trusts response to a complaint. The arrangement for such meetings will be timely and aim to hold within the timeframe agreed with the people making complaint; however, it is acknowledged that it can be difficult to arrange a meeting due to the availability of clinicians. A meeting will be offered to all people making complaints at the beginning of the complaint to try to resolve the complaint.

9.3.3 Meetings will be electronically recorded

All Trust staff must attend a complaints meeting if required. However, it should be noted that attendance by people making complaints is voluntary and it is their right to decline an invitation to meet. Meetings will be electronically recorded (unless the people making complaint/patient/staff participating do not consent to this and this is documented). Where there is no consent to record the meeting, notes will be taken though these will not be full verbatim notes.

An appropriately trained and experienced member of staff will chair the meeting to ensure issues are addressed and all attendees are supported.

9.3.4 If we are not able to provide an early resolution to the complaint.

Not every complaint can be resolved quickly and sometimes we will require a longer period to investigate into the issues. In these cases, we will make sure the complaint is allocated to an appropriate member of staff (or Complaint Handler/Investigating Officer), who will investigate the issues raised. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened. We will make sure staff involved in investigating the complaint are properly trained to do so. We will also make sure they have:

- the appropriate level of authority and autonomy to carry out a fair investigation
- the right resources, support and time in place to carry out the investigation, according to the work involved in each case.

9.3.5 Clarifying the complaint and explaining the process

Following receipt of a complaint letter or verbal complaint, the staff member (or complaint handler/investigating officer) dealing with the complaint will:

- engage with the person raising the complaint (preferably in a face- to-face meeting or by telephone) to make sure they fully understand and agree:
 - the key questions to be answered.
 - how the person has been affected.
 - what resolution the person is seeking.
 - If the complaints handler is unsure, they should liaise with the Matron or Investigating officer to ensure the complaint is handled appropriately.
- Signpost the person to support and advice services, including independent advocacy services, at an early stage if appropriate.
- make sure that any staff members specifically complained about are made aware at the earliest opportunity (see ‘Support for staff’ below)
- Share a realistic timescale for how long the investigation is likely to take with the person raising the complaint, depending on:
 - the content and complexity of the complaint
 - the work that is likely to be involved
- agree how they will keep the person (and any staff specifically complained about) regularly informed and engaged throughout
- explain how they will carry out the investigation into the complaint, including:
 - what evidence they will seek out and consider
 - who they will speak to
 - how they will decide if something has gone wrong or not
 - who will be responsible for the final response
 - how the response will be communicated

9.4 Acknowledging a complaint

For all other complaints, we will acknowledge them (either verbally or in writing/email) within three working days. Before the acknowledgement is sent, we will contact the person making the complaint by telephone or preferred means of contact to agree the issues to be addressed. If we have not been able to make contact when the acknowledgement is sent we will in the acknowledgement include that we would like to speak to them/meet with them. A meeting will be offered and will be our preferred way of addressing the issues. We will also discuss with the person making the complaint how we plan to respond to the complaint. In that time we will ensure we have understood what needs to be addressed.

- A suggested timeframe to respond.
- The agreed questions or points the investigation should focus on.
- Assurance that the patient’s care will not be adversely affected.
- Contact details for the Parliamentary and Health Service Ombudsman

- Contact details of the local independent advocacy service.

The acknowledgement should also advise that the details of the complaint will be held in a file and on a computer. The information is held securely and only used in accordance with the principles of The General Data Protection Regulation and The Data Protection Act 2018.

9.5 Risk Assessment

PALS will risk assess all complaints using the Trust Risk Assessment Tool (Appendix 1) which will be based on the complexity in investigating and responding to the complaint. This decision can be changed by the Service/Division following a discussion with them.

9.6 Carrying out the investigation

Where possible, the Investigating Officer will be someone who was not directly involved in the matters complained about. If this is not possible, we will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest. Staff who carry out investigations will give a clear, balanced explanation of what happened and what should have happened. They will utilize the Complaints investigation spreadsheet for investigations to make sure all questions are addressed. They will reference relevant standards, policies and guidance to clearly identify if something has gone wrong.

This includes obtaining evidence from any staff involved in the care and treatment of the patient. PALS/Complaints team will request information from other organisations. The Investigating Officer (Matron/Business Manager) will request information from internal department. If the complaint raises clinical issues, the Investigating Officer (Matron/Business Manager) will obtain a clinical view from someone who is suitably qualified. Ideally they should not have been directly involved in providing the care or service that has been complained about.

We will complete our investigation within the timescale set out at the start of the investigation. Should circumstances change we will:

- Notify the person raising the complaint immediately.
- Explain the reasons for the delay.
- Provide a new target timescale for completion.

Although the PHSO standards 2022 did not stipulate timescales for responding to complaints, the Trust will respond to complaints as follows:

Risk assessed red – 60 days

Risk Assessed Amber 40 – days

MP Complaints – 20 days.

Where we cannot meet the previously agreed timeframe. The person making the complaint should be contacted and advised why we cannot meet the previously timeframe. If the person making the complaint agrees, a single extension can be granted as per the SOP for extensions.

In exceptional circumstances if we find we cannot conclude the investigation and issue a final response within 6 months the Responsible Person or a Senior Manager will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed and a final written response issued.

9.7 The final written response

As soon as practical after the investigation is finished, the Complaints handler/IO will coordinate a written response (if this is the preferred method), signed by the CEO (or their delegate). If the complaint was risk assessed as Red, this will require Chief Nurse Review prior to the Chief Executive Officer Sign off.

Once the response has been agreed and signed off by the Divisional Nurse sign off (including a quality check – Appendix 4). Sign off complaints risk assessed as orange with in the division and a copy uploaded onto DATIX.

Complaints that are risk assessed as blue, red the response will be uploaded to DATIX, and a communication sent to the Complaints/PALS team indicating that the response is ready for CEO sign off. PALS will prepare the response on the letter headed paper for the CEOs signature (or their designated deputy in their absence). Complaints that are risk assessed as red will also be sent to the Chief Nurse or her deputy prior to sending to the Chief Executive for Sign off.

The complaints manager or team leader will sign off complaints that are risk assessed as green in her absence.

It should be noted for all written response complaints, the Complaints team(s) will carry out a further quality check to ensure it is in the correct Trust format and correct any human errors (such as spelling and grammar).

If it is anticipated, the response will not be ready in the previously agreed timeframe the Investigating officer will contact the people making complaint prior to this date and explain the reasons for the delay. They will propose a new realistic timeframe for the submission of the response which if agreed by the people making complaint should be reflected on DATIX as the new submission date.

9.8 Determining the outcome of investigations

If allegations are upheld, this will mean that the service provided did not reach the standard a reasonable person could expect based on the information and guidance at that time. This will be reflected on DATIX and the response letter as well as what changes are to be implemented to prevent this from re-occurring.

Where the allegations made are not upheld, this will mean that the service provided was of a standard that a reasonable person could expect.

9.9 Support for staff

We will make sure all staff who are responsible for reviewing complaints have the appropriate: training, resources, support and time to respond to and investigate complaints effectively.

We will make sure staff being complained about are made aware and will give them advice on how they can get support from within our Organisation, and external representation if required. Our staff will act openly and transparently and with empathy when discussing these issues. A just culture will be applied to staff who are complained about.

Line Managers will continue to be a source of advice and support throughout the process and will keep staff informed about the progress.

10 COMPLAINTS ABOUT A PRIVATE PROVIDER OF OUR NHS SERVICES

This complaint handling procedure applies to all NHS Services we provide. If the complaint relates solely to private health care, we will direct the complaint to the relevant provider.

Where we outsource the provision of NHS Services to a contractor or private provider we will make sure they follow these same complaint-handling procedures.

We will maintain meaningful strategic oversight of the performance of these organisations to make sure they meet the expectations set out in the NHS Complaint Standards.

11 COMPLAINING TO THE COMMISSIONER OF OUR SERVICE

Under section 7 of the 2009 Regulations, the person raising the complaint has a choice of complaining to us, as the provider of the service, or to the commissioner of our service NHS South Yorkshire Integrated Care Board. If a complaint is made to our commissioner, they will determine how to handle the complaint in discussion with the person raising the complaint.

In some cases, it may be agreed between the person raising the complaint and the commissioner that we, as the provider of the service, are best placed to deal with the complaint. If so, they will seek written consent from the person raising the complaint. If written consent is given, they will forward the complaint to us and we will treat the complaint as if it had been made to us in the first place.

In other cases, the commissioner of our services may decide that it is best placed to

handle the complaint itself. It will do so following the expectations set out in the Complaint Standards and in a way that is compatible with this procedure we will co-operate in the investigation.

12 RE-INVESTIGATION OF COMPLAINTS

This may be because the complainant considers the initial investigation to be inadequate, incomplete, or unsatisfactory, and /or the complainant believes that their issues have not been addressed or fully understood. The complainant may now ask further questions based on the response they have received. Contact should be made with the people making complaint to ask what the intended outcome of their second response is. It may be the people making complaint is just providing feedback regarding the response.

The complaint will be sent to the respective division to be re-assessed by a member of the team. If the division agrees it, the issues remain unresolved, the queries from the people making complaint will need to clarify and a new complaints plan agreed. An investigating officer will be allocated to review the complaint and provide a second response. The investigating officer will make contact with the people making complaint and offer a meeting to resolve their concerns. The meeting will be conducted as per the section on meetings with people making complaints. Independent advice or a second opinion may also be considered on the element of the complaint that has been reopened for investigation.

An investigating officer will be allocated to review the complaint and provide a second response. Independent advice or a second opinion may be considered on the element of the complaint that has been reopened for investigation. The investigating officer will contact the person who made the complaint and offer a meeting to resolve their concerns. The meeting will be conducted as per the section on meetings with complainants.

The further response may be a further letter explaining the outcome in a different way to aid comprehension or by offering, a meeting or providing a letter that advises there is no additional information that can be provided and if they remain unsatisfied, they can contact the PHSO to review the complaint. The Trust will normally consider reopening a complaint within a twelve month period acknowledging that recollections may be lost over longer periods of time and investigations undertaken after longer periods will have limits in the findings.

13 REFERRAL TO THE OMBUDSMAN

In our response to every complaint, we will clearly inform the person raising the complaint that if they are not happy with the outcome of our investigation, they can take their complaint to the PHSO.

If, after further review the relevant leads and the complaints manager are satisfied that all reasonable measures have been taken to manage the complaint investigation and response the person making complaint will be reminded that the option to contact the PHSO is one that remains open to them. The Trust will provide the person making complaint with a written response explaining this position and that this is a final

response and that if they remain unsatisfied they should contact the PHSO. (The wording on the response template that provides an option for a further review should also be amended to reflect when it is a final response).

The complaints manager will be the Trusts designated manager to liaise and deal with the PHSO for complaints that proceed to the second stage of the NHS Formal Complaints Procedure. The PHSO will liaise with the complaints manager for the information it requires and the complaints manager will ensure that the Trust fully and promptly cooperates with these requests.

Following the review, the PHSO will inform the Trust of the outcome on their investigation. If PHSO partially or fully upholds a complaint from the Trust the complaints manager will send an email to the Investigating Officer, Division nurse and copy in the Head of Patient Engagement and Experience and Involvement. The investigating officer should agree who is best to provide a response or develop any action recommended by the PHSO. The complaints manager will ensure divisions provide a timely response and that any upheld or partially upheld complaints are reported accordingly in the Trusts internal reporting.

14 FINANCIAL REMEDY

When deciding what to recommend, the PHSO look to put the person affected back into a position where they would have been, had there not been a negative impact on them.

The Trust do not offer financial remedy until they are instructed to do so by the PHSO.

This does not include a request for compensation involving allegations of clinical negligence or personal injury where a claim is indicated. If compensation is requested as part of a complaint, the response will state that (or words to the effect of):

'If you wish to pursue a claim for compensation the Trust Legal Services team will fully co-operate with any requests made'.

15 LEARNING FROM COMPLAINTS

We expect all staff to identify what learning can be taken from complaints, regardless of whether mistakes are found or not.

Our Senior Managers take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users.

We maintain a record of:

- each complaint we receive

- the subject matter
- the outcome
- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.

To measure our overall timescales for completing consideration of all complaints and our delivery of the NHS Complaint Standards, we seek feedback on our service from:

- The person who has made a complaint and any representatives they may have
- staff who have been specifically complained about
- staff who carried out the investigation.

Every person making complaint will be sent an electronic survey asking them for feedback regarding our complaints handling. Feedback will be reported to the Patient Experience and Involvement Committee on the monthly basis who will oversee any learning and actions from the feedback.

We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.

In keeping with the 2009 Regulations section 18, as soon as practical after the end of each financial year, we will report in our Annual Patient Feedback report on our complaint handling. This will include how complaints have led to a change and improvement in our services, policies or procedures

16 MANAGEMENT OF PERSISTENT UNREASONABLE (VEXATIOUS) PEOPLE MAKING COMPLAINT

Regardless of the way in which the complaint is made and pursued, its substance will be considered carefully on its objective merits. Complaints about matters unrelated to previous complaints will be similarly approached objectively and without any assumption that they are bound to be frivolous and vexatious or unjustified.

The complaints procedure is intended to deal with formal complaints in a constructive way. Communication containing foul language, racist sentiment personal abuse or criticism has no place in such a process and will be rejected by the Trust.

In such circumstances, the person making the complaint will be reminded that it is inappropriate for the Trust staff to be faced with such abuse and they will be invited to resubmit any complaints communication in a more acceptable format.

Whilst it should always be remembered that even the most difficult of people making complaints may have issues of genuine substance, it is not appropriate that Trust staff should be faced with verbal aggression or abuse. Staff encountering such abuse by

telephone, should politely explain the situation to the caller and advise that if their behaviour continues, they will have to end the call.

It is inappropriate for any member of staff to tolerate objectionable behaviour in the course of their work and meetings with aggressive abusive or excessively confrontational people making complaints may similarly be terminated or refused.

If a person making complaint is abusive or threatening, it is reasonable to request they communicate only in a particular way for example, in writing and not by telephone or solely with one or more designated members of staff. It not reasonable to refuse to accept or respond to communications about a complaint until it is clear that all practical possibilities of resolution have been exhausted.

If their behaviour is unreasonably persistent or vexatious the person making complaint should be advised their conduct is unacceptable and if they continue to conduct themselves in this way the likely consequence may include being excluded from the Trusts complaints process and advised to contact the Parliamentary Health Service Ombudsman to consider their complaint. If this conduct is over the telephone or face to face this should be followed up with written communication to this effect.

The person making the complaint (and/or anyone acting on their behalf) will only be defined as a persistent or Vexatious 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).
- Aggressive or abusive behaviour: Physical behaviour, language, or images (whether verbal i.e., face to face, via telephone or written in emails, letters or online) that may cause employees to feel intimidated, uncomfortable, threatened or abused.

This includes behaviour about any protected characteristic, as defined by the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation). Abuse may include but is not limited to:

- Threats or harm to people or property.
- Verbal abuse of any kind, including racist, homophobic or sexist abuse.
- Degrading, patronising, defamatory, offensive, discriminatory, harassing and/or Derogatory language or behaviour.
- Rudeness.
- Escalating agitation, intimidation, oppressive or coercive behaviour.
- Raising unsubstantiated allegations.

16.1 Unacceptable demands

Demands may be considered unacceptable by the nature or scale of service expected including:

- Requesting responses in unreasonable timescales.
- Making repeated approaches about the same issues without raising new information.
- Vexatious requests for information.
- Repeatedly changing the substance of a complaint or raising unrelated concerns.
- Refusing to accept a decision where explanations for the decision have been given.

16.2 Unacceptable levels of contact

Communication may be considered unacceptable by the nature or scale of service expected including:

- Continually contacting the Trust while we are in the process of looking at the issue/complaint e.g., numerous calls/emails in one day or excessive contact over a short period.
- Repeatedly sharing copies of information that has been sent already.
- Continually reframing the issue/complaint in such a way as to make it challenging to do our job effectively i.e., numerous emails providing different information each time.

16.3 Refusal to cooperate

During communication, we may need to ask an individual to work with us to progress an issue/complaint. Sometimes they may refuse to engage in this process. This may include:

- Refusal to provide information and/or evidence.
- Not providing a summary of their concerns or refusal to provide information.
- Not providing comments or responses to reasonable deadlines.
- Not agreeing to a defined complaint scope within a reasonable timescale.

Some individuals may have difficulty expressing themselves or communicating clearly and/or appropriately. Where there is an indication, this may be the case, we will consider the needs and circumstances of the individual before deciding on how best to manage the situation, including applying any necessary reasonable adjustments. However, this does not mean we will tolerate abusive language, shouting, unacceptable behaviour or actions.

If a disabled individual becomes the subject of a restriction under this policy, consideration of whether the restriction may affect them more than a non-disabled person will be undertaken. If this is the case, different arrangements may be made so they are still able to access the service. Advice on considering reasonable adjustments in conjunction with a restriction can be sought from the Equality, Diversity and Inclusion specialist. Consultation should always be carried out with the Equality, Diversity and Inclusion Specialist or Legal Services before declining an adjustment sought.

16.3 Procedure

If people making complaint consistently continues to display one or more of the above behaviours, despite warning the Head of Patient Engagement, Experience and Involvement as soon as possible. A file note objectively detailing the reasons and evidence for consideration of defining the people making complaint as “persistent” should be sent by the complaints manager to the Head of Patient Engagement, experience and Involvement. Head of Patient engagement, experience and involvement 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 people making complaint 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 Divisional Nurse, Head of Midwifery and, Head of Patient Safety & Experience. This panel, either through “virtual” or through an actual meeting, will make a decision on whether the people making complaint meets the criteria as “persistent”.

Once the decision has been made, a management plan should be recommended by this panel, and shared with the Chief executive and Chief Nurse for Approval. Once approved a plan should be put on the DATIX advising staff of the agreed Management plan. A letter should be sent to the people making complaint 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 (eg. name of contact person, number of calls per week allowed)
- Where appropriate, this letter will also inform the people making complaint that further correspondence will be acknowledged but not answered and reaffirm the arrangements for continued clinical care.

This letter, drafted by the Head of Patient Engagement, Experience and Involvement, 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 remind the caller of the previously agreed plan and terminate the call. A summary report on the number of persistent people making complaints and broad reasons for their registration as such, should be included in the quarterly complaints report. The original panel members will review each case six months after its registration. If a people making complaint is demonstrating a more reasonable approach, the status of “persistent” will be removed and the management plan changed accordingly. The Complaints 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.

When it has been agreed the person making the complaint is ‘persistent’ or vexatious an email correspondence should be sent to the personal assistants of the Chief Executive, Vulnerable Patients Group lead informing them of the decision with a copy of the letter that has been sent to the person making the complaint.

Below are some possible courses of action that may help to manage people making complaints who have been designated as persistent and/or unreasonable.

- Inform the person what behaviour is not acceptable.
- Any further contact is to be made through a third person, such as an advocate (representative).
- Limiting the people making complaint to one mode of contact e.g. in writing only.
- Requiring any personal contact to take place in the presence of a witness.
- Advising that the organisation does not deal with correspondence that is abusive or contains allegations that lack substantive evidence.
- Request that the people making complaint provide an acceptable version of the correspondence or make contact through a third person to continue communication with the organisation.
- Notify the people making complaint in writing that the Trust has responded fully to the points raised and considers that all methods of resolving feedback have been exhausted and there is either nothing more to add or continuing contact on the matter will serve no useful purpose. Further, explaining that correspondence is at an end and that any further letters etc. on the specific or closely related matter that are received will be read and placed on file but not acknowledged and no further action will be taken.
- We will ensure that adequate records are kept of all contact with persistent and/or

unreasonable contacts. Consideration should be given as to whether the organisation should take further action, such as reporting the matter to the police, taking legal action, or using the risk management or health and safety procedures to follow up such an event in respect of the impact upon staff.

17 TRAINING/SUPPORT

Please note: The Standard Training Needs Analysis (TNA) – The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

18 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Trust is committed to quality responses and as such, we will be carrying out regular reviews of enquiry handling including internal quality monitoring/auditing.

The reporting and monitoring of trends, themes and lessons learnt is undertaken through Divisional Governance Structures, Patient Experience & Involvement Committee, to ensure compliance with commissioner, regulatory and good practice requirements.

| What is being Monitored | Who will carry out the Monitoring | How often | How Reviewed/ Where Reported to |
|--|--|------------------|---|
| Management of feedback, learning and enquirer satisfaction | Complaints Manager | Monthly | Reviewed by Head of patient engagement, experience, involvement, and shortfalls escalated to Divisional nurses. |
| Feedback report on learning & action plans | Divisional Nurse, | Monthly | Reports presented to Patient PEIC |
| Fortnightly complaints report. | Clinical Governance Committee | Fortnightly | Report produced by Complaints Manager. |

19 DEFINITIONS

Complaint - Feedback requiring a response in 40 or 60 working days under the NHS complaints regulations.

Concerns - Feedback that has resolved with 5 working days.

DATIXWEB - The information technology used to store data.

Local Resolution - The first stage of the NHS Formal Complaints Procedure. This is the procedure followed by the Trust to try to resolve issues.

Parliamentary & Health Service Ombudsman - Review is the second stage of the feedback procedure. It will normally only be requested by the enquirer after all attempts to resolve the feedback through Local Resolution have taken place. The request is made (by the enquirer) direct to the Ombudsman who will consider the request.

Patient Safety Incident -Patient safety incidents are unintended or unexpected events (including omissions) in healthcare that could have or did harm one or more patients.

20 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 5).

21 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Being Open, Saying Sorry and Duty of Candour Policy (CORP/RISK 14)
 Confidentiality Code of Conduct (CORP/ICT 10)
 Data Protection policy (CORP/ICT 7)
 Equality Analysis Policy (CORP/EMP 27)
 Equality Diversity and Inclusion (CORP/EMP 59)
 Information Governance Policy (CORP/ICT 9)
 Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) (PAT/PA 19)
 Police Requests for Information and Evidence (CORP/ICT 13)
 Privacy and Dignity Policy (PAT/PA 28)
 Safeguarding Adults Policy (PAT/PS 8)

Safeguarding Children Policy (PAT/PS 10)
 Serious Incident (SI) Policy (CORP/RISK 15)

22 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

22.1 Recording and saving information relating to complaints

When a complaint is registered, PALS will open a file on DATIX, each case being clearly marked with the individual case number generated by DATIX– referred to as the ID Number

- All records e.g. correspondence, file notes, statement etc., should be held electronically on DATIX.
- All correspondence to people making complaints should be sent from the generic PALS inbox and not from individual email inboxes.
- All correspondence should be uploaded to DATIX and removed from generic inbox.
- The Generic inbox should be empty at the end of each day.
- For all paper records, the DATIX ID number should be used. When a complaint has been resolved, all paper documents must be scanned onto the DATIX 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 PALS office.
- 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 PALS for Two years then archived in line with the Trust Retention and Destruction Policy.

All internal communication regarding the complaint should be done so within the DATIX programme. Using the 'communication and feedback' email facility. Any correspondence regarding conversations, updates and key information should be documented within the 'progress' section.

All communication relating to the complaint should contain the DATIX ID number or initials and not use any individual patient or staff details.

22.2 Applications for access to complaints records

In accordance with the Data Protection Act 2018, people making complaints can apply for access to their complaints files. Requests for access should be signposted to the case note release records team.

23 REFERENCES

Access to Health Records Act 1990 [Access to Health Records Act](#)

Making conversations Count in Health, Social Care and Education (2017) NHS England and NHS Improvement [Ask, Listen, Do](#)

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

NHS England Complaints Policy <https://www.england.nhs.uk/wp-content/uploads/2016/07/nhs-england-complaints-policy-sept-23.pdf>

Parliamentary & Health Services Ombudsman [Principles for Good Complaints Handling \(2009\)](#)

NHS Resolution Leaflet '[Saying Sorry](#)' (2017)

The Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

Health and Social Care Act 2008 [The Health and Social Care Act](#)

[The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009.](#)

The NHS Complaints Standards 2022 PHSO

APPENDIX 1 - RISK MATRIX APPENDIX ONE ENDIX 1 – RISK ASSESSMENT MATRIX

| TYPE OF COMPLAINT | CATEGORISATION | IMPACT ON THE PATIENT/TRUST | Complexity | EXAMPLES | WHO SHOULD INVESTIGATE | WHO SHOULD SIGN OFF | TIMEFRAMES FOR RESOLUTION |
|---------------------|----------------|--|---|--|--|---|---------------------------|
| CONCERN | BLUE | <ul style="list-style-type: none"> No obvious/lasting harm Minor inconvenience Unsatisfactory patient experience | Minimal fact finding prompt resolution | <ul style="list-style-type: none"> Unable to contact When is my appointment? Wrong details Change in detail requests Generic none clinical information Waiting time Who can I contact? | All Staff | Complaints manager/Complaints Team leader - Sign off | 5 working days |
| MP COMPLAINT | GREEN | <ul style="list-style-type: none"> Reputational Risk to the Trust | Minimal fact finding prompt resolution and remedy | <ul style="list-style-type: none"> All MP Complaints | Department Manager/Matron | All MP complaints will have a Chief Executive office | 20 working days |
| COMPLAINT | AMBER | <ul style="list-style-type: none"> Injury/ill health Temporary incapacity Experience below reasonable expectations Possible Increased length of stay Possible adverse publicity Moderate loss of confidence impact on other patients | Needs investigating but involves only one Organisation and/or Service | <ul style="list-style-type: none"> HCAI(Minor) Problem requiring extended length of stay Re-admission required OPA appointment required Failings in care planning arrangements Minor injuries Attitude of staff | Department Manager/Matron/Service Manager/Business Manager | Divisional SLT or General Manager - Divisional Nurse final sign off | 40 working days |

| | | | | | | | |
|-----------|-----|--|---|---|------------------------------------|---|-----------------|
| | | | | <ul style="list-style-type: none"> Inappropriate discharge Misdiagnosis | | | |
| COMPLAINT | RED | <ul style="list-style-type: none"> Major injury/disability/incapacity Totally unsatisfactory experience Impact upon other patients Adverse publicity (possibly nationally) Risk of litigation | Highly complex requires in-depth investigation across other services and/or Organisations | <ul style="list-style-type: none"> Major injury Unexpected/unexplained death Incorrect procedure Major infection Allegations of abuse Impacts multiple areas/organisations Inquest/Ombudsman inquiry | Matron/Deputy Divisional Nurse/ | Divisional Nurse followed by Chief nurse and then CEO | 60 working days |

Complaint investigation form:

Division:

Complaint reference

Case Manager

People making complaint:

Patient Name:

Patient Date of Birth:

| Issues, questions and concerns | What should have happened (Policy , procedures, and expert opinion) | What Happened? | Source of Evidence | Learning Actions identified |
|--------------------------------|--|----------------|--------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

24 APPENDIX 2 – GUIDANCE FOR STAFF PROVIDING ACCOUNTS

Accounts of events can also include opinions on the appropriateness of treatment or the conduct of an individual. You may take advice from your Professional Body and manager. Although the majority of accounts stay within the Trust, your statement is disclosable and may be released to the enquirer, (with your consent), family, the Parliamentary and Health Service Ombudsman, the Coroner or be used as evidence in defending a legal claim.

Do's

- Use chronological order.
- Note all the points complained of and give a response to each point.
- Be factual, honest and objective. Make clear what part is from memory, what part from the notes and what part from your recollection of your standard practice at that time.
- If you do not recall particular details and there is no written account say, you do not recall.
- You should give enough information about clinical terms or issues so that someone who is not clinical can understand it.
- Try to avoid abbreviations but if you need to use one, you should explain it immediately after the first time you use it and continue to give abbreviation in full.
- Comment on any allegations made concerning your involvement.
- Point out any factual inaccuracies with the allegations, which are being put forward in the complaint and explain how you know they are incorrect.
- If you wish to support, the reasons for a decision made/action taken refer to policies/procedures/guidelines in use (if appropriate) and explain the reasons for deviating from these guidelines.
- Identify other staff involved, names and job titles.
- Avoid ambiguous statements.
- Provide as much detail as possible, giving dates, times, locations and amounts (if appropriate e.g. drugs).

Don'ts

- Do not simply re-write your entry/entries in the notes. The investigator will already have access to this information.
- Speculate on what others were doing or thinking unless you know something as a fact.
- Give opinions on the care given or actions taken by other staff or blame other staff or departments.
- Be hostile, rude or unnecessarily defensive to the people making complaint (remember that people making complaints may request sight of your statement, which they are entitled to).
- Be subjective

- Relate conversations that you were told by someone else
- Anticipate evidence of another witness or questions which may arise
- Do not use abbreviations
- Comment on the aftermath rather than the incident itself

The account should include: Your full name, job title and department, reference number of the case, your professional qualifications and grade and the post held at the time of the events if different. Your account should conclude with the phrase: "The contents of this account are true to the best of my knowledge and belief". Print, sign and date the end of your account. You should retain a copy for your information.

APPENDIX 3 – CONSENT FORMS



4 April 2022

TO WHOM IT MAY CONCERN

I, _____
(Please insert your name)

of: _____
(Please insert your postal address)

understand that in the course of assisting Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust they may need to discuss my concerns with other NHS organisations (including GP and Ambulance services), services provided by the Local Authority (i.e. Social Services) or Legal departments. I consent to information being shared and understand that any information given about me is limited to that which is relevant to the investigation of the complaint and will be disclosed only to those people who need to know it in order to process the enquiry.

Signed:

Dated:

Please return signed consent in the self-addressed envelope provided within 28 days of the date shown on this form.



4 April 2022

TO WHOM IT MAY CONCERN

I, _____
(Please insert your name)

of: _____
(Please insert your postal address)

Confirm that _____
(Please insert the name of the person contacting us on your behalf)

of: _____
(Please insert the address of the person contacting us on your behalf)

is acting with my knowledge and consent in respect of their complaint to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and that information concerning my clinical care and treatment can be released to them.

I understand that in the course of assisting they may need to discuss my concerns with other NHS organisations (including GP and Ambulance services), services provided by the Local Authority (ie. Social Services) or Legal departments.

I understand that any information given about me is limited to that which is relevant to the investigation of the complaint and will be disclosed only to those people who need to know it in order to process the enquiry.

Signed:

Dated:

Please return signed consent in the self-addressed envelope provided within 28 days of the date shown on this form.

APPENDIX 4 – QUALITY ASSURANCE CHECKLIST

| | |
|---|------------|
| Complaint ID & patient name | |
| Division | |
| Date reply due | |
| QA Criteria for Complaint Response Letters | Y/N |
| Is the font Calibri, size 13 and left aligned? | |
| Is the letter signed by the Divisional Senior Manager? (If using a letter response) | |
| Are the names and address details correct? | |
| Is the date correct? | |
| Is the salutation correct? | |
| Is the “person” (the patient/your mother etc.) used consistently? | |
| Are the spelling, grammar and punctuation correct? | |
| Is plain English used, medical terminology kept to a minimum and explained fully if necessary? | |
| Is the tone of the response appropriate and apologies given where necessary? | |
| Does the response fully address all the points raised by the people making complaint? | |
| If policies, procedures or good practice guides are being specifically relied upon, are they clearly identified? | |
| Does the response acknowledge failures where appropriate and actions put in place to minimise risk of reoccurrence? | |
| Outcome code completed on Datix? | |
| Investigation documents added to Datix? | |

| | | | |
|---|---------------|----------------------|-------------------|
| Signed..... (Division DDN/General Manager) | | | |
| Date..... | | | |
| Outcome Code: | Upheld | Partly Upheld | Not Upheld |
| Feedback from CE if quality issue identified: | | | |

APPENDIX 5 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

| Service/Function/Policy/Project/ Strategy | Division | Assessor (s) | New or Existing Service or Policy? | Date of Assessment |
|--|-------------------|--------------------|---------------------------------------|------------------------------|
| Complaints/PALS | Corporate Nursing | Grace Mhora | Existing | 21 February 2024 |
| 1) Who is responsible for this policy? Head of Patient Engagement, Experience & Involvement | | | | |
| 2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? All people making complaints – patients/families/carers | | | | |
| 3) Are there any associated objectives? Legislation, targets national expectation, standards: Yes. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, PHSO Standards for Complaints Handling 2022 | | | | |
| 4) What factors contribute or detract from achieving intended outcomes? – Access to information. Staff time. Staff shortfalls. Competing priorities, Complexity of Complaint | | | | |
| 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? Yes | | | | |
| <ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – Adjustments for those who require information in other formats such as Braille, Large print or use BSL. | | | | |
| 6) Is there any scope for new measures which would promote equality? None Required | | | | |
| 7) Are any of the following groups adversely affected by the policy? | | | | |
| 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: | | August 2027 | | |
| Checked by: | | Simon Brown | | Date: 5 November 2024 |