

## COMPLAINTS POLICY AND PROCEDURES

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<b>Contact</b>	<b>Head of Complaints</b>
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### Search summary:

This policy sets out a framework for the management of complaints. It fulfils the current provisions of the Local Authority Social Services and NHS Complaints Regulations 2009.

## VERSION CONTROL

### Document Location

Oxleas NHS Foundation Trust Intranet	See <i>under</i> Complaints and Incidents
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### Change History

Vrsn	Owner	Changed by	Change summary	Date
2.0	Patient Experience Group	Chrissie Strickland	Re-write of version 1 of the policy (issued April 1996 and reviewed March 2006)	June 2007
2.1	Patient Experience Group	Chrissie Strickland	Section 4: staff support processes updated Section 10.6: process for ensuring that complaints are not treated differently added	April 2008
3.0	Patient Experience Group	Chrissie Strickland	Re-write of version 2.1 of the policy (issued April 2008)	June 2009
3.1	Patient Experience Group	Chrissie Strickland	Minor changes to clarify roles and responsibilities and reflect changes to governance structure Minor changes to wording to aid clarity	Feb 2011
3.2	Patient Experience Group	Chrissie Strickland	Updated to reflect Duty of Candour requirements	December 2014

### Responsibility for distribution of this document

Head of Complaints
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## **PART A - POLICY**

### **1.0 Introduction**

Oxleas NHS Foundation Trust is committed to providing the highest standard of care for people who use our services. We believe that our patients are best served by a spirit of candour and a culture of openness and honesty. There are times when people are dissatisfied with the service they have received. Complaints are a vital source of information, giving insight into peoples' experiences. The aim of our complaints process is to resolve concerns, learn lessons from mistakes that may have occurred and improve the quality of services we provide.

This policy sets out a framework for the management of complaints in line with best practice and the expectations of the NHS Constitution, the Parliamentary and Health Service Ombudsman and the Care Quality Commission. It fulfils the current provisions of the Local Authority, Social Services and NHS Complaints Regulations 2009. In line with these requirements the complaints procedure provides for complaints, both formal and informal, to be dealt with through Local Resolution at Trust level. Any complainant who remains dissatisfied has the right to request an Independent Review from the Health Service Ombudsman.

The underpinning principle for this policy is the Duty of Candour. This requires staff to be open and honest in their communication with patients, relatives and carers. Being open involves explaining what happened after an event, acknowledging and apologising for mistakes and putting things right.

The key policy drivers are:

- The NHS Constitution for England 2009
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Ombudsman's Principles of Good Complaints Handling and Principles for Remedy ; February 2009
- Listening, Responding, Improving: A Guide to Better Customer Care. DH 2009
- Care Quality Commission: Essential Standards of Quality and Safety. 2010
- Implementing a Duty of Candour DH 2011
- Report into the Mid-Staffordshire NHS Foundation Trust Public Inquiry: February 2013
- Good Practice Guidance for NHS Complaints; Patients Association 2013
- A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture; Rt Hon Ann Clwyd MP and Professor Tricia Hart.
- Putting Patients First; Government Response to the Francis Report. April 2013

### **Policy Statement**

The procedure is designed to ensure that we provide a timely and effective service to resolve complainants' concerns, support complainants and staff throughout the process, deliver a standardised approach across the Trust and have sound systems for learning lessons from complaints. We are committed to respecting the human rights of service users and carers and the principles of fairness, respect, equality, dignity and autonomy will be taken into account when receiving, monitoring and reviewing complaints.

### **2.0 Principles**

All complaints, whether formal or informal, verbal or written, should be responded to in accordance with the Duty of Candour and NHS complaints regulations. We will ensure:

- Patients and their representatives have easy access to the best and earliest resolution of their concerns and complaints
- The procedure is accessible to all regardless of age, disability, gender, ethnicity, belief or sexual orientation

- People who complain are listened to and treated with courtesy and respect and receive appropriate support throughout the handling of the complaint
- Making a complaint will not harm or prejudice the care provided to the patient concerned
- Complaints are investigated promptly, thoroughly, openly and honestly
- We will recognise, acknowledge and apologise where there have been shortcomings in service provision
- Actions to address shortcomings or poor practice will be identified and their implementation monitored and evaluated.
- Learning from complaints will be used to inform service improvements and the personal and professional development of staff

### **3.0 Scope of the policy**

#### **3.1 What may be complained about**

The complaints process is designed to allow persons to express any concern about the services they receive from Oxleas NHS Foundation Trust. The NHS Complaints Regulations (2004) state that a complaint may be defined as “*an expression of dissatisfaction about any action, omission or decision of the Trust in connection with the provision of health care or any other services.*”

#### **3.2 Who may complain**

Complaints may be made by people who use, or have used, our services, their relatives or carers, or representatives acting on their behalf and by relatives and carers about issues affecting them. Complaints may also be raised by persons affected, or likely to be affected, by actions or decisions of the Trust.

A complaint may be made by a representative acting on behalf of an existing or former service user where that person:

- Is unable by reason of physical or mental incapacity (within the meaning of the Mental Capacity Act 2005) to make the complaint him/herself; or
- Has been asked to do so by the service user
- Has died
- Is a child

In the case of a child, the representative must be a parent, guardian or other adult who has care of the child. Where the child is in the care of the local authority or a voluntary organisation, the representative must be a person authorised by that body. Children can make a complaint in their own right where it is deemed they have the capacity to do so.

In the case of a service user who has died or is incapable, the representative must be a relative or other person who, in the opinion of the Head of Complaints, has a sufficient interest in that service user's welfare and is a stable person to act as a representative. If the representative is considered not to have sufficient interest or to be unstable, the Head of Complaints shall notify that person in writing stating the reasons.

#### **Enquiries from M.Ps**

We will co-operate with requests for information, in compliance with the Data Protection Act. Where an M.P or Councillor acts on behalf of a constituent who has sought assistance from that person, this shall be regarded as a form of consent. Careful judgement will be exercised by the Trust to ensure that the information disclosed meets the test of necessity.

Anonymous complaints fall outside the scope of the formal procedure. However where an anonymous complaint raises serious concerns the Head of Complaints will refer the matter to the appropriate service director.

### **3.3 Time limit for making a complaint**

A complaint should be made as soon as possible after the event or within 12 months of finding out about the problem.

There is discretion to extend this time limit where it would be unreasonable for the complaint to have been made earlier **and** where it is still possible to investigate the facts of the case.

### **3.4 Who to complain to**

Complaints about healthcare related matters should be raised directly with the Trust or can be made to the Clinical Commissioning Group (CCG) who commissioned the service. When a CCG receives a complaint about the Trust it will, following a discussion with the complainant, decide either to investigate directly or pass the complaint to the Trust for investigation. People who are detained under the Mental Health Act may also raise their complaint with the Care Quality Commission.

### **3.5 Complaints which fall outside the NHS Complaints Procedure**

Complaints are not required to be dealt with where:-

- The complaint has already been investigated in accordance with our formal procedures
- The complaint is being or has previously been investigated by the Healthcare Commission or the Health Service Ombudsman
- The complaint is from another NHS trust, local authority or independent provider
- The complaint is made by an employee about matters relating to his/her employment
- The complaint arises from an alleged failure to comply with a request for information under the Freedom of Information Act 2000
- The complaint relates to matters that should be dealt with under other proceedings such as grievance, whistle-blowing or bullying and harassment

### **3.6 Relationships with other Trust procedures**

Where a complainant raises issues of serious concern, for example a serious failing and/or serious allegations about a member of staff, this will be investigated in conjunction with the relevant Trust procedures including:

- Serious Incidents (SI)
- Safeguarding Children
- Safeguarding Adults
- Disciplinary procedures

### **3.7 Complaints from staff**

Staff who have complaints about other staff or service users and/or relatives should take forward their concerns using Trust policies/procedures for either:

- Grievance
- Bullying and Harassment
- Raising a matter of Concern (Whistleblowing)

Staff can seek advice in the first instance from their line manager or human resources manager.

### **3.8 Declaration of Legal action**

Complaints received through a solicitor do not necessarily indicate that legal action is being pursued. If consent has been received a response should be made in the normal manner. However, where a complaint has been made and legal action is being pursued at the same time, or where police or counter-fraud investigations are involved, the Head of Complaints must be informed. Discussion should then take place with the relevant authority (legal advisors, police or Crown Prosecution Service) to determine whether progressing the complaint might prejudice the outcome of subsequent judicial action. If this is the case, the complaint will be put

on hold and the complainant advised of this. If this is not the case the complaint process will continue. Where a complainant indicates they may take legal action the Trust's Governance and Legal Services Officer will be informed.

### **3.9 Criminal proceedings**

If the subject of the complaint is a matter being referred to the police, this will be discussed within the Complaints Office to consider the best way forward. The complainant will be informed of the decision reached.

### **3.10 Coroner's cases:**

The reporting of a death to the Coroner's office does not mean that investigation into a complaint should be suspended. It is important to initiate proper investigations regardless of the Coroner's inquiries, and where necessary to extend these investigations if the Coroner so requests. However, where a complaint relates to the cause of death the Trust will only formally respond in writing after the Coroner has delivered its verdict.

### **3.11 Joint complaints**

Where complaints are about Oxleas and another health provider or local authority service, we will work co-operatively to ensure complainants are given every opportunity to resolve their concerns and receive a full response.

Where Oxleas receives a complaint relating to more than one organisation we will contact the complainant for consent to approach the other organisation involved and copy the complaint to them. Where the complainant does not want the details to be shared, the Head of Complaints should advise them on the parts of the complaint it is able to deal with.

Consent must also be sought on sharing personal health details arising from the complaints investigation.

Agreement will be sought about which organisation will take the lead in co-ordinating the complaint and communicating with the complainant. The lead body's complaints manager will co-ordinate the handling of the complaint and where possible coordinates a single response. A joint resolution meeting with the complainant should take place if this helps facilitate an effective outcome.

### **3.12 Services commissioned by the Trust**

Complaints about services from voluntary organisations or independent providers should be directed to that organisation. .

## **4.0 Handling the complaint**

### **4.1 Patient confidentiality**

All information disclosed about a complainant must be confined to that which is relevant to the investigation of the complaint and only disclosed to those people who have a demonstrable need to know.

Complaints records must be kept separately from health records. Such records must be treated with the same degree of confidentiality as health records and are open to disclosure in legal proceedings.

### **4.2 Consent to disclose personal confidential information**

Consent to access personal information for the purpose of investigating a complaint is implied when the complaint is raised by the patient.



Where a complaint is received from someone acting on behalf of a patient, the patient's written consent should be sought before personal information about them is disclosed to another person.

Where a complaint is made by a carer or relative about issues that affect them in their role as carer or relative consent is not required, although detailed clinical information may not be shared.

Where a complaint is made on behalf of a service user who has not authorised access to or discussion of their clinical records, the complaint should still be investigated but care must be taken not to disclose personal information

#### **4.3 Third party confidentiality**

Particular care must be taken where the service user's records contain information provided in confidence by or about a third party who is not a Trust employee. Only information which is relevant to the complaint should be considered for disclosure and then only to those within the NHS who in connection with the complaint have a demonstrable need to know. It must not be disclosed to the service user unless the person providing the information has expressly consented to the disclosure.

Disclosure of information provided by a third party outside the Trust also requires the express consent of the third party. If the third party objects then it can only be disclosed when there is an overriding public interest in doing so.

Further detail and guidance on information sharing within the legal and ethical framework can be found in the Information Sharing Policy on the Trust's intranet.

#### **4.4 Capacity**

Where a service user lacks capacity and someone with *Lasting Power of Attorney* (LPoA) has been appointed to act on their behalf, then the LPoA should be consulted – as long as the LPoA specifically states that they have the authority to consent on behalf of the patient.

Where a service user lacks capacity and has no-one to support them then a referral should be made to the relevant Independent Mental Capacity Advocacy Service (IMCA).

#### **4.5 Dealing with media interest**

On occasion people will contact the press with their complaint. Any media interest in a complaint must not be dealt with directly but immediately referred to the Head of Communications and the relevant Service Director

#### **4.6 Providing support for complainants**

Information on how to raise a concern through PALS or make a complaint will be readily available to patients, service users, relatives and carers. Leaflet and posters will be displayed on all Trust unit sites. A member of staff in each area will be responsible for ensuring leaflets are available. Information on how to complain will also be published on the Trust's website. At the outset of each complain information will be given on available independent complaints advocacy services.

Complainants should be given access to translation services and language and sign Interpreters when needed. Responses will be translated if required.

Service users who are detained under the Mental Health Act should be also be Informed about the availability of the Independent Mental Health Advocate (IMHA) and of their right to raise concerns with the Care Quality Commission.

#### **4.7 Providing support for staff**

It is important that staff experience the investigation of complaints as being fair and objective. A member of staff who is the subject of a complaint will be given details of the complaint relating to them by the Investigating Officer. They will be given the opportunity to respond to the complaint and must be given access to, or copies of, any records they have made in connection with the incident referred to in the complaint. The Investigating Officer should feed back the outcomes of the investigation together with any recommendations to all staff/service areas directly involved with the complaint.

Staff are entitled to support during this process and should be told of this by the investigating officer. Support can be from the line manager or other agreed supervisor and from the relevant HR manager. This support should include advice, assistance, where appropriate, referral to Employee Assistance Programme and support to introduce changes to practice if necessary.

The Head of Complaints in conjunction with the Learning and Development Department will provide training for staff responsible for investigating complaints. All new members of staff will be given information about the complaints policy and procedure as part of their mandatory induction.

#### **4.8 Financial redress**

Where Oxleas own investigation identifies failings which may warrant redress the Trust has discretion to provide financial compensation for direct or indirect financial loss or distress caused. Any such financial redress is at the discretion of the Chief Executive or relevant Service Director.

#### **4.9 Unreasonably persistent complainants**

Occasionally, despite a full and thorough investigation and response, complainants will remain dissatisfied and persist with their complaint. Guidance for handling such situations has been developed to protect both staff and complainant. This is attached as **(appendix VIII)**.

#### **4.10 Process for ensuring service users or carers are not discriminated against as a result making a complaint**

Complaints records will be kept separately from clinical records. Regular surveys will be conducted to ensure that service users, relatives and their carers are not treated differently as a result of raising a complaint. Oxleas will investigate where concerns are identified.

### **5.0 Roles and Responsibilities**

#### **5.1 All Staff**

All staff must comply with the Duty of Candour.

All staff have a duty to comply with their professional codes of conduct.

All staff have a responsibility to be aware of and comply with the Trust's Complaints Policy and Procedure. In following this procedure all staff should ensure that:

- All complainants are listened to and treated with respect and courtesy at all times
- Where possible simple, non-complex complaints are resolved at local level, making sure that complainants receive a full explanation with an apology where appropriate
- Letters of complaint are immediately referred to the Complaints Office.

#### **5.2 Chief Executive**

The Chief Executive is the accountable officer for Trust complaints arrangements. The Chief Executive or a person acting on his/her behalf will sign all formal Trust responses.

### 5.3 Director of Therapies

- Executive lead for complaints /accountable Board Director for complaints management
- Ensures effective systems are in place for the management of complaints in line with national standards.
- Escalates concerns to appropriate parties and the Trust Board

### 5.4 Head of Complaints

The Trust's nominated complaints manager is the Head of Complaints whose role is to:

- Ensure a coordinated, effective system for acknowledging, investigating, reporting and monitoring complaints
- Provide advice and guidance to staff on all stages of handling a complaint.
- Have direct involvement in the more complex and serious complaints
- Ensure complaint investigation reports are completed in line with standards required under our Duty of Candour (open, honest and with appropriate actions identified).
- Maintain and monitor a status report on all formal complaints
- Support systems of learning from complaints
- Identify any serious or contentious issues of concern
- Coordinate and oversee reports submitted to the Ombudsman to ensure they are clear and factually correct
- Provide regular reports, identifying trends and key issues of concern to enable appropriate remedial action and learning from complaints.
- Produce Complaints Annual Report

### 5.5 Service Directors

- Responsible for effective complaints management within their area
- Ensure all complaints received are investigated in accordance with the Duty of Candour and that investigation reports are provided to the Complaints Office within agreed time-scales.
- Identify individual responsibilities for complaints investigation within the directorate, ensuring that the investigating officer has the appropriate seniority and knowledge and is suitably independent of the incidents that gave rise to the complaint.
- Review and approve investigation reports before these are sent to the Complaints Office
- Meet with the complainant where direct involvement may help in the investigation and resolution of the complaint
- Agree actions plans arising from complaints. Ensure these are implemented and changes in practice take place
- Ensure systems are in place for the regular reporting, monitoring and review of directorate complaints.

### 5.6 Medical / Clinical Directors / Professional Leads; Associate Directors and Service Managers

- May take on devolved responsibility for ensuring complaints are properly investigated and appropriate actions taken
- Meet with the complainant where direct involvement may help in the investigation and resolution of the complaint.
- Take part in Appeal Panel hearings as required.

### 5.7 Investigating Officers

The Investigating Officer will be appointed by the Service Director and will be a senior manager or clinician **at Band 8 or above**, for example Service Managers, Heads of Nursing, Heads of Profession, Heads of Service, Modern Matrons, Team Managers. Where the complaint is rated

as severe or serious the investigation will be led by a Service Manager and/or Clinical Director/Service Director.

The Investigating Officer will:

- Ensure the complaint is investigated thoroughly and fairly to establish the facts of the case.
- Make contact with the complainant to clarify issues, identify outcomes sought and where appropriate facilitate a resolution to the complaint.
- Ensure safeguarding referrals have been made if necessary
- Ensure allegations against staff are appropriately addressed.
- Obtain copies of witness statements.
- Ensure appropriate medical/professional advice is provided where required
- Review clinical records and any other documentation relevant to the complaint.
- Inform the Complaints Department of any delay in completing the investigation, stating the reasons and giving a revised completion date.
- Provide a detailed comprehensive report, addressing all the issues raised in the complaint, with an action plan for all upheld issues.

### **5.8 Team / Ward Managers**

Ensure all staff are aware and comply with

- The Duty of Candour
- Their Professional Codes of Conduct
- Trust Complaints Policy and Procedure
- Make every reasonable attempt to resolve concerns locally
- Where this is not successful, provide the necessary support to escalate to a formal complaint

### **5.9 Complaints Officers**

Complaints Officers will work within their designated service directorate to help improve complaints investigations and support embedding learning from complaints. They will liaise with the directorate complaints lead, monitoring time- scales for complaint investigations, completeness of reports and implementation of action plans.

Complaints officers will:

- Process the complaint when received, identifying the issues that require investigation.
- Provide advice and support to the investigation process
- Ensure a comprehensive response is drafted which adequately addresses all concerns highlighted, including an action plan
- Attend Directorate PEG meetings. Provide regular reports, identifying trends and key issues of concern to enable appropriate remedial action and learning from complaints

### **5.10 Patient Advice and Liaison Service (PALS)/Complaints Support Officers**

PALS/Complaints Support Officers will provide a liaison function to bedded areas to support service level resolution of less serious concerns. Officers will provide information and support to patients, service users and carers when concerns are raised. Service users or carers may go directly to PALS to resolve issues or may be referred by staff.

### **5.11 Human Resources (HR )**

The role of HR is to provide advice, guidance and support to members of staff when allegations are made about them to enable them to participate in the investigation.

### **5.12 Trust wide Patient Experience Group (PEG)**

- Provides assurance to the Quality Board that complaints are managed in accordance with Duty of Candour, statutory regulations and Parliamentary and Health Service Ombudsman essential standards
- Has oversight of directorate complaints and actions

- Ensures systems for learning from complaints are operative
- Reviews and monitors complaints, including timeliness and quality of complaints investigations.
- Discusses any serious or contentious complaints
- Receives reports and trend analysis from the Head of Complaints
- Receives reports from Directorate PEG's detailing progress against action plans
- Identifies risks arising from complaints analysis and ensures appropriate action is taken
- Ensures Trust wide dissemination of lessons learned from complaints.
- Receives and approves the annual complaints report
- May commission investigations arising from complaint trends
- Reviews relevant national guidance, for example Health Ombudsman reviews.

### **5.13 Directorate Patient Experience Groups**

Responsible for supporting systems and processes for the handling and learning from complaints:

- Review reports received from the Complaints Officer/s
- Have oversight of timeliness and quality of complaints investigations,
- Ensure that actions arising from complaints are implemented
- Ensure that lessons are learned locally and improvements made
- May commission local investigations arising from complaint trends
- Report to Trust PEG on progress against agreed action arising from complaints

## **PART B - PROCESS FOR DEALING WITH COMPLAINTS**

The complaints procedure is divided into three key stages.

### **Stage One: Informal Concern**

Most complaints are resolved informally by front line staff. This is the most appropriate route for concerns and issues that do not indicate serious misconduct/negligence or raise concerns in relation to safeguarding children or vulnerable adults.

### **Stage Two: Formal Complaints – Trust Level Resolution**

The main objective is to provide the fullest opportunity for investigation and resolution of the formal complaint, offering a thorough explanation as quickly as is sensible in the circumstances, aiming to satisfy the complainant and learning lessons wherever possible, whilst being fair to staff. This stage of the procedure is the responsibility of the Trust and should routinely be completed within the timescale agreed with the complainant

### **Stage Three: The Parliamentary and Health Service Ombudsman – Independent Review**

Any complainant who remains dissatisfied with the outcome of the investigation by the Trust has the right to approach the Parliamentary and Health Service Ombudsman. The Ombudsman's office, which is independent of the NHS, would normally expect a complainant to have exhausted the NHS complaints procedure before they intervene.

## **6.0 Process for Handling Concerns (Informal complaints)**

Although people who use our services have an absolute right to use the formal complaints process about any aspect of our work which is of concern to them, there may be opportunities to resolve issues less formally, which should be explored if possible. Many issues that trouble users of our services can be dealt with as they arise and be resolved immediately. Complainants should be encouraged to speak openly about their concerns and reassured that what they say will be treated with appropriate confidence and will not affect their care and treatment. Any comments or expressions of dissatisfaction should be listened to sympathetically. It should always be the aim of staff to reduce concerns promptly so that the

experience of patients and service users is not diminished. Staff who are unable to resolve the matter themselves should refer them to the most senior member of staff on duty.

Informal complaints may also be raised through ward community meetings. These should be minuted and any actions taken to resolve the concern should also be documented at a subsequent meeting

Concerns should be reported using DatixWeb, the on-line reporting system.

If a complainant wishes to complain to someone not directly involved with their care, s/he should be encouraged to contact PALS or an independent advocate.

Where staff are unable to resolve the complaint **or** the complainant wishes it to be dealt with in a more formal manner, **or** where significant risk is identified, then the complaint should be referred to the Head of Complaints. Staff have responsibility to support service users who wish to make a formal complaint. Complainants should be advised of the PALS service and the appropriate independent complaints advocacy service.

## **7.0 Process for Handling Formal Complaints: Stage One – Local (Trust ) Resolution**

All complaints must be formally investigated where there is

- Any allegation or suspicion of abuse, serious neglect, serious misconduct
- Any incident which appears to have resulted in permanent harm
- Any incident which relates to a death
- A possible criminal offence
- There is potential for media/political interest **or**
- At the request of the complainant

### **7.1 Procedure before investigation**

A formal complaint can be made verbally, in writing, or electronically by patients, relatives and carers and advocates.

Where a complaint is made verbally to the Complaints Office this will be recorded in writing and a copy sent to the complainant.

Any complaint received in writing by local services must be forwarded to the Complaints Office for recording and processing.

Within **3 working** days after the day the complaint is received, the Complaints Office will send the complainant an acknowledgement letter, outlining the key issues raised in the complaint and the expected timescale for response. Complainants will also be informed of their right to seek help and advice from an independent complaints advocacy service. Where the complaint relates to the care and treatment of a third party who has capacity, the Complaints Office will seek consent.

A risk assessment will be carried out by the complaints office to ensure that the subsequent handling and investigation are proportionate to the severity of the complaint and related risks (**appendix II**). All complaints graded as high or severe should be subject to root cause analysis. Complaints officers will record the complaint on DatixWeb, the Trust's risk management database.

A copy of the complaint letter and bullet point summary will be sent to the Service Director, asking for an investigation to be conducted. This will be accompanied by the investigation checklist and action plan template (**appendix IV**) which should be completed and returned with the final investigation report.

## 7.2 Investigation

### Local investigation

If appropriate and in agreement with the complainant the issues may be passed to local managers for resolution. In such cases a response will be provided within 30 working days. In many instances meetings with the complainant are the best way to resolve the concerns raised. Notes of any meeting should be agreed with the complainant and sent to all those present. Any actions should be followed up and relayed to the complainant in writing. The complaint will be closed at this stage unless the complainant feels further investigation is required. Complainants must be informed of their right to take their complaint further through the Trust's formal complaints procedure. The complaint, together with the outcome should be entered onto DatixWeb.

Written complaints received directly by service managers should be dealt with in the manner described immediately above.

### Formal investigations

The aim of the investigation is to gather sufficient clinical, factual and other information to determine what has happened and to identify any appropriate action needed. The report should address all the issues in the complaints letter and also include additional points agreed during the telephone conversation or meeting with the complainant.

Arms-length investigation, (an investigation conducted by a senior manager who is independent of the service area being complained about) will be initiated where the complaint is rated as high or serious; that is

- Where there is an allegation or suspicion of abuse by staff and/or serious neglect
- The complaint raises substantive issues of professional misconduct
- Where a safeguarding investigation has also been requested

Where there are complaints against senior managers, the Medical Director, Executive Directors and Board member, these will be overseen by the Chief Executive. Complaints against the Chief Executive will be overseen by the Chair of the Trust.

As part of the resolution process the Investigating Officer should contact the complainant to offer a meeting or discussion to clarify the issues involved and outcomes being sought. A range of options may be offered to the complainant to resolve the complaint including:

- A facilitated meeting with the staff involved in the complaint
- A meeting with managers
- A 2nd opinion
- A change of worker

The actions agreed upon must be deemed reasonable and proportionate to the issue/s being complained about. Details of any additions or changes to the original complaint or the investigation process should be emailed to the Head of Complaints and this will be added to the complaints record.

It may be possible, at the meeting, to resolve some or all of the concerns to the complainant's satisfaction. Notes of the meeting, including any agreements made, should be incorporated into the investigation report and response letter.

The time-scale for investigation and response should be discussed and agreed with complainant. The normal time-scale for responding to a complaint is **30 working days**. In complex cases this may be extended, with the agreement of the complainant.

If direct contact with the complainant is not successful, a formal investigation will be conducted, based on the letter of complaint.

**The investigation must be conducted in accordance with the “Guidance for Investigations” (Appendix III).**

### **7.3 Investigation Report**

The Investigating Officer will provide a detailed report addressing all the issues raised in the complaint. The investigation report will include:

- An explanation of how the investigation was conducted
- A chronology of events
- An explanation of events – what happened, why it happened, how it happened.
- Conclusions reached, with evidence for how it was reached
- An apology where appropriate
- Actions taken and/or planned

The report should contain a description of the investigation, referencing any interviews, statements and policies. Each issue should be identified as *upheld* or *not upheld* with the supporting evidence to justify the conclusions. Where an issue complained about is upheld, specific reference should be made to action taken to make improvements and minimise risk of reoccurrence.

#### **Action Plans**

All actions must be entered onto Datixweb

- Each recommendation must have a clearly articulate action
- A responsible person (job title only) designated as the lead for each action point
- Dates for proposed completion of actions
- Evidence to confirm completion of each action

A SMART approach to action planning is essential. Actions should be Specific, Measurable, Attainable, Relevant and Time-bound.

The draft investigation response and accompanying action plan should be completed for sign off by the Service Director within **17 working days** of receipt of the complaint. The approved response and supporting documentation should be uploaded onto Datixweb within **2 working days** of completion of the investigation report. If this is not possible the Complaints Office must be advised of the reasons. The Complaints Officer will then inform the complainant of the delay and provide regular updates on the investigation.

#### **Response to the complainant**

The Complaints Office will finalise the response for approval by the Chief Executive. The written response will include information on how the complainant can take the complaint further if they are dissatisfied with the Trust's reply.

The final response, signed by the Chief Executive, will be uploaded onto Datixweb. The complaint will be considered closed unless the Trust hears further from the complainant.

Where the complainant is unhappy with the written response the Trust may, where appropriate, consider:

- Further investigation. This will be carried out by another manager not connected with the initial investigation into the complaint
- Obtain an independent opinion
- Arrange mediation



- Arrange a meeting with senior managers. A meeting with the Director of Services and/or Clinical Director may be arranged where this is thought helpful in resolving the complaint.

In circumstances where the complainant remains dissatisfied the Trust may arrange a Complaints Panel meeting. Membership of the Complaints Panel will comprise:

- Non-Executive Director and/or Governor
- Service Director, clinician/professional lead from a directorate other than where complaint originated.

The meeting with the complainant and, where required the complainants representative, will identify if other actions can be taken or whether to recommend referral to the Health Service Ombudsman.

The complainant will be informed of their right to take the complaint to the Health Service Ombudsman at any time during the process.

## **8.0 Stage Two: Independent Review**

Complainants who are dissatisfied with the Trust's response at the Local Resolution stage may ask the Parliamentary and Health Service Ombudsman (PHSO) for an independent review of their complaint. The PHSO is an independent body, established to promote improvements. (Contact details may be found in **Appendix IX**).

The Ombudsman's Office will review the complaint and where appropriate refer back to the trust for further action.

Following receipt of the Ombudsman's report the Trust will write to the complainant informing them of any action that is being taken as a result of the review.

The relevant Service Director will be responsible for action planning any recommendations.

The Patient Experience Group (PEG) will receive reports on all complaints that have gone to Independent Review.

## **9.0 Reporting and learning from complaints**

We are committed to being open and honest and to learn from all forms of patient feedback. Information on complaints provides critical intelligence about what is happening in services and forms an integral part of the Trust's governance, contract monitoring and performance management processes.

### **9.1 Reporting and oversight of complaints**

The Head of Complaints will meet weekly with the Chief Executive and the Director of Nursing and Governance to

- Monitor the complaints status report
- identify any serious or contentious issues of concern
- Ensure investigations are progressed in a timely manner

The Head of Complaints will ensure that those responsible for the management and oversight of complaints have access to reports detailing:

- Summary descriptions of complaints received
- Due and overdue investigation reports
- Numbers and type of complaints received
- Outcomes of investigations

- Themes and hotspots
  - Actions taken and lessons learned
  - Action implementation delays
  - Complaints referred to Ombudsman and outcome
  - Overview of concerns raised through PALS
- An annual report will be provided to the Trust Board and made publically available through the trust internet.
  - A summary of upheld complaints will be published on the Trust website.

## **9.2 Learning from complaints**

One of the key aims of the complaints process is to learn from mistakes that have been made and improve the quality of services we provide. The timely and appropriate dissemination of learning from complaints is essential to ensuring participation in the learning process and improved care.

The Patient Experience Group (PEG) is the Trust governance group responsible for providing an overview of complaints and ensuring local lessons are applied trust-wide as required. The Trust wide PEG will review and monitor progress of action plans from reports provided by Directorate PEG Leads. Significant issues of concern will be added to the PEG Risk Register

The Service Director has responsibility for ensuring all action plans arising from complaints are implemented. Directorate Patient Experience Groups will have systems in place to review complaints, ensure that lessons are learned and appropriate action taken to prevent re-occurrence. Progress on local action plans will be monitored by Directorate Patient Experience Groups and lessons learned from upheld complaints disseminated and discussed with service teams. Service directorates should implement systems to check that actions are sustained, for example periodic spot checks or audits.

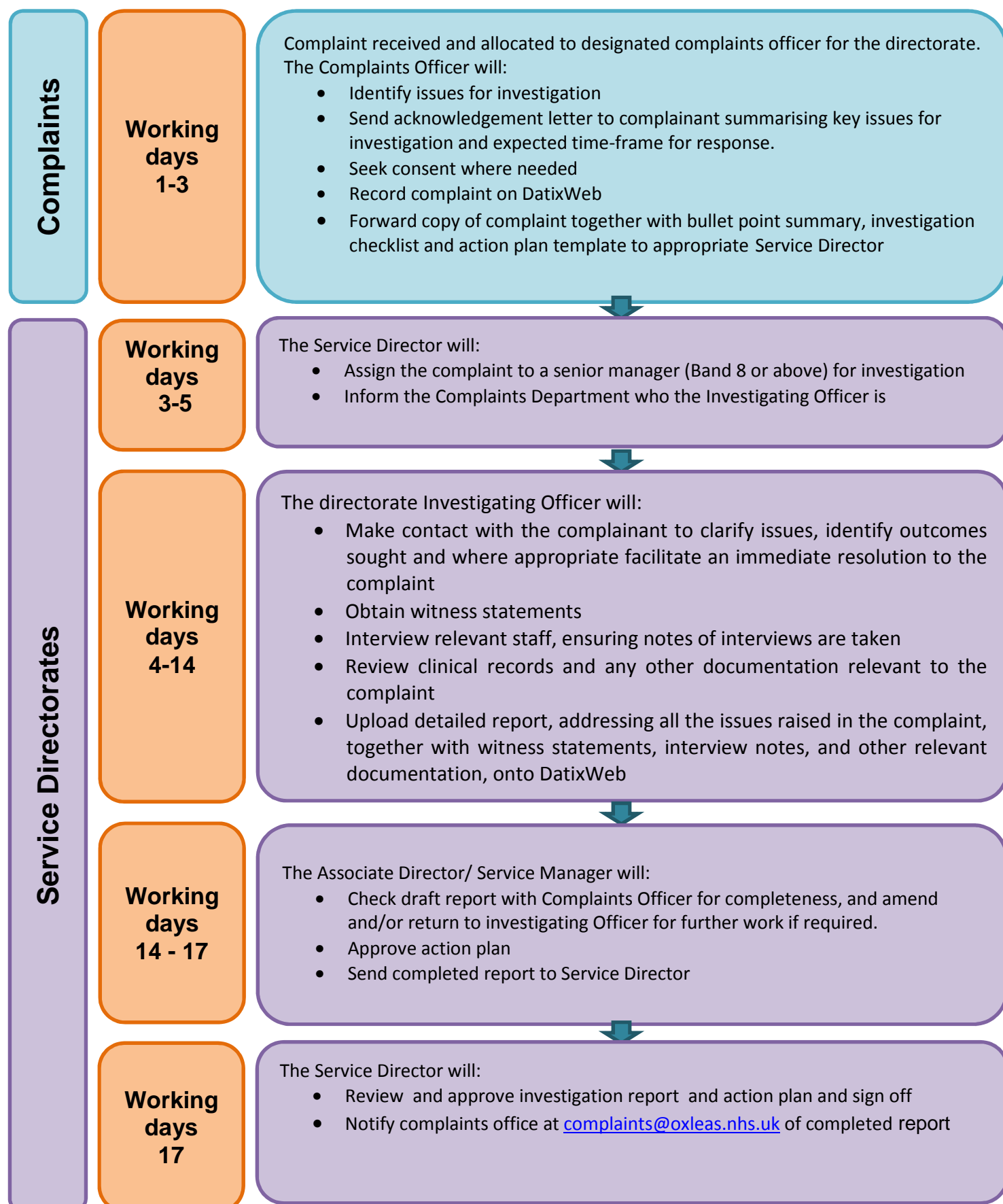
## **9.3 Compliments and General Feedback**

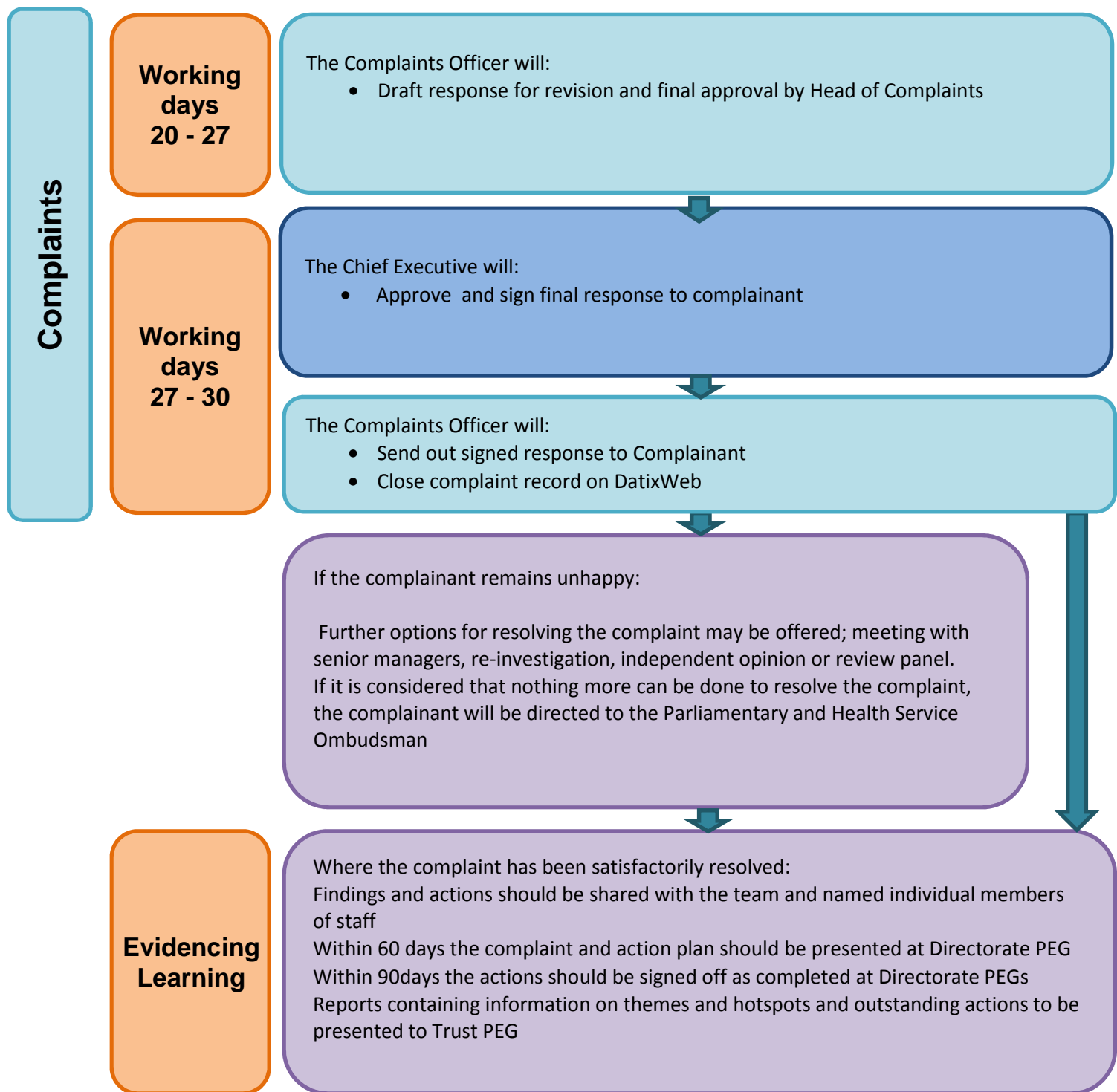
In order to receive a balanced picture of how the Trust's services are received, data will be collected on compliments received. All compliments should be sent to the complaints office where they will be entered onto the compliments register. Compliments will form part of the regular Patient Experience Group reports.

## 10.0 Monitoring compliance with the Policy

Complaints will be recorded and monitored. Formal complaint files must be retained by Oxleas for 10 years

Key elements to be monitored	How will the monitoring be carried out	Frequency	Responsible person	Reported to	How will shortfalls be addressed and lessons learnt?
Complaints handling arrangements including fair access; thoroughness & timeliness of investigation reports	Reports to PEG, Trust Board and Commissioner identifying : <ul style="list-style-type: none"> <li>➤ Number of complaints by service directorate</li> <li>➤ Demographic breakdown</li> <li>➤ Late and incomplete investigation reports</li> <li>➤ Outcome of independent review by PHSO</li> </ul>	Monthly, bi-monthly, quarterly	Head of Complaints & PALS	Directorate and Trust PEGs; Compliance Board, Board of Governors, Commissioners	Action plans developed by Directorate PEGS, progress reported to Trust PEG
Lessons learnt from complaints are identified and shared	Reports to PEG, Trust Board and Commissioner identifying : <ul style="list-style-type: none"> <li>➤ issues raised</li> <li>➤ themes and hotspots</li> <li>➤ numbers upheld, partially upheld, not upheld</li> <li>➤ progress against action plans</li> </ul> Annual report published on Trust website	Monthly, bi-monthly, quarterly Annual	Head of Complaints & PALS	Directorate and Trust PEGs; Compliance Board, Board of Governors, Commissioners	Action plans developed by Directorate PEGS, progress reported to Trust PEG
Actions plans are implemented and followed up	Review of Trust and Directorate PEG minutes		Service Directors		
Ensuring complainants are not discriminated against as a result of making complaints	Annual surveys will be conducted to ensure that service users, relatives and their carer's are not treated differently as a result of raising complaint and concerns.	Annual	Head of Complaints	PEG	Report to Trust wide PEG on identified issues of concern
Duties	Monitoring of duties is covered in the arrangements described above				

**Formal Complaints Flowchart**



### Complaints Risk Assessment Tool (adapted from DH Guidance)

By correctly assessing the seriousness of a complaint the right course of action can be taken. Risk assessing a complaint can ensure that the subsequent management process and any investigation are proportionate to the severity of the complaint and related risks.

If a complaint is thought to be high risk, service managers should consider whether any immediate remedial action can be identified. In high risk cases a Root Cause Analysis (RCA) should be considered as part of the investigation process.

The complaint should be risk assessed when first received, this will be by the Complaints Office. The risk category should then be reviewed based on the results of the investigation.

#### Step 1 –Decide how serious the issue is

Seriousness	Description
<b>1 LOW</b>	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care  <b>OR</b> Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to provision of care or the service. No real risk of litigation
<b>2 MEDIUM</b>	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
<b>3 HIGH</b>	Significant issues regarding standards, quality of care and safeguarding or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation. Possibility of litigation and adverse local publicity
<b>4 SERIOUS</b>	Serious issues that may cause long-term damage such as grossly substandard care, professional misconduct or death. Will require immediate high-level investigation. May involve serious safety issues. High probability of litigation and strong possibility of adverse national publicity.

Seriousness	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
1 Low	1	2	3	4	5
2 Medium	2	4	6	8	10
3 High	3	6	9	12	15
4. Serious	4	8	12	16	20

## Examples of risk levels for different types of complaint

Rating	Examples	Investigation
<b>Low</b> 1 – 3  Simple, non-complex	Delayed or cancelled appointments Loss of property Transport problems Single communication failure,e.g missed call back	Front-line staff or PALS
<b>Medium</b> 4 – 6 Several issues relating to a period of care	Delayed discharge Failure to meet care needs Staff attitude or communication Issues with care and treatment	Formal investigation ward manager/Modern Matron
<b>High</b> 7-12 Multiple issues, possibly involving more than one organisation	Events resulting in serious harm, e.g scalds, falls or deterioration in health	Formal investigation – Modern Matron/Service Manager/ Professional Lead
<b>Serious</b> 13 – 20 failures resulting in serious harm	Events resulting in serious harm or death Gross professional misconduct Abuse or neglect assault	Service Director/Professional Lead/ Independent Review

## Guidance on Complaints Investigation

### Introduction

Listening to the concerns of service users and carers and learning from mistakes can help the Trust revise working practices and improve services.

To act appropriately in response to concerns raised we need to ensure a thorough investigation and a detailed response to the complainant. The objective of a good investigation is to obtain a sufficient amount of clinical and other information in order to understand what has occurred, decide whether the care provided was of the required standard and identify appropriate remedial action.

This guidance has been produced to support the investigation and reporting process as outlined in the Complaints Policy.

### An effective process

When undertaking an investigation remember:

- The process should be humane; all participants should feel valued and respected.
- The investigation must be thorough and balanced, it is important to engage everybody, complainant and staff, and allow them to tell their version of events.
- The information in the investigation report must be based on evidence which can be validated.

### Step One : Information collection and organisation

It is important you request as much information as possible, as early as possible. Many investigations are delayed because information is requested in a piecemeal fashion. Scoping a complaint investigation means identifying how far back to go back in time, who to interview, what records to request, and whether site visits are needed.

Produce a list of all the information you think you will need for the investigation

People	Paper	Places	Parts

### People

The Investigating Officer should make personal contact with the complainant and offer a meeting. This can be helpful in confirming the details of the complaint, assessing the feelings of the complainant, and establishing the outcomes they are seeking. In some cases the complaint can be resolved at this stage.

In most cases the following people will need to be contacted by the Investigating Officer: Interview notes and statements must be signed and dated and uploaded onto Datixweb under the documentation tab.

- Any person identified by the complainant, including other patients
- All staff involved or on duty at the time
- Any witnesses identified by staff
- Any other person who might help with the investigation, e.g. the consultant, other members of the clinical team, ward manager, other patients etc.

*When interviewing staff*



Inform the member of staff that they are being interviewed as part of the complaints process. Where a person has been named in the complaint they should be made aware of the issues raised against them. Where interviews take place, these should be properly recorded and signed by the person being interviewed.

### ***Paper***

The following information should be included:

- Medical and nursing notes – RIO
- Care plans/risk assessments
- Relevant correspondence, e.g. to G.P.s, reports to Hearings
- Any documentation relating to the complaint, e.g. Incident forms, records of telephone calls, emails
- Staff rotas

### ***Background information***

- Induction and training records
- Supervision records
- Proof of registration/qualifications
- Switchboard/phone records
- Protocols, policies and procedures
- Service level agreements
- Trust published information

### ***Places***

As part of the investigation process it may be helpful to visit the site referred to in the complaint. This can help the investigator visualise and contextualise the event, even though the investigator may be familiar with the site

### ***Parts***

Equipment or parts need to be located and examined.

## **Mapping the information**

- Construct a time line for the period of care under investigation by producing a list of events, and place in chronological order

E.G.

<b>Date &amp; time</b>	<b>Contact/ Event</b>	<b>Staff involved</b>	<b>Details</b>	<b>Evidence</b>	<b>Gaps/ good practice</b>
1 January 2014 15:30	Home visit	CSN Smith	Wound dressing changed	Staff statement	Details of care provided not recorded
5 January	Telephone call to daughter advising visit cancelled due to staff shortage				No record found

- Identify where there are **care delivery problems**; a problem that arises in the process of care, often due to actions or omissions by staff OR **service delivery problems**

## The Investigation Report

The written investigation report will need to demonstrate that the process has been fair and that all appropriate parties have been approached and their comments obtained. Unsubstantiated facts should not be included.

## Format of the Report

### 1. Introduction

Summarise the issues raised in the complaint and any subsequent issues raised in meetings/interviews

### 2. Investigation process

Outline how the investigation took place.

- Identify yourself as the Investigating officer. State if other parties were involved, e.g. Team Leader, Clinician.
- Name people who were interviewed, giving their name, title and working location
- Provide details of any policies or procedures referred to
- State whether the service user's health records were examined
- State if meetings/ telephone conversation took place with the complainant.

### 3. Findings

The investigation findings should directly relate to the issues raised and reflect the evidence gathered. Outline the findings as follows:

- Use the different issues in the complaint as sub-headings. Underneath each sub-heading-
  - Present information from the complainant
  - Present information from responding parties, witnesses etc
  - Cite evidence from documents from RIO, policies etc.
- A clear distinction must be made between fact and opinion
- It is important to identify any conflicts in the evidence, why one version of events is more likely than another, whether there is evidence missing or whether there is corroborating evidence.
- There should be a statement as to whether each aspect of the complaint was upheld, partly upheld or not upheld. Although the conclusion should be based on the facts It is sometimes necessary to take into account additional factors, for example *'The level of service provision is correct but the healthcare professional was rude and dismissive and failed to communicate this in a way in which we would expect'*
- An apology is not an admission of guilt and should be given where the service has failed the complainant. It can also be given in recognition of the complainants distress, even where the Trust is not at fault. Where the service has failed

### 4. Recommendations and action plan

If any part of the complaint is upheld an action must be identified to address the problem. This may be appropriate even when the complaint has not been upheld. An example might be where there is insufficient corroboration to support an allegation about poor staff attitude or where other problems have come to light as a result of the investigation.

Some of the remedies you may wish to consider are

- Offer a local resolution meeting
- Review or change the decision on the service given to an individual complainant
- Change of practice at individual (staff) level through training or supervision
- Revise procedures or policy to prevent re-occurrence
- Compensation
  - For specific loss

- For general distress or discomfort

All identified actions should be **SMART**

- ✓ **Specific**
- ✓ **Measurable**
- ✓ **Achievable**
- ✓ **Relevant**
- ✓ **Time-bound**

***All actions must be entered on the complaint record on Datixweb***

***The final report should be approved by the Service Director before uploaded onto Datixweb.***

## COMPLAINTS INVESTIGATION CHECKLIST

<b>Name of complainant:</b>	<b>Investigating Officer</b>
<b>Name of patient:</b> <i>(If different from above)</i>	<b>Ward/team:</b>
<b>RIO number</b>	<b>Risk rating of complaint</b> <b>LOW                  MEDIUM                  HIGH</b>

Contact made with complainant	
Person/s named in complaint interviewed: Statements signed and dated.	
Witnesses and relevant staff interviewed/contacted. Signed and dated statements obtained.	
Clinical records reviewed	
Check for corroborative evidence/information i.e. staff rosters.	
Check for any Incident Reports.	
Check whether a Safeguarding Children or Adults referral needs to be made.	
Review of relevant guidance/policies/procedures	
All supporting documentation uploaded onto Datixweb	
Actions identified and recorded on Datixweb	

**NOTE:** If not able to complete all the checklist actions above, please state why- ie: witness statements- there were no witnesses to this incident. etc

## Format for Local Complaints Response

***Good practice in complaints responses (adapted from the Public Law Project review of the NHS complaints procedure.***

Dear ....

Thank you for your letter dated..... I am sorry you have had cause to raise concerns regarding..... The issues you have raised have been investigated by .....

- Give full information about how the investigation was carried out and from whom statements were taken.
- Provide clear explanations which address each grievance/issue raised.
- Explain clinical terms clearly and avoid jargon
- Do not make excuses or apportion blame elsewhere
- Lend support to the explanation by references to records, policies, practice etc.
- Offer apologies or statements of regret where appropriate. An apology is not an admission of liability. Offer reassurance that the problem will not reoccur if you are confident that that this is so.
- Set out the action that will be taken to remedy any failings identified and indicate how this will rectify the situation.
- Offer to meet with the complainant if they require further information or are not happy with the response.
- Inform the complainant of their right to take their complaint further through Oxleas complaints procedure.
- Send a copy of the complaint letter and the response to the Head of Complaints.

## Guidelines for writing a statement

A written statement gives the member of staff the opportunity to provide their account of key facts in response to allegations or issues raised in the complaint.

### Your statement should be

#### *Timing*

Provide to the Investigating Officer no later than five working days from the date of the request, or sooner if urgency is indicated

#### *Content*

- Be clear what you are being asked to comment on and give an honest, open and full account
- Provide facts in chronological order,
- Stick to the facts and make clear which parts are from clinical records and which are from memory. When referring to records be specific, and where appropriate attach them to your statement
- Fact only – not opinions. Detail the sequence of events as you saw them, dates, times, patient names, staff present, location, drugs and equipment used etc that led to the alleged event occurring

#### *Format*

- Address your statement to the Investigating Officer, ensuring it is typed
- Date the statement
- In the first paragraph set out who you are, your occupation and grade and where you work, currently and at the time of the incident.
- Use headings
- Use full names and titles of any professionals referred to in your statement.
- Sign and print your name and grade/title at the end of the statement.
- End with a statement of trust “I believe that the contents of this statement are true”

***Always assume that a statement will be read by the complainant and/or Ombudsman***

## Guidance on conducting complaints meetings

*This guidance is based on Good Practice from the Healthcare Commission's Complaints Handling Toolkit (2008)*

1. In the event that the complainant wishes to have a meeting to discuss the complaint, outstanding concerns or as part of the resolution process, this should be facilitated. Try to establish the issues for discussion so that the relevant people can attend.
2. When setting up the meeting ascertain who will accompany the complainant and whether additional support is required, e.g. advocate or interpreter.
3. Appropriate staff from the service and/or complaints department should be in attendance
4. The date, time, venue and agenda should be confirmed in writing at last five days before the meeting is due to take place.
5. Hold a case conference in advance of the meeting so that all staff members concerned are sufficiently familiar with the background of the complaint and the issues involved.
6. In seeking to resolve the complaint there are a range of remedies that can be considered including:
  - Apologies/acknowledgements of responsibility
  - a 2nd opinion
  - a change of worker
  - reviewing or changing a decision on the service given to the complainant
  - revising procedures to prevent the same thing happening again.
7. Essential things to record include:
  - a. The response to the desired outcomes; reasons for non-agreement; timeframes for implementing any changes to training, policy etc.
  - b. Any apology offered; and agreement or significant disagreement of facts.
  - c. How the complainant will be advised of completion of the agreed tasks
8. After the meeting write to the complainant to confirm the nature and outcome of the discussions. The time-scale for sending this letter should be agreed with the complainant, but should normally be no more than 5- 10 working days after the meeting.



## **Policy for handling unreasonably persistent complainants**

### **1.0 Introduction**

- 1.1 All complaints are dealt with in accordance with the NHS Complaints Procedure. On occasion staff will have contact with a small number of complainants who, because of the nature and/or frequency of their contact with the complaints service, place a significant strain on time and resources and can be demoralising for staff.
- 1.2 The procedure for dealing with complainants who may be defined as unreasonably persistent should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the Trust Complaints Procedure, for example through local resolution and involvement of independent advocacy.
- 1.3 The procedure should only be implemented in relation to a specific complainant following consideration by and authorisation of the Chief Executive of the Trust.

### **2.0 Definition of an unreasonably persistent complainant**

- 2.1 Complainants may be deemed to be unreasonably persistent where previous or current contact with them shows that they have met at least two of the following criteria:-
  - Persist in pursuing a complaint where the Trust Complaints Procedure has been fully and properly implemented and exhausted.
  - Seek to prolong contact by changing the substance of the complaint or continually raising new issues and questions whilst the complaint is being dealt with. (Care must be taken not to disregard new issues which differ significantly from the original complaint. These may need to be addressed as separate complaints).
  - Are unwilling to accept documented evidence of treatment given as being factual, e.g. drug records.
  - Deny receipt of an adequate response despite evidence of correspondence specifically answering their concerns.
  - Do not accept that facts can sometimes be difficult to verify after a long period of time has elapsed.
  - Do not identify clearly the precise issues which they wish to be investigated despite reasonable efforts to help them do so by Trust staff and, where appropriate, independent advocacy and/or where the concerns identified are not within the remit of the Trust to investigate.
  - Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. It should be recognised that determining what is trivial can be subjective and careful judgement must be used in applying the criterion.
  - Have, in the course of pursuing a registered complaint, had an excessive number of contacts with the Trust placing unreasonable demands on staff. Such contacts may be in person, by telephone, letter, fax or electronically. Discretion must be exercised in deciding how many contacts are required to qualify as excessive, consideration being given to the specific circumstances of each case.
  - Are known to have recorded meetings or face to face/telephone conversations without the prior knowledge and consent of the other parties involved.
  - Have threatened or used actual physical violence towards staff, their families or associates at any time. This will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication. (All such incidents should be documented in line with the Trust's policy on Violence and Aggression)

- Have harassed or been verbally aggressive or abusive towards staff dealing with their complaint. Staff must recognise however that complainants may sometimes act out of character at times of stress, anxiety or distress and they should make reasonable allowances for this. All incidents of harassment or aggression must be documented and dated in line with the Trust's policy on the Prevention and Management of Violence and Aggression

### 3.0 Procedure for dealing with unreasonably persistent complainants

When complainants have been identified as unreasonably persistent, in accordance with the above criteria, the Chief Executive will decide what action to take. Any restrictions imposed will be appropriate and proportionate and include the following considerations:

- A written warning will normally be sent to the complainant before the decision is made to restrict access to the Trust's complaints process
- Regardless of the manner in which the complaint is made and pursued, the substance of the complaint will be considered in a fair and impartial manner
- That any new complaint will be considered separately with a view to processing it in accordance with the Trust's Complaints Policy and Procedure

- 3.1 If the Trust decides to treat someone as an unreasonably persistent complainant the Chief Executive will write to them and tell them:
  - Why their behaviour falls into that category
  - What action we are taking
- 3.2 Where the investigation into the complaint is on-going, the Chief Executive should write to the Complainant setting parameters and the lines of communication. If these items are contravened consideration may then be given to implementing further action, e.g. further contact restricted to liaison through a third party.
- 3.3 Where the investigation into the complaint is complete the Complainant should be informed in writing that:-
  - The Chief Executive has responded fully to the points referred to and has tried to resolve the complaint **and**
  - There is nothing more that can be added and the correspondence is now at an end.

### 4.0 Withdrawing Unreasonably Persistent Complainant Status

- 4.1 Once complainants have been determined as unreasonably persistent there needs to be a mechanism for withdrawing this status at a later date if, for example:-
  - The complainant subsequently demonstrates a more reasonable approach
  - The complainant submits a new complaint for which normal complaints procedures would appear appropriate

The recommendation for withdrawing this status will go to the Chief Executive for approval.

## Contact Details

**Head of Complaints**

Oxleas NHS Foundation Trust  
 Pinewood House  
 Pinewood Place  
 Dartford DA2 7WG  
 Tel: 01322 625013  
 Fax: 01322 625711  
 Email: [complaints@oxleas.nhs.uk](mailto:complaints@oxleas.nhs.uk)

**Patient Advice and Liaison Service (PALS)**

Pinewood House  
 Pinewood Place  
 Dartford DA2 7WG  
 Tel: 01322 625013  
 Freephone: 0800 917 7159  
 Email: [pals@oxleas.nhs.uk](mailto:pals@oxleas.nhs.uk)

**Independent Complaints and Advocacy Services****Advocacy for All**

0845 832 0034

**Voicability**

0300 330 5454

**Independent Mental Capacity Service (IMCA)**

Cambridge House  
 131 Camberwell Road  
 London SE5 0HF  
 Tel: 0207 358 7000  
 Fax: 0845 300 8161  
 Email: [imca@ch1889.org](mailto:imca@ch1889.org)

**Local Advocacy Services**

MIND Bexley 283 Broadway Bexleyheath DA6 8DG Tel: 0208 303 5816	MIND Bromley 5 Station Road Orpington BR6 0RZ Tel: 01689 811222
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------

MIND Greenwich  
 54 Ormiston Road  
 Greenwich  
 SE10 0LN  
 Tel: 0208 853 2395

Rethink Head Office  
 Rethink  
 89 Albert Embankment  
 London SE1 7TP  
 Tel: 0207 840 3188  
 e-mail: [advice@rethink.org](mailto:advice@rethink.org)

**Parliamentary & Health Service Ombudsman**

Millbank Tower  
 Millbank  
 London SW1P 4QP  
 Tel: 0345 015 4033  
 Fax: 0300 061 4000  
 Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

**Information Commissioner**

Wycliffe House  
 Wilmslow  
 Cheshire SK9 5AF  
 Tel: 01625 54 57 45  
[internalcompliancedept@ico.gsi.gov.uk](mailto:internalcompliancedept@ico.gsi.gov.uk)

**Care Quality Commission**

National Processing Centre  
 City Gate  
 Gallowgate  
 Newcastle NE1 4PA  
 Tel: 03000 616161  
 Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)