

Policy for receiving, investigating, responding to and learning from Complaints, PALS enquiries, and Professional Enquiries

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|--------------------------|---|
| Document Type | Corporate Policy |
| Unique Identifier | To be set by Web and Systems Development Team |
| Document Purpose | <p>This policy will set out the process for ensuring that complaints made by patients, relatives, carers and others are investigated and responded to in a way which reflect the principles of good complaint handling set out by the Parliamentary and Health Service Ombudsman, which are:</p> <ol style="list-style-type: none"> 1. getting it right 2. being customer focused 3. being open and accountable 4. acting fairly and proportionately 5. putting things right 6. seeking continuous improvement <p>Ensure that the process is accessible and flexible enough to meet people's needs.</p> |
| Document Author | Patient Relations Manager |
| Target Audience | All members of staff |
| Responsible Group | Quality and Safety Committee |
| Date Ratified | January 2017 |
| Expiry Date | January 2020 |

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If you would like this document in other languages or formats (i.e. large print), please contact the Communications Team on 01905 760020 or email communications@hacw.nhs.uk

Version History

| Version | Circulation Date | Job Title of Person/Name of Group circulated to | Brief Summary of Change |
|---------|------------------|--|---|
| 1 | | Chief Executive | Add summary of definitions within the policy. |
| | | Director of Quality and Executive Nurse | |
| | | Acting Director of Medical Development | |
| | | Director of Operations | |
| | | Deputy Medical Director | |
| | | Service Delivery Unit Lead, Community Care - north | |
| | | Service Delivery Unit Lead, Adult Mental Health | |
| | | Service Delivery Unit Lead, Children, Young People and Families, Dental Services and Sexual Health | |
| | | Service Delivery Unit, Learning Disabilities | |
| | | Operational Lead, Offender Health | |
| | | Head of Quality Governance | |
| | | Compliance Manager | |
| | | Quality Lead, Community Care - south | |
| | | Quality Lead, Community Care – north | |
| | | Service Delivery Unit Lead, Community care - south | |
| | | Quality lead, Offender Health | |
| | | Quality Lead, Children, Young People and Families, Dental Services and Sexual Health | |
| | | Quality Lead, Learning Disabilities | |
| | | Associate Medical Director | |
| | | Clinical Director, Sexual Health | Comments regarding request for consent. |
| | | Clinical Director, Community Paediatrics | |
| | | Clinical Director, Palliative Care | |
| | | Associate Director, Community Care and Wyre Forest Locality | |
| | | Clinical Director, Older Adult Mental Health | |
| | | South Locality, Adult Mental Health | |
| | | Clinical Director, North Locality, Adult Mental Health | |
| | | Clinical Director, Dental | |
| | | Clinical Director, Learning Disability | |
| | | Acting Head of Healthcare, HMP Oakwood | |

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|--|--|--|--|
| | | Head of Healthcare, HMP Hewell | |
| | | Head of Healthcare, HMP Long Lartin | |
| | | Patient Safety Manager | |
| | | Deputy Head of Quality | |
| | | Patient Relations Officer | |
| | | Patient Experience Lead | |
| | | Equality Lead | |
| | | Company Secretary | Clarification regarding consent. Comments regarding habitual or unreasonable behaviours. |
| | | Health and Safety Manager | |
| | | Mental Health Act Manager | Clarification for patient's to be able to contact the Care Quality Commission. |
| | | Head of Community Hospitals | |
| | | Safeguarding Lead | |
| | | Audit, Research and Clinical Effectiveness Manager | |
| | | Locality Forum Members | Clarification of consent form. |

Accessibility

Interpreting and Translation services are provided for Worcestershire Health and Care NHS Trust including:

- Face to face interpreting;
- Instant telephone interpreting;
- Document translation; and
- British Sign Language interpreting.

Please refer to the intranet page: <http://nww.hacw.nhs.uk/a-z/services/translation-services/> for full details of the service, how to book and associated costs.

Training and Development

Worcestershire Health and Care NHS Trust recognises the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

Co-production of Health and Care – Statement of Intent

The Trust expects that all healthcare professionals will provide clinical care in line with best practice. In offering and delivering that care, healthcare professionals are expected to respect the individual needs, views and wishes of the patients they care for, and recognise and work with the essential knowledge that patients bring. It is expected that they will work in partnership with patients, agreeing a plan of care that utilises the abilities and resources of patients and that builds upon these strengths. It is important that patients are offered information on the treatment options being proposed in a way that suits their individual needs, and that the health care professional acts as a facilitator to empower patients to make decisions and choices that are right for themselves. It is also important that the healthcare professional recognises and utilises the resources available through colleagues and other organisations that can support patient health.

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1. Introduction

Worcestershire Health and Care NHS Trust (the Trust) is committed to ensuring that our approach to receiving, investigating and responding to complaints reflects the principles of good complaint handling as identified in, *Listening, Responding, Improving: a guide to better customer care* (DH, 2009 a, page 4), and *My expectations for raising concerns and complaints* (Parliamentary and Health Service Ombudsman, 2014, page 9).

Our Purpose Statement and Objectives sets out what can be expected from the Patient Relations Team, when a person raises a concern of complaint. See appendix 1.

2. Purpose of document

This document sets out the process for receiving, investigating, responding to and learning from complaints from patients, their relatives and friends, and also identifies the framework for providing assurance that the Trust has taken steps to prevent similar occurrences where an investigation has identified service failings, or areas to learn.

3. Definitions

There are three types of investigation which the Trust complete in response to concerns being raised, depending on the nature of the issue and the person bringing it to our attention. These are either a complaint, PALS or Professional Enquiry. A complaint is an expression of dissatisfaction about the standard of service, actions or lack of actions by the organisation or its staff, which affects an individual. PALS enquiries are about relatively straightforward issues which can be easily resolved and can only happen if the person contacting the Trust has not specified that they wish to make a complaint. A professional enquiry can be received from a range of sources for example, commissioners, another healthcare provider, a school head teacher, Member of Parliament or General Practitioner.

These definitions are defined within appendix 2.

4. Scope

This policy and procedure applies to all employees and volunteers working within the Trust which includes those who are within a Bank or Locum system or via an Agency. This Policy also extends to those who may hold an Honorary Contract or are independent contractors to the Trust as well as service users.

This policy has been drafted to comply with statutory requirements and following professional body guidance. This must be read together with other relevant Trust policies, procedures and local guidance.

5. Training and Competencies

A range of training opportunities are available including Root Cause Analysis training and training to respond to complaints. Guidance and support is also available from the Patient Relations Team throughout any processes.

6. Responsibilities and duties

The **Trust Board** has overall responsibility for ensuring compliance with all legal, statutory, best practice and quality requirements and for ensuring employees have good quality, ratified procedural documents to work with.

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The **Clinical Governance Sub Committee and Quality and Safety Committee** will be responsible for receiving information about, and overseeing and reviewing, trends and learning.

The **Chief Executive** has ultimate responsibility for ensuring that the Trust has robust policies and procedures in place for managing complaints, and will respond to the complainant in person. This response will provide explanations for decisions taken, identify any actions that have been taken as a result of the investigation and whether the complaint is upheld or not. An apology will be provided where appropriate.

The **Director of Quality and Executive Nurse** will be responsible for ensuring that there is a comprehensive complaints policy available, and that learning is implemented.

The **Director of Operations** will be alerted to any potential breaches regarding timescales and where necessary will intervene to promote a timely response.

The **Service Delivery Unit Leads (SDU leads)** are responsible for ensuring that they identify a lead within the SDU to manage complaints. This will usually be the Quality Lead. The SDU Lead will also be responsible for ensuring that responses are developed within the agreed timescales, and that appropriate actions are taken as a result of the investigation.

The **Patient Relations Team Lead** is responsible for managing all functions provided by the Patient Relations Team

7. Context

The NHS Constitution (cited in DH 2009b, page 15) states that any individual has the right to:

- Have any complaint they make about NHS services dealt with efficiently and have it properly investigated.
- Know the outcome of any investigation into their complaint.
- Take their complaint to the independent Parliamentary and Health Service Ombudsman (PHSO) if they are not satisfied with the way the NHS has dealt with their complaint.
- Make a claim for judicial review if they think they have been directly affected by an unlawful act or decision of an NHS body.
- Receive compensation where they have been harmed by negligent treatment.

Guidance from the DH (DH, 2009, p. states that a senior person within the NHS organisation must be identified who will take responsibility for ensuring a comprehensive policy for investigating complaints is available, and for ensuring that learning takes place following a complaint (DH 2009b, page 9). Within the Trust this will be the Director of Quality and Executive Nurse.

8. General principles

The Trust is committed to adopting the principles within the, "*My expectations for raising concerns and complaints*" (Parliamentary and Health Service Ombudsman), and particularly the user led vision for raising concerns and complaints see appendix 3.

Our commitment:

- Publish clear information across our services and the website to inform patients, carers and their families on how they can make a complaint.
- Ensure that people can raise a complaint with the PRT in a way that is easy for them.
- Communicate with people in relation to the management of their complaint, outline what has happened as a result of their complaint and any actions resulting from the complaint.

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9. Consent

When a complaint or concern is raised by a person other than the patient, that requires the disclosure of personal information, the consent of the patient will be sought before any personal information is disclosed. A consent form, see appendix 4, will be sent to the issue raiser to seek consent of the patient and return to the PRT.

Where consent has been received by the PRT this will only be applicable to the specific complaint or concern raised, regardless of whether consent to share information is documented in a person's clinical records.

Where consent is received for a complaint to be raised on the patient's behalf, this will expire within 6 months of the date it has been signed by the patient.

Consent from the patient will not be required when the patient is:

- under 12 years of age, unless the appropriate healthcare professional deems the child to be Gillick competent
- deemed to be incapable, under the Mental Capacity Act 2005, of giving consent in respect of the complaint. In these cases an appropriate healthcare professional's advice will be sought in relation to mental capacity.
- When the patient is deceased.
- Has made a health and welfare lasting power of attorney
- Has a court appointed deputy for personal welfare issues

When a complaint or concern is received from a legal representative, Member of Parliament or other nominated advocate consent will only be sought if the issues have been raised without the knowledge of the patient and where the patient is over 12 years of age and mentally competent.

Where consent is not given the disclosure of any information will be at the Chief Executive's discretion, in line with the Data Protection Act and will be limited to general information only (eg: Average waiting times).

10. Advocacy

Independent Advocacy Services are available for anyone who requires support to make a complaint about NHS Services. Details of the Advocacy Services are available from the PRT or in the case of Prisons provided on the individual Healthcare Concern Form. Appendix 5 contains advocacy information.

11. Process and investigation

Complaints

Appendix 6 outlines the process followed for complaints which are received by the Patient Relations Team.

Within two working days of receipt of a formal complaint, the complaint will be logged as per Trust systems, and the complainant will be sent an acknowledgement letter by the Patient Relations Team, see appendix 7. It is the role of the Investigating Officer to undertake a thorough investigation into the complaint that has been raised and a guidance and proforma for Investigating Officers is available in appendix 8.

All information relating to a complaint will be stored and filed by the PRT and not within the medical records. Complaints about the Accessible Information Standard and the Code of practice on the English language requirement for public sector workers will be processed in line with this policy.

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Patient Advice and Liaison Service

It is our intention to respond to PALS queries as quickly as possible, within a maximum of 5 working days and the process for managing these queries can be found in appendix 9.

Parliamentary and Health Service Ombudsman

If a person is not satisfied with the way the Trust has responded to their complaint they have the right to refer their case to the Parliamentary and Health Service Ombudsman who will independently review the management of the complaint, and clinical care provided by the Trust.

The PRT will be the point of contact with the PHSO when they request information in any format, for example, written, clinical records, statements from staff. The PRT will liaise with staff as necessary to ensure that the process is managed in a safe manner. Staff must ensure that PRT are aware of any direct communications they receive from the PHSO.

In the event that the PHSO upholds a complaint, the Chief Executive and Patient Relations Team Lead will be made aware so that appropriate action can be taken. This process is outlined in appendix 12.

Care Quality Commission

There are times when a person wishes to raise their concern about a service with the Care Quality Commission (CQC). These contacts must be directed to the PRT as they will be supported by them.

12. Complaints relating to other organisations

If the complaint relates to a number of organisations, it is important that the organisations involved provide a single point of contact and a single response. This approach avoids confusion as to how the complaint is being dealt with, provides clarity in relation to the roles and responsibility of each organisation, and ensures that relevant lessons are learned by each of the organisations involved. It is also a mechanism for ensuring that the organisations involved communicate regularly (DH, 2009b, page 22).

In Worcestershire, the leading organisation is agreed via verbal communication between the relevant agencies, and depends on the nature of the issues raised. The Patient Relations Team negotiates with the organisations in these cases.

Rather than contacting the organisation direct to make a complaint, the complainant may choose to make a complaint directly to the local Commissioners who commission the services we provide. In these cases a response will be returned to the Commissioner.

13. Responses

The response for complaints will be provided from the Chief Executive, and as per best practice guidance, will include (DH 2009b, p.28) and the “user led vision for raising concerns and complaints”, appendix 3.

- A summary of each element of the complaint
- Details of policies or guidelines followed
- A summary of the investigation
- Details of key issues or facts identified by an investigation
- Conclusions of the investigation
- What needs to be done to put things right
- An apology, if one is needed
- An explanation of what happens next

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- Information on what the person complaining should do if they are still unhappy
- Information on the relevant ombudsman

Written responses can be made available in a number of languages and formats, including face to face meetings to ensure that everyone receives information regarding the findings of the investigation and what actions have been taken in the most appropriate way.

However, the majority of responses will be sent out in a letter format and a template response letter can be found in appendix 13.

14. Habitual and unreasonable behaviour

All complaints should be processed in accordance with the NHS complaints procedure, however, there can be times when NHS staff are in contact with issue raisers who exhibit habitual and/or unreasonable behaviour. In order to address these situations, the complaints procedure must be correctly implemented as far as is possible and the person's complaint reviewed to ensure no element of the complaint has been overlooked and that an equitable approach has been followed.

In these rare cases, when all reasonable measures have been taken to try to resolve a person's concerns, judgment and discretion must be used in applying the criteria to identify such behaviour and in deciding on the action to be taken in each case. A final decision on whether a person has displayed habitual or unreasonable behaviour will only be implemented following careful consideration by, and with the authorisation of, the Chief Executive of the Trust and any relevant Director (or their deputy).

The implementation of this process, together with examples of unreasonable behaviour is provided in appendix 14.

15. Monitoring and Learning

The implementation of the policy will be monitored in a number of ways:

The timescales for responses to complaints is monitored by the Patient Relations Team monthly and is reported via Trust governance processes and Quality and Safety Committee.

Re-opened complaints will be reported as these signify some dissatisfaction or lack of clarity regarding the investigatory procedure or findings. These are reported via Trust governance processes.

Implementation of Action Plans, appendix 15, will be monitored by the Quality Lead for the SDU via the local governance processes within the SDU.

Trust wide learning from complaints, PALS enquiries and Professional Enquiries will be shared across Service Delivery Units.

Quarterly reports will be submitted to the Health and Social Care Information Centre in relation to the theme (Korner code) of the complaint that has been received and responded to, within the previous quarter. A list of Korner codes is available in appendix 16.

An annual Patient Relations report will be submitted to the Trust Board which will record how many complaints have been received and upheld, together with the theme of the complaint. It will also include information in regards to PALS and Professional Enquiries.

If indicated, alternative assurance methods may be introduced in regards to complaints and PALS.

16. Staff complaints

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There are times when staff members may wish to raise a concern or complaint about another organisation, individual or service. If a staff member wishes to do this, they must contact their Line Manager who will be able to advise, take action or escalate as necessary. If a staff member does not feel that an issue that has been raised via this route is appropriately managed, they can contact their Service Delivery Unit Lead or Director.

17. References

Department of Health 2009a Social Services and National Health Services Complaints (England) Regulations

Department of Health (DH) 2009b. Listening, Responding, Improving: A guide to better customer care

Department of Health, 2009c, The NHS Constitution.

Parliamentary and Health Service Ombudsman, 2014. My Expectations for raising concerns and complaints.

18. Associated Policies

Policy for the Reporting of and Learning from adverse incidents including Serious Incidents and near misses

Being Open and Duty of Candour

19. Appendices

Appendix 1 Purpose and Objective Statement

Appendix 2 Complaints, Professional Enquiries and Patient Advice and Liaison Service

Appendix 3 A user-led vision for raising concerns and complaints

Appendix 4 Consent to disclosure of personal and clinical information in relation to a concern or complaint

Appendix 5 Advocacy Services

Appendix 6 Complaints Process

Appendix 7 Acknowledgement Letters

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| Appendix 9 | Patient Advice and Liaison Service |
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| Appendix 12 | Parliamentary and Health Service Ombudsman Process |
| Appendix 13 | Response Letter |
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| Appendix 15 | Action Plan |
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| Appendix 17 | Abbreviations |

Appendix 1

Worcestershire Health and Care NHS Trust Patient Relations Team

Purpose Statement

As a team we provide a confidential advice, support and information service. We welcome feedback as a means of learning and improving the quality of the healthcare services that we provide

- We will listen to you and work with you to understand your concerns. We can do this by talking to you or meeting with you.
- We will clearly explain what you can expect from us and the options available for managing your feedback
- We will seek to resolve any concerns to your satisfaction as quickly as we can
- Where a mistake or error has been made this will be acknowledged and you will receive an apology.
- We will work with and support investigating officers to ensure that you receive an explanation of what went wrong and what has been done to ensure that it does not recur

We aim to undertake this in an open, honest and helpful manner and provide assurance that the issue raiser will not be treated adversely as a result of contacting the team.

Worcestershire Health and Care NHS Trust Patient Relations Team Objectives

- To respond to complaints within 25 working days
- To respond to PALS enquiries within 5 working days
- To respond to Professional concerns within 10 working days
- The team will have telephone contact with all complainants if a telephone number has been provided
- The team will provide monthly reports to the relevant committees as a means of informing the organisation of feedback received
- All complaints to be anonymously published on our website, on a monthly basis

Complaints, Professional Enquiries and Patient Advice and Liaison Service

What is a complaint?

A complaint is an expression of dissatisfaction about the standard of service, actions or lack of actions by the organisation or its staff, which affects an individual. Examples of dissatisfaction may include

- Discourteous or dishonest behaviour by a member of staff
- Failure to provide a service at the right time or to the expected standard
- Response to a request for a service or answering a query
- Failure to follow agreed policy or procedures
- Failure to take into account relevant matters in decision making

What will happen?

An issue will be investigated as a complaint if the person raising an issue or concern states that they are making a complaint or, upon further communication, states that they wish the matter to be investigated as a complaint. Upon consultation with the service or Quality Lead concerned, a matter may still be investigated as a complaint if appropriate, for example due to the complexity or seriousness of the matter raised, even if the person who has contacted the Trust has not specifically stated that their communication is a complaint.

How can I make a complaint?

A complaint can be made verbally, in writing or electronically via email and should be made within one year of the event either taking place or the complainant becoming aware of the incident, although in circumstances where the complainant has good reason for the time lapse, and the event can still be satisfactorily investigated, this may not apply (DH, 2009a, page 9).

In cases of a verbal complaint, the PRT will write to the issue raiser and ask them to confirm that the issues accurately reflect the conversation and will only commence with the investigation, on receipt of a signed acceptance statement.

Advice should be provided where there is a lack of clarity on the part of the complainant as to whether their concern falls within the scope of the Trust.

Who can complain?

A complaint can be made by a patient of the Trust or another individual known to them. In the case of the latter, consent (see appendix 4) to respond to the issues is sought from the patient. There are also times that the Trust receives a complaint from the Commissioner as they have received a complaint directly from the patient. In these circumstances consent will also be sought from the patient.

When will a response be sent?

The complainant should receive a written response to a complaint within 25 working days of receipt as the Trust works to this timescale. However, in exceptional circumstances, for example where the issues are complex, and where meeting this deadline would compromise the quality of the investigation, an extension may be negotiated with the Patient Relations Team and complainant.

What is the Patient Advice and Liaison Service (PALs)?

Where the issue can be resolved quickly without further investigation, and there is no risk to other patients, there is an option for the matter be treated as a PALs issue and responded to within 5 days if the issue raiser is in agreement.

Contacts recorded as PALS enquiries are about relatively straightforward issues which can be easily resolved and can only happen if the person contacting the Trust has not specified that they wish to make a complaint.

What if the PALS service does not resolve the issue raised?

The option is still available for a PALS enquiry to be escalated to a formal complaint if appropriate or requested and this will be explained to the person who has raised the issue or query.

What is a Professional Enquiry?

These come from a range of sources for example, commissioners, another healthcare provider, a school head teacher, Member of Parliament or General Practitioner. The Trust will endeavour to respond to these types of enquiries within 10 working days.

A user-led vision for raising concerns and complaints



Appendix 4

CONSENT TO THE DISCLOSURE OF PERSONAL AND CLINICAL INFORMATION IN RELATION TO A CONCERN OR COMPLAINT.

Please note that any information you supply will be treated in confidence, however details will be held electronically and will be used for the purpose of responding to the concern or complaint you have made, in accordance with the requirements of the Data Protection Act 1998.

Details of person/s raising the concern /complaint:

| | |
|--|--|
| Full Name/s of person/s raising concern/complaint: | |
| Address: | |

Details of Patient:

| | |
|---|--|
| Full Name of Patient | |
| Address of Patient Please provide previous names and addresses if relevant | |
| Date of Birth | |

Consent of Patient

I give my consent to the person/s named above being given all necessary information to respond to the concern/ complaint that has been raised:

| | |
|----------------------|--|
| Signature of Patient | |
| Date of signature | |

When the patient is unable to consent this section must be completed.

I confirm that I am making this complaint / raising this concern because the patient is:

please indicate

- Under 12 years of age
- Over 16 years of age and incapable of giving consent in respect of the complaint (A Gillick competency assessment will be made for a child between 12 and 16 years of age to determine if their consent should be sought)
- Deceased and I am their next of kin/ executor*
- Has made a health and welfare lasting power of attorney *
- Has a court appointed deputy for personal welfare issues*

*Please note that evidence may be required in some circumstances

| | |
|--|--|
| Signature of Person/s raising concern/ complaint | |
| Date of signature/s | |

Please return this form without delay to: Patient Relations Team, Worcestershire Health and Care NHS Trust, Isaac Maddox House, Shrub Hill Road, Worcester, WR4 9RW. Email: pals@hacw.nhs.uk

Appendix 5

Advocacy Services

Onside Advocacy Services for all services provided in Worcestershire

| | |
|------------|--|
| Address: | Williamson House 14 Charles Street Worcester WR1 2AQ |
| Email: | info@onside-advocacy.org.uk |
| Telephone: | 01905 27525 |

Complaints Process

PRT

- Receive complaint and review if issues require specialist advice for example: Information Governance, Safeguarding, Claims.
- Clarify issues and agree whether complaint or PALS issue (if PALS issue see separate PALS process flow chart)
- Acknowledge within two working days
- Send out for investigation to the service.
- Forward complaint to Chief Executive and Director of Quality.
- Forward complaint to Medical Director if complaint relates to medical staff.

Service and QL

- QL identifies IO and informs PRT
- QL informs IO of complaint received

Role of IO

- Investigate issues within timescale provided by the QL
- Contact the complainant, if appropriate
- Speak to staff involved, gain information or statements
- Review clinical records
- Draft response for the CE.
- Complete Action Plan if complaint is upheld.
- IO to forward draft response and/or Action Plan to QL for sign off.

QL

- Review draft response
- Ensure complaint responds to questions and issues raised, with appropriate apologies and empathy.
- Review Action Plan for upheld complaints

• Send back to IO for more information if required

• Send to PRT if complete

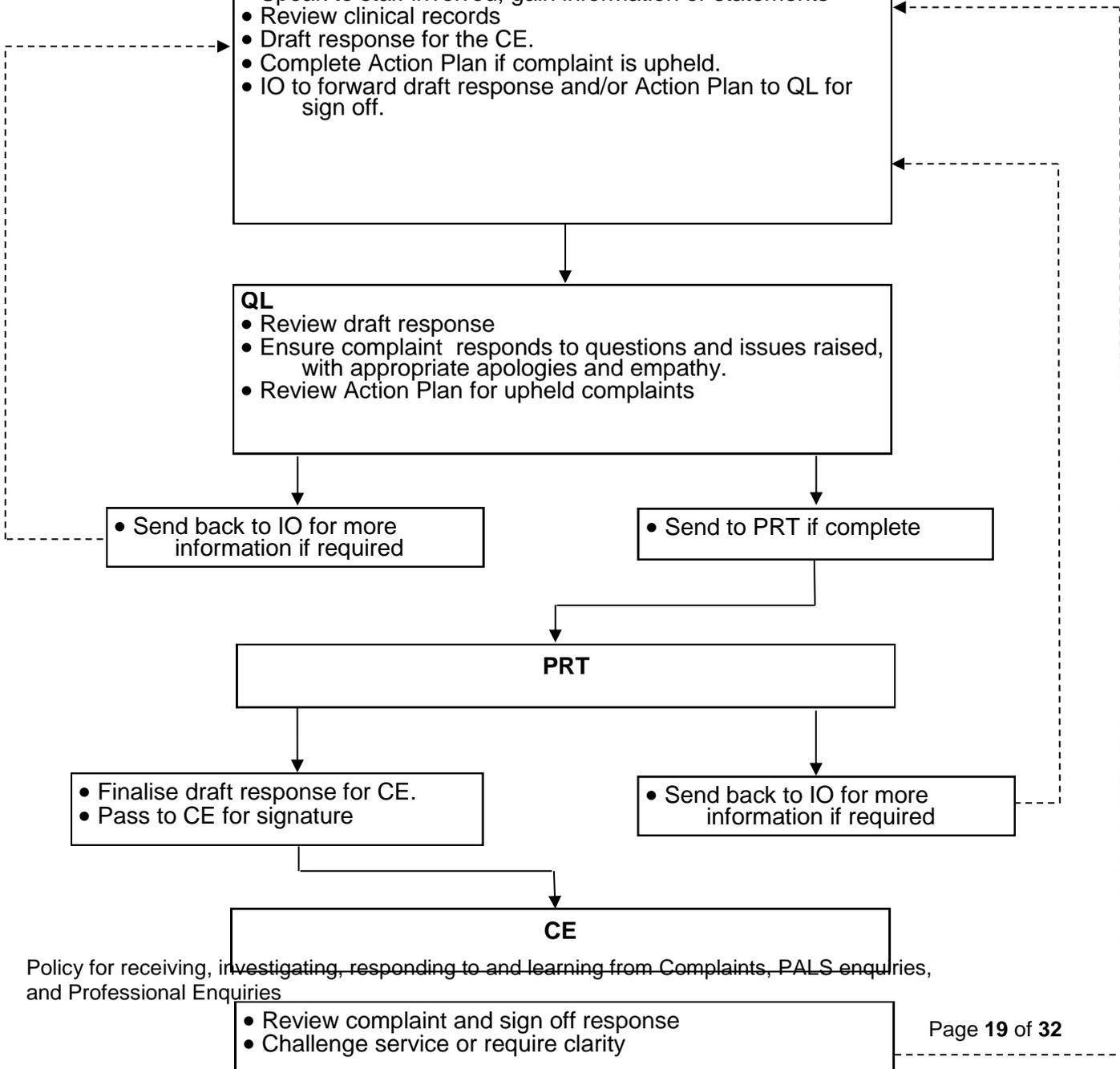
PRT

• Finalise draft response for CE.
• Pass to CE for signature

• Send back to IO for more information if required

CE

• Review complaint and sign off response
• Challenge service or require clarity



Our Ref: 15/16/

2015

PRIVATE AND CONFIDENTIAL

Dear

Thank you for your letter/contact dated

I am sorry:

- that you feel your experience of our services was not of the high standard you anticipated
- to hear of the concerns in relation to.....
- to hear of the experience you have shared

Please be assured that all issues raised are taken seriously and the concerns that you have raised will be investigated.

As you have indicated in your contact with us, we are now intending to handle this matter as a formal complaint and I would like to offer you the opportunity to meet or speak to the Investigating Officer who has been asked to look into your complaint. This will allow you to discuss how your complaint is handled and the timescales within which we will respond to you. If you would like to accept this offer please contact a member of our Patient Relations Team on 01905 681517 who will be pleased to make the arrangements/ pass on your telephone number.

However, I do recognise that you may not wish to meet or speak to the Investigating Officer so if this is the case, the officer will report back to me when the investigation has been completed and our Chief Executive will then send a written response to you. It is our aim to respond to you within 25 working days but within an absolute maximum of six months.

I do also acknowledge that it can be difficult to make a complaint so if you require independent support you may wish to contact the Independent Complaints Advocacy Service – Onside on 01905 27525 or at Williamson House, 14 Charles Street, Worcester, WR1 2AQ.

It is our aim to resolve your complaint, however you may not feel satisfied with the final response you receive and therefore you have the right to refer your concerns to the Parliamentary and Health Service Ombudsman at Millbank Tower, Millbank, London, SW1P 4QP.

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Can I also use this opportunity to assure you that by contacting us to make a complaint will not result in any adverse treatment towards you or your family. If you do have any queries regarding our complaint process please contact a member of the team on 01905 681517, by email to PALS@hacw.nhs.uk or by writing to the above address.

Yours sincerely

Patient Relations Manager

Appendix 8

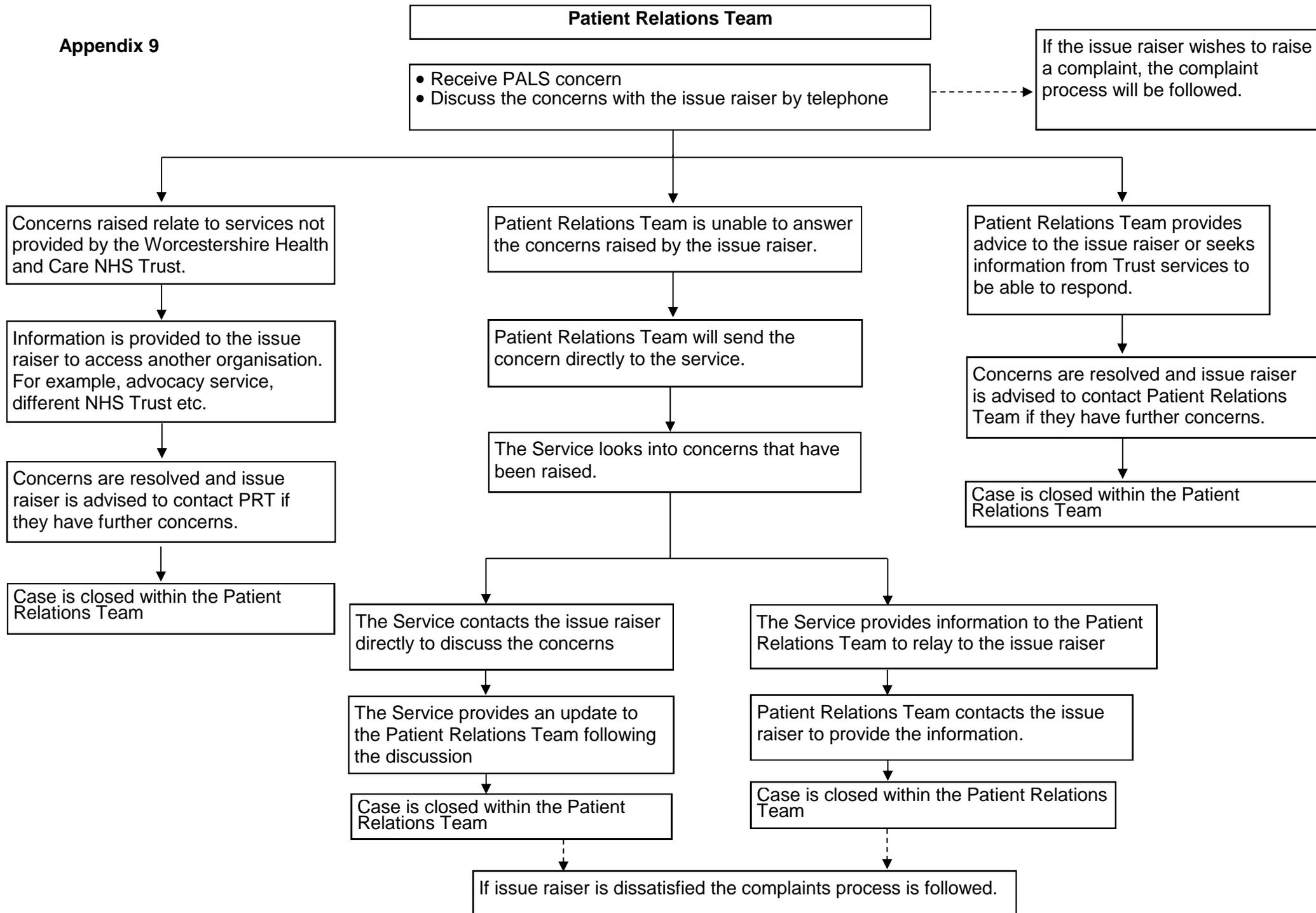
FOR INVESTIGATING OFFICERS

This has been prepared as a guide for Investigating Officers when they have contact with the Issue Raiser.

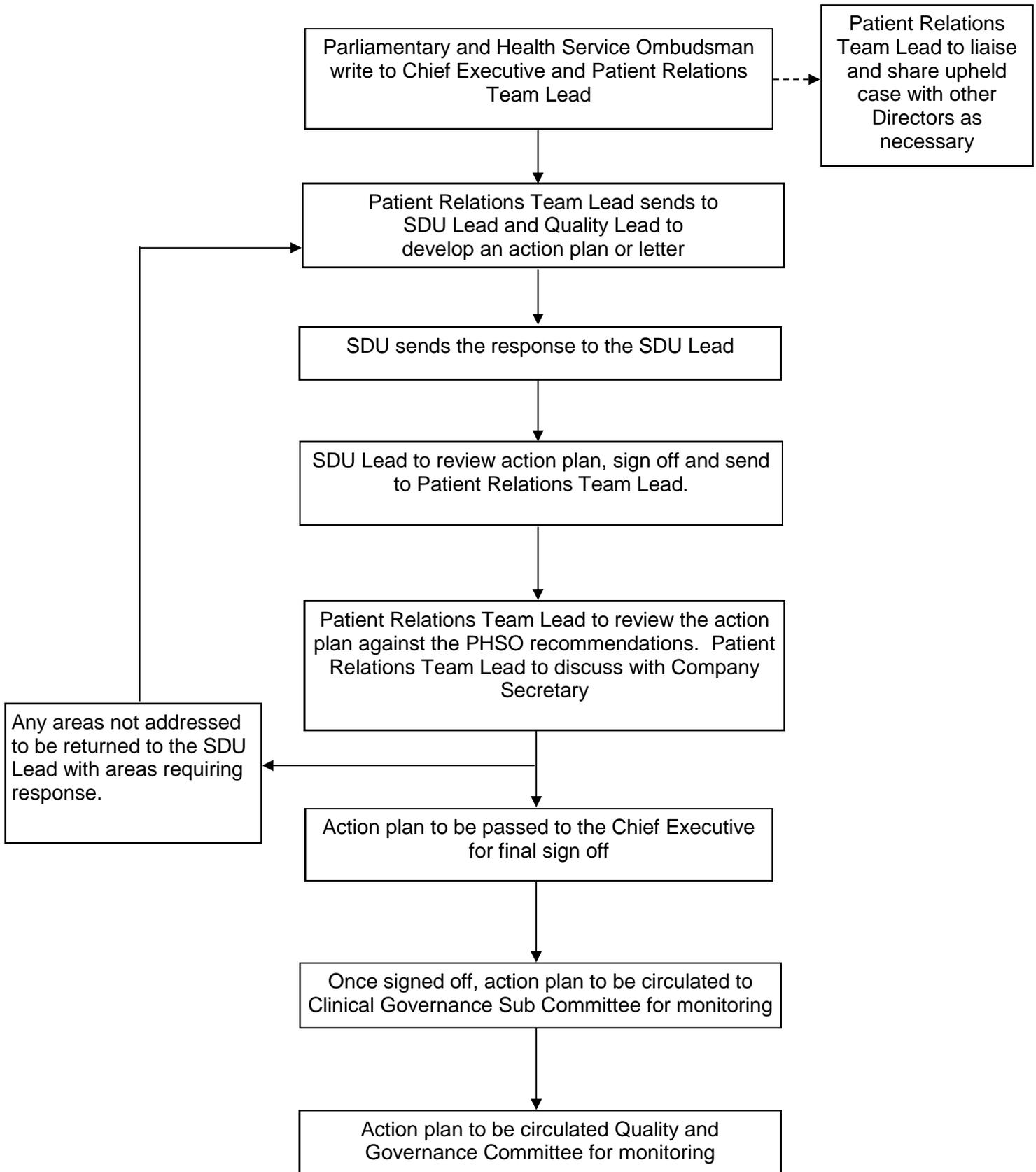
| |
|--|
| Reference Number: |
| Complainant's name (include title): On behalf of (where appropriate): |
| Contact details: Telephone: Mobile: Email: Preferred method and time of contact: |
| Name of staff member who made contact: |
| Date of contact: |
| Summary of discussion: |

PALS Process

Appendix 9



Parliamentary and Health Service Ombudsman Upheld Cases and Action Plans



Appendix 11

Our Ref: 15/16

Date

PRIVATE AND CONFIDENTIAL

Name of person

Address

Address

Address

Dear

Thank you for your letter dated

We have now completed our investigation/looking into and I am able to respond to your concerns. Thank you for bringing these issues to my attention as we really welcome feedback to help us continually improve the quality of the services we offer.

We have carefully considered all of the points you have raised

Please bullet point the issue that has been raised. Then please respond to the issue.

• Issue
Response.....

• Issue
Response

In summary the key learning from your feedback is.....

I hope that this letter provides a satisfactory explanation to your complaint however if you do have any outstanding concerns please contact our Patient Relations Team on 01905 681517, by email to PALS@hacw.nhs.uk or by writing to the above address. However if you are not satisfied you may of course refer your concerns to the Health Service Ombudsman at Millbank Tower, Millbank, London SW1P 4QP

In the meantime if we can be of any further assistance please do not hesitate to contact the Patient Relations Team.

Yours sincerely

Chief Executive

Definitions of habitual and unreasonable behaviour

- 1.1 It is accepted that complainants or others coming into contact with the Trust may act out of character. They may show signs of habitual and unreasonable behaviour for several reasons and may be unaware that their attitude/behaviour is causing unnecessary distress to others. Unacceptable behaviour that continues through several contacts however, should be considered against this procedure.
- 1.2 One definition of habitual and unreasonable behaviour is to harass, distress, annoy, tease, cause trouble, agitate, disturb or pursue issues excessively.
- 1.3 Behaviour exhibited by a person (and/or anyone acting on their behalf) may be deemed to be habitually demanding or unreasonable where previous or current contact with them shows that they meet any of the following criteria:
- a) **persisting in pursuing a complaint** where the NHS complaints procedure has been fully and properly implemented and exhausted, but no appeal has been made to the Parliamentary Health Service Ombudsman.
 - b) **seeking to prolong contact** by continually raising further concerns or questions upon receipt of a response. (Care must be taken not to discard new issues, which are significantly different from the original issue. These might need to be addressed as separate issues).
 - c) **unwilling to accept documented evidence** as being factual or denying receipt of an adequate response in spite of correspondence specifically answering their questions, or does not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
 - d) **does not clearly identify the precise problem**, despite reasonable efforts of the Trust staff and, where appropriate, the Independent Advocacy Service, to help them specify their concerns, and/or where the concerns are not within the remit of the Trust to investigate.
 - e) **focuses on a matter to an extent, which is out of proportion to its significance** and continues to focus on this point.
 - f) **has threatened or used actual physical violence towards staff or their families or associates**. This will, in itself, cause personal contact with the person and/or their representatives to be discontinued and the issue will, thereafter, only be pursued through written communication. In these cases, consideration will be given to contacting the Police.
 - g) **has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their issue** or their families or associates. However, staff must recognise that people may sometimes act out of character at times of stress, anxiety or illness and should make reasonable allowances for this.
 - h) has had, in the course of addressing an issue, an **excessive number of contacts with the Trust**, placing unreasonable demands on staff time or resources. (A contact may be in person, or by telephone, letter, fax or e-mail). Judgement must

be used in determining what is an “excessive number” of contacts and thus will be based on the specific circumstances of each individual case.

- i) **has electronically recorded meetings or face to face/telephone conversations** without the prior knowledge or consent of the other parties involved.
- j) **displays unreasonable demands or expectations** and fails to accept that these may be unreasonable (e.g. insists on responses to enquiries being provided more urgently than is reasonable or normally recognised practice).
- k) This list is not exhaustive and other examples of unreasonable behaviour or conduct may be deemed to be habitually demanding or unreasonable.

2. Options for dealing with habitual or unreasonable behaviour

2.1 Where people have been identified as exhibiting “habitual or unreasonable” behaviour in accordance with the above criteria, the Chief Executive and the relevant Director (or their deputy) will decide what action to take. The Chief Executive will then implement the action and will notify complainants in writing of the action that has been taken and the reasons for it, following the stages below:

Stage 1:

Once it is clear that an individual meets the criteria above, it may be appropriate to inform them, in writing, that their conduct is unacceptable and that, if it continues, they may be classified as “habitual or unreasonable”. The letter should state clearly which elements of their behaviour are causing problems and be accompanied by a copy of the Policy for receiving, investigating, responding to and learning from Complaints, PALS enquiries, and Professional Enquiries

Stage 2:

It may be appropriate to try to resolve matters by drawing up a signed agreement with the person, which sets out a code of behaviour for the parties involved, if the Trust is to continue communication or to process a complaint. If these terms are contravened consideration will be given to implementing Stage 3 of the procedure.

A code of behaviour could include the following:

- An agreement relating to appropriate behaviour and conduct. Any such agreement should normally not extend beyond six months.
- Restricting contact to one of two individuals within the Trust.
- Restricting the method of communication (e.g. by letter only, not fax/e-mail).
- Offering a meeting to attempt to resolve outstanding issues.

Stage 3:

Where the Trust has responded fully to the points raised by the person and has tried to resolve the issues, without success, and continuing contact on the matter would serve no useful purpose, the individual will be notified by the Chief Executive that the contact is at an end and that further contact will be acknowledged, filed, but not responded to.

In extreme cases, or where the safety of staff is at risk, the individual will be informed that the Trust reserves the right to pass habitually unreasonable behaviour to the solicitors. All contact with the person and/or investigation of the complaint will be suspended whilst seeking legal advice or other contact with other relevant agencies.

Any further complaints received from a person who has been designated as habitually demanding or unreasonable, under this policy, will be subject to a reasonable investigation

as deemed necessary by the Chief Executive in conjunction with advice received from staff dealing with complaints.

The Chief Executive (or deputy), in conjunction with a nominated Director, may, at their discretion, choose to omit one or two of the above stages.

3. Withdrawing habitual or unreasonable status

When individuals have been classified as habitual or unreasonable, the status will continue to apply for six months, at the end of which period habitual or unreasonable status will automatically be withdrawn. In exceptional circumstances, the Trust will consider withdrawing this status earlier if, for example, the person subsequently demonstrates a more reasonable approach. The status of habitual or unreasonable will only apply to specific issues, not general. If a new issue comes to light, an individual may not be deemed habitual or unreasonable unless their behaviour demonstrated this relating to the new issue. Where it appears to be appropriate to withdraw “habitually or unreasonable” behaviour status, the approval of the Chief Executive and relevant Director (or their deputy) will be required. Subject to this approval, normal contact with the person will be resumed.

Appendix 13

To be completed by the Investigating Officer.

| | | | | |
|---|--|---------------------------|--|--|
| Complaints Investigation Action and Learning Plan for Complaint Reference: | | | | |
| Service Delivery Unit: | Please Complete | | | |
| Team: | Please Complete | | | |
| Investigating Officer: | Please Complete | | | |
| Investigation due date: | Please Complete | | | |
| Summary of issues Investigated: | Upheld: Yes or No and provide explanation | Actions Identified | Who will lead and monitor/how will this be done/how can this be evidenced | Date actions to be completed by |
| Please Complete | Please Complete | Please Complete | Please Complete | Please Complete |
| Please Complete | Please Complete | Please Complete | Please Complete | Please Complete |
| Please Complete | Please Complete | Please Complete | Please Complete | Please Complete |
| Please Complete | Please Complete | Please Complete | Please Complete | Please Complete |
| Date Action Plan signed off by Service Delivery Unit: | Please complete | | | |
| Name and Title: | Please complete | | | |

Appendix 14

KO41 Codes

Service Type

| | |
|---|-------------------------------------|
| 1 | Ambulance Services |
| 2 | Commissioning |
| 3 | Emergency Services |
| 4 | Inpatient Services |
| 5 | Maternity |
| 6 | Mental Health |
| 7 | Other Community Healthcare Services |
| 8 | Outpatient Services |
| 9 | Other |

Professional Areas

| | |
|----|--|
| 1 | Ambulance |
| 2 | Dental |
| 3 | Health Visiting Staff |
| 4 | Medical |
| 5 | Midwifery |
| 6 | NHS Infrastructure |
| 7 | Nursing |
| 8 | Science, Therapeutic and Technical |
| 9 | Support to Clinical Staff |
| 10 | Other / No staff involved eg Complaint of board decisions, Panel Decision, another patient, volunteer or visitor |

Subject Area

| | |
|----|---|
| 1 | Access to Treatment or Drugs |
| 2 | Admissions, discharges and transfers excluding delayed discharge due to absence of care package |
| 3 | Appointments including delays and cancellations |
| 4 | Clinical Treatment |
| 5 | Communications |
| 6 | Commissioning Services |
| 7 | Consent To Treatment |
| 8 | End of Life Care |
| 9 | Facilities Services |
| 10 | Integrated Care including delayed discharge due to absence of care package |
| 11 | Patient Care including Nutrition/Hydration |
| 12 | Prescribing Errors |
| 13 | Privacy, Dignity and Well-being |
| 14 | Restraint |
| 15 | Staff |
| 16 | Staffing Numbers |
| 17 | Trust Administration, Policies and Procedures |
| 18 | Values and Behaviours (Staff) |
| 19 | Waiting Times |
| 20 | Other |

Abbreviations

| | |
|------|--|
| PRT | Patient Relations Team |
| QL | Quality Lead |
| CE | Chief Executive |
| IO | Investigating Officer |
| SDU | Service Delivery Unit |
| WHCT | Worcestershire Health and Care NHS Trust |
| NHS | National Health Service |
| DH | Department of Health |
| PALS | Patient Advice and Liaison Service |
| PHSO | Parliamentary and Health Service Ombudsman |