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**Complaints and Concerns Handling Policy**

**Patient Advice Liaison Service (PALS)**

**Postholder responsible for document:  Head of Patient Experience**

**Last updated:  March 2024**

**Next due for review:  March 2026**

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| **Authoriser** | Clinical Management Board | Approved at Patient Experience Steering Group - 26th March 2024 | April 2024 |

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# Version Control

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| 2.3 | Head of Patient Experience  Victoria Aldridge | January 2024 | Significant changes made to the previous trust policy – “Handling Comments, Concerns, Complaints and Compliments Policy - Aug 2020”. This policy will now supersede this.  Changes including policy title, incorporation of PHSO Framework and Just Culture standards. Additional sections added following internal complaints audit (2023) recommendations and outcomes following the Healthwatch Wiltshire Complaints process review project (2022/23). |

# Background and Purpose

This policy aims to ensure that the Trust aligns the [Parliamentary & Health Service Ombudsman’s (PHSO)](#_Parliamentary_and_Health) core principles for complaints management:

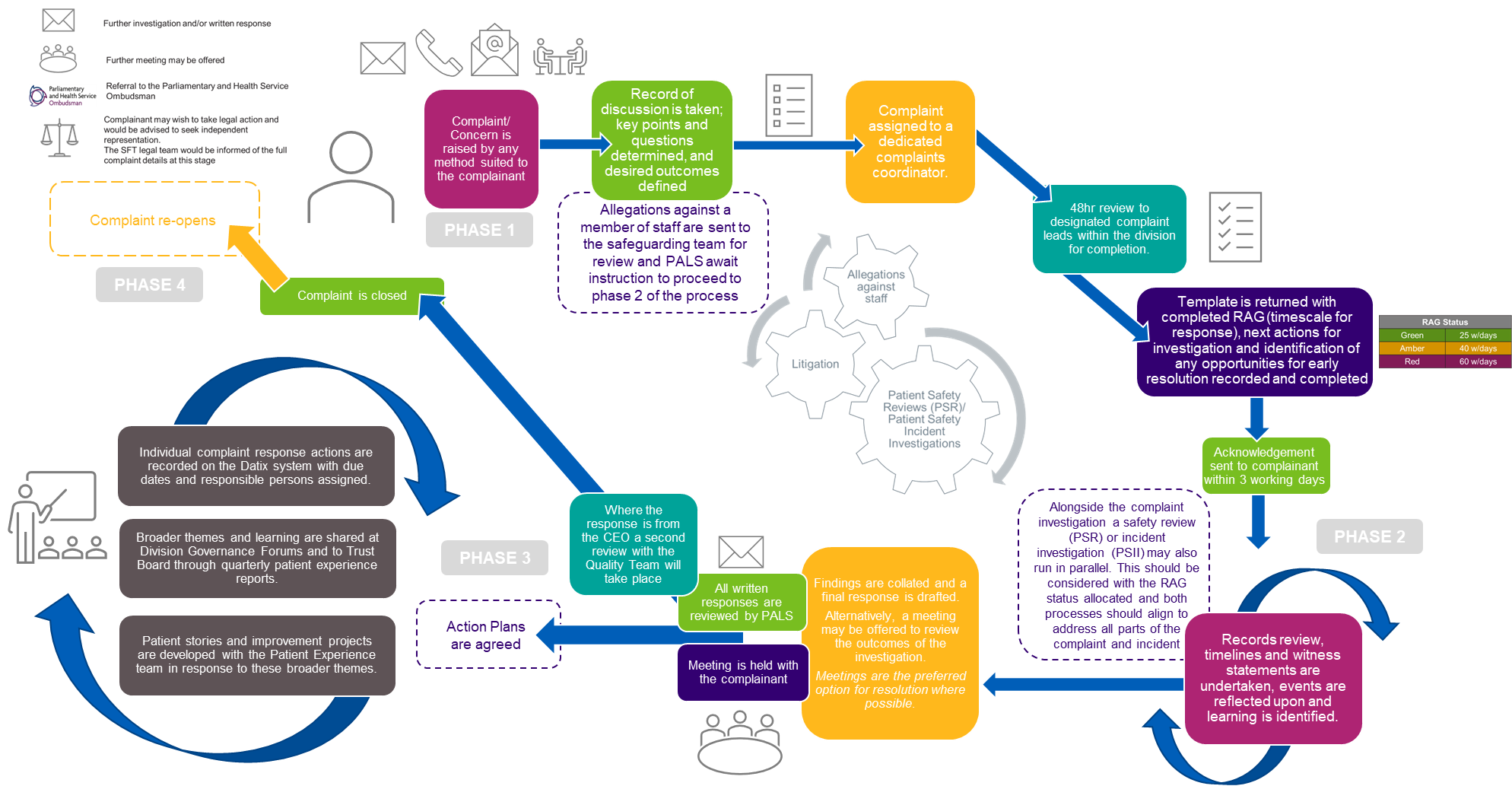
* **Getting it right:** All complaints are handled as quickly and efficiently as possible; and in accordance with national frameworks.
* **Being customer focused:** The complaints process is accessible, well publicised, open and transparent and is supportive of those who find it difficult to complain.
* **Being open and accountable:** Staff feel empowered to deal with all feedback as it arises; doing so in an open and non-defensive way.
* **Acting fairly and proportionately:** Treating the complainant impartially, and without unlawful discrimination or prejudice. Acting fairly towards staff complained about as well as towards complainants, ensuring decisions are balanced, appropriate and fair.
* **Putting things right:** Providing prompt, appropriate and proportionate remedies and considering all the relevant factors when offering these remedies.
* **Seeking continuous improvement:** Having robust systems in place to record, analyse and review lessons learnt from complaints so this can be used to improve service design.

The Trust is committed to promoting equality and diversity.  No patient, or anyone involved in the investigation and resolution of a complaint or concern will receive unfair treatment as a result of doing so, or on the grounds of age, race, ethnic or national origin, religious or equivalent belief system, gender, marital or partnership status, sexual orientation, disability or any other condition or requirement which cannot be justified, and which causes disadvantage.  Appropriate assistance including making reasonable adjustments will be offered to anyone who needs it.

The purpose of this policy is to describe the way that the Trust manages all feedback in accordance with these principles.

**This policy supersedes the previous Trust policy – [*Handling Comments, Concerns, Complaints and Compliments Policy - Aug 2020]***

# Complaints/Concerns Pathway

An overview to complaint and concern handling is shown in the pathway image below. See [Complaints pathway and investigation process](#_Complaints_pathway_and) for full details.

# Our principles for managing complaints and concerns

The Trust has its own core principles for receiving and responding to complaints and concerns, these are summarised as:

Listen, understand and value **-** Listening with empathy and without judgement, taking the time to understand what the issues are and what resolution should look like. Thanking the complainant for raising their issues.

Early resolution– Considering what information or action can be taken or sourced now.

Meaningful apology– Saying sorry where it’s appropriate is always the right thing to do. A meaningful apology is about demonstrating actions and learning has been taken to prevent this from happening again.

Clear and thorough– Ensuring to address all of the points raised. Being clear and simple with language and open and accountable with our accounts and findings. Avoiding the use of jargon or acronyms without clear explanation.

# Our pledge to complainants

Our staff speak to people who use our services every day. This can often raise issues, requests for a specific service or intervention as well as questions or worries that our staff can help with immediately. We encourage people to discuss any issues they have with our staff directly, as often resolutions can be sought quicker and to their satisfaction without the need for them to make a formal complaint.

In the event that a person is unable to resolve their complaint directly with the service or team, or they feel uncomfortable to raise this directly they should contact the Patient Advice Liaison Service (PALS) for further support.

In return, our pledges to complainants are that;

**They experience:** An accessible, supportive, and easy to use complaints process.

**They receive:** A clear explanation of what happened and why; a full and thorough investigation; acknowledgement, accountability, and apology where appropriate.

**They are reassured:** That clear actions and learning have come from their complaint to ensure that the issues raised are learnt from and steps are taken to prevent similar occurrences.

# Staff responsibilities

This Complaints and Concerns Management Policy applies to **all Trust staff**.  All staff have a responsibility to read this policy and to understand its impact on their area of work.  Any staff member may have a role in the investigation process of a complaint. This could be in various ways including, providing a witness statement, timeline of events, contribution to written responses or attendance to a complaints meeting if appropriate. See [The investigation process](#_The_investigation_process)

Staff should be able to respond appropriately to a complainant and endeavour to achieve early resolution where possible.  If this is not possible, staff have the responsibility to escalate the feedback in accordance with this policy. [Support and training is available for staff](#_Support_for_Staff) contributing to or leading on a complaint or concern investigation.

# Specific Roles and Responsibilities

The **Chief Executive** is the designated responsible person whose duty it is to ensure overall compliance with the Statutory Instrument. The Chief Executive designates the day to day management of the process to the Head of Patient Experience and PALS Lead. The Chief Executive will sign all complaint acknowledgement letters within three working days of receipt of the complaint. A copy of the Trust's leaflet: [“We are here to listen to you – Your guide to Complaints, Concerns, Comments and Compliments](#_Appendix_TBC:_PALS) will be enclosed. The response letter will be reviewed by the corporate governance team for quality assurance before being signed by the Chief Executive, and in their absence, by the Deputy Chief Executive.

The **Head of Patient Experience** hasresponsibility for overseeing the complaints handling procedure, providing guidance and support where needed and also provides the Trust with an overview of its complaint themes and learning taken from complaints.

The **PALS Lead** has the delegated responsibility to manage the complaints procedure on behalf of the Chief Executive and will co-operate with the requirements of the Parliamentary and Health Service Ombudsman (PHSO) by providing information, files and copies of relevant medical records as required.

The **Patient Advice and Liaison Team (PALS)** are responsible for facilitating the resolution of concerns/complaints. This may include direct intervention or where more appropriate referring to the appropriate Directorate Management Team member. If the issues cannot be resolved quickly then they will co-ordinate complaints procedure, ensuring compliance with the complaint regulations and agreeing a plan with the complainant for the management of the complaint. The PALS Complaint Coordinator and/or Administrator will also scribe for any [complaint meetings](#_Meeting_with_a) where required and facilitate all [record keeping](#_Record_keeping) relative to the complaint file.

The **Directorate Management Team (Investigating Managers)** have a delegated responsibility to resolve concerns face-to-face or over the telephone where they can. If the matter is more complex they will undertake an investigation, ensuring that the complainant's concerns are fully addressed within the agreed timescales. It is the responsibility of the investigating managers to clearly communicate deadlines for responding to requests for information, these should be set to allow sufficient time for responses to be compiled and finalised within the agreed response timescale.

The Investigating Manager will work with the PALS team to identify any opportunities for [early resolution](#_Principles_for_managing) and where this is not possible, commence a [full and thorough investigation](#_The_investigation_process).

**Line Managers** have a vital role in ensuring that staff are supported throughout the handling of any complaint, this also involves creating an environment, where speaking up is promoted and complaints are embraced and seen as an opportunity for learning and service improvement.

**All staff** must ensure that complainants, having raised a complaint, are assured that in doing so will not prejudice the patient's future treatment and care. This Trust policy and procedure for managing complaints is considered to be part of the ward/department induction.

**Front line staff** will distinguish those serious issues that, even if raised verbally need to be brought to the attention of senior managers within the Trust or referred to PALS directly.

# Accessibility and Additional Needs

## Translating and Interpreting Services

The Trust recognises that on occasions complainants may experience difficulties in pursuing their complaint due to language or communication barriers.

PALS will assure appropriate support is made available to complainants. Complainants who require additional assistance in the form of a translator, should advise the PALS team.

Email: [sft.pals@nhs.net](mailto:sft.pals@nhs.net)

Telephone: 01722 429044

See related policy: [Translating and Interpreting Services](https://viewer.microguide.global/guide/1000000309/content/nonclinical-best-practice-guide-when-using-interpreters).

## Easy read

PALS will ensure that wherever possible the individual needs of complainants are identified and met. This will include meeting the needs of people with learning disabilities, physical disabilities or other communication challenges such as hearing or visual impairments.

The Trusts complaints leaflet is available in an [easy read](#_Appendix_TBC:_Easy) format, large print and [accessible versions](#_Appendix_TBC:_Easy) compatible with screen readers are made available.

## Ask Listen Do



Ask Listen Do supports organisations to learn from and improve the experiences of people with a learning disability, autism or both, their families and carers when giving feedback, raising a concern or making a complaint. It also makes it easier for people, families and paid carers to give feedback, raise concerns and complain.

Read the Easy Read Leaflet here

Access the Easy Read feedback form here

PALS have copies of the leaflet and the feedback form for patients/families to use

## Use of advocacy Services

If someone wants to raise concerns or make a complaint it is important to let them know what support is available. There is a number of advocacy services available depending on where the patient lives.

These services are free, independent and confidential and will listen to a person's concerns about their NHS treatment. Advocates can help people write effective letters to the right people; prepare them for and go to meetings with them; contact and speak to third parties if they wish them to and help people think about whether they are happy with the responses they receive from NHS organisations. Full details of local advocacy services can be found in the [PALS Complaints Leaflet](#_Appendix_TBC:_PALS).

# Raising a Complaint or Concern - who can complain?

Complainants may be existing or former patients using the Trust's services and facilities, as well as their relatives/carers.  Members of hospital staff and other health professionals including the GP may also complain about aspects of a patient's care or may raise it through the [Freedom to Speak Up (Whistleblowing) Policy.](https://viewer.microguide.global/guide/1000000321/content/odp-freedom-to-speak-up-whistleblowing-policy)

A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:

* **is a child** (an individual who has not attained the age of 18);

In the case of a child, we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child, and additionally that the representative is making the complaint in the best interests of the child.

* **has died;**

In the case of a person who has died, the complainant must be the personal representative of the deceased. The Trust needs to be satisfied that the complainant is the personal representative. Where appropriate it may be necessary to request evidence to substantiate the complainant's claim to have a right to confidential information about the deceased patient's medical care.

* **has physical or mental incapacity**;

In the case of a person who is unable by reason of physical capacity, or lacks mental capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the Trust needs to be satisfied that the complaint is being made either at the express request of a physically disabled patient or in the best interests of the person lacking mental capacity on whose behalf the complaint is made.  See related Policy - [Mental Capacity Act (2005) Practice and Procedures.](https://viewer.microguide.global/salis/CLINICAL/content/clinical-mental-capacity-act-2005-practice-and-procedures)

* has given consent to a third party acting on their behalf;

In the case of a third party pursuing a complaint on behalf of the person affected we will request the following information:

* Name and address of the person making the complaint;
* Name and either date of birth or address of the affected person; and
* Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf.

This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.

* Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health and welfare (as distinct from property and financial affairs).
* Is an MP, acting on behalf of and by instruction from a constituent.

If the Trust is of the opinion that a representative does or did not have sufficient interest in the person's welfare, or is not acting in their best interests, we will notify that person in writing.

The complainant must be told that, in order not to be in breach of patient confidentiality, any matters relating to the patient's care and treatment can only be answered with the patient's consent. This does not mean that the matters raised cannot be investigated, but it does mean that the Trust is obliged not to divulge any confidential information about the patient's care and treatment in its response.

## Time limit for making a complaint

The timescale in which a complaint can be made is 12 months from the date on which the matter occurred, or the matter came to the notice of the complainant. The Trust has the discretion to investigate beyond this time, especially if there are good reasons for a complaint not having been received within this timeframe and assuming that it is still possible to investigate the case effectively. Where it is decided not to investigate, the complainant will have the opportunity to approach the Parliamentary and Health Service Ombudsman.

## What people cannot complain about

* A complaint made by an NHS body about the functions of Salisbury NHS Foundation Trust.
* Staff working within, or contracted to, Salisbury NHS Foundation Trust cannot use the arrangements to complain about employment, contractual or pension issues.
* Complaints that have already been investigated under the complaints regulations.
* Complaints about private treatment
* Complaints where [legal action](#_Cases_involving_legal) has been started;
* Complaints relating to data subject requests under the Data Protection Act 2018;
* Complaints relating to requests under the Freedom of Information Act 2000;
* Complaints over 12months old\* - see [time limit for making a complaint](#_Time_limit_for).

# Complaints involving allegations against staff

Salisbury NHS Foundation Trust holds a separate policy which outlines the necessary arrangements in the event that a complaint is raised in connection with an allegation against a specific member of staff.

 Allegations are defined as follows:

* Behaviour that has in some way harmed, or  may  have  harmed,  a  child  or adult;
* Possible committal of a criminal  offence against, or related to, a child or adult;
* Behaved towards a child or adult in a way that may indicate s/he is unsuitable to work with children or adults at risk of abuse or neglect; and/or
* Believed to have engaged in an activity which may indicate that s/he is unsuitable to work with children or adults or could not hold the trust of the public in so doing e.g. accessing or taking inappropriate images/information of patients, visitors or employees on mobile devices, computers or smartphone and or sharing or posting them via the internet and Social Media.

In any of these instances the following should be consulted in conjunction with this policy:  [Allegations Against Staff Policy](https://viewer.microguide.global/SALIS/ODP" \l "content,e4e55628-0818-4fc0-83ba-3597936c597f" \t "_blank)**[.](https://viewer.microguide.global/SALIS/ODP" \l "content,e4e55628-0818-4fc0-83ba-3597936c597f" \t "_blank)**

In the event that an allegation is made against a member of staff through our complaints process(events as defined within the policy), the relevant Safeguarding team (Adult or Children’s) will be alerted immediately.

Initial review of the allegation will be held with PALS to determine if criteria is met for escalation.

If met, a “Safeguarding Huddle” is arranged by the Safeguarding Team at the soonest possibility (usually within 24hours) and information gathering is commenced.

Following conclusion of the “Safeguarding Huddle” PALS will be notified of one of two possible outcomes:

**Outcome 1: Allegation is no longer suitable to be managed via the complaints process, as this is superseded by Organisational Development & People (OD&P) processes**

* This update should be made in writing (via email) of the decision or outcome of the huddle and also the next steps or actions being taken.
* Communication plan with the complainant (who and when) should be agreed as the complainant will be expecting acknowledgement of their complaint within 3 working days as per this complaints policy.
* PALS should close the complaint at this stage attaching the final decision email and comms plan to the Datix for completeness and future reference.

**Outcome 2: Allegation continues to be investigated through the complaints process**

* This update should be made in writing (via email) of the decision or outcome of the huddle
* Communications should be agreed with PALS as to what investigations or interim actions have taken place and what should be shared with the complainant for the complaint response.
* PALS acknowledges the complaint within 3 working days as per the policy.
* 48hr review template is completed and sent to the Division for complaint response, this template should note the initiation of the huddle and the agreed communications re: subsequent decisions/actions/outcomes made.

# Complaints involving disciplinary action

A complaint can be investigated even if disciplinary action is being considered or taken against a member of staff, provided the Trust follows good practice around restrictions in providing confidential/personal information to the complainant.

Whist the complaints handling procedures will operate alongside the disciplinary arrangements, these **two arrangements will remain separate.**

The purpose of the complaints procedure is not to apportion blame amongst staff but to investigate complaints with the aim of satisfying complainants and to learn any lessons for improvements in service delivery. If, however, a complaint identifies information about a serious matter which indicates a need for disciplinary action, this will be managed under the Trust’s [Disciplinary Policy](https://viewer.microguide.global/guide/1000000321/content/odp-policy).

# Complaints involving litigation

Complaints where legal action is being taken or require police involvement should be discussed with the relevant authority, e.g. Trust legal services, the police, or the Crown Prosecution Service, to determine whether progressing the complaint could prejudice subsequent legal or judicial action.

Where a Complaint identifies that financial compensation is being sought the complainant should be advised that there is no provision for such compensation payment under the trust complaints process The Trust will not engage in exchanges of ex-gratia or good-will payments outside of any formal legal investigative process.

Complainants should be encouraged to seek their own legal advice when looking to bring a claim against the Trust.

In the event that legal action is pursued during the complaint process, the complaint will be put on hold, and the complainant will be clearly advised of this fact.

# Complaints identifying patient safety incidents(s)

The procedures for managing patient safety incidents and claims for negligence are dealt with under separate policies. However, if during the course of investigating a complaint a patient safety incident is also highlighted, the patient safety review (PSR) should take precedence in terms of investigation. If the investigation of a complaint reveals the need to take action under the Patient Safety Incident Response Framework (PSIRF), the complaints investigator should inform the Risk Team and Complaints Lead.  Whilst the PSR should take preference in terms of investigation, due care should be taken to ensure that outcomes address both the patient safety incident and the complaint.

Any complaints that involve a sudden unexpected death, allegation of abuse, potential safeguarding issues, suicide or serious self-harm, data loss and information security should be immediately escalated to the Complaint Lead who will discuss the management of the complaint with the most appropriate Head of Service/Lead Clinician.

If, during the course of the complaint investigation, it is noted that potentially harm has occurred, it is the Investigating Manager’s responsibility to escalate their concerns to the Complaint Lead and the Head of Risk - in accordance with the red response rate pathway (see above). If it is felt that the harm should be investigated under PSIRF, the Head of Risk will keep the complainant informed of the progress of the PSR or patient safety incident investigation (PSII).  If the person has raised serious concerns that are not being investigated under PSIRF, then they will be investigated under a Complaint Investigation Process. It is essential that lines of communication are maintained between the Risk Department, PALS and the complaint Investigating Manager to ensure a cohesive approach to the feedback of the complaint and appropriate PSIRF report.  It should be noted that the timeframe for completing a PSII is usually within one to three months, therefore potentially longer than the 60 days set for a complaint response.

Related Policy: [Patient Safety Incident Response Plan](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fviewer.microguide.global%2FSALIS%2FCLINICAL%2Fcontent%2Fclinical-patient-safety-incident-response-plan-Je2z0H&data=05%7C02%7Calison.montgomery4%40nhs.net%7Ce8fa3864b4914216417508dc1dc0d18d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638417961251793841%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=iqon7etRcmzLtCLQxnpQuecpvQFE1xZXU8G3xyd0n%2F8%3D&reserved=0)

[Patient Safety Incident Response Policy](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fviewer.microguide.global%2Fguide%2F1000000295%2Fcontent%2Fclinical-patient-safety-incident-response-policy-ALH3n9&data=05%7C02%7Calison.montgomery4%40nhs.net%7Ce8fa3864b4914216417508dc1dc0d18d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638417961251812239%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=5SSMzdVuoMS76eOLJIzZmRWzjS9wRP0k6CW5DoKkPOk%3D&reserved=0)

# Complaints involving other NHS Bodies or social services

If a complaint is received about other NHS bodies or Social Services, consent from the complainant must be sought before transferring the complaint to that organisation. Where a complaint is are a mixture of health and social care issues, it will be agreed with the complainant, which organisation will lead and co-ordinate the final response.

If the Trust receives a written complaint that involves another agency, for example, the Police, the Trust will work jointly with an agreed point of contact, to ensure all matters are fully investigated. See [Cross-Boundary Complaints Management](#_Cross-Boundary_Complaints_Managemen)

# Complaints pathway and investigation process

This section of the policy describes in detail the [complaints pathway](#_Complaints/Concerns_Pathway) outlined at the start of this policy.

*In addition to the processes outlined in this policy, the Surgical Division also has its own internal processes for the management of complaints, these are outlined in the Division’s* [*guidance document*](#_Appendix_11a:_Surgical)*.*

**PHASE 1:**

A complaint may be raised via any route most suited to the complainant, this can be over the phone, in writing, by email or in person.

A member of the PALS team will discuss the details of the complaint, identify the complainant’s preferred outcome, what they hope to achieve from the process and opportunities for early resolution. Verbal complaints will be taken using a [record of discussion](#_Appendix_TBC:_Record) which is a written record of the conversation. This may be sent to the complainant to confirm if the record clearly captures the issues they want investigating or if they wish to add or amend the information. This should also be used to document key points, questions and desired outcomes.

A [48hour review](#_Appendix_TBC:_48) is completed and attached to the record of discussion and/or email/letter correspondence received from the complainant, this is sent to the designated complaint lead within the Division for initial review, this happens within 1 working day of receipt.

PALS receive the [48hour review](#_Appendix_TBC:_48) back completed by the Division lead, along with any opportunities for early resolution recorded and undertaken. In the event that early resolution is not possible, a [response timeframe](#_Appendix_TBC:_Complaint) is advised to the complainant formally in writing. This timeframe will be allocated to reflect the complexity of the complaint, number of staff/wards or areas involved, access to the information to allow for appropriate investigation and any overlaps with other processes such as [allegations against staff](#_Complaints_involving_allegations) or [patient safety reviews](#_Cases_involving_Patient). A response time scale of 25, 40 or 60 working days will be applied accordingly.

The complainant will be assigned a dedicated complaints coordinator who will be their point of contact throughout the complaint process.

PALS will prepare an acknowledgement letter for the Chief Executive to sign, this is sent to the complainant within three working days of receipt of their complaint. The acknowledgement will indicate that a written response from the Chief Executive for complaints or relevant manager for concerns will follow within an agreed timescale and will include the [PALS information leaflet](#_Appendix_TBC:_PALS) on the Trust's complaints process and advises on local [advocacy services](#_Use_of_advocacy) and the role of the [Parliamentary and Health Service Ombudsman (PHSO](#_Parliamentary_and_Health)).

Further responses and contacts will be made via the same medium in which they are received from the complainant, unless they make an alternative preference. However, efforts should be made to ensure certainty of the sender when communicating via email or SMS messaging, to ensure security of information. The Trust must therefore positively identify the named individual and address. (Related policies: [Email and SMS Text Messaging policy](https://viewer.microguide.global/SALIS/IGDR" \l "content,9872f765-9693-4c04-a956-31159256b8cc)).

[Recording](#_Record_keeping) of all relevant information about the complaint are stored on Datix and set up with the agreed response timescale alerts. Date of receipt of the complaint and action of the complaint should also be recorded.

**PHASE 2:**

The investigating manager may take a preliminary assessment of how best to investigate the complaint considering whether this may need to run in parallel with any related [safety reviews (PSRs) or incident investigations (PSIIs)](#_Patient_Safety_Reviews). Application of [Duty of Candour](#_Statutory_Duty_of) should also be considered and acted upon in accordance with that policy.

The investigation process may involve all or some of the following:

* [Timeline of events](#_Timeline_of_events:)
* [Witness statements/accounts from staff](#_Witness_statements)
* Consultation with clinical/medical experts
* Review of related policies or procedures

The investigation process may involve one or more of the above in order to answer the questions raised by the complainant. This should be a reflective process where learning opportunities or improvements are identified as each stage of the process.

Overall responsibility for keeping the complainant informed about the progress of their complaint lies with PALS. PALS will track complaints, send reminders to facilitate the meeting of deadlines and keep the complainant informed of any delays.

The investigating manager must provide support to staff involved in an investigation, particularly those named, and make sure they are aware of the contents of the complaint and response. If a named member of staff has left the Trust, the Investigating Manager has the responsibility to ensure all efforts are made to obtain their comments, particularly if harm has been alleged.

If the complaint involves a junior member of staff, the Investigating Manager must obtain a senior review as well as obtaining comment from the junior member of staff involved. If the complaint involves a junior doctor, the Investigating Manager must let the Foundation Programme Director know. The draft complaint response letter needs to be shared and agreed by all named in the response and by those who have contributed to the investigation, it may be necessary to impose deadlines on these reviews in order to assure the final response remains with timescale. PALS will provide a quarterly report to the Foundation Programme Director regarding any complaints with junior doctor involvement.

If harm is alleged to have been caused, Investigating Managers must assure themselves of the evidence when they read the medical records.

If admissions of error are to be made, the draft response must be shared with the Head of Litigation. If the complainant is explicitly requesting compensation/recompense, findings of the investigation must be shared with the Head of Litigation. See [cases involving litigation](#_Cases_involving_Litigation).

PALS will contact the Investigating Manager one week before the final deadline to find out if there are any problems with the investigation and to offer additional assistance if required. Any unavoidable delays should be relayed to the complainant at the earliest opportunity and to agree a longer timescale, the complainant should be given the reasons for the delay.  This update should be recorded in the form of a [holding letter](#_Appendix_7:_Holding) and the new timescale added to the Datix file.

**During the investigation phase Investigating leads are required to clearly communicate response deadlines to ensure sufficient time for collation and the finalised response to be received within the timescale agreed. When requests are put in writing (via email), the response due by should be added to the email subject line.**

**PHASE 3:**The final response letter draft is sent to PALS for review, this review involves content checking, formatting, grammar and spelling. A further (independent) review with the corporate governance team is sought for those responses requiring sign-off by the Chief Executive. PALS will send the signed letter of response to the complainant and a copy to all staff named in the letter. This is updated on the Datix file and the complaint is formally closed.

Learning and improvement opportunities should be formally recorded using the [Action Plan](#_Appendix_TBC:_Action_1) template and returned to PALS for recording. The Investigating Manager must ensure that agreed actions arising out of investigations are shared with and implemented with the appropriate teams/departments. See [learning from complaints](#_Learning_from_complaints).

**PHASE 4:**On occasion, the complaint may be reopened and the reasons for this may vary. There are therefore various options available to the complainant in such events. See [reopened complaints](#_Reopened_complaints).

## Timeline of events:

Complaints often require a timeline of events to be formulated, this is helpful in understanding a series of events and could prove helpful in filling any gaps in the events related to the complaint.

Timelines should be constructed using a combination of all the relevant sources of information including the patient’s electronic patient record, paper notes or other relevant documentation. Requests for paper notes can cause a delay in this process and staff should endeavour to request these at soon as possible on receiving the request.

Creating a timeline involves compiling a chronological order of events relative to the complaint, these can be defined as:

* Key decisions i.e., related to treatment, discharge, capacity, a bed move etc.
* Changes in the patient’s conditions (improvements or deteriorations for example)
* Any procedures or investigations undertaken.
* Documented patient, family, carer or next of kin contacts and details of these discussion where relevant
* Any observations, concerns of comments recorded my medical staff relevant to the complaint

Timelines should be chronological and compiled on a simple Word document, it may also be necessary to supplement this with [witness statements](#_Witness_statements) where appropriate/necessary.

## Witness statements

With an increasing number of complex queries and complaints, it is becoming more common for staff to be asked to provide statements as a result of a complaint/claim/untoward incident.

Witness statements may be copied to the complainant, PHSO, the Coroner or used as evidence in defending a legal claim. Some key principles for writing a statement are as follows:

* Speak objectively and only state facts (what was seen, heard or known)
* Ensure clear timestamps including date, place, and time of any relevant issues, ensure to use chronological order.
* State how these events have been recalled (i.e. from memory, from the medical records or from recollection of the standard practice at that time)
* It may be relevant to support the reasons for any decisions made, giving reference to the protocol, research or Trust policy as relevant. It is important to explain the reasons for deviating from these guidelines if this is appropriate.
* Identify other staff involved.
* Explain any medical terms or abbreviations
* If tests or investigations are referenced include details of the normal ranges
* Aim to respond to the specific issues of the concern/complaint.
* Write your statement as though you are explaining it to the complaint – talk to them in the first person and where appropriate – apologise.
* Saying sorry is not an admission of guilt and is always the right thing to do.

Please remember, however, that the Trust indemnifies its entire staff and will be responsible for any complaint and claim made.

## Statutory Duty of Candour

If an incident has caused moderate or major harm, the patient must be informed about this swiftly, honestly and appropriately. We also have a duty to support the patient by allowing a member of the family, carer or a healthcare professional that the patient has confidence in to be present when they tell the patient what has happened. Ongoing support and treatment to reduce the harm must be provided. This might be from a different clinical team or hospital if the patient wishes.

Further guidance is available in the Trust's [Adverse Event Reporting Policy](https://viewer.microguide.global/guide/1000000295/content/clinical-adverse-events-reporting-policy) and the [Duty of Candour and Being Open Policy](https://viewer.microguide.global/salis/CLINICAL/content/clinical-duty-of-candour-requirements).

The duty, which will be monitored by the Care Quality Commission (CQC), will apply to all NHS organisations.

## Meeting with a complainant

As part of the local resolution process and in agreeing with the complainant how they wish their concerns to be handled, all teams are encouraged to meet with the complainant at an early stage or as soon as possible after the investigation process is complete.

Once a meeting has been agreed the complainant will be asked to provide a list of questions to form an agenda so the meeting can be structured with the most appropriate staff in attendance.

Meetings will take place in a sensitive venue. Complainants requiring support will be advised to contact their local [Advocacy Service](#_Time_limit_for) or may bring a friend or loved one along with them for support. A written confirmation of the meeting details will be provided to complainant including who else will be attending.

Staff should arrange to attend a pre-meeting to discuss the case. The meeting will have a chair/facilitator, usually the investigating manager, however PALS can help with facilitation in extenuating circumstances. There should be dedicated scribe to record discussion points and actions, and this is usually provided by the [PALS complaints coordinator](#_Specific_Roles_and). If necessary, staff involved in the complaint will then meet to discuss the outcome and agree any further actions that need to be taken to achieve local resolution for the complainant.

The action points will be circulated to all staff members involved in the meeting for an accuracy check.  To ensure that complaint/concern time scales are met, any requests for changes to the action points must be sent promptly (within 72 hours).

A copy of the discussion points and actions should be shared with the complainant following this review, these should be [recorded on Datix](#_Record_keeping) as this the final resolution stage of the complaint if appropriate.

The following [complaint meeting template](#_Appendix_10a:_Minute) should be used for compiling these notes.

[Guidance](#_Appendix_10a:_Minute) for minuting these meetings is available.

## Writing a response

In the event that a meeting with the complainant is not the preferred or most appropriate method by which to respond to a complaint, a written response will be required.

Written responses have the advantage of conveying detailed information that can be retained for future reference. However, written responses can be less effective in conveying empathy and can make it difficult for the complainant to ask further questions without [further extending the complaints process](#_Reopened_complaints).

The following principles are mandated for drafting a written response:

* Thank the complainant for raising their concerns
* Include a meaningful apology.
* Must be factually correct
* Should be jargon free, with any necessary use of medical terminology clearly explained.
* Address all of the points raised with a full explanation or give the reason(s) why it is not possible to comment on a specific matter.
* Give any relevant specific details about the investigation process.
* Give details of action taken as a result of the complaint and what lessons have been learned.
* Include details of further action the complainant can take, including an offer to meet with the service, if appropriate, and the details for how to raise their complaint further with the Parliamentary Health Service Ombudsman (PHSO).

PALS are available to support with writing responses as well as any other aspects of managing a complaint, see [support for staff](#_Support_for_staff_1).

## Record keeping

Complaint correspondence will be kept separate from health records, subject to the need to record any information, which is strictly relevant to their clinical management in the patient's health record.

No complaint correspondence is to be filed in the patient's health record.  This instruction covers the initial letter of complaint and the final letter of reply, as well as internal correspondence.  The master files of all statements and correspondence of meetings are held on Datix in the Customer Care module.

Date of receipt of the complaint (if different to day of processing) will be recorded independently on the Datix system.

# Reopened complaints

Complaints can reopen for a variety of reasons, at times this can be anticipated because the nature of a thorough investigation and transparency will inevitably create further questions. This is usually anticipated for complex complaints.

Complaints can also reopen for the following reasons:

* When there has been a failure to address all areas of the complaint or key outcome were overlooked/not met.
* Perceived lack of concern and time/effort put into the final response, particularly if initial timescales were also not met.
* Tone and approach were condescending, defensive or lacked accountability.
* There was no formal apology or clear demonstration that learning, and actions had been taken.
* The complainant does not agree with the statements or conclusions made in the final response

In these events, the complainant may be offered a further response (and further investigation if necessary), or a meeting to seek final resolution. Meetings are also considered as a next step option when the final response was in writing and/or this would be considered the most effective method of answering any additional questions arising from the complaint response.

Re-opened complaints will receive a further acknowledgement and will aim to be responded to in the minimum standard [response timescale](#_Appendix_6:_Complaint) of 25 working days.

Complainants can also reopen their complaint for the following reasons:

* They are unhappy with the outcome, the conclusions of the complaint’s investigation, or the complaints process itself.
* They are now considering further, legal action.

In instances where the complainant is unhappy with the outcome of the complaint or its handling, they would be referred to the [PHSO](#_Parliamentary_and_Health).

In the event that the complainant wishes to take legal action following the outcome of their complaint, they would be advised to seek independent representation. The Trust’s legal team would be informed of the complaint details at this stage and the complaints process will be halted. See [cases involving litigation](#_Cases_involving_Litigation).

# Support for staff

All staff are encouraged to work with PALS throughout the complaints process. PALS can support with drafting complaints letters, writing witness statements and developing actions plans for improvement. PALS can also help to develop further resources to support staff, available on request.

Receiving a complaint can be a difficult experience for the staff involved and every effort should be made to ensure these are communicated fairly, sensitively and by the correct means.

PALS can support staff with complaints meetings and impartial chairing of these meetings can also be facilitated by the Head of Patient Experience and the PALS Lead if this is needed. Please contact PALS to arrange [sft.pals@nhs.net](mailto:sft.pals@nhs.net)

## Complaints training

Complaints training is currently available to all new Band 7 ward staff, F2 Doctors and Consultants through the Trust’s leadership and development programme.

Department, speciality or other staff group training can be tailored and developed on an individual basis, please contact the Head or Patient Experience directly to arrange.

[Victoria.aldridge3@nhs.net](mailto:Victoria.aldridge3@nhs.net)

# Learning from complaints

To ensure improvements arise out of complaints, [action plans](#_Appendix_TBC:_Action) must be completed and monitored following the investigation of all complaints. The [action plan](#_Appendix_TBC:_Action) must be sent to PALS at the end of the investigation when the draft response is sent.

The information from the Action Plan will be recorded on Datix and timescales set for follow-up.

PALS will e-mail the Investigating Manager or person(s) responsible for implementing the actions for update and closure.

Themes from complaints and concerns are reviewed on a quarterly basis by the Patient Experience and PALS teams.

Patient Experience should be an area of focus within each Division’s Governance structure, and these themes and insights should be used to inform improvement projects to reduce the risk of recurrence. Where appropriate these themes may also be taken to dedicated forums or committee for specific guidance or resourcing. Mitigations and improvements in response to these themes are reported to the Patient Experience Steering Group, Clinical Governance Committee and Trust Board on a quarterly basis. Divisional Leads are required to provide a quarterly update to the Patient Experience Steering Group in response to these themes, outlining any learning and local improvement plans.

[Patient stories](https://www.salisbury.nhs.uk/wards-departments/departments/pals/patient-stories/) are another opportunity to capture learning and can be used to highlight the impact on real people when things don’t go right. These can be used in many different forums (with the patient’s permission) including staff training. Complainants who have been through our complaints process may be offered the opportunity to be involved with a patient story in order to help the Trust to continue to learn from the experiences of our patients.

For more information on learning from complaints, contact the PALS team [sft.pals@nhs.net](mailto:sft.pals@nhs.net)

# Safeguarding Adults

The Trust has in place systems and processes to promote the safeguarding and wellbeing of patients. These are reflective of local and national guidelines. It is important that when a complaint is received, consideration is given as to whether it may meet the Safeguarding Adults threshold and this must be done in a timely manner in line with the [Safeguarding Vulnerable Adults/Adults at Risk Policy](https://viewer.microguide.global/salis/CHILD/content/child-childrens-and-adults-safeguarding-supervision-policy).

Before commencing a complaint investigation, PALS will review the complaint for potential safeguarding adult issues. If there are safeguarding concerns these must be escalated to the Trust Adult Safeguarding Lead. The Adult Safeguarding Lead will consider the complaint and confirm whether there are safeguarding issues that require referral to the appropriate social care, learning disability or mental health team.

This may mean that the formal complaint investigation has to be delayed although it should be remembered that the two investigations can run in parallel if it is agreed that this would not compromise the safeguarding investigation.

Email: [shc-tr.SafeguardingSFT@nhs.net](mailto:shc-tr.SafeguardingSFT@nhs.net)

# Parliamentary and Health Service Ombudsman (PHSO)

The PHSO investigates complaints about the National Health Service and is completely independent of the NHS and the government.  The PHSO will consider cases where the complainant is not satisfied with the Trust's efforts to resolve their concerns at a local level. The complainant has to send their complaint to the PHSO no later than 12months from the date when they became aware of the events, of which are the subject of complaint.  The PHSO can sometimes extend the time limit, but only if there are extenuating reasons.

The PHSO can investigate complaints about hospitals or community health services which are about:

* a poor service;
* failure to purchase or provide a service a complainant is entitled to receive;
* mal-administration - that is administrative failures such as unavoidable delay, not following proper procedures, rudeness or discourtesy, not explaining decisions or not answering the complaint fully and promptly;
* complaints about the care and treatment provided by a doctor, nurse or other health care professional;
* other complaints about family doctors (GPs) or about dentists, pharmacists or opticians providing a NHS service locally.

The PHSO cannot look into:

* complaints which one could take to court or an independent tribunal - unless the PHSO does not think it reasonable for the complainant to do so;
* personnel issues such as appointments of staff, pay or discipline;
* commercial or contractual matters, unless they relate to services for patients provided under a NHS contract;
* properly made decisions an NHS authority or other body or individual providing NHS services has a right to make, even if the Complainant does not agree with the decision;
* services in a non-NHS hospital or nursing home, unless they are paid for by the NHS;
* complaints about government departments, such as the Department of Health;
* complaints about local authority departments, such as social services.

The PHSO will decide whether or not an investigation will be carried out.  If the PHSO cannot look into a complaint or decides not to, the complainant will be informed why.

If the PHSO decides to investigate, the complainant and the Trust will be sent a statement of complaint, which sets out what matters the PHSO, will look into. The complainant and relevant hospital staff may be interviewed by a PHSO investigator. At the end of the investigation, a report will be sent to the complainant and the Trust. If the complaint is found to be justified, the PHSO will seek for the complainant an apology or other remedy.  Sometimes that may include getting a decision changed, or a repayment of unnecessary costs to patients or their relatives/carers. The PHSO does not recommend damages (compensation). The PHSO may also call for changes to be made so that what has gone wrong does not happen again.  Where the Trust tells the PHSO that it will make such changes, the PHSO checks that it has done so.

Following receipt of the PHSO's draft report, this will be circulated to the relevant staff involved in the case for their comments. The Trust must confirm to the PHSO that the content is accurate and state whether it accepts the PHSO's decision.

Further to receipt of the final report, if recommendations are made the Trust must convene a meeting of the relevant senior staff to review the recommendations and carry out the necessary actions. Clear action planning must be carried out. It is likely that the Ombudsman will wish to review actions taken as a result of their recommendations three months later. The PALS Lead will oversee this process.

A complaint to the PHSO represents the final stage in the procedure for pursuing a complaint.

The PHSO's decision on a complaint is final.

# Healthwatch Wiltshire (HWW)

Healthwatch Wiltshire the local health and social care champion.

They are an independent statutory body, that has the power to make sure NHS leaders and other decision makers listen to people’s feedback and improve standards of care.

People who want to make a complaint about a particular service can contact Healthwatch to find out how to get help with making their complaint.

Healthwatch Wiltshire work closely with the PALS and Patient Experience Team here at the Trust and periodically embark on joint projects to review the Trust’s complaints process and gather [service user feedback](#_References) to help improve our service.

**Website:** <https://www.healthwatchwiltshire.co.uk/>

**Email:** [info@healthwatchwiltshire.co.uk](mailto:info@healthwatchwiltshire.co.uk)

**Call:** 01179654444

# Persistent and unreasonable complainants

Persistent and unreasonable complainants are those that raise the same or similar issues repeatedly, despite having received a full response to all the issues they have raised. If, following a review of the complaint, the complainant is persistent or unreasonable in their manner of engaging with the Trust, it may be appropriate to apply a degree of restriction on their frequency and mode of contact. This would include a complainant that:

* Refuses to accept the remit of the process to be undertaken as described to them.
* Requests actions that are not compatible with the process or places unreasonable demands on our staff.
* Changes the basis of the concern or complaint or introduces trivial or irrelevant information and expects these to be taken into account when they have already agreed to a plan and specific issues to be responded to.
* Makes continuous and/or excessive communications by way of telephone calls, emails or any other from of communication to any department or individual staff member.
* Submits repeated concerns or complaints about the same issues that have previously been appropriately and fully considered and responded to.
* Fails to engage with staff in a manner deemed appropriate: e.g. using unacceptable language; refusing to adhere to previously agreed communication plans or behaving in an otherwise threatening or abusive manner
* Repeatedly focussing on conspiracy theories and/or will not accept documented evidence as being factual.

Using public forums such as social media platforms to target individual Trust staff or make allegations of a malicious or unfounded nature. This will not be tolerated and will result in both civil and criminal sanctions being sought against the individual complainant and any other person disseminating the same. The Head of Patient Experience/PALS Lead, in agreement with the Chief Executive, will determine the point at which a complainant will be considered to be persistent and unreasonable. Below are some possible courses of action that may help to manage complainants who have been designated as persistent and/or unreasonable:

* Placing time limits on telephone conversations and personal contacts.
* Restricting the number of calls that will be taken or made.
* Requiring contact be made with a named member of staff.
* Requiring contact to be made through a third person, such as an advocate.
* Limiting the complainant to one mode of contact e.g., in writing only.
* Requiring any personal contact to take place in the presence of a witness.
* Refusing to register and process further concerns or complaints about the same matter.
* Informing the complainant that future correspondence will be read and placed on file, but not acknowledged or responded to.
* Advising that the organisation does not deal with correspondence that is abusive or contains allegations that lack substantive evidence. Request that the complainant provide an acceptable version of the correspondence or make contact through a third person to continue communication with the organisation.
* Asking the complainant to enter into an agreement about their conduct.
* Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed.
* Advising the complainant of the legal implications of continuing certain unacceptable forms of behaviours (see above). Once a restriction is put in place, a letter should be issued by the Chief Executive to inform the complainant about the decision; what it means for their future contact with the organisation; how long those restrictions will remain in place; and what they can do to have their position reviewed.

Please note there can generally be no legal basis for refusal of emergency treatment to any person unless a court injunction is obtained (and then this will only be granted in limited and specific circumstances).

# Cross-Boundary Complaints Management

Sometimes a concern or complaint crosses over boundaries between the NHS and a local authority or between other NHS providers. Where this happens, people who use services should not have to worry about who to approach with complaints about different aspects of the service that they receive.

Instead, the complaint can be made in its entirety to any one of the bodies involved. The purpose of this section is to set out the arrangements for the successful handling of cross boundary issues within the boundaries of the following (not exhaustive) list of West Country health and social care organisations:

Great Western Ambulance Service

Avon & Wiltshire Mental Health Partnership Trust

NHS South Gloucestershire

South Gloucestershire Council

NHS Bristol

Bristol City Council

University Hospitals Bristol

North Bristol NHS Trust

NHS B&NES

B&NES Council

Royal United Hospital Bath

Royal Hospital for Rheumatic Diseases

NHS North Somerset

North Somerset Council

Weston Area Health Trust

NHS Wiltshire

Salisbury NHS Foundation Trust

Wiltshire County Council

Great Western Hospitals NHS Foundation Trust

NHS Swindon

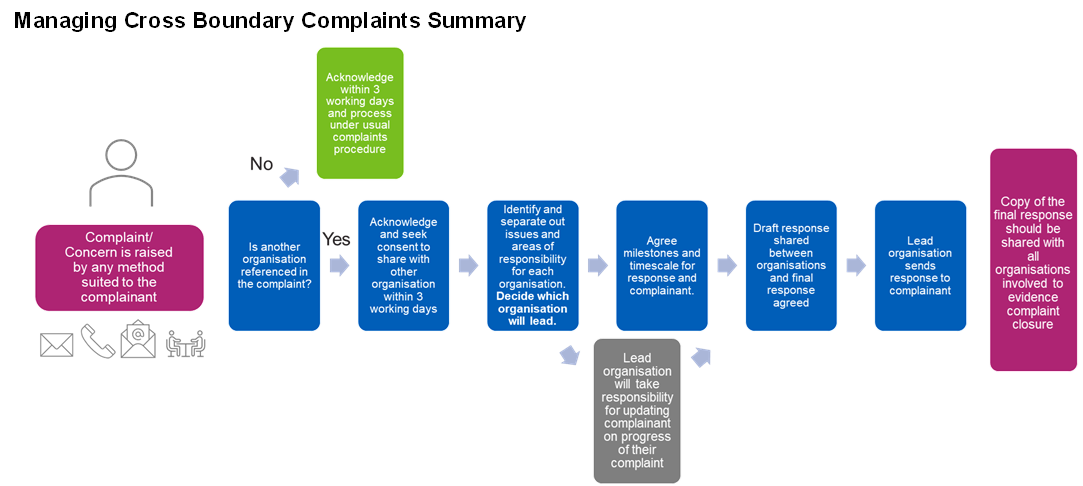
Swindon Borough Council

NHS Gloucestershire & Gloucestershire Care Services

Gloucestershire County Council

Gloucestershire Hospitals Foundation Trust

Gloucestershire Health & Care NHS Foundation Trust

This has been developed in accordance with the [Local Authority Social Services and National Health Service complaints (England) Regulations 2009](https://www.legislation.gov.uk/uksi/2009/309/contents/made).

**Raising a Complaint**Each organisation will have their own systems for recording and reporting of complaints. Each organisation must record the complaint within their own system for tracking, monitoring and reporting on learning within their organisation as relevant.

The regulations require that if the complaint includes matters relating to both the NHS and Social Care, these bodies must cooperate for the purposes of coordinating the handling of the complaint; and ensuring that the complainant receives a coordinated response to the complaint.

When a joint complaint is received, the acknowledgement must be made within three working days and permission from the complainant to share the complaint with another body should be sought at this time. The organisations must agree the time scale with the complainant.

If the complaint is solely for another organisation then the Complaints /PALS Manager should seek permission from the complainant to pass the complaint onto the relevant organisation on their behalf.

If the complaint is received by one body and it includes elements for another body it will be necessary to alert the complainant to this during the initial contact. Where this is the case then the lead organisation should advise the complainant of this and agree timescales accordingly.

**Consent and Information Sharing**We will seek consent from the complainant to share information with another body within acknowledgement. Once consent is received, the information will be passed to the other body within three working days.

Information should be shared between organisations via secure methods. In some instances it may be necessary to email the information, particularly where a joint response is required. Therefore consent to share information via email will be obtained from the complainant at the same time as seeking their consent to share information with the other body.

In the event that consent is denied, the complainant will need to be informed that there is likely to be a limit to what any investigation can consider and respond to. They should be advised that separate complaints must be made to those organisations involved and that this is the responsibility of the complainant.

**Factors to Determine the Lead Organisation**The following factors should be taken into account when determining which organisation will take the lead role with any cross boundary/multi agency complaint:

* The organisation that manages integrated services
* The organisation that has the most serious complaints relating to it
* If a disproportionate number of the issues in the complaint relate to one organisation compared to the other organisation(s)
* The organisation that originally receives the complaint (should the seriousness and number of complaints prove roughly equivalent)
* If the complainant has a clear preference for which organisation takes the lead
* If the complainant has an established relationship with one of the agencies
* The organisations can agree separately from the above should other factors be pertinent.

**Agreeing the issues and the complaint plan**Where there are elements of complaints for both bodies there will be close co-operation and discussion between Complaints/PALS Managers in identifying which issues are for which organisation. These elements need to be clearly identified and recorded as part of the outline complaint plan.

There may be some elements of a complaint that can be resolved quickly at a local level with the complainant’s agreement. This would be agreed with the complainant during a conversation about the complaint plan and would then be referred to in the final response.

From initial discussions with each other the Complaints /PALS Managers will need to agree the following:

* Which body will discuss the complaint plan with the complainant, thereby acting as the lead?
* Who will make the initial contact with the complainant?
* Who will be the named point of contact for the complainant?
* What are the timescales for completion of response?
* What are the milestone deadlines for sharing information during the investigation process and who will keep the complainant informed?
* Are there any elements that may be more appropriately dealt with by other routes, for example, legal proceedings, Safeguarding or grievance disciplinary procedures?
* Who will carry out the investigation and how; agree how the complaint will be best dealt with?
* Who will meet the complainant to discuss the issues, outcomes and timescales? This discussion with the complainant also needs to confirm the method of response.
* When will the draft response be submitted to each organisation for approval?
* Who will sign off the response?

The complainant will need to agree as to which body has responsibility for which elements of complaint and the timescales for completion.

If an appropriate timescale cannot be agreed with the complainant, the organisations involved will agree the timescale and the lead body will inform the complainant in writing.

**Responding to the Complainant**A coordinated response must be sent to the complainant. The lead body will send the agreed final response.

If one organisation is having difficulty meeting the agreed timescale this should be discussed at the earliest opportunity. The lead will then contact the complainant to agree an extension with them and keep updating all involved.

A draft response needs to be shared with the appropriate ‘Officers’ for signing off. Each body will agree to the draft but only the ‘Officer’ of the lead organisation needs to formally sign. The response will make it clear that it is on behalf of the other organisations as well. The sharing of the draft response is an opportunity to address any discrepancies and identify areas for joint learning.

The response needs to clearly explain the next step in the complaints process should the complainant remain dissatisfied.

Where national guidance or policy is implicated in a response, the relevant document should be quoted.

A copy of the final response should be passed to all other responding bodies for completion of all complaints files.

**Improving**Action plans should be prepared jointly to demonstrate learning and organisational improvement. These should be shared across the organisations concerned. Each organisation is responsible for the implementation and monitoring of any learning that comes from the complaint.

The organisations involved should agree a date for a review of the complaint; how it was handled and any learning outcomes.

**Disputes between organisations**

If there is a difference of view during any stage of the complaint handling process the matter should be passed to an appropriate senior manager in each organisation for agreement on the way forward. Any such dispute must not cause any delay or other inconvenience to the complainant.

# Private patients

This procedure covers any complaint made about staff or facilities relating to private health care on Trust premises but does not cover the private medical care provided by a consultant outside her/his NHS contract.

# Process for compliance, effectiveness and quality monitoring

The PALS Lead is responsible for the monitoring of individual complaints against agreed timescale and responsibilities, in liaison with the Directorate Management Teams.

Response to complaints within the agreed timescale is monitored on a monthly basis through both the Integrated Performance Report (IPR) and the Patient Experience Steering Group (PESG). Both forums allow for escalation to Clinical Management Board any areas of non-compliance and assurance.

The Head of Patient Experience will produce quarterly summarised reports of complaints received to the Patient Experience Steering Group, Clinical Governance Committee and the Trust Board that will include qualitative and quantitative analysis of key issues found in complaints.

The report will include actions taken by the Directorate Management Teams to improve services as a result of complaints. These reports may also be shared with the Commissioners and at Governor's meetings. Any conclusions and recommendations outlined in a PHSO's final report, together with any action to be taken by the Trust as a result of these investigations, will also be included. The Clinical Governance Committee reports into the Trust Board.

An annual KO41(A) return will be completed and returned to NHS Digital.

## Complaints Process Questionnaire

A complaints process questionnaire will be sent to each complainant on conclusion of their complaint unless it is excluded under the following exceptions:

* The complainant has contacted the PHSO (as it is felt that if they have done so they have already demonstrated their dissatisfaction with the complaint process).
* The complaint is re-opened and still under investigation.
* The complaint is subject to an ongoing safety review or incident investigation.

Complaints provide a unique insight into the complainant's experience of our services and often highlight where service improvements to the complaints process can be made. It is very important to us that complainants not only feel able to raise their concerns, but they are supported through the process and are assured that actions and learning are taken as a result.

These surveys are reviewed individually at time of receipt and reported on annual to the Patient Experience Steering Group with conclusions of key themes and any subsequent improvement plans that may be required. See [appendix 7](#_Appendix_TBC:_Complaints).

# Publicity

Leaflets informing patients and visitors of the Trust's Complaints Procedure will be displayed throughout the Trust. The Complaints process and PALS leaflet is also publicised on the Trust's website.

# Out-of-hours help

The PALS team is available between 8.30am and 4.30pm, Monday to Friday. Issues raised outside these hours should be directed to the appropriate Ward/Service Manager, or to the duty on-call manager.

Any immediate clinical need must be passed to the appropriate clinician.

If the concerns do not require immediate action, as much detail as possible, including the person’s contact details, should be obtained and forwarded to the PALS department by the next working day. The complainant should be informed of the action taken and given the direct dial telephone number for PALS.

PALS can receive complaints out of hours via their email address: [sft.pals@nhs.net](mailto:sft.pals@nhs.net)

# References

Data Protection Act 2018: <https://www.gov.uk/data-protection>

Patient Safety Incident Response Framework.  Available at: <https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/>

[NHS England » Engaging and involving patients, families and staff following a patient safety incident](https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/engaging-and-involving-patients-families-and-staff-following-a-patient-safety-incident/)

The NHS Constitution – Complaint and redress.  Available at: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

Ombudsman Good Complaints Handling - Parliamentary and Health Service Ombudsman.  Available at: <https://www.ombudsman.org.uk/organisations-we-investigate/good-complaint-handling>

Healthwatch Wiltshire - *You Said We Did*: Improving Salisbury District Hospital's Complaints Handling Process – Report 27 November 2023 available at: <https://www.healthwatchwiltshire.co.uk/report/2023-11-27/you-said-we-did-improving-salisbury-district-hospitals-complaints-handling>

Statutory Instrument (2009) The Local Authority Social Services and National Health Service Complaints (England) Regulations [www.legislation.gov.uk](http://www.legislation.gov.uk)/uksi/2009/309/contents/made

# Related websites

Health Service Ombudsman - [www.ombudsman.org.uk](http://www.ombudsman.org.uk/)

[​](https://www.ombudsman.org.uk/about-us/our-principles/ombudsmans-introduction-principles)Care Quality Commission - [www.cqc.org.uk](http://www.cqc.org.uk/)

NHS Litigation Authority – [www.nhsla.com](http://www.nhsla.com/)

Statutory regulations - Local Authority Social Services and National Health Service Complaints (England) Regulations 2009   [www.legislation.gov.uk/uksi/2009/309/contents/made](http://www.legislation.gov.uk/uksi/2009/309/contents/made)

# Related policies

[Translating and Interpreting Services](https://viewer.microguide.global/guide/1000000309/content/nonclinical-best-practice-guide-when-using-interpreters).

[Freedom to Speak Up (Whistleblowing) Policy.](https://viewer.microguide.global/guide/1000000321/content/odp-freedom-to-speak-up-whistleblowing-policy)

[Mental Capacity Act (2005) Practice and Procedures.](https://viewer.microguide.global/salis/CLINICAL/content/clinical-mental-capacity-act-2005-practice-and-procedures)

[Allegations Against Staff Policy**.**](https://viewer.microguide.global/SALIS/ODP#content,e4e55628-0818-4fc0-83ba-3597936c597f)

[Disciplinary Policy](https://viewer.microguide.global/guide/1000000321/content/odp-policy)

[Patient Safety Incident Response Plan](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fviewer.microguide.global%2FSALIS%2FCLINICAL%2Fcontent%2Fclinical-patient-safety-incident-response-plan-Je2z0H&data=05%7C02%7Calison.montgomery4%40nhs.net%7Ce8fa3864b4914216417508dc1dc0d18d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638417961251793841%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=iqon7etRcmzLtCLQxnpQuecpvQFE1xZXU8G3xyd0n%2F8%3D&reserved=0)

[Patient Safety Incident Response Policy](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fviewer.microguide.global%2Fguide%2F1000000295%2Fcontent%2Fclinical-patient-safety-incident-response-policy-ALH3n9&data=05%7C02%7Calison.montgomery4%40nhs.net%7Ce8fa3864b4914216417508dc1dc0d18d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638417961251812239%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=5SSMzdVuoMS76eOLJIzZmRWzjS9wRP0k6CW5DoKkPOk%3D&reserved=0)

[Email and SMS Text Messaging policy](https://viewer.microguide.global/SALIS/IGDR#content,9872f765-9693-4c04-a956-31159256b8cc)

[Adverse Event Reporting Policy](https://viewer.microguide.global/guide/1000000295/content/clinical-adverse-events-reporting-policy)

[Duty of Candour and Being Open Policy](https://viewer.microguide.global/salis/CLINICAL/content/clinical-duty-of-candour-requirements).

[Safeguarding Vulnerable Adults/Adults at Risk Policy](https://viewer.microguide.global/salis/CHILD/content/child-childrens-and-adults-safeguarding-supervision-policy)

# Appendices

# Appendix 1: Definitions of types of feedback recorded by PALS

## Comment

A comment is a verbal or written remark expressing an opinion or feedback. A comment may not generate the need for specific action and does not routinely require a response back to the individual providing the feedback. PALS will pass these details onto the relevant team/department/manager or individual for their information. Comments do not have an active open/close status on the Datix system.

## Complaint

A complaint is an expression of dissatisfaction, requiring investigation and action. A thorough, comprehensive investigation will take place resulting in a formal response, usually from the Chief Executive unless otherwise stated. Complaints will receive a formal acknowledgement, advice on advocacy services and be allocated a response timescale. The response may be provided in writing, over the telephone or face to face, depending upon what is agreed with the complainant. Complaints will usually inform a subsequent action plan for improvement. Complaints remain open on Datix until all investigations are completed and a final response or meeting has taken place. At this point this will be closed on the Datix system.

## Compliment

A compliment is positive feedback or praise received for any individual, service, team or department. These can be received directly from patients, relatives, visitors or volunteers or passed on from ward or speciality areas. These are logged onto Datix and where specific individuals are named these are recorded against their name where possible. Compliments do not have an active open/close status on Datix.

## Concern

A concern is the expression of dissatisfaction requiring action, however these may have an opportunity for early resolution or a formal complaint is not wanted by the individual raising the issue. The same processes are followed as for a [complaint](#_Complaint). Early resolution should be fully considered and where this achieved, the relevant box should be completed on Datix. Concerns remain open on Datix until the individual has received a response or resolution, at which point this will be closed. It is possible for a Concern to escalate to a Complaint (relevant box should also be ticked in this event).

## Enquiry

Enquiries are general requests for information, help or advice which require a response and/or action. These should remain open on Datix until the request is fulfilled. Timescale will be allocated by the PALS team and this will be relative to the nature of the enquiry. This response/action timescale will be clearly indicated to the staff member/team from which the request is sent to. The Enquiry will remain open until assurance that this is fulfilled can be provided, at which point this will be closed on Datix. It is possible for an Enquiry to escalate to a Concern or a Complaint (relevant box should be ticked).

For the purposes of this policy, the process and principles for managing a [Complaint](#_Complaint) or [Concern](#_Concern) are detailed within this policy.

## Appendix 2: PALS Complaints Leaflet



## Appendix 3: Easy Read & Accessible PALS Complaints Leaflet



## Appendix 4: Record of Discussion



## Appendix 5: 48 Hour Review Template



## Appendix 6: Acknowledgement Letter templates

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## Appendix 7: Complaint Response Timescales

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## Appendix 8: Holding letter



## Appendix 9: Action Plan Template



## Appendix 10: Complaints Process Survey



# Appendix 11: Divisional Guidance

## Appendix 11a: Surgical Division Complaints Process and Divisional Manager List

All complaints and concerns raised within the Surgical Division are emailed to Helen Hammond [helen.hammond2@nhs.net](mailto:helen.hammond2@nhs.net) and Rebecca Smith [rebecca.smith22@nhs.net](mailto:rebecca.smith22@nhs.net) with a copy to the Surgical Directorate Admin: [sft.surgerydirectorateadmin@nhs.net](mailto:sft.surgerydirectorateadmin@nhs.net)



## Appendix 11b: Medicines Division Investigating Manager List:

|  |  |  |
| --- | --- | --- |
| Ward /Area | Leads | Copy to: |
| AMU | Sam Sanger, Chris Pandya, | Kirsty Benfield, Helen Benfield |
| Durrington | Robyn Holland, Miguel Vasconcelos | Kirsty Benfield, Helen Benfield |
| ED | Simon Hunter, Liam Gondell, Neil Garrett | Nicki Clarke, Kirsty Benfield |
| Farley | Teresa Pearce, Kelly Wilkins | Kirsty Benfield, Helen Benfield |
| Laverstock | Carrie Jones *(waiting for further info on replacement staff)* | Kirsty Benfield, Helen Benfield |
| Pembroke | Luke Curtis, Jemima Greenwood, Phil Blackman | Kirsty Benfield, Helen Benfield |
| Ward + MCCU | As above also - Ilaria Lorenzon |  |
| Suite + OPD | As above also - Helen Hambling |  |
| Pitton | Norma Noyce, Miguel Vasconcelos | Kirsty Benfield, Helen Benfield |
| Redlynch | Rachael Ashcroft, Julian Panainte, Carrie Jones | Kirsty Benfield, Helen Benfield |
| Spire | Rainier Baluyot, Miguel Vasconcelos | Kirsty Benfield, Helen Benfield |
| Tisbury | Grosmin Sebastian, Kelly Wilkins | Kirsty Benfield, Helen Benfield |
| Whiteparish | Vicky Mintrum, Kelly Wilkins, Gemma Ward | Kirsty Benfield, Helen Benfield |
| Breamore | Marina Doic, Afroditi Mavromiti,Vicki Mintrum | Kirsty Benfield, Helen Benfield |
| Medicine Outpatients | Jessica Barrett |  |
| Cardiology | Christina Craig - Callum Parker Med Secretary |  |
| Respiratory | Ness Betts, Catherine Maul, Phil Blackman |  |
| Cardiac Investigation | Alice Whittle |  |

## Appendix 11c: Clinical Support and Family Services (CSFS) Division Investigating Manager List



|  |  |  |
| --- | --- | --- |
| Area | Leads | Copy to |
| Cancer Services | Tara Harris | Cancer Services |
| Child Health | Andrea Robson and Chris Anderson | Child Health |
| Clinical Psychology | Nigel North and Kate Jenkins | Clinical Psychology |
| Clinical Science & Engineering (This includes Orthotics) | Duncan Wood and Claire Uzzell | Clinical Science & Engineering (This includes Orthotics) |
| Dietetics | Becca Murphy | Dietetics |
| Medical Devices | Duncan Wood and Alex Sims | Medical Devices |
| Palliative Care | Emma Gravestock | Palliative Care |
| Pathology | Lee Phillips | Pathology |
| Pharmacy | Alastair Raynes and Kate Belshaw | Pharmacy |
| Radiology | Tom Beaumont and Izzy Ali | Radiology |
| Sexual Health | Helen Iveson and Chris Loader | Sexual Health |
| Speech & Language Therapy | Lisa Hirst | Speech & Language Therapy |
| Spinal Unit | Catherine Whitmarsh, Jane Temblett and Nicola Summerill | Spinal Unit |
| Therapies | Allison Peebles and Andy Matthews | Therapies |

## Appendix 11d: Women and Newborn Division Investigating Manager List

|  |  |  |
| --- | --- | --- |
| Area | Leads | Copy to |
| Maternity | Alison Lambert | Hannah Boyd, Shelley King, Vicki Marston |
| Gynaecology | Hannah Boyd, Greg Pearson, Alison Lambert | Shelley King, Vicki Marston |
| Fertility | Hannah Boyd, Alison Lambert | Shelley King, Vicki Marston |

# Appendix 12: Resources for staff

## Appendix 12a: Complaint Meeting Template and Hints and Tips