

MANAGING CONCERNS AND COMPLAINTS POLICY AND PROCEDURE

Summary

This policy is directed to all The Royal Marsden NHS Foundation Trust staff that have responsibility for managing and investigating concerns and complaints raised by patients, carers, patient representatives and any other user of the Trust. The policy also aims to provide information and guidance to those staff who may be the subject of a complaint.

The Trust is committed to providing an effective, timely and open system for dealing with concerns and complaints. The policy follows national guidelines in line with the principles of good practice as recommended by the Parliamentary and Health Service Ombudsman (PHSO).

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1. INTRODUCTION

- 1.1 The Trust Board will ensure that there are clear policies and procedures for the handling of concerns and complaints and that appropriate expertise and resources are available to enable its responsibilities to be effectively discharged.
- 1.2 This policy aims to ensure that concerns and complaints are handled thoroughly without delay and with the aim of satisfying the complainant whilst being fair and open with all those involved. The Trust recognises that there is a need to view complaints positively as a valuable contribution to the development of better quality healthcare by improving services. The Trust is therefore committed to identifying lessons learned from complaints so that services may be improved.
- 1.3 The Trust will ensure that all complaints are reviewed at the highest level of the organisation to identify learning opportunities for those departments directly involved in the complaint and the organisation as a whole.
- 1.4 The Trust is committed to promoting equality and diversity. No patient, or any other person involved in the investigation and resolution of a concern or complaint will receive unfair treatment as a result of raising a complaint or on the grounds of age, race, colour, ethnic or national origin, religious or equivalent belief system, political beliefs, gender, marital or partnership status, sexual orientation, disability, learning disability, gender reassignment, pregnancy/maternity status, trade union membership or non-membership, social class, domestic circumstances or any other condition or requirement which cannot be justified and which causes disadvantage. Appropriate assistance including reasonable adjustments should be offered to any person who may be at a disadvantage for any of these reasons.
- 1.5 Details of a complaint must not be kept on the patient's medical records.**

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Purpose:

To describe the Trust's policy with regard to managing concerns and complaints in accordance with national guidance. The policy explains the means by which a patient or their representative can raise a concern or complaint and the responsibilities of staff to whom the complaint is addressed. It also outlines the action to be taken by the departments involved and offers guidance on good practice at each stage of the process.

Scope:

All staff of The Royal Marsden NHS Foundation Trust.

Responsibility:

Responsibility for ensuring compliance with this policy rests with the Chief Nurse.

The Head of Legal Services, Complaints, PALS and Patient Information is responsible for ensuring that all concerns/complaints are fully investigated and responded to within the agreed timeframe.

All staff have a responsibility to read this policy and understand its impact on their area of work. Staff should be able to respond appropriately to a complainant and endeavour to achieve immediate resolution. If this is not possible, all staff have the responsibility to escalate the concern/complaint in accordance with this policy.

National Guidance:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations 2009)
- NHS Constitution (2009)
- Making Experiences Count – A New Approach to Responding to Complaints (June 2007)
- Principles of Good Complaint Handling, Parliamentary and Health Service Ombudsman (2009)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)
- Berwick Review: A promise to learn – a commitment to act; Improving the Safety of Patients in England (2013)
- Clwyd & Hart: A Review of the NHS Hospitals Complaints System: Putting patients back in the picture (2013)
- Office of the Children's Commissioner: Child Friendly Complaints Processes in the Health Service (2013):
- Hard Truths: Mid Staffordshire NHS FT public inquiry; government response (2014)
- Transforming Care: A national response to Winterbourne View Hospital: DH final report (2012)

Copies of the documents are available from the Complaints Team.

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2. BEING OPEN

2.1 Being open involves:

- Acknowledging, apologising and explaining when things go wrong;
- Conducting a thorough investigation into the incident, complaint or claim;
- Reassuring patients, their families and carers that lessons learnt will help prevent incidents occurring; and
- Providing support for those involved to cope with the physical and psychological consequences of what happened.

2.2 Healthcare organisations are required to acknowledge, apologise and explain when a patient is harmed or has died as a result of a patient safety incident.

3. OPENNESS TRANSPARENCY AND CANDOUR

3.1 Following the Francis Report (2013) it is a requirement for clinicians to be candid with patients about avoidable harm and for safety concerns to be reported openly and truthfully. The Royal Marsden must be accurate, candid and must not provide misleading information to the public, regulators and commissioners.

Definitions

- Openness - enabling concerns and complaints to be raised freely without fear, with questions asked being answered;
- Transparency - accurate information about performance and outcomes to be shared with staff, patients, the public and regulators;
- Candour - any patient harmed by a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made.

3.2 Principles of openness, transparency and candour

The Royal Marsden and everyone working for the organisation must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest open and truthful.

3.3 Candour about harm

Where death or serious harm has been or may have been caused to a patient by an act or omission of The Royal Marsden, the patient (or any lawfully entitled personal representative or other authorised person) should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.

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4. PRINCIPLES OF GOOD PRACTICE FOR RESOLVING CONCERNS AND COMPLAINTS

4.1 The Trust follows the PHSO's Principles of Good Complaints Handling as set out below:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

4.2 The Trust will also encompass the following key objectives:

- To provide an operational strategy at corporate and departmental level to facilitate the effective management of concerns/complaints to meet statutory requirements;
- To provide easy access to complainants wishing to raise concerns ensuring that issues raised are managed in a consistent, fair and just manner for both complainant and complained against. An easy read leaflet is appended to this policy in Appendix A;
- To provide a simple procedure with common features for concerns/complaints about the Trust's services;
- To provide separation of concerns/complaints from disciplinary procedures;
- To empower all staff to resolve concerns/complaints at a local level and provide training and support to facilitate this proactive approach;
- To provide a rapid and open process ensuring concerns/complaints are used as a mechanism for identifying where improvements in service provision are required;

Office of the Children's Commissioner: Child Friendly Complaints Processes in the Health Service (2013): Common Principles for a Child Friendly Complaints Process

5. MATTERS EXCLUDED FROM THIS POLICY

5.1 The Trust is not required to deal with the following complaints in accordance with the Regulations,:

- A complaint by a responsible body;
- A complaint by an employee of a local authority or NHS body about any matter relating to that employment;
- An oral complaint resolved not later than the next working day on which it was made
- A complaint the subject matter of which is the same as that of a complaint that has previously been made and resolved in accordance with the above bullet point;
- A complaint the subject matter of which has previously been investigated under the Regulations;

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- A complaint the subject matter of which is being or has been investigated by -
a Local Commissioner under the Local Government Act 1974 or
a Health Service Commissioner under the 1993 Act;
- A complaint arising out of the alleged failure by a responsible body to comply with a request for information under the Freedom of Information Act 2000; and
- A complaint which relates to any scheme established under section 10 (superannuation of persons engaged in health services, etc.) or section 24 (compensation for loss of office, etc.) of the Superannuation Act 1972, or to the administration of those schemes.

6. ROLE AND RESPONSIBILITIES OF STAFF IN THE LOCAL RESOLUTION OF CONCERNS/COMPLAINTS

- 6.1 **Chief Executive** - The Chief Executive has overall responsibility for concerns/complaints and fulfils the role of the responsible person under the Regulations.
- 6.2 **Chief Nurse** - The Chief Nurse has executive responsibility within the Trust for concerns/complaints. In addition, the Chief Nurse will review any complaint regarding nursing care where the complainant remains dissatisfied with the response or disputes the outcome of the investigation.
- 6.3 **Medical Director** - The Medical Director will review any complaint regarding medical care where the complainant remains dissatisfied with the response or disputes the outcome of the investigation.
- 6.4 **Divisional Directors** – The relevant Divisional Director (or person with delegated responsibility) will be the signatory to any complaint response.
- 6.5 The Complaints Team will attend fortnightly meetings with each Divisional Director to update them on open and closed complaints and action to be taken, encouraging dissemination to their staff at subsequent meetings.
- 6.6 Divisional Directors must support the Complaints Team wherever possible to ensure timely response and thorough investigation of complaints.
- 6.7 **Heads of Departments/Service Managers/Consultants**
- 6.7.1 It is good practice to respond verbally to concerns/complaints about any services for which they are responsible. It is essential to keep a record and send a copy of the concern/complaint and any action to the PALS or Complaints Team.
- 6.7.2 They should refer any complainant dissatisfied with their response, or any complaint, which involves more than one staff discipline, to the Complaints Team.

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- 6.7.3 They should refer all written complaints immediately to the Head of Legal Services, Complaints, PALS and Patient Information and comment formally when requested to do so by the lead investigator. The relevant consultant will inform the member of staff involved where the issue relates to the exercise of clinical judgement or the behaviour of a junior member of the medical staff.
- 6.7.4 Consultants often receive written enquiries where it is not clear if a complaint is being made. Heads of Departments / Senior Managers/Matrons/Consultants should consult with the Complaints Team who will contact the complainant to discuss how to proceed if necessary.
- 6.7.5 Complaints sent directly to the Complaints Team or via the Chief Executive's office will be allocated to a lead investigator and copied to the Divisional Director, Divisional Medical Director (if of a medical nature), the Chief Nurse, the Medical Director and the Chief Operating Officer for appropriate investigation and response. Staff asked to provide a statement have a responsibility to do so using the Trust's template (Appendices B and C), in a timely manner to avoid delay in completion of the response.
- 6.8 Lead Investigators (also refer to s 12 & 16 below)**
- 6.8.1 Lead investigators are responsible for co-ordinating, obtaining and collating comments from appropriate staff and drafting the response in accordance with a strict timeline.
- 6.8.2 Lead investigators for complaints will be appointed by the Complaints Team according to the rota lists approved by the Chief Nurse and Chief Operating Officer. This does not apply to corporate, facilities or financial complaints.
- 6.8.3 It is the responsibility of the nominated lead investigator to liaise with and obtain relevant information from other departments.
- 6.8.4 The lead investigator must ensure that any response referring to matters of medical care or clinical judgement is agreed by the consultant or clinician concerned before it is sent to the Complaints Team for review.
- 6.8.5 A proactive approach to resolving the complaint is encouraged and should be taken wherever possible. This may involve inviting the complainant in for a meeting with those involved in their care or the use of external conciliation services if appropriate before a final response is given. Lead investigators wishing to adopt this approach should discuss this with the Complaints Team.
- 6.8.6 Where a meeting takes place it is the responsibility of the lead investigator to ensure an appropriate note/recording of the meeting is taken with the complainant's consent.
- 6.8.7 Before taking on the responsibility of complaint investigation, all lead investigators will undergo training, provided by the Complaints Team, in how to conduct a complaints investigation. They will also be required to attend regular updates in

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compliance with any new guidance and appropriate risk management training (see s 29.4 below).

6.8.8 The lead investigator will ensure any member of staff about whom a complaint is made is advised of the final outcome. The staff member must be offered support by the lead investigator (see Appendix D) and any necessary support arranged.

6.8.9 Designated lead investigators are:-

- Divisional Clinical Nurse Directors
- Nurse Consultants
- Patient Safety Fellow
- Head of Facilities
- Matrons
- Service Managers
- Senior Pharmacists
- Other Heads of Departments and senior managers

In exceptional circumstances, the following may act as lead investigator:

- Chief Operating Officer
- Chief Nurse
- Managing Director for Private Care
- Divisional Directors and deputies

6.8.10 Lead investigators will, at the request of the Complaints Team, obtain any further information requested during the course of the investigation.

6.9 Head of Legal Services, Complaints, PALS and Patient Information

6.9.1 Oversees the concerns and complaints procedure in liaison with others involved, e.g. the designated lead investigator at the local resolution stage, other health organisations and the PHSO as necessary.

6.9.2 Ensures the appropriate investigation of all concerns/complaints and has access to all relevant Trust records essential for the investigation of such complaints.

6.9.3 Is responsible for the final preparation of responses to complaints for agreement and signature.

6.9.4 Ensures all concerns/complaints are recorded on the relevant database (linked to incident reporting) and are assigned an initial risk rating and final risk rating.

6.9.5 Ensures that follow up actions identified on the Complaint Action and Learning Form have a specific timeframe and responsible owner and they are carried out by their due date. If additional time is required, the responsible owner should contact the Complaints Team with a new timescale and an explanation.

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6.9.6 Ensures that the Trust Board is kept fully briefed about the types of complaints received, response times and actions taken/lessons learned as a result of completed investigations.

6.9.7 Reviews all complaints and prepares quarterly reports for the Integrated Governance and Risk Management Committee.

7. WHO MAY RAISE A CONCERN/COMPLAINT

7.1 Anyone who receives or has received services from the Trust.

7.2 A person who is affected or likely to be affected by an action, omission or decision of the Trust.

7.3 A third party e.g. MP, family member, friend, carer, independent advocate such as the NHS Complaints Advocacy service or legal representative but only if they can show relevant consent/authority (see Access to Medical Records and Mental Capacity Act 2005 Guidance for Staff).

7.4 Where the patient is assessed as being unable to consent, the Head of Legal Services, Complaints, PALS and Patient Information or Chief Nurse may confirm a person is a suitable representative or refuse to accept a person as a suitable representative and nominate another person to act on the patient's behalf. In any event the matter will be investigated through the complaints process in the best interests of the patient. Where the person has a lasting power of attorney for welfare or is a court appointed deputy they will have the legal authority to act in the person's best interest.

7.5 In instances when a complaint and claim are brought at the same time, the complaints process will still apply unless contrary to the advice of the Trust's legal advisors or insurers.

8. HOW TO RAISE A CONCERN/COMPLAINT

8.1 By telephone or in person in which case a written record must be made setting out the issues requiring investigation. This must be agreed with the complainant and ideally signed.

8.2 In writing, ideally direct to the Chief Executive or Head of Legal Services, Complaints, PALS and Patient Information, by post, fax, e-mail, viewpoint card or via the Trust's website.

8.3 Private Patients can rely on this policy where it applies to local resolution – access to the Parliamentary and Health Service Ombudsman and NHS Complaints Advocacy service is not available to private patients.

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9. PROCEDURE FOR HANDLING CONCERNS

- 9.1 A concern is an expression of dissatisfaction that should be resolved quickly and efficiently to the satisfaction of the complainant, no later than the following working day after which it was raised (See Appendix E).
- 9.2 Local resolution should always include initial attempts at resolution within the relevant department, only escalating to the PALS team or the Complaints Team if unsuccessful or if specifically requested. Consideration should always been given to the seriousness of issues resolved at a local level and whether further actions should be taken.
- 9.3 The method of resolution is decided in discussion with the complainant and should be proportionate to the complexity of the issues raised.
- 9.4 Anonymous concerns will be logged on the relevant database (Datix) to be investigated in the usual way.
- 9.5 Concerns can be received in writing or by telephone and are usually received into the PALS team.
- 9.6 PALS staff will try to resolve any concerns patients, carers or relatives may have about the care provided or the services they receive as soon as possible. PALS staff will, at their request, attend meetings to discuss concerns/issues as appropriate. In this role PALS staff will be present to assist and provide support to the patient, carer or relative. They will liaise with Trust staff and other providers to obtain relevant information about any aspect of care; this may include signposting to external organisations.
- 9.7 If an issue cannot be resolved by PALS staff within two working days and is passed onto an appropriate manager to take forward, the responsibility for ensuring the matter is dealt with will also pass to that manager. The manager will also be required to feedback to PALS to confirm what action has been taken and that the issue has been resolved. Action taken will be recorded on Datix for inclusion in quarterly reports. PALS staff will ensure feedback is obtained within a specified timeframe confirming resolution or escalation of the matter.
- 9.8 PALS staff will escalate any failure to respond to their request within the agreed timeframe to the Complaints, PALS and Patient Information Manager.
- 9.9 Where a concern raised involves another organisation, PALS staff will ensure input is received from the other organisation to resolve the issue. Consideration must be given to patient confidentiality and consent before contacting another organisation and consent sought where appropriate. Where the concern is to be handled by another organisation, PALS staff will request follow up to ensure the matter is resolved.
- 9.10 If the enquirer is not satisfied with the outcome it should be escalated to the Complaints Team.

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10. PROCEDURE FOR HANDLING COMPLAINTS

- 10.1 See Appendix F for the Trust's Complaints Handling Procedure.
- 10.2 Where a complaint relates to an incident, the complaint response time may be extended pending completion of the internal investigation.

Cedar Lodge children's unit

- 10.3 If a child receiving care at Cedar Lodge wishes to raise a concern or make a complaint then staff will follow the process as in section 9 above.
- 10.4 If any parent or person acting on behalf of a child receiving care at Cedar Lodge wishes to raise a concern or make a complaint, they can do so informally by contacting the Manager at Cedar Lodge or formally as in Appendix F.

11. COMPLAINTS INVOLVING OTHER ORGANISATIONS

- 11.1 The Trust has a duty to co-operate with other organisations (health and social care) to ensure full co-ordination of the handling of and response to a complaint.
- 11.2 Consent must be obtained from the complainant to liaise directly with the other organisation. If a joint response is necessary, discussion will take place with the organisation to establish who will lead.

12. PERFORMANCE TARGETS FOR RESOLUTION OF COMPLAINTS

Time Limits

- 12.1 **Resolution of written complaints** – written complaints should be forwarded to the Complaints Team immediately.
- 12.2 The Complaints Team will acknowledge receipt to the complainant within three working days, preferably by telephone and with a follow-up acknowledgement letter, agreeing the way to proceed - this should include the offer of a meeting.
- 12.3 The Complaints Team will provide the complainant with a copy of the Trust's leaflet, "Share your Viewpoint: How to raise a concern or make a complaint – the process" including information about the Parliamentary and Health Service Ombudsman and the NHS Complaints Advocacy Service.
- 12.4 The Complaints Team will circulate the complaint to the relevant Divisional Director and lead investigator for investigation – thorough investigation and timely, resolution is essential
- 12.5 The lead investigator will ensure timely investigation and preparation of a draft response to be provided to the Complaints Team within **15 working days** of receipt of the complaint. In exceptional cases this may not be possible - the lead investigator will inform the Complaints Team before the 15 working day deadline is

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reached. The Complaints Team will if necessary, escalate immediately to the appropriate senior manager for example, Divisional Director.

- 12.6 The lead investigator will return the completed Complaint Action and Learning Form to the Complaints Team with the draft response for completion of the complaints process. Where possible departments should share learning opportunities identified from complaints investigations with staff in other areas whilst maintaining confidentiality of the complainant and those involved in the complaint.
- 12.7 It is best practice and Trust policy that the final response is sent to the complainant within 25 working days of receipt of the complaint however in exceptional circumstances this can be extended by the Complaints Team with the agreement of the complainant. The period of extension will be discussed with the lead investigator to ensure it is realistic. Some complaints may be investigated via the incident route. The Medical Director or Chief Nurse will decide whether this is appropriate and an open timeframe will be negotiated with the complainant with the Complaints Team providing updates as necessary. Delays in meeting response deadlines due to time taken for Divisional Director sign off will be escalated if necessary to the Chief Operating Officer/Chief Nurse.
- 12.8 The Complaints Team will provide a copy of the signed letter to the lead investigator.
- 12.9 **Resolution by meeting** - for those complaints requiring a meeting in the first instance rather than a written response, a suitable date will be negotiated with the complainant and relevant staff members by the Complaints Team.
- 12.10 A lead investigator will be appointed to investigate if appropriate and the timescale will fit in with the date of the meeting.

The following applies to all complaint resolution meetings:

- 12.11 A recording of the meeting will be taken (with the complainant's consent) and provided together with a written summary of the action to be taken.
- 12.12 The Complaints Team does not undertake written transcripts of minutes of the meeting. Transcripts can be arranged through an external provider should the complainant request this.
- 12.11 Any note/recording taken of the meeting, action plan and outcomes and follow up letter must be provided to the Complaints Team within 15 working days.
- 12.13 The Complaints Team should provide the complainant with the signed response and other relevant documents within 10 working days of receipt
- 12.14 The PHSO *My expectations for raising a concern or complaint* user led vision provides a tool for ensuring a patient-centred approach to complaints handling and guidance on outcomes for good practice. The complaints process and procedure should aim to facilitate the five 'I' statements throughout (page 5, link in References).

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13. UNRESOLVED COMPLAINTS

- 13.1 Where the complainant is dissatisfied with the Trust's response and further explanation is required it should be given if possible; a complainant meeting may be appropriate if this has not previously been explored. If it is not possible to assist further, the complainant can seek review by the Parliamentary and Health Services Ombudsman.
- 13.2 Any new concerns raised should be dealt with as a new complaint.

14. CONFIDENTIALITY AND CONSENT

- 14.1 It is not necessary to obtain a patient's express consent to use his/her personal information to investigate a complaint, the exception being when contacting another organisation for comment; in such circumstances written consent should be requested and received.
- 14.2 If the complainant is not the patient and the complaint relates to treatment received by the patient, consent will be required. If the patient lacks capacity to consent to the complaint the complaint should be brought where possible by the patient's personal or representative in law, such as lasting power of attorney for welfare or course appointed deputy. Alternatively, the Head of Legal Services, Complaints, PALS and Patient Information or Chief Nurse will confirm whether or not a person is a suitable representative or nominate an appropriate person. In any event the complaint will be investigated through the complaints process in the best interests of the patient (see sections 7.3 and 7.4 above).
- 14.3 Where a complaint is made on behalf of a patient who has not provided consent, care must be taken not to disclose personal health or patient-identifiable information.
- 14.4 Proof of identity as next of kin/personal representative will be required if the complaint is made on behalf of a deceased patient in accordance with the Trust's Access to Health Records policy.
- 14.5 Only those investigating the issues should access a patient's personal information.
- 14.6 A member of staff requested to provide a statement should be given access to the relevant information, if necessary, to aid investigation.
- 14.7 A complaint should only be made known to those directly involved in responding to or investigating the issues raised i.e. on a "need to know" basis.
- 14.8 Complaint records **must** be kept separate from health records and should not be placed on EPR subject to the need to record information which is strictly relevant to the patient's healthcare.
- 14.9 All staff must comply with the requirements of the Data Protection Act 1998.

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15. PROVIDING A STATEMENT

Please refer to the statement template (Appendices B and C).

- 15.1 Statements provided for investigation of a complaint can be disclosed to the complainant or their representative under the Data Protection Act 1998.
- 15.2 If staff have any difficulty preparing a statement they should contact their line manager or the Complaints Team for assistance.
- 15.3 It is the responsibility of the lead investigator in conjunction with the staff member's line manager to ensure staff have access to a computer or administrative support in order to type the statement.

16. PROVIDING A WRITTEN RESPONSE

- 16.1 The lead investigator will ensure the written response is in an appropriate format for the complainant, covers all points raised by the complainant, as far as possible, and identifies where, if any, changes to practice have been made as a result of the complaint. If there is a reason why a specific issue cannot be addressed this should be (see Appendix G). Will guidance be sought on writing a letter to a patient who has a learning disability? – We tend to tailor a response to the initial complaint and if we are aware the complainant has a learning disability would ensure we believed the letter was in an appropriate style; it might be that we would also consider a meeting to go through the letter.
- 16.2 The draft response must be factually correct and should:
- Include an apology as appropriate
 - Address each 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 specific details about the investigation, i.e. who was interviewed, what was discovered, etc
 - Give details of action taken as a result of the complaint and what lessons have been learned
 - Provide the name and telephone number of the appropriate senior manager for further queries/questions
 - Include details of further action the complainant can take.
- 16.3 The draft response should be sent via e-mail to the Complaints Team for approval and amendment with all statements and documentation obtained during the investigation. Notes should be taken of all investigation meetings, regardless of whether complainant is present, and submitted to Complaints Team.
- 16.4 Where clarification is required from the Complaints Team, the lead investigator should respond promptly to avoid delay in the response being sent to the complainant.

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- 16.5 The response will then be reviewed, approved and signed by the Divisional Director and Medical Director/Chief Nurse or delegated person where relevant.
- 16.6 The Chief Executive will be sign the following responses:
- Letters of complaint via MPs;
 - Complaints reported to the NHSLA and/or legal team identifying a risk to the Trust;
 - Complex complaints (as agreed with the Chief Operating Officer);
 - Complaints that may involve publicity or risk to the Trust's reputation.

This role will be delegated to the Chief Operating Officer, Medical Director or Chief Nurse in the Chief Executive's absence.

- 16.7 Where it is apparent from the response that it raises a risk of litigation, the Chief Nurse, Medical Director and Divisional Director should be alerted and referral made to the NHS Litigation Authority for consideration before the response is sent to the complainant.
- 16.8 An e-mail response should only be provided at the complainant's request with the Complaints Team having informed the complainant that such communication may not be secure at the point of acknowledgement.

17. SUPPORT DURING THE COMPLAINTS PROCESS

- 17.1 It is acknowledged that being the subject of a complaint can be stressful and traumatic and the Trust is committed to ensuring staff are adequately supported. All staff members who are the subject of a complaint will be sent a staff support letter by the investigating officer. This letter will be generated by the Complaints Team and will advise staff to seek support and advice from their line manager, occupational health, staff support counsellors or the Workplace Adviser Service on ext 3628. The Complaints Team will also provide support to those involved in responding to a complaint (see Trust's Stress Management Policy).

18. THE PROVISION OF REDRESS AND EX-GRATIA PAYMENTS

- 18.1 Remediating injustice or hardship is a key feature of the Ombudsman's Principles for Remedy suggesting that where there has been maladministration or poor service, the public body restores the complainant to the position they would have been in had the maladministration or poor service not occurred.
- 18.2 Financial redress will not be appropriate in every case but the Trust will consider proportionate remedies for those complainants who have incurred additional expenses as a result of poor service or maladministration.
- 18.3 This does not include a request for compensation involving allegations of clinical negligence or personal injury where a claim is indicated.

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19. MONITORING PERFORMANCE MANAGEMENT AND DATA COLLECTION

19.1 The Trust will maintain a record of:

- Each concern/complaint received;
- The subject matter and outcome of each concern/complaint;
- whether the Trust regards the complaint as having been well-founded;
- Lessons learned and follow up actions taken.

19.2 Each complainant, where appropriate, will be invited to complete a quality survey approximately three months after receipt of the Trust's final response letter. The survey will cover aspects of complaint management and quality of investigation and response. The results will be reported to the Integrated Governance and Risk Management Committee at the end of the financial year.

19.3 The Integrated Governance and Risk Management Committee will be responsible for monitoring the effectiveness of the policy. In particular, they will monitor arrangements for local complaints handling against national guidance as specified by the Department of Health including:

- Consideration of trends in complaints and appropriate risk management actions;
- Identification of significant risks for inclusion on the Trust's Risk Register;
- Consideration of any lessons which can be learned from complaints, particularly for service improvement;
- Consideration of the findings of the complainant survey which will be reported annually.

19.4 The Complaints Team will provide a report to be included in the Trust's annual quality account to be sent to:

- Monitor, the independent regulator for foundation trusts;
- The Integrated Governance and Risk Management Committee;
- The Trust's Patient and Carer Advisory Group.

19.5 The Trust ensures that it provides information to the Health and Social Care Information Centre via completion of the central return KO41(A) which is reported annually.

19.6 Equality and Diversity data will be collected where possible by PALS and complaints staff as required by the Department of Health. The lead investigator will provide such information to the Complaints Team, if known, about staff members involved.

19.7 The Equality, Diversity and Inclusion Steering Group will receive an annual report on those complaints relating to equality and diversity issues.

19.8 The Integrated Governance and Risk Management Committee will consider how best information from data collected in respect of complaints is disseminated within the Trust.

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19.9 The Integrated Governance and Risk Management Committee will consider how best to collect data deriving from patients' comments and suggestions and surveys of patient satisfaction with the way in which complaints are handled. In addition, use will be made of the Viewpoint areas to feedback to users of the Trust via the Trust's website.

19.10 Formal monitoring and audit requirements are outlined in paragraph 3.2.

19.11 The following reports are provided:

- Quarterly reports to the Integrated Governance and Risk Management Committee on compliance with response times, complaints trend analysis including focus on specific themes, and compliance with NHSLA standards, including the handling of joint complaints;
- Quarterly reports to the Quality, Assurance and Risk Committee on compliance, complaints trend analysis and actions taken;
- Quarterly reports for inclusion in the Integrated Governance Monitoring Report on compliance with response times, complaints trend analysis and actions taken.

In addition:

- A complaint from each division will be presented to the Quality, Assurance and Risk Committee each quarter by the appropriate Divisional Director;
- The Head of Legal Services, Complaints, PALS and Patient Information or Complaints Manager will attend divisional meetings each quarter to review those complaints received and follow up actions identified;
- Three months after receipt of the final response letter complainants will be sent a user survey form (in an appropriate format allowing for Equality and Diversity);
- A six-monthly review of ten complaints files to ensure complaints documents have not been placed in the medical records or on the electronic patient record (EPR);
- Follow up actions will be monitored weekly to ensure actions are completed;
- The Trust will provide the Independent Regulator (Monitor) with an annual report on all concerns/complaints received;
- Regular meetings will take place between the Divisional Directors and Complaints Team;

20. COMPLAINTS INVESTIGATION AND RISK MANAGEMENT

20.1 The procedures for managing complaints, incidents and claims for negligence are dealt with under separate policies. However, if during the course of investigating an incident, a complaint is received, the incident procedure should take precedence in terms of investigation. If the investigation of a complaint reveals the need to take action under the serious incident procedure, the lead investigator should inform the Chief Nurse or Medical Director and again the incident procedure should take preference in terms of investigation. In these circumstances the complainant should be informed of the investigation, kept updated on progress and informed of the outcome. The flowchart in Appendix H describes this process.

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- 20.2 It may not always be clear whether a complainant is intending to make a claim. It may be that an open approach will satisfy the complainant. A hostile or defensive reaction is more likely to encourage the complainant to seek remedy through the courts.
- 20.3 Complaints correspondence and accident/adverse incident reporting information will **not** be regarded by the courts as privileged (although there continues to be some uncertainty about the legality of a claim of privilege in respect of documents created in the course of an internal Trust investigation into an adverse outcome). This means that all correspondence and papers generated in the course of a complaint investigation, including staff statements etc. may have to be disclosed if a claim for negligence is subsequently brought.
- 20.4 In line with the Data Protection Act 1998, complaints documentation is classified as personal data. Patients are able to request copies of complaints files in the same way as they do for their health records.
- 20.5 If the investigation of a complaint reveals a possibility that there may have been negligence the Head of Risk Management will be informed. The existence of negligence does not prevent a full explanation being given and if appropriate, an apology. An apology is not an admission of liability.
- 20.6 Risk rating - assessing the seriousness of a complaint will determine the correct level of investigation required. All complaints will be given an individual initial risk rating by the Complaints Team at first contact (see Appendix I). The lead investigator will be responsible for the final risk rating score depending on the outcome of the investigation (see Appendix J).
- 20.7 In liaison with the Complaints Team the owner of actions will be responsible for ensuring that any identified actions arising from a complaint are implemented.

21. FILE STORAGE AND ARCHIVING

- 21.1 The PALS and complaints teams aim for a paperless working environment relying on Datix to record information.
- 21.2 Existing paper files will be sent for archiving at the end of each financial year and will be kept for a period of 30 years from the date of the last action.
- 21.3 Datix will hold a comprehensive record of the investigation including all internal correspondence such as e-mails and file notes which should be timed and dated where possible.
- 21.4 In accordance with the NHS Complaints Procedure copies of concern/complaint correspondence must **not** be kept in the patient's medical records, subject to the need to record any information which is strictly relevant to their health and if found by any member of staff, must be sent to the Head of Legal Services, Complaints, PALS and Patient Information immediately.

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22. PUBLICITY

22.1 The Trust ensures that the right to raise a concern/complaint, advice about relevant procedure and the help available from staff and other sources, is well publicised to all patients, other users of its services and to Trust staff.

23. COMPLAINTS AND DISCIPLINARY PROCEDURES

23.1 In accordance with Section 4 of "Guidance on Implementation of the NHS Complaints Procedure" the Complaints Procedure is separate from any investigation under the Disciplinary Procedure, referral to one of the professional regulatory bodies, an independent inquiry into a serious incident, under Section 84 of the National Health Service Act 1977 or an investigation of a criminal offence.

23.2 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.

24. PATIENT-RELATED CONCERNS/COMPLAINTS CONCERNING STAFF EMPLOYED BY THE INSTITUTE OF CANCER RESEARCH

24.1 All concerns/complaints about staff employed by the Institute of Cancer Research relating to their work with patients of The Royal Marsden NHS Foundation Trust are dealt with in accordance with the Trust's Concerns and Complaints Policy and Procedure subject to formal agreement between the Institute of Cancer Research and the Trust.

25. COMPLAINTS REGARDING CLINICAL TRIALS

25.1 Clinical trials are an integral part of activity at The Royal Marsden NHS Foundation Trust. Any complaints made by patients who are on a clinical trial will be handled under this policy.

25.2 If the complaint relates to any procedure/practice undertaken as part of a clinical research ethically approved protocol the incident must also be reported to the sponsor of the clinical trial. For any Royal Marsden/Institute of Cancer Research trial, this would be the Chair of the Committee of Clinical Research.

26. QUALITY ALERTS

26.1 Quality alerts are concerns raised by GPs about the services provided by The Royal Marsden NHS Foundation Trust. All quality alerts are sent electronically to rmh-tr.SMCSQualityAlerts@nhs.net.

26.2 All quality alerts are to be acknowledged by email within three working days by the Complaints Team.

26.3 The Complaints Team will circulate the quality alert/complaint to the relevant Divisional Director and lead investigator for investigation.

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- 26.4 The lead investigator will ensure timely investigation and preparation of a draft response by the date stipulated by the Complaints Team.
- 26.5 The lead investigator will return the completed Complaint Action and Learning Form to the Complaints Team with the draft response for completion of the complaints process.
- 26.6 All quality alerts responses are to be sent to the GP within 20 working days of receipt.
- 26.7 Any actions identified as a result of the quality alert investigation will be tracked and chased by the Complaints Team. All actions must be evidenced as having been completed before they are closed.
- 26.8 A monthly report of quality alerts will be submitted to Clinical Quality Report Group (CQRG) and will report on compliance to timescale, the subject matter of quality alerts and actions taken.

27. COMPLAINANTS WITH COMMUNICATION DIFFICULTIES

- 27.1 The Trust will ensure that its concerns and complaints procedure is accessible to complainants. Copies of the Concerns and Complaints Policy and Procedure can be provided in other languages, Braille and large print if required. An easy read version of this leaflet is available (Appendix A).

28. OUT OF HOURS CONTACT ARRANGEMENTS

- 28.1 The Head of Legal Services, Complaints, PALS and Patient Information and Complaints Team are generally available between 9.00am and 5.00pm, Monday to Friday. Service users may also speak to PALS located in the Help Centres between 9.00am and 5.00pm Monday to Friday. Issues raised outside these hours should be directed to the appropriate Ward/Departmental Manager, or to the duty Clinical Site Practitioner, on bleep 022/017.
- 28.2 Any immediate clinical need **must** be passed to the appropriate clinician.
- 28.3 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 Complaints Team by the next working day. The complainant should be informed of the action taken and given the direct telephone number for the Complaints Team.

29. TRAINING

- 29.1 The Head of Legal Services, Complaints, PALS and Patient Information is responsible for providing training in the concerns and complaints procedure to all relevant staff to ensure that staff are fully aware of their responsibilities when dealing with issues of concern raised by complainants.

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- 29.2 The Complaints Team will provide training for lead investigators on the relevant policies and drafting responses including examples from past complaints.
- 29.3 The Complaints Team will provide training Trust-wide including familiarisation with the relevant policies including examples from past complaints.
- 29.4 Staff who have responsibility for investigating a complaint or chairing meetings with complainants should receive training as part of their local induction organised by their line manager.
- 29.5 Training in informal/local resolution is also provided on an ad hoc basis to Wards and Departments, and at staff induction.
- 29.6 The Risk Management team provide training in Root Cause Analysis and investigation procedures. Attendance is monitored as part of the general training needs analysis within the Learning and Development Department.

Patient confidentiality must be maintained but also, where possible, that of staff involved.

30. STAFF SUPPORT AND WRITING A STATEMENT

Statements must be presented in the format set out at Appendix B.

- 30.1 Staff who are required to give a statement following a complaint should be supported throughout the investigation by their line manager with advice and guidance provided by the Complaints Team.
- Formal and informal debriefing should be offered to all those involved in the complaint throughout any investigation by their line manager
 - Information should be given on the support services available i.e. Occupational Health, independent staff counselling service (ext 3074), Staff Support Facilitator (ext 3074) and Workplace Adviser Service (ext 3628).
- 30.2 A statement is a written or spoken declaration, especially of a formal kind; a written or spoken report of events, a description. When investigating a complaint it is essential that as much factual information as possible is obtained in order to respond to the complainant and any member of staff named in a complaint may be asked to give an account of their involvement.
- 30.3 Giving a statement provides an individual with the opportunity to offer an explanation, to give their view of events and should be given as soon as possible after the event. If a written statement is requested it should be legible or preferably typed, and each paragraph should deal with each individual issue raised.

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30.4 When writing a statement you should include:

Personal Information:

- Your full name, professional qualifications, grade;
- Your current post;
- The post held at the time of the incident.

Content:

- Answer the points raised in chronological order
- Keep to the facts
- Make clear what part is from memory, what part from notes, what part from your standard practice
- Refer to any policies/procedures/guidelines in use
- Do not be rude, hostile or defensive – remember complainants can ask to see your statement
- Write/type clearly and do not use jargon

Concluding Paragraph:

Your statement should conclude with the following phrase:

‘The contents of this statement are true to the best of my knowledge.’

Ensure that you sign and date it and retain a copy for your own information.

Giving a statement will provide the Trust with an overview of events; the Trust will base the final response on all information received. When writing a statement it is important to remember that although the majority of statements will go no further, it can be copied to the complainant or used as evidence in defending a legal claim.

30.5 Staff requiring additional information should contact their line manager, Complaints Team or their professional organisation.

31. LEARNING FROM COMPLAINTS

31.1 The Trust considers concerns/complaints as a positive mechanism for feedback about its services. Complaints management contributes to what the Department of Health identifies as the 4 ‘Cs’ (Complaints, Compliments, Concerns and Comments) which:

- Tell you what’s working;
- Help you identify potential service problems;
- Highlight opportunities for improvement;
- Provide the information you need to review services and procedures effectively.

31.2 The Divisional Director will ensure complaints are discussed at quarterly divisional meetings to identify service improvements where possible.

31.3 The Head of Legal Services, Complaints, PALS and Patient Information or representative will attend divisional meetings on a quarterly basis to discuss

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complaints received and ensure that identified learning outcomes are discussed openly and actioned within the required timeframe.

- 31.4 A monthly report will be circulated throughout the Trust of complaints closed that month with details of any action taken as a result of the complaint
- 31.5 The Complaints Team will take the opportunity will be taken to attend departmental meetings where possible to share learning on complaints by reference to past complaints.
- 31.6 The Complaints Team will attend fortnightly meetings with each Divisional Director to update them on open and closed complaints and action to be taken, encouraging dissemination to their staff at subsequent meetings.
- 31.7 Patient confidentiality must be maintained but also, where possible, that of staff involved.

32. MONITORING REVIEW

- 32.1 An annual audit will be done to ensure that the following areas are monitored:
- Duties
 - How the organisation listens and responds to concerns from patients, their relatives and carers
 - How joint concerns are handled between organisations
 - How the organisation makes sure that patients, their relatives and carers are not treated differently as a result of raising a concern or complaint.

33. REVIEW OF COMPLAINTS POLICY

- 33.1 This policy is reviewed and updated annually by the Head of Legal Services, Complaints, PALS and Patient Information or more frequently where necessary in the light of any new guidance received.

34. USEFUL CONTACT ADDRESSES

- 34.1 NHS Complaints Advocacy
VoiceAbility
Mount Pleasant House
Huntingdon Road
Cambridge
CB3 0RN
- 34.2 Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel: 0345 015 4033

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www.ombudsman.org.uk
phso.enquiries@ombudsman.org.uk

35. LINKED DOCUMENTS

[Patient Advice and Liaison Service Policy and Procedure](#) (Policy 0357)

[Intractable Complaint Policy and Procedure](#) (Policy 0354)

[Investigation of Incidents, Complaints and Claims Policy](#) (Policy 1613)

[Supporting Staff Involved in potentially traumatic or stressful incidents, complaints or claims or attendance at Inquest or employment tribunal](#) (Policy 2039)

[Stress Management Policy](#) (Policy 1621)

[Violence and Aggression - Managing Incidents to Staff at Work](#) (Policy 1314)

[Being Open and Duty of Candour Policy](#) (Policy 1760)

Francis Report: Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013); <http://www.midstaffpublicinquiry.com/report>

Mid Staffordshire NHS FT public inquiry: government response; Hard Truths
<https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response>

My expectations for raising concerns and complaints (Parliamentary and Health Service Ombudsman 2014)

http://www.ombudsman.org.uk/_data/assets/pdf_file/0010/28774/Vision_report.pdf

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APPENDIX A

The **ROYAL MARSDEN**
Life demands excellence

How to raise a concern or complaint

We want to put things right if something goes wrong

How can I raise a concern or complaint?**In person**

You can visit our Help Centre and speak to one of Patient, Advice and Liaison (PALS) Officers who will listen to your concerns and suggest how we can sort things out quickly.

**Over the telephone**

You can also call the PALS officers on 0800 783 7176.

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In writing

You can write to us at:

The Royal Marsden NHS Foundation Trust
 Fulham Road
 London
 SW3 6JJ

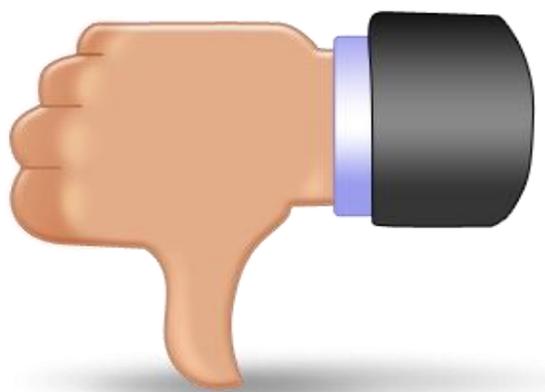
Or via email

patientcentre@rmh.nhs.uk



What will happen then?

We will let you know we have your complaint and look into the issues you have raised. We will tell you how long this will take and then provide you with a clear answer.



What if I'm not happy with the way my concerns have been handled?

You can speak to us again and we will try to put things right wherever possible.

You can take your complaint to the Parliamentary and Health Service Ombudsman, who may look into your complaint.

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You can contact the Ombudsman by writing to:

Parliamentary and Health
Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Or phoning

0345 015 4033



What if I need help to raise my concerns?

You can speak to the NHS Complaints Advocacy Service who will support you in raising a concern or complaint.

They can be contacted on:

0300 330 5454

nhscomplaints@voiceability.org

www.nhscomplaintsadvocacy.org

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APPENDIX B

Statement Template For Complaints Investigations

Full Name	
Position/Grade	
Location/ /Ward/Dept/Team	
Contact number	
Date and time of Incident	
<p>Statement/Account</p> <ul style="list-style-type: none"> • <i>Ensure you have access to all relevant records- if you use records please cite them in your statement</i> • <i>Describe period of duty and responsibilities at the time</i> • <i>Give a clear account of how you were involved, including actions of others and conversations held. State the sequence of events chronologically, giving dates and times.</i> • <i>Give reasons for your own actions, but do not speculate about other people's motives</i> • <i>If reporting a quote from another person use direct speech in inverted commas, e.g. Nurse Brown said "I saw him fall."</i> • <i>Avoid jargon or abbreviations</i> • Only include factual details where you have direct knowledge. State observations, not opinions – e.g. "His breath smelt of alcohol" rather than "He was drunk". • Ensure all questions have been answered and all points covered 	
<p>Points for investigation (to be populated by Complaints Team):</p>	

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Other persons present <i>Give names and roles. If these persons were not present throughout, give details</i>	
Background factors <i>Give factual details of any background factors you believe may have been relevant, e.g. lack of full staff complement, unusual number or dependency of patients</i>	
Records made <i>Indicate any written records made by yourself in relation to matters covered in this statement – e.g. clinical notes, incident form, training notes etc</i>	
Any other relevant information <i>Give any other information which you feel is relevant and is not covered above but remember only to give factual information not opinion</i>	
Actions to prevent recurrence	
Please send a copy by email to the investigating manager	
Signature:	Date:

You should keep a copy of your statement for your own reference. Any record that you keep should be filed in a secure place, bearing in mind requirements of confidentiality.

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APPENDIX C



MEMORANDUM

TO:

FROM:

DATE:

REF:

HOSPITAL NO:

The attached letter dated, is being treated as a concern/complaint and in accordance with Trust Policy and Procedure, I am formally requesting a statement from you in order to investigate this complaint.

Only give factual information about which you have personal knowledge. Do not include opinions or judgements on matters where your knowledge is based on hearsay or what other people have said.

Any documentary evidence collected as part of a complaints investigation can be disclosed as part of a Data Protection Act request, an independent review or if there is a legal claim against the Trust.

Your line manager or a more senior member of staff will be able to support and offer guidance to you in writing the statement. As a general rule, please ensure the information is clear and that it does not contain irrelevant or inappropriate details.

Please refer to the points for investigation when writing your statement to ensure all areas are covered. If you are not able to comment on any point, please state why (for example this may not fall within your remit).

Your statement should be typed and saved in electronic format, as it may need to be copied and circulated.

Any version of your statement that you share with anyone else prior to the point when you are fully satisfied with it should clearly be marked as “draft”.

All staff should keep copies of any statements that they provide. Statements should not be filed in the patient’s medical records.

Please return your signed statement to me by XXXXX

Thank you for your time and assistance in this matter.

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APPENDIX D**Staff Support**

Ref:

Dear

As you may be aware, a complaint has recently been received which relates to you. If you have not already done so, please arrange to discuss this complaint with your manager. This letter is to supplement that discussion.

The complaint is being investigated and the investigator may contact you to ask for a statement. The details are as follows:

Complainant:

Summary of complaint:

Date received:

Case number:

Investigator:

We do realise that it can be distressing and worrying to be the subject of a complaint. If you would find it helpful to discuss this complaint with someone unconnected with the investigation, your line manager will be able to arrange this.

If your line manager is the investigator it may be possible to identify another person to support you. If you feel that stress as a result of the complaint is interfering with your ability to do your job, or is seriously affecting you in any other way, please seek advice from Occupational Health who may be able to provide direct support or refer you for further support.

Please be assured that the investigation of the complaint will be undertaken in the context of the "Fair and Open" principles set out in the Complaints Policy, which is available on the intranet.

We recognise that complaints can be the result of misunderstanding and that, even where there has been some error on the part of Trust staff, it is important to recognise the systems issues that can lead to errors. The key objective of investigating complaints is to allow the situation to be understood, so that we can learn from it and give the complainant assurance that we are doing this.

Please feel free to contact me if there is any other information that you would like in relation to this issue.

Yours sincerely

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APPENDIX E**THE ROYAL MARSDEN NHS FOUNDATION TRUST****Local Resolution of Verbal Concerns/Complaints**

Concern/Complaint received

1. Can you resolve the issue within two working days?

Yes: seek resolution (inform line manager of issue) and refer to the Head of Department/Senior Manager/Consultant, or PALS/Patient Information Officer as appropriate.

No: Request consent to refer to PALS or the Complaints Team for investigation. See Appendix B.

2. Make a record of the issue and any action taken.

3. The Head of Department/Senior Manager/Consultant, must provide a verbal response within two working days and send a written record to the Complaints Team.

4. Is the complainant satisfied?

YES: - Complaint resolved

NO: - Is there anything else that can be done at a local level? If not, request consent to refer to PALS or the Complaints Team.

Always document action to be taken to improve service/learn from issue raised.

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APPENDIX F

Complaints process – written responses

1-3 working days	Concern/complaint sent centrally to complaints office. Logged on Datix. Acknowledgement sent within three working days.
	Copy of concern/complaint, Complaint Action and Learning Form, statement template/statement template memo emailed to lead investigator and copy to Divisional Director.
4-10 days	Lead complaint investigator receives statements, compiles first draft response and sends to Consultant in charge if appropriate. Draft response and copies of staff statements sent to Complaints Team.
	Complaints Team checks first draft against original concern/complaint and makes amendments post review. Complaints to call Lead complaints investigator to respond to any queries and amendments.
11-18 days	Complaints Team to send second/final draft to Divisional Director for review.
	Divisional Director to send queries comments back to Complaints Team if appropriate
19-25 working days	Complaints Team to return FINAL copy to Divisional Administrator for them to print off and arrange Divisional Director signature.
	Some responses will need cover letter and sign off by Chief Executive. [NHSLA, MPs, Legal, reputational, sensitive clinical issue]

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APPENDIX G**DRAFT TEMPLATE COMPLAINT RESPONSE LETTER**

Ref.:

PRIVATE AND CONFIDENTIAL**Name****Address**

DATE

Dear XXXX

Paragraph 1

We are writing in response to your letter dated, in which you raised concerns about..... We would like to apologise for the distress this matter has caused you and we hope you find the following response helpful. You indicated that you wished your comments to be treated as a complaint and we have therefore investigated the issues raised in accordance with the Trust's Concerns and Complaints Procedure.

Paragraph 2 – (if appropriate)

In order to conduct an appropriate investigation into the circumstances of your complaint we have requested and received statements from the following members of Trust staff;

Dr.....

Staff Nurse.....

Paragraph 3 – (an apology and full explanation should be given ensuring that all questions raised by the complainant have been answered; please note that an apology is not an admission of liability)

Paragraph 4 – (if appropriate)

As a result of your complaint the Trust will make the following improvements:-
(e.g.)

- There will be a review of

The member of staff concerned will undergo additional training.....

Paragraph 5

We would like to thank you for taking the time to raise these matters with the Trust. We hope that you are reassured that your complaint has been investigated thoroughly and with the action which is being taken to prevent anything similar happening in future.

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Paragraph 6

We hope this letter has fully answered the concerns you have raised. However, if you would like a further explanation of the information provided in this letter or if you consider that we have not responded to any of your concerns please contact us on _____ and we will endeavour to answer your queries.

Yours sincerely

Divisional Director

If, following this further contact, you subsequently feel that the Trust has exhausted all possibilities of assisting you in this matter, you have the right to refer your complaint to the Parliamentary and Health Service Ombudsman. The Ombudsman is independent of the NHS and will look into any aspects of your complaint that you feel the Trust has failed to address. You can contact the Ombudsman as follows:

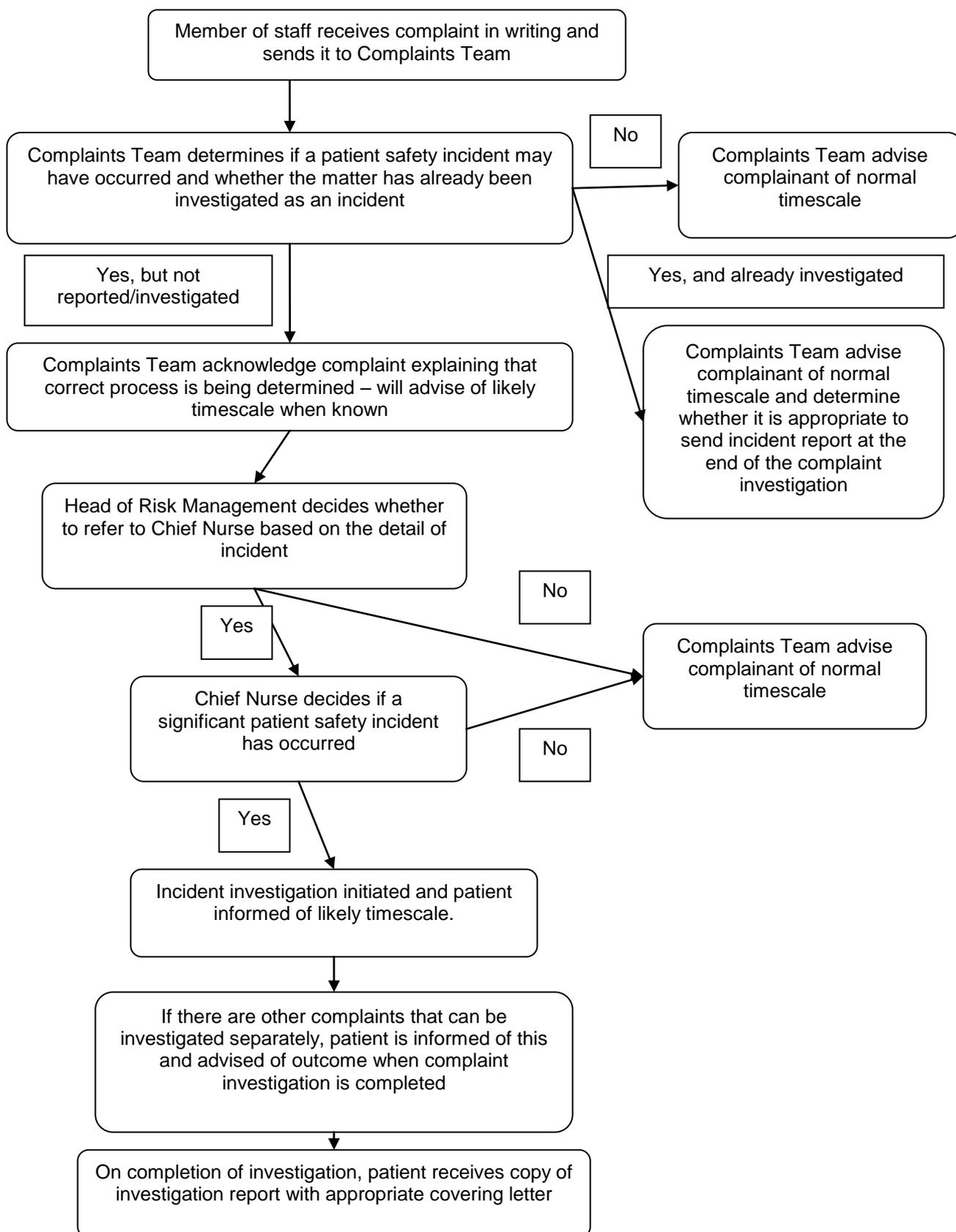
Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel: 0345 015 4033

email: phso.enquiries@ombudsman.org.uk

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APPENDIX H Complaints and Incidents Flowchart



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APPENDIX I

Complaint Action and Learning

Name:		Ref:	
Date received:		Hospital no:	
Lead investigator:		Consultant:	
Initial risk rating:			
*Ethnic origin patient:		*Ethnic origin staff member:	
Points for investigation:			
Chronology			
Date	Action taken		
	Letter dated xxx received and acknowledgement sent today. Copy of complaint and request sent to . Copy also to LB, SD, & HM for information. Final response due:		
*Outcome/Follow up actions identified			
Action	Person responsible		Date for completion
*Lessons learned			
*Final Risk Rating:	<input type="checkbox"/> Very Low	<input type="checkbox"/> Mod	<input type="checkbox"/> High
	<input type="checkbox"/> Low		
*Complaint well-founded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partly

Please note: The lead investigator is required to complete those fields marked *

Please return completed form with actions as specified, when returning first draft. The complaint will not be closed until a completed form is received.

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APPENDIX J**Assessing the seriousness of the complaint**

Assessing the seriousness of a complaint correctly will ensure that an appropriate investigation is conducted. All concerns/complaints received will be triaged to assess the level of investigation required.

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

Step 2: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

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Step 3: Categorise the risk

		Potential Severity Consequence				
		Insignificant 1	minor 2	moderate 3	major 4	catastrophic 5
Likelihood						
Almost Certain	5	yellow	yellow	orange	red	red
Likely	4	yellow	yellow	orange	red	red
Possible	3	green	yellow	orange	red	red
Unlikely	2	green	green	yellow	orange	red
Rare	1	green	green	yellow	orange	red

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