journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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Complaints Policy

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Contents

1 Introduction

The Trust is committed to providing opportunities for any patient, carer, or their families to seek advice or information, raise concerns or make a complaint about the services that the Trust provides. Patients, relatives, and carers need to know how to do this and to feel confident that they will be listened to, and their issues taken seriously.

The Trust's 'Our Journey to Change' commits to the co-creation of safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers' as equal partners. The learning gained from complaints will support the commitments of 'Our Journey to Change' to learn together to improve the experience of users of the services that the Trust delivers.

This document outlines Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)'s approach to complaints about the services we provide. It contains information about how we manage, respond to, and learn from complaints and feedback given about our services.

The Trust has a strong learning culture, and we recognise that all complaints whether formal or informal give a vital and direct insight into the quality of services that we provide. Staff are encouraged to always identify what learning can be taken from feedback and complaints in order that we can make positive improvements to our services.

We are committed to meeting the requirements of the Local Authority, Social Services and National Health Service Regulations 2009. Our complaints policy and its associated procedures have been co-created by service users, carers, and staff as part of an extensive full end to end review of our Complaints Handling service. This has led to our revised approach to complaints handling in order to fulfil the expectations of the Parliamentary and Health Service Ombudsman (PHSO) for NHS Complaint Standards (2022).

Our complaints policy has been designed to provide open and honest responses, by investigating complaints thoroughly and fairly. We recognise that we do not always get things right for which we will apologise and take accountability for mistakes, and we put matters right wherever possible. The important principle is to 'investigate once and investigate well'.

2 Why we need this policy.

2.1 Purpose

The purpose of this policy is to enable the Trust to:

- Comply with current NHS complaint regulations and associated legislation.

- To provide information and guidance to staff and others involved in responding to complaints.
- Provides assurance and information to people wishing to make a complaint about the services provided by the Trust.
- Ensuring the Trust works to the Parliamentary and Health Service Ombudsman's (PHSO's) Principles which outline the approach that the PHSO believes public bodies should adopt when delivering good administration and customer service and how to respond when things go wrong.

2.2 Objectives

The Trust will aim to follow the PHSO Complaint Standards to provide a quicker, simpler, and more streamlined complaint handling service. This has a strong focus on:

- Early resolution by empowered and well-trained people
- All staff, particularly senior staff, regularly reviewing what learning can be taken from complaints.
- How all staff, particularly senior staff, should use this learning to improve services.

The PHSO believe at the heart of an effective complaint handling system are four core pillars, which these standards are based on:

- Welcoming complaints in a positive way and recognising them as valuable insight for organisations.
- Supporting a thorough and fair approach that accurately reflects the experiences of everyone involved.
- Encouraging fair and accountable responses that provide open and honest answers as soon as possible.
- Promoting a learning culture by supporting organisations to see complaints as opportunities to improve services.

‘Although complaints may signal a problem, this information can save lives and improve the quality of care for other people.’

CQC State of Health and Social Care in England 2014/15

3 Scope

3.1 Who this policy applies to

- All users of Trust services, families, and carers
- All staff working in Trust services, including bank staff, students, and volunteers.

3.2 Accountability, roles, and responsibilities

Overall responsibility and accountability for the management of complaints lies with the ‘Responsible Person’. In our Trust this is the Chief Executive.

The staff listed in Appendix 1, together with directors and senior managers, have a corporate responsibility for the effective handling of complaints received by the Trust. They are responsible to the Chief Executive and the Board of Directors for responding to concerns appropriately and achieving best performance against local and national targets.

The roles and responsibilities of staff within our organisation, when dealing with complaints, are set out in full at Appendix 1 of this policy.

4 Policy

4.1 Identifying a Complaint

4.1.1 Everyday conversations

Our staff speak to people who use our service every day. This can often raise issues, requests for a service, questions or worries that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.

4.1.2 When people want to make a complaint

We recognise that we cannot always resolve issues as they arise and that sometimes people will want to make a complaint.

4.1.3 Feedback and Complaints

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

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

For more information about the types of complaints that are not covered under the 2009 Regulations please see The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

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

4.1.4 How to make a complaint

Complaints can be made to us:

- In person
- By telephone **0800 052 0219** (freephone - Monday to Friday, 9am to 4pm)
- By Text Message to **07775 518086**
- By Email to **tewv.complaints@nhs.net**
- In writing to **Complaints Team, Flatts Lane Centre, Middlesbrough, TS6 0SZ**
- A contact form is available and can be accessed via our trust website https://www.tewv.nhs.uk/about-your-care/complaints/ or this can be posted upon request.
- An answerphone is always available for you to leave a message. A member of the Complaints Team will aim to return your call as soon as possible.

Meetings can be arranged with staff and the person raising concerns where requested and appropriate to do so. Any feedback received can be provided either verbally or in writing.

Complaints leaflets and posters should be available and displayed in all clinical areas.

4.1.5 Accessibility and reasonable adjustments

We will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint. We will ask individuals what their preferred means of communication and we will record any reasonable adjustments we make.

For those who require an interpretation and translation service this can facilitated upon request.

We may receive an anonymous or general complaint that would not meet the criteria for who can complain (see below). In this case we would normally identify if there were any learning for our organisation unless there is a reason not to. Where the service is identified the complaint will be shared with the relevant clinical team.

4.1.6 Members of Parliament on Behalf of their Constituents

Complaints from MPs are usually addressed to the Chief Executive and received into their office. Any complaints from MPs received directly into the complaints department must be forwarded to the Chief Executive for action.

4.2 Who can make a complaint?

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

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

If the person affected has died, is a child (typically up to the age of 16 years old) or is otherwise unable to complain because of physical or mental incapacity, a representative may make the complaint on their behalf. There is no restriction on who may act as representative but there may be restrictions on the type of information, we may be able to share with them. We will explain this when we first look at the complaint.

If a complaint is brought on behalf of a child, we will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If we are not satisfied, we will share out reasons with the representative in writing.

If at any time we see that a representative is not acting in the best interests of the person affected, we will assess whether we should stop our consideration of the complaint. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.

Further guidance is provided at Appendix 2.

4.3 Timescale for Making a Complaint

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

If a complaint is made to us after that 12-month deadline, we will consider it if:

- We believe there were good reasons for not making the complaint before the deadline, and
- It is still possible to properly consider the complaint.

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

4.4 Complaints and Other Procedures

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

This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- Trigger a patient safety investigation.
- Trigger our safeguarding procedure.

- Involve a coroner investigation or inquest.
- Trigger a relevant regulatory process, such as fitness to practice investigations or referrals.
- Involve a relevant legal issue that requires specialist advice or guidance.

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

This will not prevent us from continuing to investigate the complaint. We will make sure that the person raising the complaint gets a complete and holistic response to all the issues raised. This includes any relevant outcomes where appropriate. The staff member dealing with the complaint will engage with other staff or organisations who can provide advice and support on the best way to do this.

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

- The individual requests or agrees to a delay.
- There is a formal request for a pause in the complaint process from the police, a coroner, or a judge.

In such cases the complaint investigation will be put on hold until those processes conclude.

If we consider that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, we will advise the person raising the complaint. We reserve the right to notify the professional regulator for any ex-employees where there are concerns regarding conduct or practice that may warrant remedial action to be taken. We will share as much information with them as we can while complying with data protection legislation. If the person raising the complaint chooses to refer the matter to a health professional regulator themselves, or if they subsequently choose to, it will not affect the way that their complaint is investigated and responded to. We will also signpost to sources of independent advice on raising health professional fitness to practice concerns.

If the person dealing with the complaint identifies at any time that anyone involved in the complaint may have experienced, or be at risk of experiencing, harm, or abuse then they will discuss the matter with relevant clinical colleagues and initiate our safeguarding procedure.

4.5 Confidentiality of Complaints

We will maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored and kept separately from medical records or other patient records. They are only accessible to staff involved in the consideration of the complaint.

Complaint outcomes may be anonymised and shared within our organisation and may be published on our website to promote service improvement.

4.6 How we Handle Complaints

4.6.1 Making sure people know how to complain and where to get support.

We publish clear information about our complaints process and how people can get advice and support with their complaint through their local independent NHS Complaints Advocacy Service and other specialist independent advice services that operate nationally.

The Trust will make complainants aware of these services as a means of support as early as possible and will liaise and co-operate with them whenever required with the aim of bringing about a satisfactory resolution. Contact details are:

Provider	Covering	Contact details
People First Advocacy Service	Hartlepool, Middlesbrough, Redcar & Cleveland	Telephone: 03003 038037 Available 9am until 5pm Monday to Friday
Stockton Independent Advocacy Service	Stockton	Telephone: 0808 1729553 Email: SICA@PCP.UK.NET Available Monday to Friday 9am to 5pm
Carers Federation	Durham and Darlington	Telephone: 0808 802 3000
Cloverleaf Advocacy	North Yorkshire	Telephone: 0300 012 4212
Cloverleaf Advocacy	East Riding of Yorkshire (Pocklington)	Telephone: 01482 880160
York Advocacy	For residents in the City of York	Telephone: 01904 414357

We will make sure that everybody who uses (or is impacted by) our services (and those that support them) know how they can make a complaint by having our complaints policy and/or materials that promote our procedure visible in public areas and on our website. We will provide a range of ways to do this so that people can do this easily in a way that suits them. This includes providing access to our complaints process online.

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

4.6.2 Local Issue Resolution

The definition of a Local Issue Resolution can be described as:

> "a recent concern raised that can be explored together with the team or ward in a timely manner".

We want all people, patients, their family members, and carers to have a good experience while they use our services. If somebody feels that the service received has not met our standards, we encourage people to talk to staff who are directly involved in providing the patient's care and treatment; if this is not possible you can ask to speak to the ward or team manager. This often allows a quick resolution to issues raised.

This is where staff who are directly involved in the patient's care are given the opportunity to provide a satisfactory resolution by resolving issues quickly, efficiently, and effectively. Many concerns arise out of a need for information and staff should aim to resolve these issues on the spot as the offer of an explanation and an apology will often resolve matters.

These are the sorts of everyday conversations that are not formal complaints. They are matters that can be sorted out immediately (or very quickly), without the person becoming dissatisfied and deciding to make a formal complaint.

This is an important aspect of engaging with patients and service users and is the best, most cost effective and time efficient way to deal with issues, before the person has an opportunity to become dissatisfied, and the issues becomes a formal complaint.

All staff will try to resolve concerns raised locally at the time they are made or within 10 working days. These should be captured electronically using the 'Local Issue Resolution' Form within InPhase.

Examples of the types of concerns that would be better being managed locally include:

- Rebooking of appointments
- Appointment queries
- Care plans / clinical discussions i.e., care plans not being followed.

4.6.3 Complaints

We recognise that we cannot always resolve issues as they arise and that sometimes people will want to make a complaint. The NHS Complaint Standards define a complaint as *"An expression of dissatisfaction, either spoken or written, that requires a response".*

This can be about:

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

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

Complaints within the Trust will be managed depending upon their level of complexity via the:

- Complaint Officer Pathway (Early Resolution)
- Complaint Manager Pathway (Formal Complaint)

4.6.4 Complaint Officer Pathway (Early Resolution)

When we receive a complaint, we are committed to making sure it is addressed and resolved at the earliest opportunity. These are complaints that are impacting upon current care and treatment or require a closer look into the issues, the issues cannot be resolved locally but can be resolved relatively quickly by the Complaints Team. Examples of this approach may include:

- A service has not been provided that should have been or to an appropriate standard e.g., waiting times.
- A service being provided is having an immediate negative impact e.g., unable to take leave.
- An error has been made that can be corrected quickly e.g., prescription wrong/delayed.
- A member of staff was perceived as rude or unhelpful.
- A staff member did not attend a scheduled appointment e.g., dissatisfaction with care coordinator.
- Escalation from Local issue resolution process

4.6.5 Complaint Manager Pathway (Formal Complaint)

Some complaints are complex, complicated, serious, or need significant work and time to investigate. A formal complaint is one that cannot be resolved either locally or via the Complaint Officer Pathway. In these cases, we will make sure the complaint is allocated to an appropriate Complaints Handler who will lead the investigation. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened.

Even if the issues look straightforward, a complaint still may require an investigation – particularly where the issues:

- Give rise to concerns about patient safety e.g., a death of a patient.
- Give rise to concerns about potential systemic issues that may be affective other service users.
- Involve safeguarding issues or a vulnerable person.
- Involves major delays in service provision or repeated failure to provide a service.
- May attract media interest or present a risk to the trust.

4.6.6 Staff involved in carrying out complaint investigations.

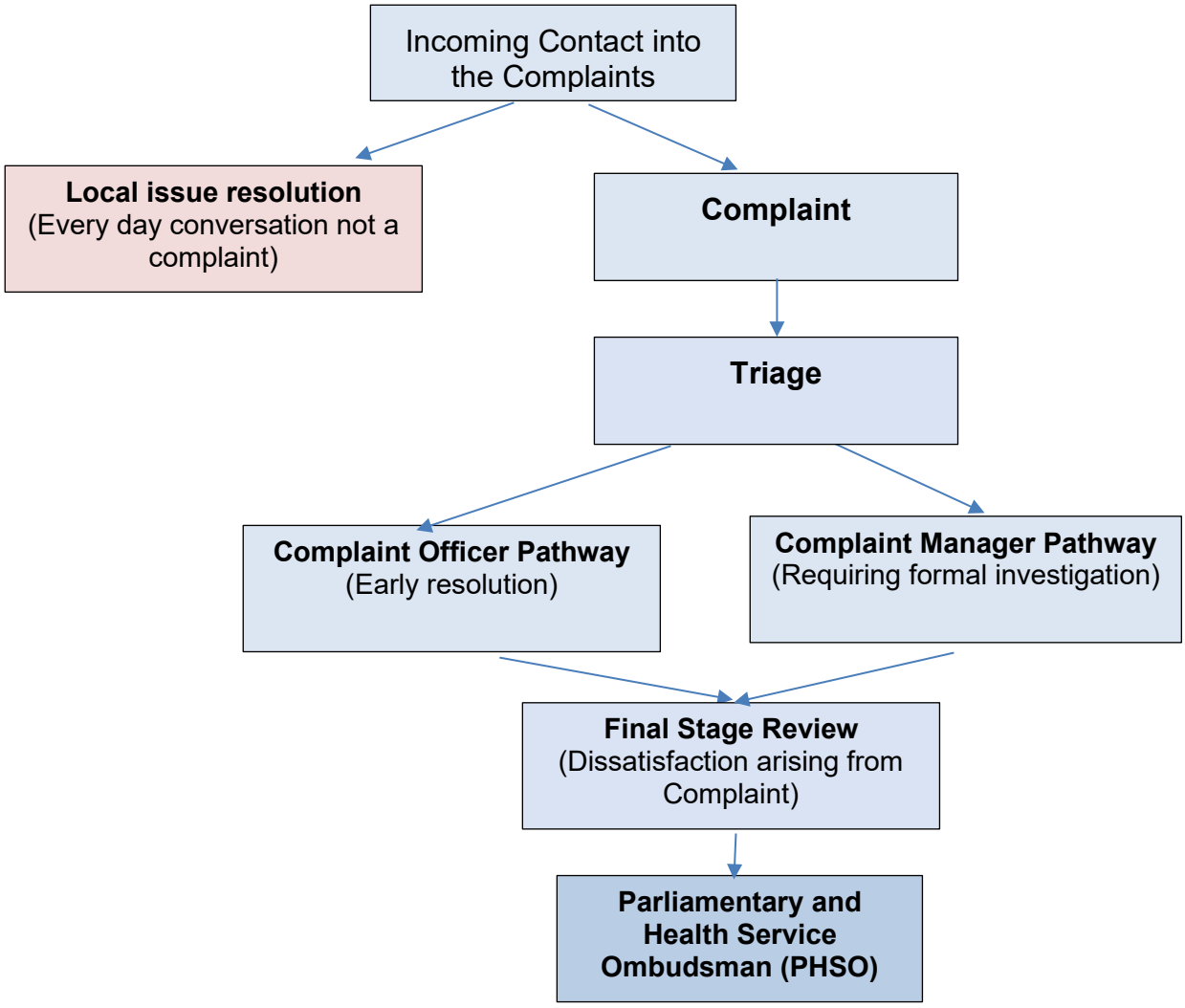
We will make sure staff involved in carrying out complaint investigations are properly trained to do so. We will also make sure they have:

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

Where possible, complaints will be looked at by someone who was not directly involved in the matters complained about. If this is not possible, we will explain to the person making the complaint why it was assigned to that person. This should address any perceived conflict of interest.

4.6.7 Complaints Handling

The complaints handling process has been described in full at Appendix 4 of this policy and includes the early resolution meeting, the final written response, the process for dissatisfaction and the timescales. The process can be summarised as follows:



(a more accessible version of this flow chart is available on request)

4.6.8 Confidentiality

Complaints will be handled in the strictest of confidence and will be kept separately from patient clinical care records. All written complaints correspondence will be stored securely and accessed only by relevant authorised staff. The Trust is required to keep complaints files for ten years after which they will be appropriately disposed.

The designated Caldicott Guardian (Medical Director) is responsible for protecting the confidentiality of patient information and enabling appropriate information sharing. All staff will follow the seven Caldicott Principles for sharing information:

- Justify the purpose of using Patient identifiable Information (PII)
- Only use PII when necessary
- Use only the minimum necessary PII.
- Access to PII should be on a strictly need-to know basis.
- Everyone should be aware of their responsibilities and obligations to respect confidentiality.
- Understand and comply with the law.
- The duty to share personal information can be as important as the duty to have regard for patient confidentiality.

Complainants (or a person legally responsible for the complainant) have the right to access information about them under the Data Protection Act 2018 (GDPR) and they should follow the access to records procedure.

It is recommended that all clinical staff should not routinely record the following within the clinical record:

1) The content of the concerns being raised.

2) Information that they have provided to the Complaints Team as part of the written response i.e., statements from staff.

3) Reference contact with the Complaints Team

If a patient discloses that they have made a complaint to a member of staff. This can be documented within the clinical record as this could influence a pathway decision and allow for consideration to any stressors for the patient, at that time. This allows for the rationale that it is the patient disclosing the information rather than staff disclosing it and the patient remaining unaware it has been recorded.

All clinical staff are reminded that it is appropriate to capture if a patient has disclosed that a complaint has been made to a member of staff (not the detail) and for this to be used to support the patient at that time.

Staff can seek further guidance on this matter from a member of the clinical team or via the Complaints Team.

4.6.9 Support for Staff

We will make sure all staff who look at complaints have the appropriate: training, resources, support, and time to investigate and respond to complaints effectively. This includes how to manage challenging conversations and behaviour.

We will make sure staff specifically complained about are made aware of the complaint and we will give them advice on how they can get support from within the trust, and externally if required.

We will make sure staff who are complained about can give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues.

The person carrying out the investigation will keep any staff complained about updated. These staff will also have an opportunity to see how their comments are used before the final response is issued.

The Trust's staff support leaflet is available at Appendix 5 of this policy.

4.6.10 Referral to the Ombudsman

In all our written responses to complaints we will clearly inform the person raising the complaint that if they are not happy with the outcome, they can take their complaint to the Parliamentary and Health Service Ombudsman (PHSO).

If the complaint is about detention under the Mental Health Act, or a Community Treatment Order or Guardianship we will inform the person making the complaint that if they are not happy with the outcome, they can take their complaint to the Care Quality Commission.

5 Complaints involving multiple organisations.

If we receive a complaint that involves other organisation(s) (including cases that cover health and social care issues) we will make sure that we investigate in collaboration with those organisations. The people handling the complaint for each organisation will agree who will be the 'lead organisation' responsible for overseeing and coordinating consideration of the complaint.

The person investigating the complaint for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that the individual receives a single or joint response.

6 Persistent and Unreasonable Contact.

There could be situations where the individual could be considered vexatious, habitual, or persistent and to suggest ways of responding to such situations. This policy also applies to

those people who make unreasonable or persistent requests for information from the Trust. The guidance should be considered as part of a planned approach.

The Trust acknowledges that individuals will often be frustrated and aggrieved, however, the Trust has a duty to ensure the safety and welfare of staff. When a person's behaviour is considered to be unacceptable, or they are being unreasonably persistent in their requests, they will be advised of the need to address this. If this is unsuccessful, action will be taken to limit their contact with the Trust.

The decision to limit access to the Trust will be considered on an individual basis and as part of a developed plan consisting of evidence to support the application for a request to initiate the vexatious process. This will be taken to the respective Care Group and where appropriate to the Chief Nurse. Details of the criteria for initiating the vexatious procedure can be found at Appendix 6.

7 Monitoring, demonstrating learning and data recording.

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

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

We maintain a record of:

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

Learning and actions will be incorporated into the final response provided to the complainant and will be captured within the InPhase record. InPhase will generate an alert to the action owner which would then allow them to update / maintain the record via InPhase.

All actions should be discussed within the Ward Safety Review (inpatients) or the Team Huddle (community). All open actions will be monitored via the team meeting and will continue to do so until the action has been closed.

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

- People who have made a complaint and any representatives they may have.
- Staff who have been specifically complained about or involved in the process.

- Staff who carried out the investigation

This will be undertaken annually in line with the annual reporting. The data will be risk assessed by those who managed the original complaint, this is to ensure that we do not create any further 'harm' to individuals by seeking feedback of the process. A Microsoft forms questionnaire will be generated allowing for the collation of responses and feedback provided to the team where an improvement plan will be compiled.

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

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

8 Complaining to the commissioner of our service

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

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

In other cases, the commissioner of our services may decide that it is best placed to handle the complaint itself. It will do so following the expectations set out in the Complaint Standards and in a way that is compatible with this procedure. We will co-operate fully in the investigation.

9 Definitions

Definitions used within this policy are referenced below:

Term	Definition
LIR	Local Issue Resolution
FSR	Final Stage Review

PHSO	Parliamentary Health Services Ombudsman

10 Related documents

- Data Management Policy
- Data Protection Impact Assessment (DPIA) Procedure
- Information Governance Policy
- Dealing with concerns affecting medical staff
- Managing concerns of potential conduct (disciplinary) GUIDANCE
- Managing concerns of potential conduct (disciplinary) PROCEDURE
- Managing concerns of potential poor performance (capability) procedure
- Duty of Candour Policy
- Sharing Information and Confidentiality Policy
- Freedom to Speak Up Policy (Whistleblowing / Raising Concerns)
- Mental Capacity Act 2005
- Interpreting and Translation Policy

These can be found in Policies, procedures and legislation | TEWV Intranet

11 How this policy will be implemented

- This policy will be available throughout the Trust via the staff intranet and externally on the Trust website.
- Leaflets and posters will be used to promote awareness of the policy to patients, relatives, and carers.

11.1 Implementation Action Plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Roll out to Trust staff	Increased awareness of roles and responsibilities	3 months	Complaints Team	InPhase Reporting Care Group QAIG's, ERoQ, PACE Group and Quality Assurance Committee.

11.2 Training needs analysis.

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Complaints Staff	PHSO Complaints Handling Training including Investigation training	Flexible via e-Learning	Once
All Trust Staff	Overview of Complaints Handling	Up to one hour	Once

12 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/ Method/ Person Responsible	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group).
1	Team KPI's: Total number of local issue resolutions received. Total number of complaints received. All complaints are acknowledged within 3 working days. Number and percentage of complaints completed within the originally agreed timescales.	Monthly reporting – Head of Service	Care Group QAIG's, ERoQ, PACE Group, and Quality Assurance Committee.
2	Team level training needs analysis and staff appraisal	Annually in line with Trust policy	N/A
3	Audit	As and when required	Care Group QAIG's, ERoQ, PACE Group, and Quality Assurance Committee.

12.1 Monitoring Reports

Several reports are produced (monthly, bi-monthly, and annually) to provide assurance that complaints are being received and responded to. Information is provided for the Trust's:

- Care Group Quality Assurance and Improvement Group's,
- Executive Review of Quality Group,
- Patient and Carer Experience Group,
- Quality Assurance Committee, and
- Commissioning Clinical Quality Review Group.

Types of information reported includes:

- Number of local issue resolutions received.
- Number of complaints received.
- Compliance with originally agreed timescales.
- Themes and key issues raised.
- Lessons learnt.
- Actions taken or being taken to improve services.
- Number of complaint cases considered by the PHSO.

9 References

- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary February 2013 webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/report
- A review of the NHS Hospitals 'Putting Patients Back in the Picture' – Clywd, Hart, October 2013 www.gov.uk/government/publications/nhs-hospitals-complaints-system-review
- Principles of good complaints handling. Parliamentary and Health Service Ombudsman (2022) http://www.ombudsman.org/
- Good Practice Standards for NHS Complaints Handling' (Sept 2003) www.patients-association.org.uk/wp-content/uploads/2014/06/Good-Practice-standards-for- NHS-Complaints-HandlingSept-2013.pdf
- Equality Act 2010 www.legislation.gov.uk/ukpga/2010/15

- Duty of Candour www.cqc.org.uk/content/regulation-20-duty-candour
- Care Quality Commission's (CQC) state of health care and adult social care in England 2014/15 – handling complaints www.cqc.org.uk/sites/default/files/20151103_state_of_care_web_accessible_4.pdf
- NMC / GMC Guidance - Openness and Honesty When Things Go Wrong
- NHS Constitution

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	18 June 2024
Next review date	18 June 2027
This document replaces	CORP-0019-v11 Complaints Policy
This document was approved and ratified by	Management Group
This document was approved and ratified	18 June 2024
An equality analysis was completed on this policy on	29 May 2024
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
9	6 April 2016	Updated to reflect the national picture of openness and transparency in relation to complaints. Title changes as new policy focusses on complaints and concerns.	Withdrawn
10	21 Mar 2017	• Updated to reflect audit recommendations relating to complaint action plan management and escalation processes. • Members of working party changed to reflect new 2016/17 team structure. • Further local resolution statement added.	Withdrawn

10.1	13 June 2018	Sections 9 and 10 revised in line with Data Protection Act 2018 (GDPR)	
10.1	14 April 2020	Review date extended to 05 October 2020	
10.1	October 2020	Review date extended to 05 April 2021	Withdrawn
11.0	08 Dec 2021*	Policy reviewed and format amended to reflect change in standard template. Roles and responsibilities have been strengthened; timescales have been included in relation to the FLR process, inclusion of compassion, learning and inclusion of capturing of concerns raised locally and updated action plan template. Minor change to section 8 How the implementation of this policy will be monitored – 'As and when required' *Ratified date	Withdrawn
12.0	18 June 2024	Policy re-write following the PALS and Complaints Review and the new PHSO Complaint Standards.	Ratified

Appendix 1 – Roles and Responsibilities

Role	Responsibility
Chief Executive	Has overall responsibility for making sure we: • Comply with the 2009 and 2014 Regulations • Comply with the NHS Complaints Standards and this policy. • Take any necessary remedial action. • Report annually on how we learn from complaints. • Signing the final written response to formal complaints (unless delegated to an authorised person(s)).
Executive Clinical Leaders	• Have delegated responsibility for signing the written responses to formal complaints.
Executive Director of Corporate Affairs & Involvement	• Is responsible for ensuring that the Complaints Policy and Procedures are developed, agreed, and implemented throughout the Trust and are monitored as appropriate. • Ensures there is a robust system of Complaints Handling in place and is underpinned by sound governance arrangements to enable organisational learning. Reports to the Quality Assurance Committee on performance and learning from complaints.
Care Group Board / Care Group Senior Leaders / Clinical Directors	• Are responsible for: o Overseeing complaints and the way we learn from them, o Overseeing the implementation of actions required because of a complaint, to prevent failings happening again. o Contribute to complaint investigations. • They retain ownership and accountability for the management and reporting of complaints. They should be satisfied that the investigation has been carried out in accordance with this policy and guidance, and that the response addresses all aspects of the complaint. • They review the information gathered from complaints regularly (at least quarterly) and use this to consider how services could be improved, or how internal policies and procedures could be updated. They report on the outcomes of these reviews via the organisation's governance structure. • They are also responsible for making sure complaints are central to the overall governance of the organisation. They make sure staff are supported both when handling complaints and when they are the subject of a complaint.

	• Ensuring those raising concerns and complaints are not treated differently or discriminated against as a result of raising the issue.
Team Manager / Head of Patient Experience	• Is responsible for the overall day to day management and oversight of procedures for handling complaints and the teams that deliver those services. • Working with senior manager(s) or partner(s), they will be involved in a review of quarterly reports. They will review this information to identify areas of concern, agree remedial action and improve services. • They may also be responsible for the management and oversight of a complaints team and may also act as a complaint handler/investigator or complaint lead. • They will have delegated responsibility to quality check and approve all 'complaint officer' pathway written responses.
Complaint Managers	• Assigned to oversee and co-ordinate the investigation of the complaint and the response to the complaint. • If needed, they seek out the support and input of others. They make sure the information and responses they receive from the person making the complaint, and from staff being complained about, clearly addresses all the issues raised. • They are trained in investigative techniques. Where possible they are also trained in advanced dispute resolution skills This enables them to seek a mediated resolution to the concern or complaint at any time during the investigation of the issues. They may also act as a complaint handler/investigator or complaint lead. • Ensure complaints are investigated in line with the Trust's complaints policy. • Acknowledge complaints received within 3 working days, investigate, and respond to complaint within the originally agreed timescales. • Ensuring there is effective publicity about how to raise a complaint through the provision of leaflets, posters, training, and the trust website. • Monitoring of the overall implementation of this policy ensuring there is open communication between healthcare, organisations, healthcare teams, staff, services users, relatives, and carers.

	• Ensure accurate and timely recording of data on InPhase relating to complaints to enable trend analysis and for reporting purposes. • Work with operational leads to identify actions and highlight any learning opportunities following the complaint. This must be jointly agreed with the operational lead and included in the final response.
Complaint Officers	• Will act as the first point of contact for compliments, concerns and complaints that are not dealt with at a local level. • Their role will involve triaging of all complaints received and identifying the best possible route for the complaint to be managed based on the complexity whilst ensuring the best possible outcome. • Delegate any complaints that would be best suited to local issue resolution to the relevant operational service. • They will seek support and input of operational services. They will make sure the information and responses they receive clearly addresses all the issues raised. • Feedback may be given verbally but will be followed up in writing. • They are trained in investigative techniques. Where possible they are also trained in advanced dispute resolution skills This enables them to seek a mediated resolution to the concern or complaint at any time during the investigation of the issues. They may also act as a complaint handler/investigator or complaint lead. • Ensure complaints are investigated in line with the Trust's complaints policy. • Acknowledge complaints received within 3 working days, investigate, and respond to complaint within the originally agreed timescales. • Ensure accurate and timely recording of data on InPhase relating to complaints to enable trend analysis and for reporting purposes. • Work with operational leads to identify actions and highlight any learning opportunities following the complaint. This must be jointly agreed with the operational lead and included in the final response.
All Staff	• We expect all staff to proactively respond to service users and their representatives and support them to deal with any complaints locally within 10 working days. This must be

	captured electronically via InPhase. We will provide training so they can do this. • For those concerns that cannot be resolved locally, staff should ensure that the patient, relative or family members are provided with information describing how to access the Complaints Team. • We expect all our staff who have contact with patients, service users or those that support them, to deal with complaints in a sensitive and empathetic way. This includes making sure people are aware of our local independent advocacy provider and or national sources of support and advice. • We expect all staff to listen, provide an answer to the issues quickly, and capture and act on any learning identified. • Seek advice, support, and guidance from the Complaints Team.

Appendix 2 – Capacity and Consent

Capacity and Consent Adult Mental Health and C&YPS

Complaints on behalf of adults who lack Mental Capacity

- A complaint may be made by a third party on behalf of a patient where that person lacks the mental capacity to make the complaint themselves. In such circumstances and where the patient is open to services, the Complaints Team should liaise with the clinical team to establish whether the patient lacks capacity to deal with the complaint themselves.

- It should not be assumed that, because the patient has been previously considered to lack capacity to consent to treatment, that they also lack capacity regarding making a complaint or agreeing to someone doing so on their behalf. An assessment of capacity regarding the complaint process should be carried out and documented in their clinical records.

- The capacity assessment should cover whether the patient understands the areas of concern that are being raised, who is making the complaint and that personal information about the patient's care and treatment may be shared with the person making the complaint and that information may also be shared externally (e.g., with the Parliamentary and Health Service Ombudsman).

- If the outcome of the assessment is that the patient has capacity, then consent will be required from them before the complaint can proceed.

- If the outcome of the assessment is that the patient lacks capacity a proper investigation will take place, even if the patient is compliant with care and treatment. Where a decision is made not to respond directly to the third party, it is important to consider what level of investigation is required to ensure the service user is not being placed at a disadvantage because they lack capacity to make the complaint for themselves.

- Consider whether a Best Interests assessment is required once the investigation is concluded to determine whether it is appropriate for the third party to make a complaint on behalf of the patient and what level of response should be provided. For example, where there are concerns that the third party may not be motivated by genuine concern for the service user, consider whether a response can be given that provides reassurances to the third party without disclosing confidential information that should not be shared.

- When deciding whether a complaints response should be provided to a third party consider the following:

    - Is the third party an appropriate person to raise a complaint on behalf of the service user?
    - Is it appropriate for confidential information to be shared in the context of a complaint's response?
    - Has the service user previously (when capable) indicated they would not want information to be shared with the third person?
    - Is the service user objecting (whilst incapable) to information being shared with the third party?

Complaints on behalf of Young People

- A child is anyone under the age of 16. A young person is aged 16 or 17.

- If a complaint is received about a patient aged 16 or over, they are presumed in law to be competent and therefore written consent from the child must be provided.

- If a young person lacks capacity, follow the process relating to complaints on behalf of incapable patients as outlined in the previous section. In addition to following the guidance for incapable adults it would be appropriate to liaise with someone who has parental responsibility for the young person in respect of the complaint unless the young person is indicating or has previously indicated they do not wish for a person with parental responsibility to be involved **or** there is reason to believe that it would not be appropriate for the person with parental responsibility to be involved in the complaints process.

Complaints on behalf of children

- The competence of a child to deal with the complaint themselves should be assessed. Unlike adults, there is no presumption as to competence and therefore a judgment should be made on a case-by-case basis. The assessment should consider whether the patient is of sufficient maturity and understanding to consent to the investigation being conducted and information being shared with a third party at the conclusion of the investigation.

- If a child is aged 13 –15 years of age, they are presumed in law to be competent. If deemed competent the child must give their consent otherwise person with parental responsibility can.

- If the outcome of the assessment is that the child is deemed competent to consent to information being shared for the purpose of investigating and responding to the complaint, then the child's consent will be required for information to be given to a third party (including someone with parental responsibility).

- Where the child lacks competence and the complaint is brought by a person who has parental responsibility for the child, it would usually be appropriate to respond to that person unless the child is indicating or has previously indicated they do not wish for the person with parental responsibility to be involved with their care **or** there is reason to believe that it would not be appropriate for that person with parental responsibility to be involved in the complaints process

- If a complaint is brought on behalf of an incompetent child by a person who does not have parental responsibility, the consent of the person with parental responsibility should be obtained unless: the child is indicating or has previously indicated that they do not wish for a person with parental responsibility to be involved in their care **or t**here is reason to believe that it would not be appropriate for the person with parental responsibility to be involved in the complaints process.

- Where a child is found to lack competence, a proper investigation is conducted in relation to any concerns raised about a child's care, even where the child appears to be compliant with the care and treatment given or where a decision is made not to respond to the complaint.

- An assessment as to whether the third party is an appropriate person to raise a complaint on behalf of the child should also be undertaken to ensure it is in the child's best interest for the response to be given to the third party. For example, where there is concern about the sensitivity of the information or that the third party is not motivated out of genuine concern for the patient. Consider whether a response could be formulated that provides reassurances without disclosing confidential information that should not be shared.

Appendix 3 – Managing Local Issue Resolution

When somebody raises concerns locally, the most important thing to do is to talk to them – either face to face or by phone or video call. If you think the concerns can be resolved quickly, this initial engagement is an effective way to acknowledge the concerns, discuss the issues, explore how you can resolve them and set out how long this may take.

All staff will try to resolve concerns raised locally at the time they are made or within 10 working days. It is important that we acknowledge the concerns within 2 working days to ensure that we are taking their concerns seriously.

It is important that we provide an open and honest explanation to the concerns being raised, the following checklist may be helpful:

- First ensure that the health needs of the patient continue to be met.
- Remain calm. Be friendly and always introduce yourself.
- Ask if they need any adjustments in order to participate in the process.
- Respect the person's need for privacy – take them to a quiet area/room if possible. You may also wish to take someone else with you.
- Listen carefully to what they have to say and if necessary, make notes.
- Give the individual time to express their concerns. Ask questions to check that you have understood what they are saying and to gain additional information. Summarise the key issues.
- Try and put yourself in the patient's shoes. Would you feel happy if their experience had happened to you or your relative?
- Apologise for the problem and the fact they had reason to raise concerns. An apology can often remedy a potentially difficult situation and is not an admission of liability.
- If possible, try and explain why the problem might have arisen. If necessary, find out additional information from other staff to be able to answer the concerns.
- If appropriate, offer apologies for any weakness or failures in the service and explain what action you intend to take.
- Empathise. Do not be defensive and never blame or criticise other colleagues, departments, or trust policies etc.
- If possible, offer a solution or refer to someone who can. If you cannot put things right, explain why and tell them what you can do instead.
- Check that the person is satisfied with the outcome. Thank them for bringing their concerns to our attention.
- If something has gone wrong, capture any learning to share with colleagues and improve services for others.

Any concern made directly to a member of staff should be reported to the staff member's line manager irrespective of whether it has been successfully resolved.

Where the concerns do not relate to the treatment or care of a patient or it is a general enquiry, these should be referred to the Complaints Team for advice on responding.

Any written correspondence including emails should be retained on the InPhase Record for a period of no more than 10 years and will be treated with the appropriate level of confidentiality.

Staff can contact a member of the Complaints Team at any time for advice, support, or guidance.

The full process is outlined in full at Appendix 2 of this procedure and at Appendix 3 is the model guidance from the PHSO.

Dissatisfaction following a Local Issue Resolution

If the person raising the concerns locally is unhappy with your resolution, you should consider whether you can and should carry out more work to try and resolve the matter locally. If you are satisfied that you have done all you can to resolve the matter, you should signpost the individual to the Complaints Team who will take a closer look into the complaint, they may want to discuss with you the steps you have taken to try to resolve the concerns locally.

To do this you will need to record on the InPhase Form that you have escalated the matter to Complaints. You will also need to follow this up in an email to tewv.complaints@nhs.net quoting the InPhase Reference Number.

Appendix 4 – Complaints Handling Procedure

The duty worker will review the complaint to identify whether this relates to signposting (not relating to TEWV e.g., another NHS organisation) and the complaint will be marked as 'closed.'

If the complaint does not relate to signposting the duty worker will check to see if the complaint is already open either as either a 'local issue resolution,' 'complaint officer pathway' or via the 'complaint manager pathway'. If the case is already ongoing and open to a member of staff the duty worker will forward the complaint to the relevant operational manager/complaint's officer/complaints manager.

If the case is not currently open on InPhase the duty worker will complete the Triage Form to identify whether the complaint can be managed as a 'local issue resolution,' 'complaint officer pathway' or via the 'complaint manager pathway'. The triage process should be commenced within 1 working day of the complaint being received or completed in real time if the contact is via telephone or face to face.

If the 'local issue resolution' process has been identified the duty worker will contact the appropriate team or ward manager and ask that this is picked up through this route. The duty worker will advise the individual of the name of the person who will be picking up the complaint. No further action will be taken by the duty worker.

If the 'complaint officer' pathway has been identified the duty worker will retain the complaint and add this to their caseload. The case will then be added to InPhase, they will acknowledge the complaint within 3 working days (either verbally or in writing/email), consider any consent issues and will proceed with the case.

Once the complaint has been acknowledged and has been allocated to a Complaints Officer, they will notify the Service Manager, Modern Matron and Ward/Team Manager who will then be asked to notify their leadership cell for their awareness and provide a response to the Complaints Team within 2 working days confirming the following:

- Immediate actions to be taken (if relevant).
- Identify who will be the identified lead (name(s) and profession).
- Identify any barriers to completing the complaint within the agreed timescale.
- Decide if an early resolution meeting is appropriate or whether a written response would be appropriate.

If a decision is made to provide verbal/written feedback as an alternative to holding an early resolution meeting. The nominated lead from operational services will work with the Complaints Officer to draft the written response.

Any feedback provided verbally will be followed up in writing. This will include the reference that should they remain dissatisfied they have the right to take the matter further to the PHSO.

Once a written response has been drafted this will be quality checked and signed off by either the Team Manager or Head of Patient Experience. Once approved the response will be sent and the InPhase record marked as 'closed.'

If the 'complaint manager' pathway has been identified the complaint will be forwarded to the Senior Team Administrator who will then allocate the case to the relevant Complaints Manager (based on the Care Group i.e., DTV&F or NYY&S). Using the completed triage form and response time matrix, the Senior Administrator will consider any consent matters, draft the acknowledgement letter (complaints can be acknowledged verbally or writing/email) and sent to the Complaint Manager to review. All acknowledgement letters will be sent within 3 working days.

Once the complaint has been acknowledged and has been allocated to a Complaints Manager, they will notify the General Manager, Service Manager, Modern Matron and Ward/Team Manager who will then be asked to notify their leadership cell for their awareness and provide a response to the Complaints Team within 2 working days confirming the following:

- Immediate actions to be taken (if relevant).
- Identify who will be the identified lead (name(s) and profession).
- Identify any barriers to completing the complaint within the agreed timescale.
- Decide if an early resolution meeting is appropriate or whether a written response would be better.

At the mid-way point the complaint manager will contact the complainant via their preferred method of communication (as agreed in the initial contact) as part of the trusts keeping in touch process. If more issues are received from the complainant following receipt of the keeping in touch letter, this should be managed by the complaints manager using professional judgement or if required the daily management huddle to see if the additional concerns can be added to the existing complaint or whether they would need to be managed as a new complaint. If a new complaint is agreed with the complainant, time will be allocated in line with the matrix. This will be an additional field in InPhase which can be used to monitor the due date of the mid way point which will have been communicated to the complainant in the acknowledgement letter previously sent.

If a decision is made to formally investigate a complaint as opposed to hold an early resolution meeting. The nominated lead from the operational services will work with the Complaints Manager to draft the written response.

We will aim to complete our investigation within the timescale shared with the person making the complaint at the start of the investigation.

On occasions circumstances may change and it may be necessary to extend the originally agreed timescales. This should be as a last resort and there should not be multiple extensions applied to the same complaint. If this needs to be applied in exceptional circumstances this

should be communicated to the complainant and an explanation should be provided stipulating the reasons for the delay (open and honest) and a new target date for completion given. This will be followed up in writing.

If we are unable to complete the investigation and issue a final response within 6 months. This should be escalated to the Director of Corporate Affairs and Involvement and the Head of Service who will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed, and a final written response issued.

Once the complaint has been completed this will progress through to approval with operational services and final sign off by the Executive Clinical Leaders.

Early Resolution Meeting

When a complaint is first received, a decision will be made between the appropriate operational service and the complaints officer/manager whether it is appropriate to resolve the concerns quickly using an early resolution meeting or whether a more detailed consideration is needed i.e., written feedback or a detailed investigation.

An Early Resolution Meeting may be appropriate if the concerns are not contentious or complex and it would potentially resolve the issues in a relatively short space of time. The primary aim would be to work together to resolve the complaint and if appropriate use the complainants experience to improve our services.

The meeting will be attended by the complainant and their representative if appropriate; a senior manager from the service who has the appropriate authority to make decisions and they will be supported by a member of the complaints team. The meeting will be offered either as a face to face or a virtual meeting and will be based on the complainant's preference.

Where it is appropriate to hold an Early Resolution Meeting, a member of the complaints team will offer this to the complainant either in writing or by email and will include the 'Your Early Resolution Meeting - Information sheet.'

The 'Your Early Resolution Meeting – Information Sheet' has been developed to provide valuable information in advance of the meeting and is intended to be supportive.

If the complainant is open to attending the Early Resolution Meeting, they will be sent a confirmation letter/email providing full details of the meeting. This will also include their right to be accompanied by their Independent Complaints Advocacy Service (ICAS).

The meeting will provide the complainant with as much information as necessary including any actions that we are going to take or have taken as a result of their complaint with the intention that this will conclude their complaint.

A member of the Complaints Team will draft a written response following the meeting including a summary of the notes taken during the meeting. This will be provided to the complainant once formal sign off has been obtained.

The final written response

All written responses will provide:

- A clear and balanced explanation of what happened and what should have happened. They should reference any relevant legislation, standards, policies, procedures, and guidance to clearly identify if something has gone wrong.
- Clearly address the issues raised. This includes obtaining evidence from the person raising the complaint and from any staff involved or specifically complained about.

If the complaint raises clinical issues, a clinical view will be obtained from someone who is suitably qualified. Ideally, this should not have been directly involved in providing the care or service that has been complained about.
If having looked into the complaint or following a formal investigation it has been identified that something has gone wrong, they will seek to establish what the impact the failing has had on the individual concerned and where possible they will put that right for the individual or they will consider what action can be taken to remedy the impact. To put things right, the following remedies may be appropriate:

- An acknowledgement, explanation, and a meaningful apology for the error
- Reconsideration of a previous decision
- Expediting an action
- Changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

All written responses should contain any identified action plans or areas of learning (if applicable) that can be captured within the final written response. The nominated operational lead and the Complaint Officer / Manager should jointly determine these. In addition, all actions and learning should be reflected electronically within the InPhase record.

Before sending a final written response to the complaint, the complaint officer/manager will consider on a case-by-case basis how best to share the outcome with the complainant i.e., by telephone, in a meeting or in writing.

As soon as practical a written response will be signed by our Executive Clinical Leads on behalf of the Chief Executive (Formal Complaints), whilst all rapid responses will be quality checked by the Team Manager/Head of Service. The response will include:

- A reminder of the issues investigated, and the outcomes sought.

- An explanation of how we investigated the complaint.
- The relevant evidence we considered.
- An explanation of whether something went wrong that sets out what happened compared to what should have happened, with reference to relevant legislation, standards, policies, procedures, and guidance.
- If something went wrong, an explanation of the impact it had.
- An explanation of how that impact will be remedied for the individual.
- A meaningful apology for any failings.
- An explanation of any wider learning we have acted on/will ack on to improve our service for other users.
- Details of how to contact the Parliamentary and Health Service Ombudsman if the individual is not satisfied with our final response.
- A reminder of where to obtain independent advice or advocacy.

Dissatisfaction with a Complaint Response

There will be occasions where individuals remain dissatisfied with their complaint response. Where this happens consideration will be given to:

- Are the issues 'new' not previously responded to / investigated – where this is the case these will be acknowledged and managed as a new complaint via the triage process. Operational services will be notified accordingly.
- Has a fair and thorough investigation already taken place, nothing further to add. Assistance in reaching this determination can be given from the operational service lead. The individual will be notified in writing of the trust decision and advised to contact the Parliamentary Health Services Ombudsman (PHSO).
- The original complaint response did not fully answer the questions posed. Service Manager/General Manager will be notified who will share with the leadership cell for information. Acknowledgement letter to be sent. Further written response prepared under the final stage review process.

This final stage review process will be managed by the Complaints Officers for any 'complaint officer pathway' complaints and the Complaints Managers for any 'complaint manager pathway.'

Timescales for Responding to a Complaint

In cases where consent is required, this must be requested within three working days of receiving the complaint and can be requested either verbally or in writing (email or postal), with a 7-day deadline given for responding. If no, response has been received within the 7 days this will be followed up giving another 7 days to respond, if no response is received the complaint will be marked as 'closed'.

If no consent is required or consent has been received, then the following will apply:

Complaint Officer Pathway	Complaint Manager Pathway
Triaged and acknowledged within 3 working days. 7 days given to confirm issues (if required). Responses within: 15 Working days (standard) or 30 Working days (Complex - CQC/MP/Multiple Teams) Final Stage Review – triaged and acknowledged within 3 working days. Addressed by Complaints Officers within 15 working day response time.	Triaged and acknowledged within 3 working days. 14 days to agree with the scope of the investigation, deadline of which is within the acknowledgement letter. Responses within: 45/60/75/90 working days. Keeping in touch will be maintained mid-way through the complaint. Final Stage Review – triaged and acknowledged within 3 working days. 30 working days response time.

Complaint Manager Pathway - Matrix (working days):

Number of Teams Involved:

Number of Issues	1	2	3	4	5+
1 – 5	45	45	60	60	60
6 – 10	60	60	75	75	75
11 – 15	75	75	75	75	75
16+	90	90	90	90	90

The timescales for responding to complaints managed via the 'complaint manager pathway' will be defined by the number of teams involved and the number of issues outlined in the complaint. However, the complaints managers can exercise professional judgement, an example of this is where there is 16+ issues but they are straightforward to respond to therefore rather than automatically stipulating a timescale of 90 working days this may be reduced to 75 working days.

All complex cases for example a serious incident/death of a patient will automatically default to a timescale of 90 working days.

Where an independent investigator has been identified to investigate a complaint the national timeframe of up to 6 months will be applied.

Appendix 5 – Staff Support Leaflet

The Complaints Regulations – What does this mean for me as a member of staff

Receiving a complaint about the service you provide can be distressing and it is understandable for you to feel angry, upset or frustrated if you have been cited in a complaint or asked to provide feedback as part of the complaints process. The Complaints Team are here to help and support you, this is in addition to speaking to your line manager or the other services through the health and wellbeing service.

Overview

- Complaints registered under the Complaints Regulations 2009 requiring investigation are dealt with by the Complaint Team.

- The aim is to provide an explanation that is an open and honest account of what happened.
- All registered complaints receive a written response, the majority are sent from the Chief Executive who needs to give a full response to the issues raised.
- You have been contacted as someone who has been involved in the patients care and are therefore able to provide useful information in response to the questions raised. Your feedback will be used when pulling together the written response to the complaint. Your feedback can be provided either in writing or verbally and the Complaints team are here to offer any support to you should you need this.
- To resolve concerns, it may be helpful for the service and a representative from the Complaints Team to meet with the complainant to clarify issues if it is not clear. Complainants are offered the opportunity to discuss their complaint.
- Although this guide has been produced with formal complaints in mind, the principles would also apply when managing concerns informally e.g., Locally.

Compassionate Response

- A compassionate response is one that acknowledges and validates the feelings and experiences of the person making a complaint without judgement or criticism. It involves actively listening to the person, expressing empathy, and offering support or assistance in a way that is respectful.

Restorative Approach

- Restorative responses are meant to be healing and repair, promoting positive interactions and experiences.
- It is important that if we have not followed our processes that we acknowledge this and we describe the steps that will be taken to address this, or we provide information on how we will learn from their experiences. This will bring about a sense of relief and comfort, even in a difficult or stressful situation.

Expectations from you

- Has the complaint response been inclusive?
- Verify that the questions or points raised have been responded to, avoid abbreviations or technical terms, provide explanations where needed and acknowledge how this has made the individual feel.
- It is not enough to copy and paste a response from PARIS. You may recall the event differently and this is helpful for the complaint manager to understand this further to respond fully.
- Does the response reflect what should have happened against the service expectations e.g., policy requirements, KPI's, clinical pathways, NICE Guidance, trust values and behaviours etc.
- If service expectations have not been met, acknowledge this, and detail the actions being taken to address this. Be honest about the reason why this may have occurred. Explain what differences you would expect this to make and by when.
- If the service expectations have been met, provide clear reasoning why this is the case and appreciation of the differences being felt. Take care not to be dismissive or punitive, be trauma informed in how we respond and retain the mutual appreciation of understanding the individual's experience.
- Be satisfied that the response is personal, honest, and comprehensive and that the language is understandable to the reader. **Would you be happy to receive this response?** Have any reasonable adjustments been considered?

What happens after I have given my information to the Complaints Team? When the team receive all the relevant information, a response will be drafted on behalf of the Chief Executive, and you will usually be asked to comment on this draft. Timescales are tight, so please give your comments as soon as possible. If the complainant remains dissatisfied there may be a need for further information and it may be necessary to contact, you again.

Is this the end of the complaint? Usually, yes albeit local resolution of the complaint concludes the matter. However, on occasions the complainant will write to the Ombudsman requesting an independent review as is their right. You will only be contacted again if further information was required. Your ward or team manager would be able to give you further information on how the complaint has progressed and or the outcome.

Will my involvement be documented on my personal file, or will this result in disciplinary action being taken? Your involvement with a complaint will not be documented on your personal file. A possible outcome following a complaint response could include reflection in supervision, sharing the response with the team as part of learning or offering additional training. Should the ward or team manager have additional concerns in relation to staff conduct these would be discussed with HR in line with trust policies and would not involve the Complaints Team.

If you would like further help or support, please contact the Complaints Team on 0800 052 0219 or you can email complaints at tewv.complaints@nhs.net

Appendix 6 – Complaints Leaflet

The trust has a leaflet that explains how to raise a concern or a complaint, this can be accessed via our trust website at www.tewv.nhs.uk/about-your-care/complaints/ where you can also download a copy should you wish to do so.

Appendix 7 – Persistent or Unreasonable Contact

Procedure for Managing Unreasonable or Unreasonably Persistent Individuals

1 Introduction

We value the importance of effective and empathetic communication to help people use our service and enable us to carry out our work.

This procedure covers all contacts, enquiries, and complaints. It is intended for use as a last resort and after all reasonable measures have been taken to try to resolve an issue.

Persistent or unreasonable contact may be as a result of individuals having genuine issues and it is therefore important to ensure that this process is fair, and the person's interests have been taken into consideration.

2 Purpose of the Guidance

To assist the organisation to identify when a person is persistent or unreasonable, setting out the action to be taken.

3 Definition of persistent and unreasonable complaints

There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:

- Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted. This also extends to MP, Ombudsman, Legal challenges etc.
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services could assist to help them specify their complaint.
- Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g., insist on responses to complaints being provided quicker than agreed/published timescales.
- Insisting on speaking with senior colleagues or escalating to senior colleagues when not getting the desired answer from trust staff.
- Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded.

- Change the substance of a complaint or seek to prolong contact by continually raising further concerns or questions. Care must be taken however not to discard new issues that are significantly differed from the original issue. Each issue of concern may need to be addressed separately.
- Consume a disproportionate amount of time and resources, placing unreasonable demands on staff with excessive number of contacts either in person, by telephone, letter, email, or social media.
- Threaten or use actual physical violence towards staff.
- Have insufficient or no grounds for the concern but making it to annoy trust staff.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g., emails).
- Repeatedly focus on conspiracy theories and / or will not accept documented evidence as being factual.
- Make excessive telephone calls or send excessive numbers of emails or letters to staff.
- Make demand which are incompatible with the policy, for example, insisting there is no documentation made in relation to the concern.
- Refuse to accept that issues are not within the remit of the policy and procedure.
- Make groundless complaints about staff dealing with the concern, seeking to have them dismissed or replaced.
- Deny statements made at an earlier stage in the process.
- Refuse to accept the outcome after conclusion or deny that an adequate response has been given.
- Complain or challenge a concern based on historic (more than one year) and irreversible decision.
- Record meetings or conversations without prior knowledge and consent of all involved.

4 Roles and Responsibilities

We expect Trust employees and people who engage with us to behave in an acceptable way.

We expect trust employees to:

- Provide a fair, open, proportionate, and accessible service.
- Listen and understand.
- Treat everyone who contacts us with respect, empathy, and dignity.
- Conduct themselves in accordance with the trust's values and behaviours.

We expect everyone who contacts us to:

- Treat employees with respect and courtesy
- Engage with us in a way that does not impact on our ability to carry out our work effectively and efficiently for the benefit of everyone who interacts with us.

We hope that most people will be satisfied with the contact that they have with us, but we recognise that some people may not be. You can provide feedback about our service at any time during your contact with us.

5 Actions prior to designating a person's contact as persistent and or unreasonable.

Any trust member of staff who directly experiences unacceptable behaviour while in contact with someone using our service is authorised to deal with it immediately. They will do this in a manner they consider appropriate to the situation and in line with the Trust's values and behaviours.

It is important to ensure that the details of a complaint or a concern are not lost because of the presentation. There are a number of considerations to bear in mind when considering imposing restrictions upon a person.

These may include:

- Ensuring the persons' case is being or has been dealt with appropriately and that reasonable actions have followed the final response letter.
- Confidence that the person has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable or persistent.
- Checking that new or significant concerns are not being raised, that requires consideration as a separate case.
- Applying criteria with care, fairness, and due consideration for the person's circumstances, e.g., physical, or mental health conditions which may explain difficult behaviour. This could include the impact of bereavement, loss or significant/sudden changes to the person's lifestyle, quality of life or life expectancy.
- Ensuring that those accessing our service have been advised of the existence of the policy and has been warned about and given a chance to amend their behaviour and rectify the situation.

Consideration should be given as to whether any further action can be taken prior to designating the persons' contact as unreasonable or persistent. This might include:

- Raising the issue with either the Care Group Director of Nursing & Quality, Care Group Director of Operations & Transformation, or the Director of Corporate Affairs & Involvement with no previous involvement, in order to give an independent view.
- Where there are multiple contact points, consider a strategy to agree a cross-departmental approach.
- Consider whether the assistance of an advocate may be helpful.
- Consider sending a warning letter (Appendix A)

Consider how communication with the person could be managed, which may include:

- Time limits on telephone conversations and contacts
- Restricting the number of calls or contact at certain times on set days.
- Restrict contact to named individuals and agreeing when this should be.

- Requiring contact via a third party e.g., Advocate
- Restrict contact to certain communication methods, while taking account of any reasonable adjustments in place
- Informing the person of a reasonable timescale to respond to correspondence.
- Informing the person that future correspondence will be read and placed on file, but not acknowledged.
- Advising that the organisation does not deal with calls or correspondence that are abusive, threatening, offensive or discriminatory.
- Asking the person to enter into an agreement about their conduct.
- Block emails or telephone numbers

This should be documented using the 'Familiar Faces' framework (Appendix B) and associated person specific plan (Appendix C)

In exceptional cases we reserve the right to refuse to accept a complaint or future complaints from an individual (Appendix D).

Where appropriate we will refer the matter to the police for criminal investigation.

6 Making sure our service is accessible to those who need it.

We will make sure that we meet the requirements of the Equality Act 2010 and the public sector equality duty. This includes considering adjustments for disabled people and people living with a long-term health condition or impairment.

Our employees are trained to handle difficult situations appropriately and are expected to understand the causes of challenging behaviour.

On occasion however, someone's behaviour may go beyond what is reasonably acceptable.

Some people who have a disability, a long-term health condition or impairment may be subject to a restriction under this procedure. In these cases, we will consider whether applying the restriction would affect that person more than someone who does not have that disability, health condition or impairment. Where necessary, we will make sure you are still able to access the trust.

7 Process for managing persistent and or unreasonable behaviour.

Where a person's contact has been identified as persistent and or unreasonable, the decision to declare them as such must be made based upon information provided by the Complaints Team. It is important that all relevant information be made available before a decision is made, in order to ensure the person is treated fairly when considering imposing of restrictions.

A joint decision will be made by the person specific plan panel as part of the review process. Once a decision has been made, depending on where the focus of communication has taken place, the Head of Patient Experience will write to the person informing them that:

- Their complaint / concern is being investigated and a response will be prepared and issued as soon as possible within the timescales agreed or:
- Their complaint / concern has been responded to as fully as possible and there is nothing to be added.

Additionally:

- That repeated contact regarding the complaint / concern in question is not acceptable and that further calls will be terminated and:
- That any further correspondence will not be acknowledged

All appropriate staff should be informed of the decision so that there is a consistent and coordinated approach across the trust (ensuring that only information pertaining to the restriction is made available rather than information regarding the case).

If the person raises any new issues, then they should be dealt with in the usual way.

8 Duration of Restricted Contact

Restricted contact will be put in place for a minimum of 6 months. A virtual panel will aim to meet prior to the end of the six-month period to review any change in status. The panel can make recommendations as part of their consideration to either extend or remove any restriction.

Employees have approval to review a restriction prior to the review date if they consider the person involved has positively changed their behaviour. If a restriction is removed that person will be informed in writing or via an agreed alternative format if a reasonable adjustment is in place.

There may be rare occasions when the nature of the contact requires immediate and urgent action such as involving emergency services in order to safeguard either the person or staff member (or both). In these circumstances follow usual safeguarding processes and retrospectively apply the persistent and or unreasonable procedure as necessary.

9 Non-compliance with restrictions

If someone does not comply with a restriction, employees have approval to stop contact at the time this happens. For example, if the restriction prohibits any telephone contact employees can remind that person of the restriction and end the call immediately.

If they continue to ignore the restriction, employees will consult with a manager to consider whether further restrictions are required.

10 Appealing a decision to restrict contact.

When we send a letter informing someone of a restriction, we will provide information on how to appeal against the decision.

If they wish to appeal the restriction, they must do so within 10 working days if the decision to restrict contact (or another timescale to be agreed if a reasonable adjustment is in place). The restriction will remain in place whilst the appeal is considered.

Any appeal will only consider arguments against the restriction, it will not consider arguments related to any complaint or issue brought to us.

An appeal could include that the restrictions:

- Are disproportionate.
- Will disproportionately impact the individual because of personal circumstances, such as a previously undisclosed disability, condition, or impairment.

When the restriction was put in place by a specific team, the appropriate Executive Director will consider the appeal. They will make the decision to remove, change or uphold the restriction based on the evidence available to them. There is no further right of appeal.

11 Record Keeping.

Ensure that adequate records are kept of all contact with persistent and or unreasonable contacts.

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

Appendix A

Example Vexatious Warning Letter

Dear [insert person name]

Warning Letter – Vexatious

We are writing further to your contact with [insert role/position in organisation] regarding [insert details of behaviour].

[It is alleged that you have made a number of contacts…….]

[Their complaint / concern is being investigated and a response will be prepared and issued as soon as possible within the timescales agreed].

[Their complaint / concern has been responded to as fully as possible and there is nothing to be added].

The Trust aims to resolve all concerns where possible, however regrettably in this instance it has not been achievable and therefore we have issued this warning letter. If you continue your contact in the same manner, it will be viewed as unreasonable and as a result may lead to the Trust initiating its Vexatious Procedure as detailed in the Trust's Complaints Policy. However, we would like to continue to work with you to try and further address your concerns in a measured way.

If you do not agree with what has been set out in this letter or have any comments to make, please contact the Complaints Team at tewv.complaints@nhs.net

Yours sincerely

Appendix B

Vexatious Form for consideration by the Care Group Director of Nursing and Quality and or Director of Operations and Transformation for implementation or withdraw of process.

Has vexatious warning letter been sent? If not, please send before completing this form.

Name	
Reason for plan	
People agreeing this plan.	
InPhase number(s)	
Issues raised	
Single point of Correspondence for concerns and complaints	
Familiar Face for other requests (FOI, SAR, IG)	
Plan	
Duration of Restriction	
Date of Review	

Form to be returned to staff member applying to initiate vexatious process and if approved send the vexatious letter

Appendix C

Example Notification of Vexatious Individual status and Single Point of Contact

Dear [insert person name]

Implementation of vexatious process

I am writing further to my previous warning letter to advise I have received notification of further reports where it alleged that on [insert date(s) of incident(s) and a brief description of behaviour]. As you are aware [insert details of any previous action taken if appropriate]. Behaviour such as this is unacceptable and will not be tolerated therefore the Trust is initiating the Vexatious process and allocated you a Single Point of Contact (SPoC). To confirm, your allocated SPoC is [generic name for example Complaints] and therefore any future communication with the Trust should be through your SPoC who will triage and signpost accordingly.

The contact details for your SPoC are as follows:

Name:

Email Address: [Delete if not applicable]

Telephone Number: [Delete if not applicable]

Postal Address: [Delete if not applicable]

From this date forward, any future contacts you wish to make with the Trust must be through your SPoC and with a maximum frequency of once a week [change as needed]. If you provide contact outside of this agreement, telephone calls and correspondence may not be answered, and staff will be given permission to terminate contacts and further action may be taken.

If you have serious or immediate concerns about your health and welfare, please use the appropriate emergency services rather than emailing these to your SPoC.

Yours sincerely

Single Point of Contact (SPoC)

Appendix D

Example Withdrawal from the vexatious status

Dear [insert person name]

I am writing further to my correspondence in relation to the vexatious status the Trust issued on [insert date].

Since implementing the vexatious process, you have respectfully adhered to the communication plan, and I am pleased to confirm that the status has been lifted.

[Please remain in contact with your single point of contact until further notice].

[With the ease of this status, you are now permitted to contact staff outside of the single point of contact although I request that this is kept to a minimum and in line with clinical need].

I would like to take this opportunity to thank you for working alongside me and hope you continue to communicate in the boundary way in order for the team to focus on your clinical needs.

Yours sincerely

Single Point of Contact (SPoC)

Appendix 8 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Complaints Team, Corporate Affairs & Involvement
Title	Complaints Policy
Type	Policy
Geographical area covered	Trust wide
Aims and objectives	The Trust has established a clear policy statement and procedure for the effective reporting, investigating and management of all concerns received about its services. This policy provides clear guidance on handling of concerns whether informally or through a formal process. Complaints usually represent a small proportion of those people who are dissatisfied with the service they have received and are an important source of information about the Trust's overall quality of service. A well-handled complaint can enhance the Trust's reputation. Suggestions, constructive criticism, and complaints are a valuable and positive aid in maintaining, improving, and developing better standards of health care and should be seen as such.
Start date of Equality Analysis Screening	20 December 2023
End date of Equality Analysis Screening	29 May 2024

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan benefit?	Service users, carers, and families
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project, or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveler) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism, and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans, and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	
Describe any positive impacts / Human Rights Implications	This policy supports the Trust to meet our obligations to create a positive experience for people making a complaint, by ensuring that they are supported, listened to, and involved in how we resolve their concerns. We do this for all regardless of their protected characteristics to help ensure equality for all.

Section 3	Research and involvement
What sources of information have you considered? (e.g., legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references section.
Have you engaged or consulted with service users, carers, staff, and other stakeholders including people from the protected groups?	Yes.
If you answered Yes above, describe the engagement and involvement that has taken place	This policy was developed in co-creation through the PALS and Complaints Review and is informed by the new PHSO Complaint Standards. Policy has been informed by trust wide staff consultation
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 9 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	Policy has been informed by trust wide staff consultation
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	

7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	LC
9. Approval		
Does the document identify which committee/group will approve it?	y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	y	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	n/a
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (Do not use something generic like 'click here')	Y	