



PALS and Complaint Policy

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Accountable Executive Lead	Executive Chief Nurse
Approving body	Clinical Quality Group
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ESSENTIAL READING FOR THE FOLLOWING STAFF GROUPS:

1 – All Departmental Managers

STAFF GROUPS WHICH SHOULD BE AWARE OF THE POLICY FOR
REFERENCE PURPOSES:

1 – All Staff

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Month and Year

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2.1	31/12/2014			Change to correct policy format
2.2	16/01/2015			Minor wording changes: More information on redress added
2.3	28/01/2015			Minor changes to wording
2.4	09/02/2015			Changes required by quality Committee
3.1	11/01/2016			Update and revision of policy
3.2	12/08/2016			Changes to include complaints in relation to SIRI and the acknowledgement process
4.0	Sept 2020	Sept 2020	December 2020	Reviewed by the Chief Nurse-review date extended until December 2020
4.1	July 2021	July 2021	October 2021	21.07.2021 Discussed at the CQG. Agreement given by the Chief Nurse to extend this policy to October 2021
5.0.	12 th July 2022	July 2022	July 2025	<ul style="list-style-type: none"> - Name of policy changed from Management of Complaints and patient experience to PALS and Complaints Policy - KPI for the Formal complaint response rate from 80% has been changed to 95% - Timescale for responding on PALS contacts has been changed - Informal complaint has been added and new KPI for them - Complaint's process has been detailed within the policy

Key Points

1. The Royal Orthopedic Hospital (the Trust) is committed to learning from complaints that are raised by our patients, their families, or friends
2. The overriding objective is to resolve each complaint with the complainant through discussion, explanation, or written response to their satisfaction within the agreed time with the complainant.
3. The PALS and Complaints policy aims to ensure that all individuals who wish to express a PALS enquiry, PALS feedback, concern, or Complaint about the services that the Trust offer can do so in a manner appropriate for that individual.
4. The Trust will ensure that lessons will be learned, experiences will improve, and patients will feel heard.
5. This Policy and the associated procedures are based on the model of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (updated in June 2017) and Principles of Good Complaints Handling released by the Parliamentary and Health Service Ombudsman (PHSO)
6. The Trust has set a Key Performance Indicators (KPI) of 3 working days to acknowledge Formal complaints and PALS contacts either verbally or via the written form.
7. The Trust set a KPI of 3 working days to respond to enquiries, 7 working days to respond to concerns in 80% and 25 working days to respond to Formal complaints in 95% of cases



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1.0 Introduction

The Royal Orthopedic Hospital (the Trust) is committed to learning from complaints that are raised by our patients, their families, or friends. We are committed to continuously improving our services by listening to their complaints, concerns, enquiries, feedback, comments and compliments.

The overriding objective is to resolve each complaint with the complainant through discussion, explanation, or written response to their satisfaction within the agreed time with the complainant.

The PALS and Complaints policy aims to ensure that all individuals who wish to express a PALS enquiry, PALS feedback, concern, or Complaint about the services that the Trust offer can do so in a manner appropriate for that individual.

The Policy contains clear guidelines and instructions about how a PALS enquiry, PALS feedback, concern, informal complaint, and formal complaint be handled fairly and consistently. This will ensure that lessons will be learned, experiences will improve and patients will feel heard. This will also contribute to our strategic goal of exceptional patient experience every step of the way.

This Policy and the associated procedures are based on the model of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (updated in June 2017) and Principles of Good Complaints Handling released by the Parliamentary and Health Service Ombudsman (PHSO)

The Trust has set a Key Performance Indicators (KPI) of 3 working days to acknowledge Formal complaints and PALS contacts either verbally or via the written form. The Trust has also set a KPI of 2 working days to respond to enquiries, 5 working days to respond to concerns and 25 working days to respond to Formal complaints in 80% of cases

2.0 Scope

The policy applies to all departments and areas within the organization and applies to all staff working within the Trust including volunteers.

The policy deals with the handling of compliments, comments, enquiries, concerns and formal complaints regarding Trust services, buildings, or the environment received from patients; patient relatives, careers or visitors; and other service users.

This Policy applies to all comments, enquiries, concerns and formal complaints received by the Trust, as defined in this document. Comments, enquiries, concerns and formal complaints can be received by any member of the Trust's staff who must be aware of the actions they will be required to take if they are made aware of an issue.



2.1. Who can Complain to the Trust

Generally, it will be the person (patient) who has received the service that makes the complaint. However, the Trust appreciates that there are circumstances in which another person can make a Formal complaint with a signed consent form, if reasonable, from the patient (Appendix A).

A person can complain if:

- They or their representative have or have had NHS care or treatment
- Visited or used our service and facilities
- A person can act on behalf of the patient if:

A patient is a child; (An individual who has not attained the age of 16)

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

A patient has died

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

A patient has a physical or mental incapacity

- In the case of a person who is unable because of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the Trust needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made

A patient has given consent to a third party to act on their behalf

- In the case of a third party pursuing a complaint on behalf of the person affected the Trust will request the following information in the consent form that will be sent to the patient before we process the formal complaint: (Appendices A)

Name and address of the person making the complaint;

Name and either date of birth or address of the affected person.

- Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf.
- This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.



A patient has delegated authority to act on their behalf

- Example: in a form of a registered Power of Attorney which must cover health affairs
- Is a Member of Parliament (MP), acting on behalf of and by instruction from a constituent

Complaints excluded from the formal process include:

The following complaints will not be dealt with under The National Health Service Complaints (England) Regulations 2009 (2017)

- Staff and volunteers of the Foundation Trust, who wish to raise concerns, are directed to the Trust "Raising Concerns Policy".
- A complaint about private treatment or cost involved
- Complaints where the incident took place more than 12 months ago (more under section 2.3 of this document)
- Where a complaint raises issues of a safeguarding nature, these complaints must be passed to the Safeguarding Team for review, should a safeguarding review be instigated, the complaint will be placed on hold until the review has been completed.
- Complaints being investigated by the Parliamentary Health Service Ombudsman (PHSO)
- A complaint that has been previously handled and a final response directing the complainant to the PHSO
- Consent has not been given by the patient
- A complaint, the subject matter of which has been previously investigated under these or previous regulations
- A complaint made by an employee about any matter relating to their employment
- A complaint made by any NHS organisation or private independent provider or responsible body
- A complaint which has been made orally and resolved to the complainant's satisfaction no later than the next working day
- Complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000
- A complaint about primary care provider (GP, dentist, optician, pharmacist), these are now with the remit of the NHS England (Tel: 0300 311 22 33 or email: England.contactus@nhs.net)

Time Limits for Making A Complaint

Normally a complaint should be made to the Trust within twelve months of the event or within 12 months of first becoming aware of the matter.

Where a complaint is made after this time, the complaint may be investigated if the complainant had good reasons for not making the complaint within the above time limits e.g. if circumstances prevented the complainant from expressing their dissatisfaction any earlier (i.e. ongoing treatment) or the complainant was unaware that there was cause for complaint.



Complaints will not be investigated if the time lapsed prevents the Trust from conducting a full and factual investigation. A decision not to extend the twelve months will be made by the Head of Patient Experience in discussion with the Deputy Chief Nurse and Triumvirate, following discussion the Complaints department will confirm in writing providing a concise explanation to the complainant.

3.0 Other Policies to Which This Policy Relates

Incident Reporting and Management Policy

Claims Policy

Risk Management Policy

Media Policy

Counter Fraud and Bribery Policy

Safeguarding Adult at Risk policy

Safeguarding Children and Young People Policy

Managing Allegations Against Staff Policy- Person in Position of Trust

4.0 Glossary and Definitions

4.1. Type of Complaint

Formal Complaint: any expression of dissatisfaction, where the complainant wishes to have a fully investigated response in writing. These are likely to take longer than 5 working days to resolve but may also include issues that are resolvable quickly, where the complainant expresses a wish for the complaint to be dealt with formally.

Joint complaint: a formal complaint involving two or more organisations for which a coordinated approach is required.

Informal Complaint: a concern that is raised by the complainant where the issue can be resolved either immediately or to the complainant's satisfaction within 48 hours. It also applies to issues raised verbally through the Patient Advice and Liaison Service, or the Complaints Department where the complainant indicates he/she does not require a written response from the Trust or does not wish to proceed with a formal complaint once resolved to their satisfaction. These are not formally reported via the complaints data to NHS England.

PALS Enquiry: a general enquiry that does not raise any matters of concern, but the individual merely requires information. These are not formally reported to NHS England and are resolved within 2 working days.

PALS Concern: An enquiry that requires contact with other members of staff to resolve and a response verbally or in writing to the individual providing answers to specified



questions. There are not formally reported to NHS England and are resolved within 5 working days.

4.2. Formal Complaints Outcome Decision

Upheld: If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.

Partially upheld: If a complaint is made regarding more than one issue, and one or more of these issues (but not all) are upheld, the complaint should be recorded as partially upheld.

Not upheld: Where there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld.

4.3. Other Definitions

Advocacy: the process of speaking up for or acting on behalf of another person. Some people will need help making their complaint, and ongoing support while it is resolved for them. Independent advocacy support can be invaluable here. In the NHS, advocacy is provided by the Independent Complaints Advocacy Service (ICAS).

Compliment: an expression of gratitude, thanks, or positive feedback received from a patient, relative, carer, visitor, or member of the public in relation to the Trust

Local Resolution: first stage of the NHS Complaints Procedure, where a complaint is resolved by internal investigation and process within the Trust.

Response letter: a formal response from the Trust in relation to the complaint. The response letter comprises a letter from the lead investigator outlining the outcome of the investigation and a cover letter signed by the Chief Executive Officer (CEO) or in their planned absence, their designed deputy.

PHSO: Parliamentary Health Service Ombudsman. They make final decisions on complaints that have not been resolved to the complainant's satisfaction by the NHS England, UK Government and other public organization

PALS: the Patient Advice and Liaison Service. The service aims to provide information, support and advice to the patients, their families & friends and the general public. The PALS is dealing with concerns, feedback, comments and enquiries.

5.0. Policy Development Principles

The Trust is committed to handling complaints in an open, honest and fair manner and making all reasonable efforts to achieve a satisfactory resolution and to reassure anyone making a complaint that any future care they receive will not be negatively affected as a result of having made a complaint.

This policy and procedure set out the way that complaints and concerns are handled by the Trust. It is based on the model of the NHS Complaints Policy, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (updated in June 2017) and Principles of Good Complaint Handling published by the

Parliamentary Health Service Ombudsman 2009 and adheres to the following principles:

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

The second Francis Inquiry (2013) made 14 distinct recommendations to improve listening to and learning from complaints and since then, several key publications have highlighted the need for NHS Provider Trusts to listen to, act upon and learn from patients and service users feedback. This policy reflects the recommendations of those publications including the recommendations outlined within the Clywd and Hart Report (2013) and the Clinical Quality Commission report 'Complaints Matter' published in December 2014. In addition, the principles of the PHSO (2015) publication "My Expectations" have been included in developing this policy.

This policy provides information and guidance for all staff on the Trust's approach to handling complaints and concerns, following the principles of openness and learning from mistakes. The Trust takes concerns seriously and encourages staff to resolve issues locally wherever possible.

We aim to assure patients, relatives and carers that they have been listened to, that their questions and concerns are resolved and that where necessary appropriate action and/or redress is taken. The procedures set out in this policy provide a robust process for answering all concerns raised both via the Patient Advice and Liaison Service (PALS) and via formal complaint.

6.0 Roles and Responsibilities

6.1. Staff Roles and Responsibilities

Chief Executive Officer (CEO)

- Named officer with responsibility for ensuring that the Trust complies with statutory obligations made under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. Ensuring that actions are taken depending on the outcome of complaints.
- The CEO or nominated deputy in his/her absence will read and review all complaint responses and provide a signed cover letter.

Chief Nurse

- Has overall responsibility, delegated from the CEO, for ensuring that effective systems and processes are in place to deal with patient and service users' feedback and to ensure that this is shared and acted upon to continually improve the quality of care.
- Presentation of an Annual Complaints Report to the Board of Directors.

Deputy Chief Nurse

- Is responsible for providing the Quality and Safety Committee with a quarterly report regarding complaints activity, the actions taken and an evaluation of the effectiveness of the action.
- Agreed actions to be taken when complaints are presented after the statutory 12-month period.
- Is responsible for ensuring detailed procedures are developed, agreed and implemented.
- Ensuring key performance indicators (KPI's) are monitored and reported to Divisions, Clinical Quality Group and Quality and Safety Committee.

Head of Patient Experience

- Day-to-day management and provision of a patient advice and support service in relation to feedback and complaints.
- Managing the procedures for handling and considering complaints and acts as a 'complaints manager' under The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.
- Interpretation of NHS Complaints Procedure and developing and reviewing associated local policy and procedures.
- Executes his/her duties as described in the associated procedural documents.
- Providing quality assurance of complaint responses for complaints risk-rated amber, yellow or green.
- Managing the administrative process for Parliamentary Health Service Ombudsman investigations.
- Providing training in relation to the management of Complaints and PALS.
- Monitoring concerns and complaints key performance indicators (KPIs) and the analysis of complaints information and provision of data and information for Divisional Governance Board, Clinical Quality Group, Quality and Safety Committee and the annual complaints report to the Trust Board
- Informing the Communications Manager of any potential media interest.
- Providing support to the Divisional leads as required.
- Development of an Annual Complaints Report for presentation to the Board of Directors by the Director of Nursing and Clinical Governance.

- Responsible for improving Patient Advice and Liaison Service (PALS) and complaint services regularly.
- Agree actions be taken when complaints are presented after the statutory 12-month period.

Patient Experience Team

- Is designated by the Trust to listen and respond appropriately and provide the opportunity for patients and service users to provide feedback following The National Health Service Complaints (England) Regulations 2009.
- Is a central access point (Monday to Friday excluding bank holidays).
- Provides details to the PALS and complaints contacts for the appropriate agencies and support groups outside the NHS
- Provides details of the Trust Complaints procedure and related NHS procedures to the patients and complainants
- Is responsible for sending an acknowledgment letter or email to the complaint within 2 working days from receiving a formal complaint or PALS contact
- Identifies main issues from the complaint letter and forward them to the response lead.
- Is the central point of contact for the Trust with regards to the complaints.
- Is responsible for maintaining accurate PALS and complaints records of contacts and outcomes that can be used for the identification of trends and for sharing learning across the Trust.
- Reports any issues of concern to the Head of Patient Experience and in their absence, to the Deputy Chief Nurse or Head of Clinical Governance.
- Is responsible for providing written reports detailing PALS and complaints activity and outcomes to the Divisional Governance meeting.
- Is responsible for providing written reports detailing PALS and complaints activity and outcomes to the Head of Patient Experience every month to enable the production of the monthly quality report.

Triumvirate -Head of Nursing, Associate Medical Director, Deputy Chief Operating Officer

- Are responsible for identifying a named individual to lead the complaint response.
- Are responsible for completing an immediate action plan.
- Are responsible for the initial risk rating, triaging and reviewing of formal complaints
- Are responsible to approve the draft response for a formal complaint before it goes to a Director to be signed off.
- Quality assures all complaint responses and ensures all aspects of the complaint have been addressed and the response has been written in line with the guidance on writing response letters.
- Review and approve any changes within PALS and Complaints processes or system
- Make a final decision on the outcome of the complaint.

Identified Complaint Response Lead

- Are responsible for responding to the complaint and developing and implementing action plans if identified as complaint lead
- Are responsible to contact complainant with 5 working days of receiving a complaint in the Trust to discuss the complaint letter and desirable outcome of the complaint from the complainant
- Quality assures complaint response and ensures all aspects of the complaint have been addressed and the response has been written in line with the guidance on writing response letters.
- Meet with patients and service users as required to enable local resolution of concerns/complaints.

Ward and department managers

- Are responsible for ensuring that all staff within their team have read and understood the Complaints and PALS policy.
- That all identified staff have received relevant training and understand their responsibilities when responding to the specific needs/ requests of patients and service users. Staff should aim to resolve issues locally wherever possible.
- Undertake local investigation into complaints.

All Staff

- All staff must make every effort to deal with concerns as they arise, informally and promptly and inform senior staff of any issues raised.
- Where local resolution of a concern has failed and/or the individual wishes to make a complaint then staff should ensure that they are given the appropriate information about how to do this and the Patient Experience Team be advised of the complaint immediately. An incident report should be completed where appropriate.
- Must ensure that any associated correspondence is not being kept in the patient's medical record, and no reference to the complaint should be documented in the patient's clinical record.
- Comply with any complaint's investigation, including providing a statement within the defined timeframe.

6.2. Governance Structure Responsibilities



Trust Board

- Receives assurance that robust systems are in place that enables feedback to be heard, actioned and lessons learned to provide the best possible care and experience to patients and service users.
- The Trust Board will receive information on the number of complaints and timeliness of response in the Integrated Performance Report.
- The Trust Board will receive and approve the Annual Complaints Report.

Quality and Safety Committee

- Will receive quarterly assurance reports about complaint numbers, timeliness of responses, themes and trends, risk grading of the initial complaint, number upheld, partially upheld, or not upheld.
- Number and percentage responded to in time agreed with complainant, complaint outcomes and learning identified, evidence of how learning has been shared across the Trust, the number referred to Parliamentary Health Services Ombudsman (PHSO) and outcome, number and percentage of re-opened and criteria for re-opening, details of measure of complaint satisfaction sought via survey or proactive feedback process and summary of training undertaken in respect of learning from complaints. This report will also include details of concerns and compliments received by the Trust.

Clinical Quality Group

- Will receive monthly assurance reports about complaint and PALS numbers, timeliness of response, themes and trends, risk grading of the initial complaint, number upheld, partially upheld or not upheld
- Number and percentage responded to in time agreed with complainant, complaint outcomes and learning identified, evidence of how learning has been shared across the Trust, the number referred to PHSO and outcome, number and percentage of re-opened and criteria for re-opening, details of measure of complaint satisfaction sought via survey or proactive feedback process, a summary of training undertaken in respect of learning from complaints. This report will also include details of concerns and compliments received by the Trust.

- Has overall responsibility for ensuring that complaint action plans are monitored and closed at the divisional level.
- Has responsibility for ensuring that learning from complaints is shared across the Trust.

Patient Experience and Engagement Group

- The purpose of this group is to assure the Quality and Safety Committee of the patient, public and carer involvement and experience within the Trust.
- The Patient Engagement and Experience Group is responsible for setting its annual work plan in agreement with the Quality and Safety Committee and is accountable for delivering and evaluating its key tasks and responsibilities.
- Is responsible for ensuring that there is a clear involvement, experience and volunteering strategy in place with a work plan aligned to ensure implementation.
- Is responsible for overseeing compliance with standards set by the Care Quality Commission and NHS.

Patient Participation Group (PPG)

- The PPG provides one way in which the Trust can capture the views of patients and their carers in order to gain a better understanding of priorities and concerns of service users.
- Members of the forum include patients, carers and relatives with direct experience of using the hospital. The meetings are supported by the Patient Experience Team
- Group members help us look at ways to improve patient experience at the hospital. They discuss issues that patients and carers raise, consider actions that need to be taken to resolve them and ensure that relevant hospital staff are informed. Managers and staff members then take responsibility to ensure that appropriate action is taken.

Divisional Management Board

- Is responsible for ensuring that all complaints and patient feedback are investigated and responded to in line with the policy.
- Will monitor and oversee the closure of complaint action plans and ensure that learning is widely shared across the division.
- Will receive monthly reports with trends of PALS contacts (enquiries, comments, or concerns) and formal complaints covering the whole year from April to March, together with main trends from the month before.

Divisional Governance meeting

- Is responsible for ensuring that all complaints and patient feedback are investigated and responded to in line with the policy every week.
- Will receive an open formal complaints tracker, PALS contacts and PALS trends for that month.
- Will ensure that all complaint or concern actions are closed and track their process.

7.0. Procedure

The procedure for managing and responding to complaints is outlined in Appendix D and the milestones identified therein will be monitored as part of the policy KPIs. It is important to recognise that patients in receipt of care can at times feel vulnerable and may be anxious about the possibility that their care may be adversely affected if they make a complaint.

All staff should do everything they can to dispel this impression including:

- Reassuring complainants that their care will not be affected
- Being courteous and sympathetic to the complainant
- Reassuring complainants that there will be no record of their complaint in their medical notes
- Being open, responsive, and not defensive to concerns raised
- Thanking the complainant for raising their concerns
- Ensuring that any agreed actions are undertaken and reported back within the agreed timescale.

The Trust views complaints positively and is committed to having effective procedures in place to handle all issues brought to the attention of staff. The Trust will take an active approach when asking for people's views, dealing with complaints more effectively and using the information received to learn and improve.

7.1. Patient Advice and Liaison Service

The handling of PALS is identified as a separate process from the complaints process and does not replace the formal complaints procedure or restrict patients' or carers' rights to access it.

PALS exists to ensure that the NHS listens to patients, their relatives, carers and friends and answer their questions and resolve their concerns as soon as possible to prevent the concern from escalating to a formal complaint.

Functions of PALS:

- To provide users with information about the NHS and help with other health-related enquiries
- To help resolve concerns or problems encountered by NHS users
- To provide information about the NHS complaints procedure and how to get independent help where users decide they may want to make a formal complaint
- To provide information about and signpost or refer to agencies and support groups outside the NHS.
- To inform users about getting more involved in their healthcare and the NHS locally
- To improve the NHS by listening to concerns, suggestions and experiences and ensuring that people who design and manage services are aware of the issues raised

- To act as an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in services and reporting them.

Administration:

The PALS team are available between the hours of 8am and 4pm, Monday to Friday, with the exception of statutory bank holidays. The PALS team will contact complainants by telephone where possible. This will also apply to discussions and negotiations with members of staff, unless it is felt a 'face to face' discussion will be more productive. Voicemail will be checked every hour with the aim to return all calls within 2 working day. All messages are logged, recording the date and time.

Any concerns are dealt with by the PALS team as quickly as possible and a response provided to the individual concerned. The PALS team aim to resolve all concerns within 7 working days, PALS enquiries within 3 working days and informal complaints within 10 working days from receiving into the PALS department.

Following contact from patient or complainant, the PALS department will send an email to relevant manager to deal with concern or enquiry. Relevant manager will have 3 working days to contact complainant to discuss their concern and help them resolve issues with the Trust. Following conversation, the relevant manager will email PALS department with the summary of conversation, outcome and actions agreed with the complainant no later than 7 working days from receiving concern and 3 working days from receiving enquiry. The PALS department will not close case until outcome and actions are clear and received. The PALS team will use Appendix E as template for email.

7.2. How to make a formal complaint

The complaints and feedback process must be open, robust and accessible to all who use it (PHSO 2014). Feedback can be made in several ways so the individual can choose the most convenient way for them. Patients and their representatives can provide compliments and comments or raise concerns and complaints via several methods:

Verbally

- In person or via the telephone to staff on duty or the complaints team on 0121 685 4128
- Any verbal formal complaint that is received will be typed and sent to the complainant to sign and add comments if they feel that the team did not correctly interpret their words.
- The complainant will receive a prepaid envelope and paper to input their comments
- The verbal complaint will not be formally acknowledged to the complainant until the signed copy is received in the Trust.
- The verbal complaint will be sent to the triumvirate for information and investigation will start
- PALS concerns/enquiries and informal complaints will be investigated, and the complainant will receive a call where appropriate from the senior member of staff to discuss their concerns

In Writing Via Letter

- The letter must contain patient details including Hospital number, NHS Number, date of birth, contact details of the patient. Where the complaint is made on behalf of the patient, the letter must include the complainants' details including their full name, address and

contact number

- **The Formal complaint** can be sent via letter to the Trust addressed to the Complaints department or to the Chief Executive Officer using the following address:

Complaints Department
The Royal Orthopaedic Hospital
Bristol Road South
Northfield
Birmingham
B31 2AP

- **The PALS concern/enquiry or feedback** can be sent to the Trust, addressed to the PALS department or the Chief Executive officer using following address:

PALS Department
The Royal Orthopaedic Hospital
Bristol Road South
Northfield
Birmingham
B31 2AP

In Writing Via Email

- The formal complaint can be sent via email to the Trust addressed to the Complaints department or to the Chief Executive Officer using the following email address:

ROH-tr.complaints@nhs.net

- The PALS concern/enquiry or feedback can be sent to the Trust, addressed to the PALS department or the Chief Executive Officer using the following address:

ROH-tr.PALS@nhs.net

Via social media

- Including NHS Choices/Patient Opinion/ Twitter/ Facebook and Healthwatch
- The communications team is responsible for responding to comments on social media and for alerting the PALS team to action required. The Communication team needs to respond to the complainant and include PALS/Complaints contact details
- Where feedback is left on NHS Choices, Patient Opinion and Healthwatch, the PALS team is responsible for responding to the complainant offering them direct contact details

In preferred language

- The patient can raise a formal complaint, concern, enquiry or comment in their preferred language and the Trust will respond in the preferred language
- The patient can raise their concerns verbally in their language. This can be done if the patient sends an email, letter or text to the PALS or Complaints stating their preferred language and their availability (Monday to Friday 08:00 to 16:00) for the team to contact them using a phone interpretation service
- Patients can submit their feedback in written form on their language and the Trust will get the letter translated, once letter is translated the Trust will undertake an investigation using Trust timescales to respond.
- Timescales for this complaint will be different as complaints will need to be translated on

English language before investigation and again into the preferred language for the patient to receive a copy

The Trust will raise awareness of all methods through promotion verbally and visually using leaflets, posters that are translated on 5 main languages spoken by our service users and the Trust internet.

The emphasis will be on allowing complainants to choose a method of complaining suitable for them.

7.3. Party Complaints and Consent

There is an expectation that when gaining consent for the use and sharing of information, the patient has made an informed decision and clearly understands the processing and potential sharing of their information. Staff must also understand the expectation of confidentiality that the information is provided under.

Information will not be disclosed to third parties unless the complainant or appropriate authorized party who has provided the information has given consent to the disclosure of that information. The Trust will request signed consent for the formal complaint and verbal consent for the PALS contacts before sharing any of the personal information with the third party.

More about when to ask for consent is in section 2.1. "Who Can Complain to the Trust."

Consent should be pursued. If by the 40th working day consent has not been received the formal complaint should be closed and categorised as a concern. The Trust will start with full investigation on the day the complaint is received and will follow normal Formal complaint process. (the response will not be sent until consent form is received)

7.4. Confidentiality

Individuals should be assured that concerns and complaints will be handled in the strictest confidence. Disclosure of information collected as part of an investigation or contained within an investigation report and / or written response, which identifies individuals, must be confined to those with a justifiable and demonstrable need to know. Disclosure of information from health records to persons involved with an investigation will be handled in accordance with the requirements of the Data Protection Act 1998 and the Caldicott Principles, 1997.

Correspondence about complaints will not be included in a patient's records and reference to the complaint should not be entered in the patient's medical record.

The PALS and complaints contacts and all information of the contact will be stored for 10 years on Ulysses Safeguard System. Complainant will be able to get a copy of their file by sending an email or letter to the Complaints team (email and address are described in the section 7.1. of this document)

7.5. Risk Assessment of Complaints

All complaints will be risk assessed on receipt using the Trust risk assessment matrix in order to ensure timescales, investigations and responses are proportionate to the concerns raised.

This is undertaken by the Triumvirate in conjunction with the Head of Patient Experience and is recorded on the complaints tracker, Ulysses and complaints hard folder. The grading will be re-assessed by the investigation lead, once the full investigation has been completed. The risk rating is explained in Appendix B.

7.6. Support in providing feedback/making a complaint

Complainants must not be led to believe either directly or indirectly that they may be disadvantaged because they have raised a concern or complaint.

Making a complaint can be daunting and evidence confirms that many people who may wish to complain do not because they do not know how to, or they find the process too intimidating (PHSO 2014 and PHSO 2015). The Trust therefore loses valuable feedback from its patients. The vision outlined by the PHSO in 'My Expectations' highlights the importance of enabling patients and service users to feel able to make a complaint and strongly advocates for provider organisation's making it as easy as possible for people to complain.

The Patient Experience Facilitator will aid those individuals with specific needs, e.g., interpreting services, to enable everyone who wishes to give feedback to be able to do so. Consideration must be given to the needs of more vulnerable service users including the elderly and those with a learning disability (PHSO 2015).

Assistance should be decided and agreed by the complainant. This may include:

- Assisting with the writing of a complaint. This should be undertaken by the PALS and Complaints Team or a member of staff who is independent of the areas of concern.

- Explaining the process of making a complaint and following their wishes about how they wish to progress.

- Signposting the complainant to independent support mechanisms if appropriate, whose staff can support by helping make choices, write the complaint letter and support the complainant through the process (e.g., letter writing, attending meetings, contacting other people, interpreters or other necessary support)

7.7. Advocacy Services

Since April 2013, individual local authorities have a statutory duty to commission independent advocacy services to provide a support for people making or thinking of making a complaint about their NHS care or treatment. Arrangements will vary between local authority areas. Complainants will be receiving an information on how to contact their local Healthwatch, or local authority for information about how this service is provided in their area.

7.8. Mediation

The Trust is not in a position to provide a formal mediation service for the complainant who is having a difficulty resolving a complaint. If appropriate, the Trust will advise the complainant of the services of the Independent Complaints Advocacy Services, such as POhWER and explain that this service is established to assist complainants with the management of their complaints

7.9. The Management of Complaints involving a Serious Incident Investigation

The complaint regulations indicate that a complaint can be investigated at the same time as a

serious incident investigation is being undertaken by the Trust, if the questions asked in the complaint can be answered without the SI report. Where the complaint relates to questions being answered by the investigation, the complaint will be suspended pending the outcome of the investigation and answered within the agreed period of time from the date of the report being available. The Trust will work with the complainant and family to provide a single point of contact for all enquiries relating to both processes and wherever possible, amalgamate meetings and conversations to make the process as simple as possible.

7.10. Supporting staff

The Trust believes that staff do their best to carry out their work compassionately and competently to benefit patients and that adverse events are often due to systems errors rather than due to a single individual.

The Trust is committed to ensuring staff are adequately supported. It is important to remember that it can be distressing to receive a complaint or be involved in a complaint. Staff involved in a complaint should be fully supported by their line manager and if necessary be supported to access support from their professional body or the Occupational Health Department.

7.11. Media interest

In cases where a complainant expresses their intention to contact the media, the Head of Communications will be informed and take appropriate action on media handling. For more information, please refer to the [media policy](#)

7.12. Possible Claims for Negligence

If a review of a complaint reveals a prima facie case of negligence, or if it is thought that there is a likelihood of legal action being taken, the Head of Patient Experience will notify the Chief Nurse who will review the response letter before it is sent to the complainant.

7.13. Reference to External Agencies

If a review of a complaint reveals a possible case of criminal activity or other serious matter, Head of Patient Experience should ensure the Deputy Chief Nurse is notified. They will be responsible for informing the Executive Team.

In such cases it will be necessary to refer the matter/s raised to an external agency or agencies e.g., Police, Clinical Commissioning Group (CCG), Her Majesty's Coroner, etc. The Deputy Chief Nurse will be responsible for triggering such a referral.

7.14. Joint Handling of Complaints

Where a complaint involves a second provider, health, or social services the Head of Patient Experience will inform the second provider. The relevant managers will:

- Determine how the complaint will be handled jointly and which provider will be responsible for sending the joint response.
- Advise the complainant accordingly and inform other contacts as necessary.

In circumstances where the Trust has taken the lead on a complaint involving more than one provider and our reply is available, but the other organisation has not supplied their information within the prescribed time limits, the Trust will provide its information to the complainant within

the timescale agreed and a reminder will be sent to the Complaints Officer of the other organisation. If information is still not received the Chief Executive of the other organisation will be advised. In the event that this still does not elicit a response we will close our files. The complainant will be advised that as the only matter that remains outstanding relates to the other organisation the matter has been transferred to them for completion. Named contact details will be provided to the complainant. The second organisation will be advised that our files are closed and that they now have whole responsibility.

In circumstances where the Trust has taken the lead on a shared complaint and the complainant is dissatisfied with the response, but this relates wholly to the other organisation the further management of this complaint will be handed to the other organisation. The complainant will be advised of this and the rationale. They will be provided with named contact details.

If a complaint is received that relates wholly to another NHS organisation, the complaint will be referred to the appropriate organisation by the Head of Patient Experience and the complainant advised accordingly, including the contact's name and address.

7.15. Where a complaint is not resolved.

Re-opened Complaints

There are two common reasons for a patient or service user to request that their complaint is re-opened:

- Their questions have not been fully answered
- The investigation report has raised additional questions. Any new concerns must be dealt with as a new complaint.

Where a complainant requests that their complaint is reopened, the following steps must be taken:

- Formal acknowledgement of their request within three working days of its receipt
- The acknowledgement should provide a summary of next steps and always offer a meeting with the clinical team involved.
- Response timescales must be monitored in the same way that original complaints are. There must be no unnecessary delay in responding to re-opened complaints
- The complaints team must contact the complainant within 2 working days from receiving the re-opened complaint and arrange a meeting or phone call between the investigation lead and complainant to discuss their concerns.
- The re-opened complaint response should not take more than 25 working days to formulate. If the patient does not wish to meet with any members of staff (usually the investigation lead, Head of Patient Experience and consultant)
- If the patient wants to have a meeting, then the Trust will have 25 working days from the date of the meeting to respond to the re-opened complaint.
- The meeting will be recorded, and a copy of the recording will be sent to patient along with a CEO cover letter and letter of response.
- Following the meeting and closure of the re-opened complaint, the complainant cannot reopen the same complaint for a third time. In this instance, the complainant will be referred to the PHSO

7.16. Persistent/ Vexatious Complaints

Vexatious and unreasonably persistent complainants are those that raise the same or similar issues repeatedly, despite having received a full response to all the issues they have raised. Each circumstance must be considered carefully. Steps to be taken are outlined in the guidance at Appendix C. It is emphasized that it is expected that this guidance will only be applied as a last resort and when all reasonable measures have been taken.

7.17. Referral to the Parliamentary Health Service Ombudsman (PHSO)

Where complainants or their advocates make a complaint and are dissatisfied with the outcome and final response, the Trust will endeavor to try and resolve the issues through local resolution; however, if this is not possible, they will be given clear information on the next steps available to them through the PHSO.

When the Complaints & PALS Team are notified of complaints to be investigated by the PHSO, they will inform the relevant Triumvirate and those involved in the original complaint. The Deputy Chief Nurse will also be informed, and the progress of the investigation will be reported through the quarterly monitoring report to QSC.

7.18. Redress

Remedying injustice or hardship is a key principle of the PHSO Principles for remedy which suggest that where there has been maladministration or poor service the public body restores the complainant to the position, they would have been in had the maladministration or poor service not occurred. Redress should always be discussed and agreed with Divisional Leads prior to discussion with the complainant.

- Examples of where redress may be considered include:
- Reimbursement of costs incurred to travel unnecessarily.
- Reimbursement of costs incurred for property lost whilst in the Trust's safekeeping ONLY
- Gesture of goodwill to partially cover private appointments or loss of earnings.

This does not include requests for compensation involving allegations of clinical negligence or personal injury where a claim is indicated.

7.19. Private Patients

Consultants undertaking private practice at the Trust are acting as self-employed practitioners and as such are wholly responsible for the medical care given to the private patients. However, the Trust will investigate complaints which raise a concern about the consultant's treatment, a nursing care, allied professional care or other services. The Private Suite will use the same governance structure and complaints processes as those for NHS patients, however, the Trust will not report on those externally. PALS contacts regarding the private care will be sent to the Clinical Service Manager, Private Patient Services, for them to investigate, respond to the patient and complete an incident form.

7.20. Claims and Legal Action

The complaints procedure may continue even if the complainant indicates an intention to take legal action or make a claim of clinical negligence. Where a clinical negligence claim is initiated

before a complaint has been resolved, the matter will be discussed with the Deputy Chief Nurse and Corporate Governance Manager to establish whether responding to the complaint could prejudice the legal action. If this is the case, a resolution of the complaint will be deferred until legal action is concluded. This must be fully explained to the complainant.

7.21. Publicity

Information on how to contact PALS or make a complaint will be made available in a leaflet and poster form (translated into the 5 main languages spoken by service users) and on the Trust website. Leaflets and posters will be distributed throughout the Trust and will be available in all departments. Ward and area managers will be responsible for ensuring that they have supply of leaflets and posters at all times.

7.22. Fraud and Corruption

Any compliant, concern or enquiry which concerns possible allegations of fraud or corruption will be passed immediately to the counter-fraud and management service in accordance with the counter-fraud and bribery policy

8.0 Consultation

Version	Date	Author Name and Designation	Summary of Main Changes
Version 1.1	February 2022	Deputy Chief Nurse	Reviewed and no feedback needed
Version 1	23 rd November 2021	Patient Experience Facilitators	Reviewed and no feedback needed
Version 1	23 rd November 2021	Head of Nursing, Division 1 and 2	Comments received regarding wording and processes and amended
Version 1	23 rd November 2021	Deputy Chief Operating Officer, Division 1 and 2	Comments received regrading numbering and grammar and amended
Version 1	23 rd November 2021	Deputy Medical Director	Reviewed and no feedback needed
Version 1	23 rd November 2021	Head of Clinical Governance	Reviewed and no feedback needed
Version 1	23 rd November 2021	Safeguarding Matron	Comments received and amended

Version 1	23 rd November 2021	Information Governance Manager	Comments received and amended
Version 1	23 rd November 2021	Matron for inpatient areas	Reviewed and no feedback needed
Version 1.1.	February 2022	Divisional Governance meeting for both divisions	Sent for approval to the Division-division approved and recorded in minutes
Version 2	16 th February 2022	Patient Experience and Engagement Group	Reviewed and no feedback needed
Version 3	3 rd March 2022	Clinical Quality Group	Approved
Version 3	March 2022	Executive Directors and CEO	Not approved; comments received regarding timescales (to be discussed with the Triumvirate), consultation and staff support- Triumvirate agreed with the original timescales. All comments reviewed and amended where appropriate
Version 4	July 2022	Executive Directors and CEO	Approved

9.0. Key Performance Indicators

Description of KPI	Target	Monitoring of the KPI	Committee that monitors KPI	Frequency of Review	Lead
PALS Enquiries are responded to the complainant's satisfaction within 3 working days	80% cases	Monthly reports	Divisional Management Board and Quality and Safety Group	Monthly	Head of Patient Experience
PALS Concerns are responded to the complainant's satisfaction within 7 working days	80% cases	Monthly reports	Divisional Management Board and Quality and Safety Group	Monthly	Head of Patient Experience
Informal complaints are responded to the complainant's satisfaction within 10 working days	80% cases	Monthly reports	Divisional Management Board and Quality and Safety Group	Monthly	Head of Patient Experience
All complaints and PALS contacts are acknowledged within 3 working days from receipt in the department	100% cases	Annual Complaints and Patient Experience Report	Trust Board	Annually	Head of Patient Experience
Formal complaints are responded to the complainants satisfaction within 25 to 40 working days	95% cases	Monthly reports	Divisional Management Board and Quality and Safety Group	Monthly	Head of Patient Experience
All PALS and Complaints contacts will be given opportunity to give feedback to the service via surveys	100%	Quarterly reports	Patient Engagement and Experience Group	Quarterly	Head of Patient Experience
Where complaints are made directly to commissioners, the Complaint responses from the Provider to be returned to commissioner within 20 working days	100%	Annual Complaints and Patient Experience Report	Trust Board	Annually	Head of Patient Experience

10.0 Training and Awareness

Professional complaints handling training is recommended for key staff involved in dissemination of this policy including the Head of Patient Experience and the Patient Experience Facilitator.

PALS and complaints awareness training is delivered to all staff on induction as per the Trust Training Needs Analysis contained within the mandatory training policy.

Delivery and uptake of this are monitored via the Learning and Development department and reported to the Learning and Development Group and subsequently the workforce and organisational committee.

Data form part of the corporate performance report to the Board and are also reported externally to the CCG under the terms of the Trust contract with them.

More specific training is delivered on a 1-1 basis by the PALS and complaints team as identified in individual performance and development reviews. The individual and their manager are responsible for identifying the need, the level required and for arranging this with the PALS and complaints team.

11.0 Inclusion

The Trust recognizes the diversity of the local community and those in its employment. Our aim is, therefore, to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need.

12.0 Review

This policy will be reviewed in three years' time unless it requires earlier review.

13.0 Reference Documents and Bibliography

- Breaking down the barriers; Older people and Complaints about Healthcare PHSO 2015
- Department of Health Guide - Listening, Responding and Improving: A guide to better customer care 2009
- Complaints Matter, Care Quality Commission 2014
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- NHS Constitution 2009
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Department of Health Guide - Listening, Responding and Improving: A guide to better customer care 2009
- Complaints Audit and recommendations, Health Care Commission, (October 2007)
- Complaints Matter, Care Quality Commission (December 2014)
- Suffering in Silence, Healthwatch (October 2014)
- Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry, Robert Francis Q.C (Feb 2013)

- Principles for Remedy, Parliamentary and Health Service Ombudsman (2009)
- Good Medical Practice, GMC (2006)
- Reforming the NHS Complaints Procedure. Healthcare Commission (2006).
- The Data Protection Act 1998 Office of Public Sector Information. Available at: www.opsi.gov.uk
- Freedom of Information Act 2000 Office of Public Sector Information. Available at: www.opsi.gov.uk

14.0 Further Enquiries

Further enquiries with regard to this policy should be made to the Head of Patient Experience via email on ROH-tr.PALS@nhs.net

For more information about the Patient Experience team, please visit [PALS \(roh.nhs.uk\)](http://PALS.roh.nhs.uk)

15.0. Appendices

All appendices mentioned in this Policy are attached below.



Appendix A- Consent Form

**Bristol Road South, Northfield, Birmingham B31 2AP
Telephone 0121-685 4128**

Full name of patient: _____ Hospital number: **R**

Date of birth: _____ Contact number: _____

Address: _____

Post Code: _____

I hereby authorize:

Name of person contacting _____ Relationship with the patient: _____
(Complainant)

Contact number: _____

Address of complainant: _____

Post Code: _____

to act on my behalf and to receive any and all such information as may be relevant to my concern.

I understand that details of that investigation may include clinical information from my medical records and/or nursing notes being viewed by investigating staff. I understand that the information may include details of a confidential and sensitive nature.

I consent to these details being released to the above.

I understand that details of my concern will be held in a PALS and Complaints folder and on a computer. This information is held securely and used only in accordance with the principles of the Data Protection Act 1998.

Signature of patient: _____

Date: _____



Appendix B- Risk Scoring of complaints

Risk Scoring of Complaints

The Trust risk scores all complaints on receipt in order to ensure timescales, investigations and responses are proportionate to the concerns raised. This is undertaken by the Triumvirate and Head of Patient Experience and is to be recorded on the complaints tracker, complaint hard folder and Ulysses.

Risk Scoring Matrix

$R \text{ (Risk)} = C \text{ (Consequence)} \times L \text{ (Likelihood)}$

- Red = Extreme Impact Risk (Level 4 and definitely require SIRI or RCA)
- Amber = High Impact Risk (Level 3 and may need SIRI or RCA)
- Yellow = Medium Impact Risk (Level 2 and unlikely to need SIRI or RCA)
- Green = Low Impact Risk (Level 1 and unlikely to need SIRI or RCA)

Element of		SEVERITY				
LIKELIHOOD		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
1	Rare	1	2	3	4	5
2	Unlikely	2	4	6	8	10
3	Possible	3	6	9	12	15
4	Likely	4	8	12	16	20
5	Almost Certain	5	10	15	20	25

LOW risk	MODERATE risk	MEDIUM risk	HIGH risk
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Examples of Different Types of Incidents:

Green (simple, non-complex issues) - event resulting in minor harm (e.g., cut, sprain).

- Delayed or cancelled appointments.
- Loss of property.
- Lack of cleanliness.
- Transport problems.
- Single failure to meet care needs (e.g., missed call-back bell).
- Medical records missing.

Amber (several issues relating to a short period of care)- event resulting in moderate harm (e.g., fracture)

- Delayed discharge
- Failure to meet care needs
- Miscommunication or misinformation
- Medical errors
- Incorrect treatment
- Staff attitude or communication

Red (multiple issues relating to serious failures, causing serious harm)

- Event resulting in serious harm (e.g., damage to internal organs).
- Events resulting in death
- Gross professional misconduct
- Abuse or neglect
- Criminal offence (e.g., assault).



Appendix C- Management of Vexatious Complaints

Guidance for the Management of Vexatious and Unreasonably Persistent Complainants

Vexatious and unreasonably persistent complainants are those that raise the same or similar issues repeatedly, despite having received a full response to all the issues they have raised. Each circumstance must be considered carefully. It is emphasised that it is expected that this guideline will only be used as a last resort and when all reasonable measures have been taken.

Examples would include complainants that:

- Display unreasonable demands or expectations and fail to accept that these may be unreasonable.
- Have excessive contact and/or inappropriate contact with the Trust, placing unreasonable demands on its staff.
- Persist in pursuing a complaint where the Trust's complaints procedure has been fully and properly implemented and exhausted.
- Are unwilling to accept documented evidence of treatment given as being factual or deny receipt of an adequate response or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of the Trust staff, or other body, to try and assist them to specify their concerns and/or the concerns identified are not within the remit of the Trust to investigate.
- Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response. Care must be taken not to disregard new issues which are significantly different from the original complaint. Any new matter must be considered on its merits.
- Fail to engage with staff in a manner which is deemed appropriate: e.g., repeatedly using unacceptable language; secretly recording telephone calls or meetings without consent (in contravention of the Data Protection Act 1998); refusing to adhere to previously agreed communication plans or behaving in an otherwise threatening or abusive manner on more than one occasion, having been warned about this. Where complainants are violent or aggressive, staff should refer to the Trust's violence and aggression policy.

The Head of Patient Experience in agreement with the Deputy Chief Nurse will determine the point at which a complainant is considered to be unreasonably persistent and will decide what course of action to take. Below are some possible courses of action that may help to manage complainants who have been designated as persistent and/or unreasonable.

- Requiring contact to be made with a named member of staff.
- Requiring contact to be made through a third person, such as an advocate.

- Limiting the complainant to one mode of contact e.g., in writing only.
- Requiring any personal contact to take place in the presence of a witness.
- Advising that the organisation does not deal with correspondence that is abusive or contains allegations that lack substantive evidence. Request that the complainant provide an acceptable version of the correspondence or make contact through a third person to continue communication with the organisation.
- Notifying the complainant in writing that the Trust has responded fully to the points raised and considers that all methods of resolving the complaint have been exhausted and either there is nothing more to add or continuing contact on the matter will serve no useful purpose. Further, explaining that correspondence is at an end and that any further letters etc. on the specific or a closely related matter that are received will be read and placed on file but not acknowledged and no further action will be taken.

Once a course of action has been determined, the Head of Patient Experience will draft a letter informing the complainant of the decision and the reasons for the decision. The letter will be reviewed by and signed by the Chief Executive.



Appendix D- Formal Complaints Process

Formal Complaints Process

Complaints are a rich source of patient feedback and they should be regarded as such by all staff members. From time to time, the experience of our service users is not as good as it should be and as a consequence there is an opportunity for us to learn from our mistakes.

This process gives the Divisions full ownership and oversight of the formal complaints that are connected to their Division. The Triumvirate has full oversight of all complaints that are received by the Trust. They identify the lead and sign off complaint responses before they go to the Executive Director and Chief Executive Officer for final approval.



Roles and Responsibilities within the Formal Complaints Process

Patient Experience Facilitator

- Will receive the complaint and act as a first point of contact to the complainant.
- Is responsible for reading and extracting the questions from the complaint, to allow the timely investigation of the complainant's concerns.
- Facilitates all processes for the formal complaint and makes sure that the complaint response is sent within the timescale agreed with the complainant.

Triumvirate - Deputy Medical Director, Deputy Chief Operating Officer and Head of Nursing

- Are responsible for identifying a named individual to lead the complaint response.
- Are responsible for completing an immediate action plan.
- Are responsible for approving the draft response for a formal complaint before it goes to a Director.
- Quality assure all complaint responses and ensure all aspects of the complaint have been addressed and the response has been written in line with the guidance on writing response letters.
- Review and approve any changes within PALS and Complaints processes or system.

Response Lead - Matrons, Clinical Service Managers, Ward Managers, Deputy Directors and Managers

- Is responsible for ensuring they have read and understood the Trust Policy.
- Is responsible for ensuring that they understand their responsibilities when responding to the specific needs/requests of patients and service users. Staff should aim to resolve issues locally wherever possible.
- Meet with complainants as required to enable local resolution of concerns/complaints.

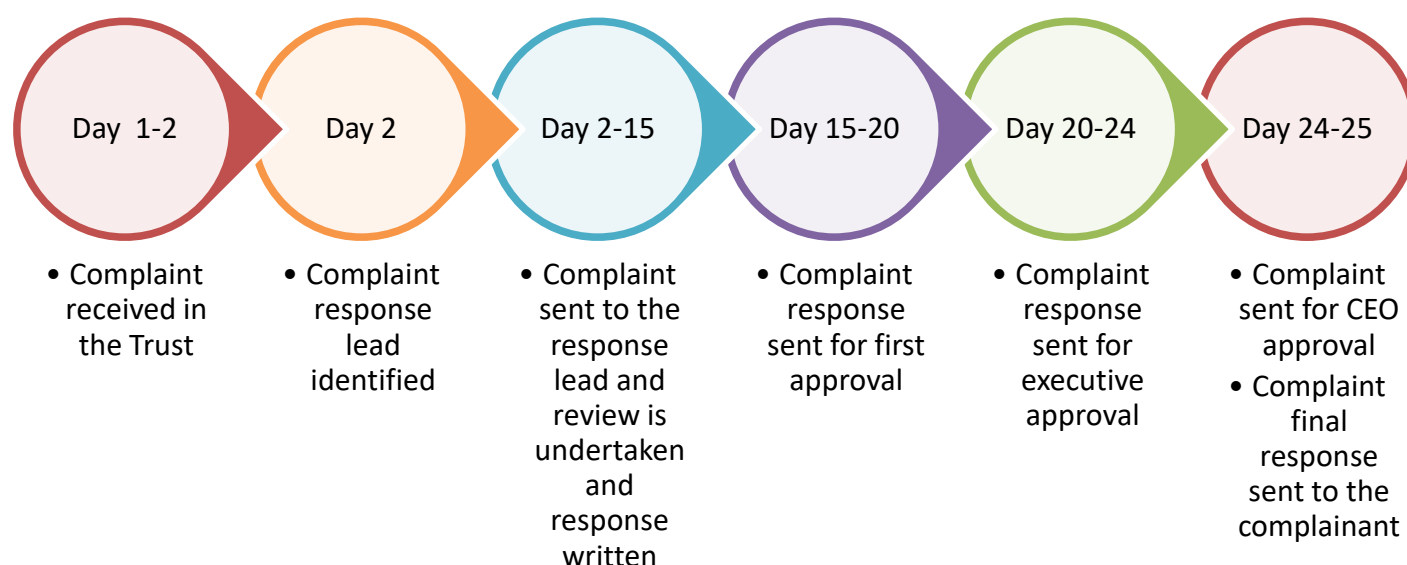
Executive Director

- Is responsible for approval of the final complaint response before CEO approval.
- Executive Director will sign off all complaints within their portfolio.

Chief Executive Officer

- The CEO Is the named officer with responsibility for ensuring that the Trust complies with statutory obligations made under The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and in particular ensuring that action is taken if necessary, in the light of the outcome of a complaint.
- The CEO, or nominated deputy in his/her absence, will read, review and approve all complaint responses and provide a signed cover letter.

Governance Structure for Approval of the Formal Complaints



Days 1 and 2 - Complaint Received in the Trust

- Complaints team will read the complaint letter and extract key elements.
- Complaints team phone the complainant to discuss key elements of the complaint and discuss complaint letter and extract questions with complainant.
- Complaints team offer the complainant a telephone call and meeting with the response lead.
- Complaints team will email the Triumvirate requesting that they identify a lead for the complaint, provide the questions that the complainant would like answers to and advise which response style the complainant requested.

Day 2 - Complaint Lead Identified

- Triumvirate will complete an immediate action plan and the initial risk rating and identify the lead for the complaint.
- The complaints department will forward the complaint to the response lead. The following will also be copied into the correspondence: the patient's Consultant, the Clinical Service Manager and the Clinical Service Lead who will contribute to the response if applicable asking them to respond as per instructions.

Days 2 to 15 – Complaint Sent for Review

- Complaint lead will phone the complainant if instructed to do so, within 5 working days and notify complaints team of the outcome of that conversation. The telephone response must be followed up with a written response, outlining the discussion with the complainant.
- Complaint lead has 15 working days to respond in the format of a letter.

Days 15 to 20- Complaint Response Sent for First Approval

- Complaint version 1 draft response will be created and sent to the Complaints team, together with the final risk rating and final action plan.
- Complaints team will proofread the complaint version 1 response letter and correct any grammatical errors.
- Complaints team will notify the Triumvirate that version 1 draft response has been created and is ready for them to review, make comments/amendments or approve.
- Once a complaint draft response is approved by the Triumvirate it will be sent for approval of the director.

Days 20 to 24 Complaint Response Sent for Executive Directors Approval

- The complaints team will send a draft version of the response and final action plan to the executive director to review, make comments or approve.
- If the executive director approves the draft response, it is then sent for CEO approval.

Days 24 And 25 – Draft Response Letter is Sent for CEO Approval and to the Complainant

- CEO will review the draft response for the complaint and once it has been approved it will become a final response.
- In the cover letter, the CEO will offer the complainant an opportunity to meet with key managers to discuss the outcome of the complaint.
- The final response letter and CEO cover letter are then scanned, and a copy is saved on Ulysses.
- Complaint final letter and the CEO cover letter will be sent to the patient. The complaint can then be closed.

Retention of PALS and Complaints Information

All aspects of a PALS or complaints investigation will be clearly recorded and all documentation, including staff statements, will be retained in the appropriate file by the PALS and complaints department.

Files will be stored in line with the Trust policy on document retention.

In the event that the complainant subsequently requests an independent review, copies of all documentation will be required by the external reviewer. Staff shall be aware that, should the matter proceed to litigation, all the complaints documentation is subject to disclosure.

Independent Review

Where a complainant is dissatisfied with the results of the local resolution stage, they may request an independent review. The responsibility for independent reviews rests with the Parliamentary and Health Service Ombudsman (PHSO) who will have a range of options available and will:

- Make recommendations for further action by the NHS organisation complained about, for example if there are shortcomings in the way a complaint has been dealt with.
- Investigate cases in detail either with a focus on resolving the individual complaint or in the context of an inspection or inquiry about failures within the organisation complained about.

Full details of how to contact the PHSO will be provided to all complainants in the information sheet that is sent with the acknowledgement letter.



Appendix E- PALS response template

Dear ,

Hope you are well.

RE: Concern or enquiry and case number

Complainant: Patients full name (if Concern/Enquiry is received on behalf of patient the state that in here)

Hospital Number: RXXXXX

Phone number: XXXX XXX XXXX

Consultant: XXXXX

Summary of concern/enquiry: write a little summery of case

Full case details: Detailed description of case and any questions that patient wanted an answer for
Ask for them to keep PALS updated with all correspondence.

Actions agreed with the complainant:

- 1.
- 2.

Please can you contact patient no later than **day X Month 2022, by 12 pm.**

Following your conversation with the complainant, please can the below be filled in when the complaint/enquiry/concern has been actioned, **the PALS team will NOT close case until below is received**

Your actions agreed with the complainant

- 1.
- 2.
- 3.

Outcome/Summary (please summarise your investigation findings) :

Was PALS contact well founded: (Please delete if not applicable):

- **Upheld:** If a contact is received which relates to one specific issue, and substantive evidence is found to support the concern/enquiry, then the contact should be recorded as upheld.
- **Partially upheld:** If a contact is made regarding more than one issue, and one or more of these issues (but not all) are upheld, the contact should be recorded as partially upheld.
- **Not upheld:** Where there is no evidence to support any aspects of a contact made, the contact should be recorded as not upheld.



Equality Impact Assessment

Initial Assessment form

The Initial Equality Impact Assessment (EIA) is a quick and easy screening process. It should:

1. Identify those policies which require a full EIA by looking at:
 - Negative, positive or no impact on any of the protected characteristics.
 - Opportunity to promote equality for the protected characteristics.
 - Data/feedback to prioritise if and when a full EIA should be completed
2. Justify reasons why a full EIA is not going to be completed

Division or Corporate area:

Corporate Nursing

Speciality/Service Area

Patient Experience Department

Executive Lead (enter name and designation):

Garry Marsh, Executive Chief Nurse

Title of Policy:

PALS and Complaints Policy

Q1) What is the aim of your Policy?

Aim of the policy is to promote and give clear guidelines to the patients, their family members, friends and members of the public how to raise a concern or formal complaints, give feedback, comment or compliment to or about the services provided by the Trust

Q2) State to which Trust strategic objective this Policy relates:

Strand 2 – Exceptional Patient Experience every step of the way

Q3) Who benefits from your Policy?

Patients, members of the public, staff and volunteers

Q4) Do you have any feedback data that influences, affects or shapes this Policy?

Yes	No
Please complete below.	<input type="checkbox"/> Please go to question 5

What is your source of feedback?

- ☐ Monitoring Data
- ☐ Previous EIAs
- ☒ National Reports
- ☐ Internal Audits
- ☒ Patient Surveys
- ☒ Complaints / Incidents / Claims / Litigation
- ☐ Focus Groups
- ☒ Equality & Diversity Training
- ☐ Other (please state)

What does this source of feedback reveal?

Patients have right to complain, some patients were not happy with the outcome of their PASL cases, so they would contact PALS on few occasions, Staff was not clear on the Complaints processes, patients did not have an opportunity to complain, give their feedback or raise concerns on their first language

Q5) Thinking about each group below does or could the Policy have a negative impact on members of the protected characteristics below?

Protected Characteristic	Yes	No	Unclear
Age	<input type="checkbox"/>	X	<input type="checkbox"/>
Disability	<input type="checkbox"/>	X	<input type="checkbox"/>
Race	<input type="checkbox"/>	X	<input type="checkbox"/>
Sex	<input type="checkbox"/>	X	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	X	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	X	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	X	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	X	<input type="checkbox"/>
Marriage & Civil Partnership	<input type="checkbox"/>	X	<input type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	X	<input type="checkbox"/>

If the answer is "yes" or "Unclear" please complete a full EIA

Q6) Who was involved in the EIA and how?

Members of staff – providing their comments and feedback on previous policy
 Patients on the Patient Engagement and Experience group- providing their view of the complaints and PALS department
 Volunteers- providing their feedback the processes

How were they involved?

- ☐ Surveys
 X Team Meeting
☐ Group Review
☐ Other

Please specify:

Q7) Have you identified a negative/potential negative impact (direct /indirect discrimination)?

No X yes ☐

Q7a) If 'No' Explain why you have made this decision?

Monitoring of policy indicates no obvious negative impact on any specific groups

Q7b) If 'yes' explain the negative impact – you may need to complete a full EIA

If a negative impact has been identified please continue to undertaking a full impact assessment. If no negative impact has been identified please submit your Initial Equality Impact Assessment to roh-tr.governance@nhs.net

Justification Statement:

As member of ROH staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete this EIA by law. By stating that you have not identified a negative impact, you are agreeing that the organisation has not discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in the Equality Legislation.

Completed by:

Name:	Roko Skocic
Designation:	Head of Patient Experience
Date:	9 th March 2022
Contact number:	0121 685 4000

This EIA has been approved:

Name:	Garry Marsh
Designation:	Chief Nurse
Date:	
Contact number:	0121 685 4000

