

# **Complaints Policy**

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## 1 Introduction

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The Trust is committed to providing opportunity for any user of the organisation to seek advice, raise concerns or make a complaint about the services it 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.

This document outlines the Trust's commitment to dealing with concerns or complaints and provides information about how we manage, respond and learn from the complaints about our services. In doing so, it meets the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. It conforms to the NHS Constitution and reflects the recommendations from the Francis report (2013), the Clwyd Hart review (2013) and the requirements from the Health and Social Care Act 2008 Regulation 20 Duty of Candour (2014) to act in an open and transparent way with people in relation to care and treatment.

The Trust supports the Care Quality Commission's (CQC) state of health care and adult social care in England 2014/15 document published in 2015 that 'Services should encourage and embrace complaints, as they present a valuable opportunity to improve. Although complaints may signal a problem, this information can save lives and improve the quality of care for other people.'

## 2 Scope of Policy and Objectives

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### 2.1 Purpose

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The purpose of this policy is to:

- Provide guidance and procedure to staff on how complaints are managed, investigated and responded to by the Trust.
- Provide assurance and information to people wishing to make a complaint about the services provided by the Trust.

### 2.2 Objectives

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The Trust will aim to follow the 'Good Practice Standards for NHS Complaints Handling' (September 2013) outlined by the Patients Association:

- Openness and Transparency – well publicised, accessible information and processes and understood by all those involved in a complaint
- Evidence based complainant led investigations and responses. This will include providing a consistent approach to the management and investigation of complaints
- Logical and rational in our approach
- Sympathetically respond to complaints and concerns in appropriate timeframes
- Provide complainants with support and guidance throughout the complaints process
- Provide a level of detail appropriate to the seriousness of the complaint
- Identify the causes of complaints and to take action to prevent recurrences

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- Effective and implemented learning – use ‘lessons learnt’ as a driver for change and improvement
  - Ensure the care of complainants is not adversely affected as a result of making a complaint

The complaints system also incorporates the Parliamentary Health Service Ombudsman Principles of Good Complaints Handling (2009) and the NHS Constitution which includes a number of rights relating to complaints. In summary, these include patients’ carers and relatives rights to:

- Have their complaint acknowledged and properly investigated
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response is likely to be sent
- To be kept informed of the progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken



‘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*

## 2.3 Who this policy applies to

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

## 3 Definition of a complaint or concern

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A complaint or a concern is an expression of dissatisfaction about an act, omission or decision by the Trust, either verbal or written and whether justified or not, which requires a response.

## 4 Who can make a complaint

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A complaint may be made by the service user, a former service user or any person who is affected by or likely to be affected by the action, omission or decision of the Trust. It may be made by a person acting on behalf of a patient in any case where that person:

- Is a child; (typically up to the age of 16 years old)
- has died;
- has physical or mental incapacity;
- has given consent to a third party acting on their behalf;
- has delegated authority to do so, for example in the form of a registered Power of Attorney which must cover health affairs;
- Is an MP, acting on behalf of and by instruction from a constituent.

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

## 5 Responsibilities

Role	Responsibility
Chief Executive	<ul style="list-style-type: none"> <li>Ensuring compliance with this policy</li> </ul>
Board Member with specific responsibility for complaints	<ul style="list-style-type: none"> <li>The designated Executive Director who ensures compliance with the arrangements made under the Regulations 2009.</li> </ul>
Executive Management Team	<ul style="list-style-type: none"> <li>Ensuring this policy is brought to the attention of all staff within their specific area of responsibility and implemented by all staff</li> </ul>
Heads of Service / Locality Managers	<ul style="list-style-type: none"> <li>Ensuring those raising concerns and complaints are not treated differently or discriminated against as a result of raising the issue.</li> <li>Ensuring suitable and accessible information is available so that patients, relatives and carers know how to raise concerns and complaints.</li> <li>Responding to concerns and complaints from patients, relatives and carers within their areas of responsibility as required by operational services and with issues raised through the Patient Advice and Liaison Service (PALS) and Complaints Team.</li> <li>Liaising and supporting PALS staff and Locality Complaints Managers to ensure a thorough investigation is carried out for all complaints received with a detailed response and where necessary, action taken to improve service quality.</li> <li>Recognising that being involved in a complaint can be potentially stressful for staff and ensuring that locality members of staff are offered appropriate support.</li> </ul>
PALS Team	<p>Responding to and managing concerns and complaints received through the PALS helpline and by emails on <a href="mailto:tevw.pals@nhs.net">tevw.pals@nhs.net</a> providing advice and support, ensuring appropriate action is taken to respond to the issues being raised.</p> <ul style="list-style-type: none"> <li>Managing complaints risk assessed as Levels 1 and 2, including acknowledging within 3 working day timescale, investigating and responding to complaints within 60 working days timescale.</li> <li>Ensuring those raising concerns via the PALS service are not discriminated against or victimised as a result of raising an issue.</li> <li>Ensuring there is suitable and accessible information about accessing PALS, raising awareness of the service to the</li> </ul>

	<p>public where opportunity arises.</p> <ul style="list-style-type: none"> <li>Ensuring accurate and timely recording of data on Datix relating to the concerns raised by patients, relatives and carers through contact with the PALS helpline, by letter or email to enable trend analysis and reporting requirements.</li> </ul>
Complaints Managers	<ul style="list-style-type: none"> <li>Managing complaints received by letter or by emails on <a href="mailto:tewv.complaints@nhs.net">tewv.complaints@nhs.net</a>. Acknowledging complaints within 3 working day timescale, investigating and responding to complaints within 60 working days timescale.</li> <li>Ensuring those making complaints are not discriminated against or victimised as a result of raising a concern/complaint.</li> <li>Ensuring there is effective publicity about how to raise a complaint through the provision of leaflets, posters and the Trust website.</li> <li>Monitoring the overall implementation of this policy ensuring there is open communication between healthcare, organisations, healthcare teams, staff, service users, relatives and carers.</li> <li>Ensuring accurate and timely recording of data on Datix relating to complaints to enable trend analysis and for reporting requirements.</li> <li>Ensuring that SMART action plans are generated and agreed by suitably trained senior members of staff.</li> </ul>
Quality Data Team	<ul style="list-style-type: none"> <li>Producing reports with trends and data on PALS and complaints to the Quality Assurance Groups, Locality Management Governance Boards and Commissioners.</li> </ul>
All Trust staff	<ul style="list-style-type: none"> <li>All staff should respond to concerns raised and where possible resolves issues at local level, ensuring people raising issues receive prompt and accurate information.</li> <li>For those complaints that are not able to be resolved locally, staff should ensure that patients, relatives and carers are provided with information describing how to access PALS and to raise a complaint.</li> <li>If a complaint is received in writing staff should ensure it is referred to the Complaints team as quickly as possible after receipt.</li> </ul>

## 6 How to complain

Patients, relatives and carers can discuss concerns about care and treatment with clinical staff at all levels, who can listen to the issues being raised and respond with advice, explanations and information. This will often reassure people and resolve their concerns.

When this has not been possible and patients, relatives and carers remain dissatisfied, clinical staff should provide information about PALS. The staff working in PALS will provide

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advice and support to people wishing to raise concerns and will give information about the NHS Complaints Regulations 2009.

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

Further Information about PALS is available on the Trust website  
<http://www.tevv.nhs.uk/site/about/patient-advice-and-liaison-services>

PALS can be contacted by:-

- Freephone - 0800 052 0219 (Monday to Friday, 9am to 4pm)
- Answerphone out of hours
- Text: 07775 518086
- E-mail: [tevv.pals@nhs.net](mailto:tevv.pals@nhs.net)

PALS staff will:-

- Listen to the concerns and complaints.
- Provide advice and agree a way forward
- Liaise with operational/clinical services/staff where appropriate to try and seek a resolution
- Arrange meetings with staff and the person raising concern where appropriate
- Respond verbally or in writing

Written complaints can be sent by post to:-

- Chief Executive, West Park Hospital, Edward Pease Way, Darlington, DL2 2TS
- Complaints Manager, Flatts Lane, Normanby, Middlesbrough TS6 0SZ
- or by email to:- [tevv.complaints@nhs.net](mailto:tevv.complaints@nhs.net)

## **7 Complaints registered under the NHS Regulations 2009**

Complaints can be made within twelve months from the date on which the matter that is the subject of the complaint came to the notice of the complainant. If there are good reasons for not having made the complaint within twelve months and if it is still possible to investigate the complaint effectively and fairly, the Trust may decide to consider the complaint.

On receipt of a complaint received by email or letter the PALS and Complaints team will:-

- Determine the level of investigation required depending on the complexity of issues and grade the complaint level 1 – 5 using a matrix for guidance (see appendix 1)
- Allocate the complaint to a member of staff within the team to investigate
- Liaise with other NHS or Social Care organisations when the complaint involves more than one organisation to agree the most appropriate organisation to take the lead in coordinating the complaint and responding to the complainant
- Seek permission from the complainant before sharing or forwarding a complaint to another organisation

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- Inform the relevant Head of Service of the complaint and agree the involvement of clinical staff required as part of the investigation
  - Escalate Level 4 and 5 complaints to the Director of Quality Governance who will advise the relevant Commissioners
  - Acknowledge receipt of the complaint within 3 working days by telephone, email or letter and invite the complainant to discuss the complaint
  - Advise the complainant who is dealing with the complaint and what they can expect, including a date they should expect to receive the complaint (within the Trust's 60 working day timescale)
  - Keep complainant informed if there is to be any delay with this
  - Enclose the Trust complaints leaflet and other support leaflets referring to Independent Complaints Advocacy and Parliamentary and Health Service Ombudsman (PHSO)
  - Undertake an investigation by reviewing clinical care records, consulting with relevant clinical staff to respond to the issues raised and seek advice as required from relevant Trust staff, e.g. Safeguarding, Pharmacy, Medical or other clinical staff
  - Draft a response letter based on the findings of the investigation for consideration and signature by the Chief Executive

A response letter will include:-

- An explanation of how the complaint has been considered
- An apology if appropriate
- Outline details of investigation, with an explanation based on facts
- Whether the complaint is in part or fully upheld
- The conclusions reached in relation to the complaint including any lessons learned and action that the Trust considers to be appropriate
- Confirmation where appropriate that the Trust will take or has taken action
- An invitation to discuss the response or attend a meeting if not satisfied, which is defined as 'Further Local Resolution' (FLR)
- Contact details of the PHSO as the next stage of the NHS complaints process if the complainant remains dissatisfied

Changes and improvements to services identified from complaints may require an action plan which will be:-

- Developed by the PALS and Complaints team with the relevant operational clinical service
- Stored with a copy of the complaint response when completed
- Reported to the relevant Quality Assurance Groups
- Monitored for any overdue actions by the Patient Experience Group and the Executive Management Team

Action Plan Management:-

As a Trust we strive to learn from each complaint. Complaint action plans will involve the Head of Service and other senior members of staff who are appropriately trained in Managing SMART actions. Action owners will write the SMART objectives and be part of



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the learning lessons process. This involves agreeing the action, the scope of the action and the timescales for implementation, ultimately providing evidence that the action has been implemented accordingly. Overdue action plans will be escalated within the Trust in order to ensure learning actions are carried out in a timely manner.

## 8 Equality Impact Assessment

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An initial assessment of the potential impact of the policy in relation to the protected characteristics of the Equality Act 2010 had been carried out. The intention of the equality impact assessment is to eliminate unlawful discrimination, advance equality of opportunity and foster good relations as stated in the Equality Act.

We have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

## 9 Confidentiality

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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 (Director of Nursing) 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 absolutely 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.

## 10 Consent

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There is an expectation that when a complaint is received staff will explain to the complainant that it will be necessary to access the personal information that the Trust holds in order to resolve the complaint. It should be pointed out that staff about whom they may have a complaint may also need to access their record again to help with recollection of the event.

If part of the complaint involves a third party they too may have to be given access to relevant information in order for them to explain their involvement.

Information will never be passed onto a third party that is not involved in the events of the complaint without the complainant being informed.

Confirmation will be issued to both the person making the complaint and the person affected.

The complainant can withdraw consent. If that happens the investigation may need to be halted depending upon the circumstances. Contact Information Governance for further guidance.

## **11 Additional support for complainants**

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Complaints Advocacy services are independent of Trusts and provide advice, assistance and support to people that have a complaint about the NHS. 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:

- North East NHS Independent Complaints Advocacy (ICA)  
(Carers Federation) Telephone: 0808 802 3000
- North Yorkshire NHS Complaints Advocacy  
(Cloverleaf Advocacy) Telephone: 0300 012 4212
- York Advocacy  
(for residents in the City of York) Telephone: 01904 414357

## **12 The Care Quality Commission (CQC)**

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The Care Quality Commission (CQC) provides advice and support to service users detained under the Mental Health Act. The CQC check service users are well cared for, listened to and know their rights. Contact details are:

Care Quality Commission, National Correspondence, Citygate, Gallowgate  
Newcastle upon Tyne, NE1 4WH  
Tel: 03000 616161 e-mail: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)  
Website: [www.cqc.org.uk](http://www.cqc.org.uk)

## **13 Referrals to the Parliamentary and Health Service Ombudsman (PHSO)**

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If a complainant remains dissatisfied with the handling of the complaint by the Trust they can ask the PHSO to review the complaint. Information about how to contact the PHSO will be provided by the Trust including the website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

The PHSO may decide to investigate a complaint where, for example:

- A complainant is not satisfied with the result of the investigation undertaken by the Trust
- The complainant is not happy with the response from the Trust and does not feel that their concerns have been resolved.

The Trust has decided not to investigate a complaint on the grounds that it was not made within the required time limit.

When informed that a complainant has approached the PHSO, the Complaints Team will:-

- Cooperate fully with the PHSO and provide all information that has been requested in relation to the complaint
- Liaise with clinical services to update on PHSO investigations, reports and recommendations to agree a Trust response
- Ensure Executive Management Team updated on any decisions made by PHSO.

## **14 Persistent and Unreasonable Contact**

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Detailed guidance on the management of persistent and unreasonable contact is set out in appendix 3.

## **15 Support for Staff**

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The Trust recognises that being involved in a complaint can be a stressful experience for staff. A leaflet is available to support staff named in a complaint, see appendix 2.

## **16 Fair Blame**

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The Trust complies with Regulation 20: Duty of Candour Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015 and this includes commitment to open and transparent responses to complaints, providing truthful information and an apology when things have gone wrong. The Trust promotes a learning culture whereby mistakes can be acknowledged and learnt from. Very occasionally complaint investigations will identify

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matters which need further consideration under the Trust's Disciplinary Procedure and in these cases they will be taken forward separately. Where a disciplinary investigation is under way, those aspects of the complaint relating specifically to disciplinary matters will be carefully considered by the relevant operational manager, complaints manager and Human Resources.

## 17 Monitoring/Reports

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A number of reports are produced (monthly, quarterly and annually) to provide assurance that complaints are being received and responded to. Information is provided for the Trust's Quality Assurance Groups, Executive Management Team, Commissioners and Department of Health.

Types of information reported includes:-

- Number of complaints and PALS contacts received
- Subjects of Complaints and PALS issues raised
- Grading and levels of risk raised within complaints
- Numbers of complaints upheld or not upheld based on evidence or good reasons
- Themes and key issues raised
- Lessons learnt
- Actions taken or being taken to improve services
- Number of complaint cases considered by the PHSO

The numbers of complaints received and responded to each month is published on the Trust website.

## 18 Implementation

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This policy will be available throughout the Trust and externally on Trust website. PALS and Complaints staff will attend Trust induction to inform staff about PALS and the complaints process.

Leaflets and posters will be used to promote awareness of the policy to patients, relatives and carers.

## 19 Related documents

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- Quality Strategy <http://flc-intouch:35000/Docs/Documents/Strategies/Quality%20Strategy.pdf>
- Data Protection Policy <http://flc-intouch:35000/Docs/Documents/Policies/TEWV/Information%20Technology/Data%20Management%20Policy.pdf>
- Disciplinary Procedure <http://flc-intouch:35000/Docs/Documents/Policies/TEWV/Human%20Resources/Disciplinary%20Procedure.pdf>


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## 20 References

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- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009  
[www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi\\_20090309\\_en.pdf](http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary February 2013  
[webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/report](http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.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](http://www.gov.uk/government/publications/nhs-hospitals-complaints-system-review)
- Principles of good complaints handling. Parliamentary and Health Service Ombudsman (2008) <http://www.ombudsman.org/>
- Good Practice Standards for NHS Complaints Handling' (Sept 2103) [www.patients-association.org.uk/wp-content/uploads/2014/06/Good-Practice-standards-for-NHS-Complaints-HandlingSept-2013.pdf](http://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](http://www.legislation.gov.uk/ukpga/2010/15)
- Duty of Candour [www.cqc.org.uk/content/regulation-20-duty-candour](http://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](http://www.cqc.org.uk/sites/default/files/20151103_state_of_care_web_accessible_4.pdf)

## 21 Document control

Date of approval:	10 April 2019	
Next review date:	01 December 2021	
This document replaces:	CORP-0019-v9 Compliments Comments Concerns and Complaints Policy	
Lead:	Name	Title
	Jennifer Illingworth	Director of Quality Governance
Members of working party:	Name	Title
	Anne Lowery	Head of Patient Safety, Legal and Complaints
	Peter Mayes	PALS and Complaints Team Manager
This document has been agreed and accepted by: (Director)	Name	Title
	Jennifer Illingworth	Director of Quality Governance
This document was approved by:	Name of committee/group	Date
	Executive Management Team	10 April 2019 (ratification date of v10.1 changes)
An equality analysis was completed on this document on:	17 March 2016  CORP-0019-v9 EA Complaints Policy.pdf	

### 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 change 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 Jun 2018	Sections 9 and 10 revised in line with Data Protection Act 2018 (GDPR)	
10.1	14 Apr 2020	Review date extended to 05 October 2020	
10.1	Oct 2020	Review date extended to 05 April 2021	Published
10.1	April 2021	Review date extended to 31 July 2021	Published

10.1	Aug 2021	Review date extended to 01/09/2021	Published
10.1	24 Aug 2021	Review date extended 01/12/2021	Published

## 22 Appendices

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Appendix 1	Decision Making Matrix
Appendix 2	Staff support leaflet
Appendix 3	Guidance for dealing with persistent and unreasonable contact



## Model matrix

**Table 1 Consequence scores** - Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint (stage 1) Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved  Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/ independent review  Low performance rating  Critical report	Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards
<b>Examples</b>	<ul style="list-style-type: none"> <li>No impact or risk to provision of healthcare</li> <li>Unhappiness with staff attitude</li> </ul>	<ul style="list-style-type: none"> <li>Inappropriate comments/unprofessional conduct by staff causing distress</li> <li>Minimal impact and relative minimal risk to the provision of healthcare or the Trust.</li> <li>Inappropriate clinical care causing distress i.e. Leave</li> </ul>	<ul style="list-style-type: none"> <li>Concern re medication/side effects – not resulting in serious harm</li> <li>Perceived ineffective care – not resulting in serious harm</li> <li>Verbal abuse or discriminatory action by staff</li> <li>Professional misconduct causing minor injury or illness</li> <li>Interagency issues</li> <li>Confidentiality issues – not resulting in harm</li> </ul>	<ul style="list-style-type: none"> <li>Inappropriate comments/unprofessional conduct by staff causing significant distress</li> <li>Significant impact and significant risk to the provision of healthcare or the Trust.</li> <li>Inappropriate clinical care causing significant distress</li> </ul>	<ul style="list-style-type: none"> <li>Results in serious injury, major permanent harm or death;</li> <li>Involves the suspension of a member of staff for reasons associated with their clinical practice and/or Safeguarding.</li> <li>Involves adverse impact upon delivery of service plans and/or serious breach of standards or quality of care;</li> <li>Involves fraud or suspected fraud</li> <li>Caused major breach of patient confidentiality;</li> <li>Has the potential to cause significant damage to the reputation of the Trust or a member of staff</li> </ul>
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients

<b>Adverse publicity/ reputation</b>	Rumours	Local media coverage – short-term reduction in public confidence	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)
	Potential for public concern	Elements of public expectation not being met			Total loss of public confidence

**Table 2 Likelihood score (L)** -What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

**Table 3 Risk scoring = consequence x likelihood ( C x L )**

Likelihood score	Likelihood					For grading risk, the scores obtained from the risk matrix are assigned grades as follows
	1	2	3	4	5	
	Rare	Unlikely	Possible	Likely	Almost certain	
<b>5 Catastrophic</b>	5	10	15	20	25	1 - 3 Low risk 4 - 6 Moderate risk 8 - 12 High risk 15 - 25 Extreme risk
<b>4 Major</b>	4	8	12	16	20	
<b>3 Moderate</b>	3	6	9	12	15	
<b>2 Minor</b>	2	4	6	8	10	
<b>1 Negligible</b>	1	2	3	4	5	

**Instructions for use**

- 1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
- 2 Use table 1 (page 13) to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
- 3 Use table 2 (above) to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
- 4 Calculate the risk score the risk multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)
- 5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

## The Complaints Regulations (Making Experiences Count)

### What this means for me as a member of staff

#### What is a complaint?

An expression of concern raised by a patient or a relative, an advocate, MP or Independent Complaints and Advocacy Service (ICAS), relating to the care of a patient.

#### There's been a complaint in which you are involved ... so how do you feel?

You may be ... **angry, upset, frustrated** .... and this is entirely understandable.

But try to bear in mind that we receive very few complaints compared to the number of patients seen by clinical staff every day.

Receiving a complaint about the service you provide can be distressing, but the PALS and Complaints team and your manager aim to support you through this. You may also find the following supportive:

- colleagues
- chaplaincy
- occupational health

Verbal complaints can be resolved either by clinical staff, or via the PALS helpline in liaison with clinical staff and feedback given verbally to the complainant.

Complaints registered under the Complaints Regulations 2009 requiring investigation are dealt with by the PALS and Complaints team.

#### How are complaints dealt with?

The aim is to provide an explanation that is an open and honest account of what has happened. It is the role of the PALS and Complaints team to investigate the patient or carers concerns and provide an explanation. To do this you may be contacted for information and we may ask to meet you to discuss the issues.

#### What do we expect from you?

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.

To ensure a timely response to the complainant we need information from you as soon as possible. The information may be a written or verbal account, we will advise you on this and offer any support you feel you need.

To resolve concerns, it may be helpful for PALS and complaints staff to meet with the complainant to clarify issues if it is not clear. Complainants are offered the opportunity to discuss their complaint.

## **What happens after I have given my information to the PALS and 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.

On receipt of all comments the letter goes to the Chief Executive for signature.

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 ... local resolution of the complaint concludes the matter.

However on occasions the complainant will write to the Parliamentary and Health Service Ombudsman requesting an independent review as is their right.

You will only be updated of any further developments.

Please remember that generally when the letter leaves the chief executive's office that is the end of the complaint.

So it is **vital** that all issues are responded to in detail to avoid further local resolution.

**PALS and Complaints Team, Flatts Lane Centre, Flatts Lane, Middlesbrough, TS6 0SZ**  
**Tel: 0800 052 0219 (PALS helpline) Fax: 01642 516460.**

## Guidance for dealing with persistent and unreasonable contact

### 1. Introduction

This guidance covers all contacts, enquiries and complainants. It is intended for use as a last resort and after all reasonable measures have been taken to try and resolve a complaint within the Trust's Complaint Policy.

Persistent 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 complainant's interests have been taken into consideration.

The procedure should only be implemented following careful consideration by, and with the authorisation of, the Chief Executive or his nominated deputy

### 2. Purpose of the Guidance

To assist the Trust to identify when a person's contact is persistent or unreasonable.  
To set 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.
- 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
- 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 or fax
- Threaten or use actual physical violence towards staff.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails).
- Will not accept documented evidence as being factual.

#### **4. Actions prior to designating a persons' contact as unreasonable or persistent**

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

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 clients 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 complainant's lifestyle, quality of life or life expectancy.
- Ensuring the complainant has been advised of the existence of the policy and has been warned about, and given a chance to amend their behaviour.

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

This should include:-

- Raising the issue with the Director of Governance/Director of Nursing/Locality Director.
- Where no meeting with staff has been held, consider offering this to discuss (only when appropriate risks have been assessed).
- Where a number of different people are being contacted by the complainant, consider a strategy to agree one point of contact
- Consider whether the assistance of an advocate may be helpful.
- Consider the use of ground rules for continuing contact with the complainant.

Ground rules may include:-

- Time limits on telephone conversations and contacts
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
- Contact to be made with a named member of staff and agreeing when this should be
- Requiring contact via a third party e.g. Advocate
- Limiting the complainant to one mode of contact.
- Informing the complainant of a reasonable timescale to respond to correspondence.

- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged
- Advising the Trust does not deal with calls or correspondence that is abusive, threatening or contains allegations that lack substantive evidence. Request that the complainant provides an acceptable version of the correspondence or make contact with a third party to continue communication with the Trust.
- Ask the complainant to enter into an agreement about their conduct.
- Adopting a zero tolerance policy and liaise with the Trust's Security Officer

## **5. Process for managing unreasonable or persistent behaviour**

Where a persons' contact has been identified as unreasonable or persistent, the decision to declare them as such is made by the Director of Governance, the Locality Director or Head of Service, the Complaints manager and agreed by the Chief Executive.

The Complaints manager will write to the complainant informing them that either:-

- Their complaint is being investigated and a response will be prepared and the issued as soon as possible within the timescale agreed.
- That repeated calls regarding the complaint in question are not acceptable and will be terminated

Or

The Chief Executive will write to the complainant informing them that either:-

- Their complaint has been responded to as fully as possible and there is nothing to be added
- That any further correspondence will be acknowledged but not answered

All appropriate staff should be informed of the decision so that there is a consistent and coordinated approach across the Trust.

If the complainant raised any new issues then they should be dealt with in the usual way.

## **6. Urgent or extreme cases of unreasonable or persistent behaviour**

In urgent or extreme cases, adopt a zero tolerance policy and seek guidance from Trust's security Officer and consider the use of the emergency services, eg Police.

## **7. Record Keeping**

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