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**Complaints, Concerns, Enquiries and Compliments Policy:**

**Listening to service users**

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***Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.***

Purpose of Agreement	The purpose of this policy is to describe the Trust's revised policy with regard to managing concerns and complaints in accordance with national guidance; and to provide a framework to General Enquiries and Compliments/Plaudits
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**Amendments Summary:**

Please fill the table below:

Review	Issued	Page	Subject	Action Date
1.12.4	June 2017	15	Executive sign off	June 2017

**The Policy has had a total rewrite.**

**Review Log:**

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	February 2016	Ann Rice	Policy Group	
2	March 2019	Millie Porter	Policy Group, Assurance Committee	

## SUMMARY OF POLICY

The Complaints, Concerns, Enquiries and Compliments Policy is a revision and re-naming of the **MANAGING CONCERNS AND COMPLAINTS POLICY AND PROCEDURE** which was introduced in February 2016.

Solent NHS Trust is an organisation that values feedback and prides itself as being an organisation that listens to its service users whether they have had a negative or positive experience. This is why the Trust views complaints as a learning opportunity that should be welcomed. By listening to patients and their representatives the Trust can introduce changes to services that benefit patients.

Making a complaint can be a stressful experience, this revision is an attempt to simplify the process and alleviate some of those pressures; it is also the intention that the complaints process will be more accessible to people who wish to raise concerns, offering a meeting with the person making the complaint at the start of the complaints process rather than after the response has been sent.

This will enable the following:

- The Trust will gain more of an understanding of the complaint
- There will be greater opportunities to re-build relationships
- Give reassurance that concerns are being listened to
- Mutual agreement of timeframes for a response with complainants
- Making people feel valued

The Policy revision, for the first time, defines the different types of feedback and enquiries that the PALS and Complaints Teams can assist with which will help to minimise confusion about its specific role and function.

This Policy should be read in conjunction with the standard operating procedure (Complaints, Concerns, Enquiries and Compliments: Listening to service users) which supplements this policy and provides support and guidance to staff with:

- An easy to understand and straightforward procedure for the management of complaints
- Guidance and support for staff throughout the complaints process
- Guidance for staff in the reporting of Compliments/Plaudits

The standard operating procedure and the flowcharts for handling complaints, service concerns, meetings and the escalation process for overdue responses (as shown in the Appendices) can be found on the PALS and Complaints page on SolNet ([PALS & Complaints Policy Appendices](#)).

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## **1. INTRODUCTION AND PURPOSE**

1.1 This policy sets out the standards and expectations of Solent NHS Trust with regards to managing concerns and complaints in accordance with national guidance, as well as general enquiries (advice and signposting) and compliments. The policy explains the means by which a patient or their representative can raise a concern or complaint, and the responsibilities of staff to whom the complaint is addressed. It also outlines the action to be taken by the service involved, and offers guidance on good practice at each stage of the process. The pathway for managing concerns and complaints is summarised in Appendices A and B.

1.2 This policy aims to ensure that:

- Complaints are managed as quickly as possible, and in accordance with national regulations
- Staff are empowered to deal with complaints as they arise, in an open and non-defensive way
- The learning from complaints is identified and used for improvement
- The complaints service is accessible, well publicised, open and transparent
- The complaints procedure is supportive for those who find it difficult to complain
- That general enquiries are responded to, and support given to patients in navigating services
- That compliments are recorded against the appropriate service line and responded to at the appropriate level of the organisation
- The complainant is made to feel valued and included in the process.

1.3 The Trust will ensure that learning opportunities are identified for those services directly involved in the complaint, and the organisation as a whole.

1.4 As part of the principles of good practice for resolving concerns and complaints, the Trust will encompass the following key objectives:

- To provide operational procedures to facilitate the effective management of concerns/complaints to meet statutory requirements;
- To provide easy access to complainants wishing to raise concerns, ensuring that issues raised are managed in a consistent, fair, and just manner, for both the complainant and the member of staff who has been complained about.
- To facilitate separation of concerns/complaints from disciplinary procedures;
- To empower all staff to resolve concerns/complaints at the local level, as soon as possible, and provide training and support to facilitate this proactive approach;
- To provide a rapid and open process, ensuring concerns/complaints are used as a mechanism for identifying where improvements in service provision are required.

## **2. SCOPE & DEFINITIONS**

2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with

Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

2.3 Definitions for complaints, service concerns, compliments/plaudits, and advice and signposting can be found in **Appendix C: Definitions**.

### **3. OPENNESS TRANSPARENCY AND CANDOUR (Refer to Being Open and Duty of Candour Policy)**

3.1 Being open involves:

- Acknowledging, apologising, and explaining when things may have gone wrong;
- Conducting a thorough investigation into the incident, complaint or claim;
- Reassuring patients, their families, and carers, that any lessons learnt will help prevent incidents occurring (or reduce the impact);
- Providing support for those involved to cope with the physical and psychological consequences of what happened.
- Empowering staff to be able to raise a concern/speak up about inappropriate patient care, safety or fraud at work

### **4. COMPLAINTS HANDLING**

4.1 A complaint can be made about any aspect of care provided by Solent NHS Trust as long as:

- the complainant has received, or is receiving, services from the Trust, or
- they are someone who is affected, or likely to be affected, by the action, omission or decision of the Trust.

4.1.1 The complaint must (as per the NHS Regulations 2009) be made to the Trust within 12 months of the event occurring; or within 12 months of the complainant realising that they have something to complain about.

However, the time frame can be waived if agreed by the Trust under the following circumstances:

- it is still considered possible to investigate the complaint effectively and fairly
- the complainant has good reasons for not making the complaint within the given period, including delays which are due to equality and diversity considerations, such as long term illness, interpretation, and translation issues.

#### **4.2 Complaints involving a serious incident or legal claim**

4.2.1 **Incidents** If a complaint is identified as being a Serious or High Risk Incident; the incident procedure will take precedence in terms of investigation. The complaint response will form part of the Terms of Reference for the incident investigation to prevent duplication of responses.

4.2.2 **Legal Claims** Complaints correspondence and incident reporting information will **not** be regarded by the courts as privileged. This means that all correspondence and papers generated in the course of a complaint investigation, including staff statements etc., may have to be disclosed if a claim for negligence is subsequently brought.

#### **4.3 Obtaining Consent**

- 4.3.1 It is not necessary to obtain a patient's express consent to use his/her personal information to investigate a complaint, the exception being when contacting another organisation for comment; in such circumstances, written consent should be requested and received.
- 4.3.2 If the complainant is not the patient, and the complaint relates to treatment received by the patient, consent will be required. If the patient lacks capacity to consent to the complaint, the complaint should be brought, where possible, by the patient's personal representative in law, such as, lasting power of attorney for welfare or court appointed deputy. Alternatively, the Chief Nurse will confirm whether or not a person is a suitable representative, or nominate an appropriate person. In any event, the complaint will be investigated through the complaints process in the best interests of the patient. Where a complaint is made on behalf of a patient who has not provided consent, care must be taken not to disclose personal health or patient-identifiable information. Proof of identity, such as next of kin/personal representative, will be required if the complaint is made on behalf of a deceased patient, in accordance with the Trust's Access to Health Records policy.
- 4.3.3 If the Complaint is being made on behalf of a patient who is under the age of 16, then consent does not need to be sought, as long as the concerns are being raised by someone with parental responsibility i.e. the child's mother or father, their legally appointed guardian, a person with a residence order concerning the child, a local authority designated to care for the child, a local authority or person with an emergency protection order for the child.
- 4.3.4 If the complaint does not involve Solent NHS Trust at all, then consent should be sought from the complainant that the concerns can be sent to the appropriate organisation; although they may wish to approach them directly and the details should be provided. This would be considered as Advice and Signposting.

#### **4.4 Complaints involving other organisations**

- 4.4.1 When a complaint involves more than one health and social care organisation, the Trust has a duty to co-operate with those organisations to ensure full co-ordination of the handling and response to the complaint. Consideration must be given to patient confidentiality and consent before contacting another organisation, and consent must be sought where appropriate.
- 4.4.2 Where the concern is to be handled by another organisation, the PALS and Complaints Team will request follow up to ensure the matter is resolved. Consent must be obtained from the complainant to liaise directly with the other organisation, and it should be agreed if the complainant would like responses sent individually by the organisations, or if they require a joint response. If a joint response is requested, discussion will take place with the other organisations involved to establish who will lead and co-ordinate the response. The complaint investigation will follow the same process of investigations, as if the complaint had only involved Solent NHS Trust Services.
- 4.4.3 Where a complaint is involving an integrated team, a decision will be made with the complainant as to which managing organisation is best suited to lead the investigation and response. If a joint response is required see process above.

#### 4.5 Confidentiality

- 4.5.1 Records of complaints should not be kept on the patient's clinical record, subject to the need to record any information which is relevant to their health. Only those investigating the issues should access a patient's personal information. A member of staff requested to provide a statement as part of the investigation should be given access to the relevant information, as necessary, to aid investigation. A complaint should only be made known to those directly involved in responding to, or investigating, the issues raised i.e. on a "need to know" basis.
- 4.5.2 To prevent any conflict of interest occurring, the investigator should declare if they know the person making the complaint, or the patient, in either a professional or personal capacity. A new investigator should be appointed if there is a conflict of interest.
- 4.5.3 If the complainant, or the patient, is known to a member of the PALS and Complaints Team in either personal or professional capacity, then they should not have any involvement in the handling of the complaint. An independent investigator will be appointed, from a partner organisation, to manage the complaint on our behalf if there is a conflict of interest.
- 4.5.4 All staff must comply with the requirements of the Data Protection Legislation concerns / complaints correspondence must be kept and stored separately, whether in paper, or electronic format

#### 4.6 File Storage and Archiving

- 4.6.1 The PALS and Complaints Team use the Ulysses Complaints system to record information and electronic storage of files.
- 4.6.2 The team will hold a comprehensive record of all documentation related to a complaint, including all internal correspondence, such as e-mails and file notes, investigation records, and statements from staff which should be timed and dated

#### 4.7 Management of a Complaint

- 4.7.1 Whether the concerns raised are considered and responded to as either a Formal Complaint or Service Concern, the established aim of Solent NHS Trust is to address and respond to the complaint within the agreed time frames. **Appendices B & C** detail the processes to follow.
- 4.7.2 NHS Regulations state that complaints should be acknowledged within three working days and the Trust is measured on their performance against this. The PALS & Complaints Team will acknowledge receipt of the complaint within that time frame. Should the complaint be received by the service line directly, they should acknowledge receipt with the complainant, and inform them that their correspondence has been forwarded to the PALS and Complaints Team (pals@solent.nhs.uk). The service line should provide the contact details for the PALS & Complaints team in their acknowledgement.
- 4.7.3 When a complaint is received, consideration is given by the PALS & Complaints Team, in line with existing Trust Policies and commitments, in respect to Adult and Child Safeguarding. If a potential Safeguarding concern is identified, the team can access advice and guidance from the Solent NHS Trust Safeguarding Team at any point in the process.
- 4.7.4 Consideration will also be given as to whether the involvement of the Family Liaison Manager will assist the person making the complaint.

- 4.7.5 Solent NHS Trust's aim is to address all complaints within a timeframe based on the complaint complexity and in agreement with the complainant. The NHS Regulations do not set a deadline on when NHS Bodies should respond to complaints. However, Solent NHS Trust sets an internal deadline of 30 Working days from date of receipt. Any extension to the agreed timescale will only be made in agreement with the complainant and Investigation Lead. The extension and rationale will be provided in writing to the complainant and Investigating Lead.
- 4.7.6 There are occasions when the agreed time frame is unfortunately not met. Responding to a complaint beyond the agreed time frame has an impact on the person making the complaint, and is a negative reflection on Solent NHS Trust. **Appendix D: Escalation Process for overdue Responses** details the process to be followed when complaint responses are overdue from the service line.
- 4.7.7 If a complaint is to be managed as per the incident process, the timeline will be managed as per the Serious Investigation policy. The response to the investigation will need to include the concerns raised in the complaint. The complainant will be informed of this, and the complaint file will be closed, pending receipt of the investigation report and outcomes.
- 4.7.8 If a complaint is made verbally to a member of staff they should complete the Verbal Complaint form which can be located on the PALS and Complaints Page on SolNet ([verbal complaint form](#)). This should be signed and dated by the complainant where ever possible, and then forwarded to the PALS and Complaints Team – by email at [pals@solent.nhs.uk](mailto:pals@solent.nhs.uk)
- 4.7.9 If a verbal complaint is taken by a member of staff and resolved as a Service Concern, then they should follow the process as detailed in **Appendix C: Flowchart for Handling Service Concerns**.
- 4.7.10 When a complaint is received, it is allocated to the appropriate Service Line and the Professional Lead will allocate an investigator.
- 4.7.11 The investigator should contact the person making the complaint immediately, to arrange a meeting (where appropriate) to discuss their concerns in more detail. This will provide a more personalised approach to the complaints process, and the meeting should be chaired by the most appropriate senior person (this is to be determined internally by the service line in agreement with the complainant and the Clinical Director). **Appendix E: Flowchart for Complaints Meeting** details the process.
- 4.7.12 There will be occasions when, as a result of the meeting or speaking to the service, the complainant is immediately satisfied with the outcome and actions taken. On these occasions and with the complainant's agreement, the complaint may be de-escalated to a service concern.
- 4.7.13 If a complainant decides not to pursue the complaint further, at any point during the process, a closing letter will be sent to them confirming this. The Complaints Team will manage this process.
- 4.7.14 It is the investigator's responsibility to investigate the complaint and provide a written response to the concerns within agreed timescales. Detailed information can be found in the Complaints Process Standard Operating Procedure.
- 4.8 **Persistent and Unreasonable Contact and Unusual Complaints**
- 4.8.1 There are those complainants who raise a number of concerns in a short space of time, repeat complaints with the same elements, or constantly bring new elements to the same complaint. This would be deemed **persistent** or **unreasonable** contact.

- 4.8.2 On such occasions, the case will be referred to the Chief Nurse by the PALS and Complaints Team to decide whether the complainant's behaviour would be considered unreasonable, and they will be written to and advised of the action to be taken.
- 4.8.3 On occasions, there will be complaints raised that have distinct differences in the way that they are handled and responded to. Such complaints include when the complainant puts limits on who may be interviewed, complainants who do not accept the findings and refuse to go to the Parliamentary Health Service Ombudsman, or complainants who contact the organisation by writing and phoning a number of people in the organisation. It is important that complainants do not feel that Solent NHS Trust is placing barriers in the way that the complaint is handled, or that they feel disadvantaged in making their complaint. Guidance on how best to handle these complainants is provided in the Complaints, Concerns, Enquiries and Compliments: Listening to Service Users Standard Operating Procedure.

#### **4.9 The Provision of Redress and Ex-Gratia Payments**

- 4.9.1 Financial redress will not be appropriate in the majority of complaints, but the Trust will consider proportionate remedies for those complainants who have incurred additional expenses as a result of poor service or maladministration. Any redress should be proportionate to any additional costs incurred, and will need to be agreed by the service line. Each situation will be different and considered on its merits, there is no limit to the redress that may be requested and it may be necessary for advice and support to be provided by the Legal Services Team.
- 4.9.2 This does not include a request for compensation involving allegations of clinical negligence or personal injury where a claim is indicated as these would be considered through the legal process.

#### **4.10 Parliamentary and Health Service Ombudsman**

Where the complainant is dissatisfied with the Trust's response and further explanation is required, it should be given if possible; a meeting with the person making the complaint may be appropriate if this has not previously been explored. If it is not possible to assist further, the complainant can seek review by the Parliamentary and Health Service Ombudsman. The Ombudsman makes the final decision on unresolved complaints about the NHS in England. The contact details of the Parliamentary and Health Service Ombudsman are provided in each response letter.

### **5. ROLES & RESPONSIBILITIES**

Roles and Responsibilities of staff in the management of Complaints and Concerns are as follows:

- 5.1 **All staff** –should have an awareness of this policy and understand its impact on their area of work. Staff should be able to respond appropriately to a complainant and endeavour to achieve immediate resolution. If this is not possible, all staff have the responsibility to escalate the concern / complaint in accordance with this policy.
- 5.2 **Chief Executive** - The Chief Executive has overall responsibility for concerns/complaints, and fulfils the role of the responsible person under the Regulations. The Chief Executive or nominated members of the Executive Team will be responsible for signing complaint responses. The Nominated Persons are the Director of Finance & Performance / Deputy Chief Executive, Chief Nurse, Chief Medical Officer, Chief Operating Officers.
- 5.3 **Chief Nurse** - The Chief Nurse has executive responsibility within the Trust for concerns/complaints, and will provide clinical sign off of responses and approval, prior to final

approval by the Chief Executive or the nominated person. In addition, the Chief Nurse will review any complaint regarding nursing and/or Allied Health Professional care.

- 5.4 **Clinical Directors** – are responsible for implementation of the Complaints Policy within their directorate, ensuring that complaints are robustly investigated and reviewed. The Clinical Directors, or nominated individual, will be responsible for checking and approving complaint responses relating to their service line/care group, prior to clinical sign off by the Chief Nurse.
- 5.5 **Professional Leads** – share responsibility for the implementation of the Complaints Policy with Clinical Directors, and they coordinate the complaint investigations and responses by the individual service lines. This includes confirming who the complaint investigators are; working with both the PALs and Complaints Team and the nominated investigators to provide responses within agreed timeframes.
- 5.6 **Complaint investigators** – will be independent of the direct clinical care of the patient concerned and will be the point of contact in the service for the person making the complaint. This will include ensuring that they are kept informed of progress with the investigation, booking meetings with the person making the complaint and keeping them informed if there are to be delays in response times. The investigator must ensure that the Complaints Team are kept informed of all communication with the complainant enabling a comprehensive complaints file to be maintained. They are responsible for co-ordinating, obtaining and collating comments from appropriate staff and drafting the response.
- 5.7 **PALS & Complaints Manager** – responsible for overall management of the Complaints Process, and ensuring compliance with both national, and local reporting requirements.
- 5.8 **The PALS and Complaints Team** are responsible for managing and coordinating the complaints process so that responses are provided within agreed timeframes. They ensure that complaints are recorded on the complaints database, and will monitor the complaints process and update the database recording the outcome of complaints. They act as the focal point of contact for the person who is making the complaint, assisting them during the complaints process, and providing support to staff.

## 6. TRAINING

- 6.1 All staff should be aware of the policy and receive training in respect to its requirements and their responsibilities. Training in respect to the general requirements will be provided via a module on the Learning and Development website. Training in respect to specific elements of handling, dealing, and responding to complaints can be requested by contacting the PALS and Complaints Team.

## 7. SUCCESS CRITERIA/MONITORING EFFECTIVENESS

- 7.1 The policy will be reviewed by the PALS and Complaints Manager against updated national regulations and guidelines, including from NHS England, the Care Quality Commission, the NHSI/E, and the Parliamentary Health Service Ombudsman (PHSO) on an annual basis, or earlier as required. In addition, all complainants will be offered the opportunity to complete a Complaints Handling Questionnaire on their experience of the complaints process. Completed questionnaires will be returned to the PALS and Complaints Manager who will address individual issues as necessary, and report on learning which will be monitored monthly via the Quality Improvements and Risk group. Any subsequent issues or findings resulting from the review of the

policy against national guidance and survey results will be incorporated in an updated version of the document.

## **8. REVIEW**

- 8.1 This document may be reviewed at any time at the request of either Staff Side or management, but will be automatically reviewed 3 years from initial approval, and thereafter, on a triennial basis, unless organisational changes, legislation, guidance, or non-compliance, prompt an earlier review.

## **9. LINKED DOCUMENTS**

Complaints SOP

Compliments Procedure

Deprivation of Liberty Complaints / Incidents systems Mental Capacity Act Policy (CLS02)

Consent to Examination and treatment Policy (CLS04)

Self-neglect and Adult Safeguarding Guidance (CLS12)

Safeguarding Children and Young People Policy (CP001)

Being Open and Duty of Candour Policy (G004)

Claims Management Policy (G006)

Supporting Staff Policy (G007)

Information Governance Policy (IG01)

Data protection, Caldicott and Confidentiality Policy (IG02)

Access to records Policy (IG04)

Grievance Policy (HR11)

HR Investigation Policy (HR15)

Employee Well-being and Stress Risk Assessment Policy (HR10)

Freedom to Speak Up Policy (GO18)

Francis Report: Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013);

<http://www.midstaffspublicinquiry.com/report>

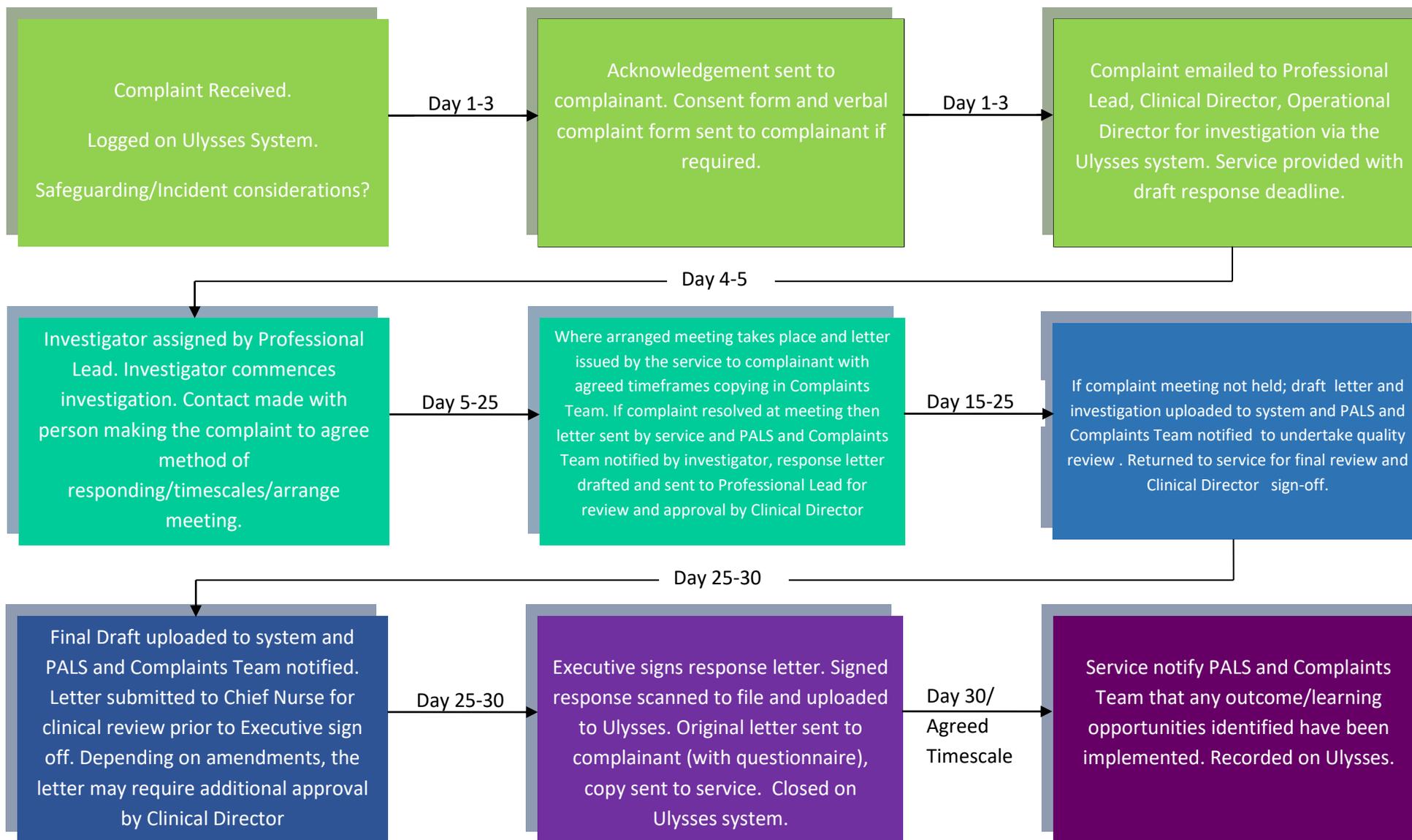
Mid Staffordshire NHS FT public inquiry: government response; Hard Truths

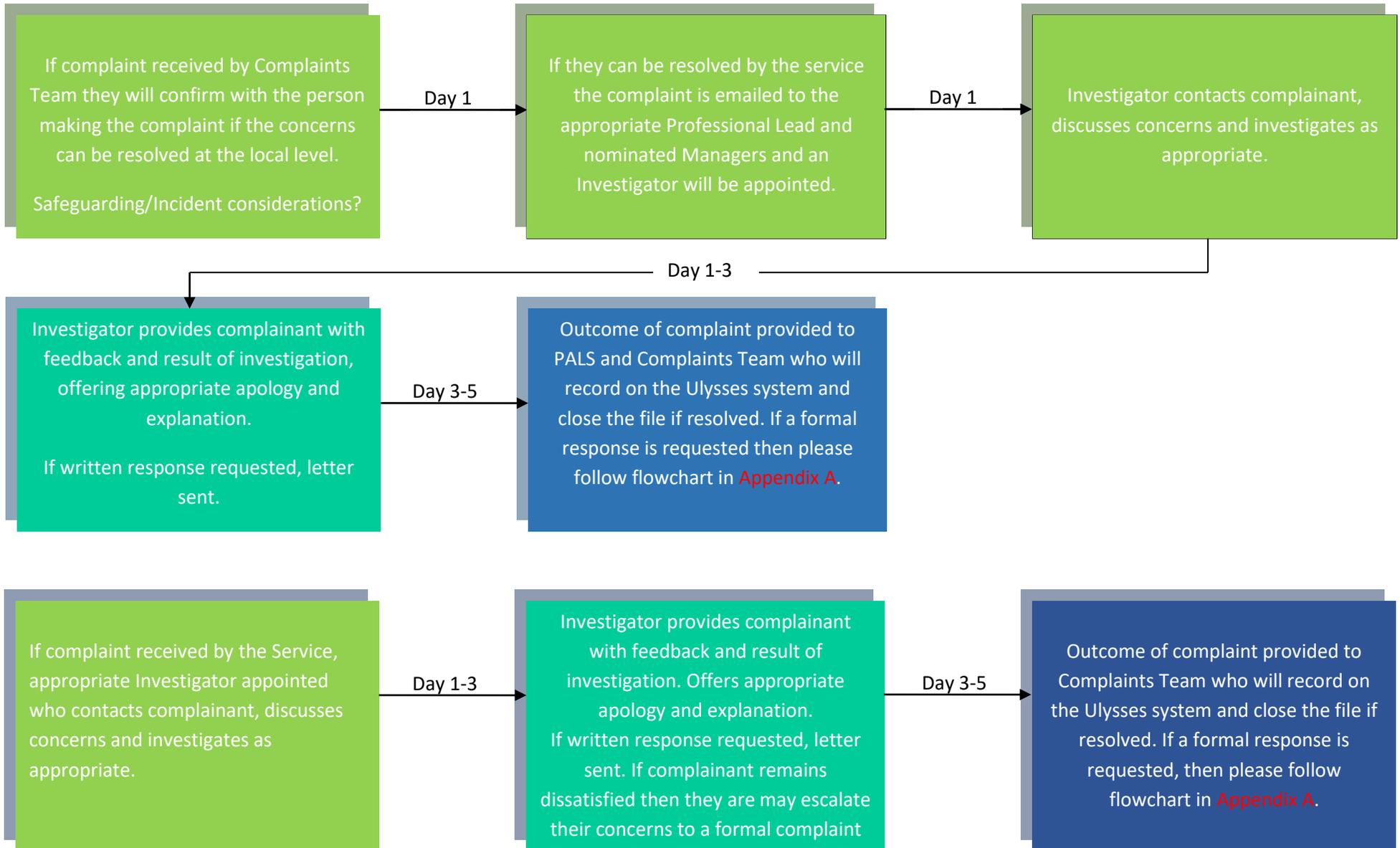
<https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response>

## 10. REFERENCES

The National Guidance underpinning this policy includes the following:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations 2009)
- NHS Constitution (2015)
- Making Experiences Count – A New Approach to Responding to Complaints (June 2007)
- Principles of Good Complaint Handling, Parliamentary and Health Service Ombudsman (2009)
- My Expectations for raising Concerns and Complaints, Parliamentary and Health Service Ombudsman, Local Government Ombudsman (LGO) and Healthwatch England (HWE), 2014
- A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged, Parliamentary and Health Service Ombudsman, 2015
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)
- Berwick Review: A promise to learn – a commitment to act; Improving the Safety of Patients in England (2013)
- Clwyd & Hart: A Review of the NHS Hospitals Complaints System: Putting patients back in the picture (2013)
- Office of the Children’s Commissioner: Child Friendly Complaints Processes in the Health Service (2013):
- Hard Truths: Mid Staffordshire NHS FT public inquiry; government response (2014)
- Transforming Care: A national response to Winterbourne View Hospital: DH final report (2012)
- Office of the Children’s Commissioner: Child Friendly Complaints Processes in the Health Service (2013): Common Principles for a Child Friendly Complaints Process
- Good Practice Standards for NHS Complaints Handling, Patient’s Association, 2013
- NHS England’s Accessible Information Standards 2015
- Care Quality Commission: Solent NHS Trust Inspection Report (2019)





## **Appendix C: Definitions**

### **Complaint**

An expression of dissatisfaction made to the Trust about the standard of service, action, or lack of action, by the Trust or its staff. The complaint may be made in writing or verbally, and requires a response. At any point in the complaint process, if the complainant is satisfied with the actions taken by the service line, the complaint may be de-escalated to a Service Concern.

### **Service Concern**

An expression of dissatisfaction made to the Trust as above that can be resolved, with the agreement of the complainant, by the service or team directly, either verbally or in writing. Taking consideration of the 'My Expectations for raising Concerns and Complaints' and giving patients greater choice in how their complaints are resolved, the Chief Executive has agreed that we will respond to these issues within three working days (the National Regulations advises 24 Hours). If the complainant is not satisfied with the outcome, it can be escalated to a formal complaint.

### **Compliment/Plaudit**

An unsolicited expression of praise or thanks received in relation to the service, care, or treatment provided. Plaudits are reported by the service lines to the PALS and Complaints Team following the 'Process for Reporting Plaudits'. As part of this process, services are responsible for recording compliments on the Ulysses system. The compliments/plaudits received will be reported on in the Annual Report, and provided monthly to individual service lines as requested by the Quality & Professional Standards Team.

### **Advice and Signposting**

A general enquiry made to the PALS and Complaints Team from a patient, or member of the public, that is not a Complaint or Service Concern. This is not an exhaustive list, but examples include wanting to know the contact details of a clinic; a Freedom of Information Request which is sent to the Information Governance Team; whether the Trust provides a particular treatment. These are all recorded on the Ulysses system.

Unless otherwise agreed with the person making a complaint, the final written response to the complaint should be sent within 30 working days. The complaints process includes investigating the concerns raised and drafting the letter for their Clinical Directors' approval. This should all be completed by day 15 to enable the review process to take place before signature and sending. In an attempt to ensure that the response is sent within the 30 working days, should the response not be received the following reminders will be sent.

Day 12

Reminder to the Professional Lead and Investigator (if known) that the response is due in 3 days' time.

Day 14

Reminder to Professional Lead and Investigator that the response is due the following day.

Day 15

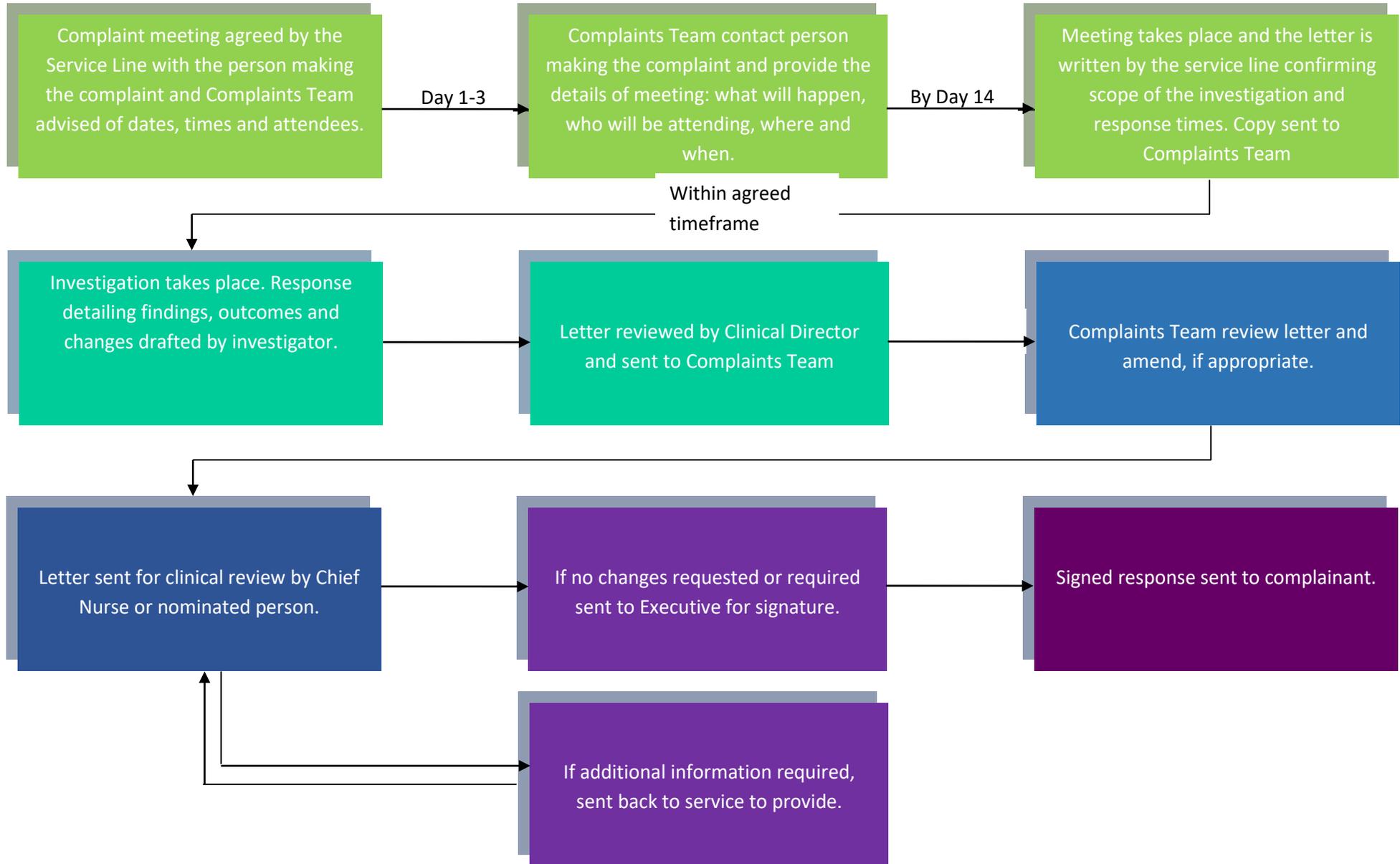
If no response received, escalate via email to the Clinical Director, copying in the Professional Lead.

Days 17 & 19

Further reminders to the Clinical Director, Chief Operating Officer and Professional Lead.

Day 21

If no response, refer to the Chief Nurse to escalate with the appropriate Service Leads and Chief Operating Officer.



## Appendix: F

## Equality Impact Assessment

<b><u>Step 1 – Scoping; identify the policies aims</u></b>	<b>Answer</b>		
1. What are the main aims and objectives of the document?	The purpose of this policy is to describe the Trust’s policy with regard to managing concerns and complaints in accordance with national guidance; and to provide a framework to General Enquiries and Compliments/Plaudits.		
2. Who will be affected by it?	Complainants and Staff working within Solent NHS Trust.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	National Guidelines and National Health Service Complaints (England) Regulations 2009.  Complaints and Concerns to be managed within timelines agreed with the complainant		
4. What information do you already have on the equality impact of this document?	None at present		
5. Are there demographic changes or trends locally to be considered?	None at present.		
6. What other information do you need?	None at present		
<b><u>Step 2 - Assessing the Impact; consider the data and research</u></b>	<b>Yes</b>	<b>No</b>	<b>Answer (Evidence)</b>
1. Could the document unlawfully discriminate against any group?		X	
2. Can any group benefit or be excluded?		X	
3. Can any group be denied fair & equal access to or		X	

treatment as a result of this document?			
4. Can this actively promote good relations with and between different groups?	X		Increased engagement with and Complainants
5. Have you carried out any consultation internally/externally with relevant individual groups?	X		CD's, PL's, FLM and Health watch.
6. Have you used a variety of different methods of consultation/involvement	X		
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	X		Next of Kin can complain on behalf of Service users, where service users do not have capacity to undertake this. Next of Kin need to demonstrate they have lasting powers of attorney.
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	X		National Complaints Guidance.
9. Are there any external implications in relation to this policy?	X		Service Users
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			Service Users and staff –positive

If there is no negative impact – end the Impact Assessment here.

<b><u>Step 3 - Recommendations and Action Plans</u></b>	<b>Answer</b>
1. Is the impact low, medium or high?	

2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
<b><u>Step 4- Implementation, Monitoring and Review</u></b>	<b>Answer</b>
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
<b><u>Step 5 - Publishing the Results</u></b>	<b>Answer</b>
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

**\*\*Retain a copy and also include as an appendix to the document\*\***