



INDEPENDENT HEALTH GROUP

Complaints and Concerns Policy

DOCUMENT CONTROL

Ratified By:	Integrated Governance and Business Change Committee
Date Ratified:	
Name of Originator/Author:	Head of Quality and Governance/Chief Nurse
Review Period:	3 Yearly
Next Review Due:	TBC November 2027
Version:	5.0
Policy Reference Number:	CP003

Revision History

Date Issued:	Version Number:
August 2007	1.0
May 2015	2.0
May 2021	3.0
March 2024	4.0 – reviewed, no changes.
November 2024	5.0 – Complete review and refresh

Related Policies

Policy Title:	Policy Reference Number:
Duty of Candour /Being Open Policy	Under review
Risk and incident management policy	Under development

Type of Procedural Document (please indicate)

Policy	X
Standard Operating Procedure (SOP)	
Other	

Contents

Policy on a Page	3
1 Introduction	4
2 Purpose and Scope of Policy	4
3 The Legal Framework	4
4 Definitions	4
5 Duties and Responsibilities.....	5
5.1 Independent Health Group Board	5
5.2 Chief Executive.....	5
5.3 Chief Nurse.....	5
5.4 Medical Director.....	5
5.5 Head of Quality and Governance	5
5.6 Governance Team	Error! Bookmark not defined.
5.7 Senior Management Team.....	5
5.8 All staff.....	5
6 Who may complain.....	6
7 Time scale for receipt of complaints.....	6
8 Referral to External Agencies.....	6
9 Complaints that may lead to a legal claim, police investigation or investigation by the Health and Safety Executive	6
10 Being Open	6
11 Respect for individuals raising concerns or complaints	7
12 Process for handling concerns	7
12.1.1 Handling concerns by front line staff	7
13 Process for handling Formal Complaints (Local Resolution)	7
13.1 Receipt of complaint	7
13.2 Links with Patient Safety/Legal Services/Health and Safety.....	8
13.3 Investigation	8
13.3.1 Investigation Process.....	9
13.3.2 Joint Internal Complaints.....	10
13.4 Responding to formal complaints	10
14 Learning and improving from complaints	10
15 Handling joint complaints between organisations.....	11
16 Parliamentary and Health Service Ombudsman	11
17 Advice and support for complainants.....	11
18 Unreasonably persistent complaints	11
19 Documentation	12
20 Support for staff.....	12
20.1 Immediate Support	12
20.2 Further action and support where staff are experiencing difficulties	12
21 Training.....	12
22 Review of process.....	13
23 Equality Impact Assessment (EQIA).....	14
24 Process for monitoring compliance.....	16
25 References	16
26 Associated Documentation.....	16
Appendix 1 – Handling concerns and enquiries on the spot – Guidance for staff	17
Appendix 3 Guidance for staff writing statements as part of a complaint investigation	19
Appendix 4 Handling Persistent and Unreasonable Complaints Introduction	21

Policy on a Page

- All complaints and concerns should be dealt with promptly and efficiently, and learning should be identified to improve patient care
- All formal complaints must be acknowledged in writing within three working days and a full response sent out within the timescale agreed with the complainant. Generally, this requires a response by 28 days, unless otherwise agreed or where additional external information is required that would influence the timeline for response. Should a complaint highlight a significant patient safety incident this may require investigation in line with the National Patient Safety Incident Response Framework and as such alternative timeline will apply to the response.
- All concerns raised should be dealt with swiftly and within no more than seven working days
- All complaints should include an action plan that is monitored by the relevant manager/matron to ensure all actions are completed and learning is embedded. Where appropriate, actions should be audited for effectiveness.
- Where possible, front-line staff should seek to resolve immediate concerns without the need to escalate.
- The Quality and Governance Team are able to provide support for staff who are asked to provide comments or a response to a complaint.
- The outcomes of complaints should be shared with the relevant staff and discussed at appropriate staff meetings and organisational meetings.

1 Introduction

The Independent Health Group recognises the importance of having an organisation wide systematic, accessible and impartial process for dealing efficiently and effectively with concerns and complaints from patients and their relatives. By listening to, and receiving feedback from, our patients and their relatives, this allows the Independent Health Group to improve patient experience and the quality of the care and services we provide.

The Independent Health Group aims to ensure that all concerns and complaints are dealt with efficiently, are properly investigated and that complainants receive an open, honest, impartial, thorough response outlining any action that is taken to improve services, whilst being fair to all concerned.

2 Purpose and Scope of Policy

This policy, which applies to all staff, outlines the structure and framework for the management of concerns and complaints in the Independent Health Group. The policy takes account of statutory regulations and guidance and sets out clear standards for the management of concerns and complaints based on the principles of good complaints handling:

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

The purpose of this policy is not to apportion blame, but to investigate complaints thoroughly whilst being fair to all concerned and to learn lessons for improvement in care and service delivery, ensuring that complaints lead to actions that improve the service and patient experience and prevent future complaints.

The policy is concerned with resolving complaints made by patients, not staff complaints or grievances. Staff should use the appropriate Human Resource policies and procedures if they wish to pursue matters relating to their employment.

3 The Legal Framework

The legal framework for the management of NHS complaints is outlined in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (SI 309), the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (SI 1768) and the [Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) Regulations 2015](#)

4 Definitions

A **‘complaint’** is defined as any formal expression of dissatisfaction, either verbal or in writing, about an act, omission or decision, and whether justified or not, which requires a response. Comments, questions, concerns, general enquiries or suggestions are not complaints, although the provision of timely and accurate information and advice is important.

A **‘concern’** is any issue causing concern to the patient, relative carer relating to their care and treatment. Concerns are normally raised informally and are usually resolved at local level by front line/ staff operational team.

5 Duties and Responsibilities

5.1 Independent Health Group Board

The Independent Health Group Board is responsible for ensuring that the organisation follows the principles of sound governance. This includes development of systems of clinical governance and risk management and reviewing the effectiveness of internal controls. The Independent Health Group Board, therefore, has a responsibility to ensure that it receives assurance that this policy is being implemented, that lessons are being learnt, and areas of vulnerability are improving.

5.2 Chief Executive

The Chief Executive (the designated responsible person for complaints) has overall accountability for ensuring that the Independent Health Group meets the statutory and legal requirements for handling complaints. In the absence of the Chief Executive, the role is delegated to another Executive Director.

5.3 Chief Nurse

The Chief Nurse has delegated executive responsibility for ensuring that the Independent Health Group complies with the statutory regulations. The Chief Nurse will ensure that the organisation complies with this policy, that all complaints and concerns are appropriately handled and changes to practice as a result are implemented throughout the Independent Health Group via its Senior Management Team.

5.4 Medical Director

The Medical Director is accountable for overseeing any complaints and actions required relating to Consultant Surgeons/ medical practitioners.

5.5 Head of Quality and Governance

The Head of Quality and Governance is the Independent Health Groups designated Complaints Manager and has lead responsibility for the oversight of all concerns and complaints within the Independent Health Group, in accordance with the statutory regulations.

5.6 Quality and Governance Team

The Quality and Governance Team has responsibility for the day-to-day tracking of concerns and complaints in accordance with this policy and the statutory regulations.

5.7 Senior Management Team

The Operational team including Head of Operations Deputy Chief Nurse and Clinical Directors, have responsibility for ensuring compliance with this policy within department/service. They have responsibility for investigating complaints relevant to their area, taking the necessary action to prevent recurrence and monitoring any service improvements made. They also must ensure that their staff are provided with appropriate support during the complaints process.

Matrons and Managers are responsible for investigating elements of complaints relating to their area, providing comprehensive reports in response, identifying service improvements, implementing risk reduction measures and monitoring progress of any action taken.

5.8 All staff

All staff are responsible for the early and effective resolution of concerns and complaints within their area and for resolving any concerns, as they arise. All staff must co-operate fully with any investigation

into a complaint.

6 Who may complain

Complaints or concerns may be made by a patient, or any person who is affected, or likely to be affected by the actions, omissions or decisions by the Independent Health Group, or by anyone on their behalf, with the patient's permission.

If the person making the concern/complaint is not the patient, the Independent Health Group will first seek the patient's written permission to disclose personal information.

Where a patient has died, is unable to make a complaint due to physical incapacity/illness or lacks capacity within the meaning of the Mental Capacity Act 2005(a), a complaint may be made on their behalf, as long as the complainant is conducting the complaint in the best interests of the patient and where the complainant is a suitable person to act on the patient's behalf. When reaching this decision, consideration must be given to all relevant factors, such as closeness of the complainant's involvement with the patient. Consent to respond to a complaint will be sought from the patient's next of kin prior to disclosure of any information.

7 Time scale for receipt of complaints

A formal complaint should be made no later than 12 months after the date on which the subject of the complaint occurred, or if later, the date when the complaint first came to the notice of the complainant. The organisation has the discretion to extend this time limit where there is a reasonable explanation for the delay and where it is still possible to investigate the facts of the case fairly and effectively. In all cases the Head of Quality and Governance will write to the complainant explaining the decision made.

8 Referral to External Agencies

During an investigation, it may become necessary to notify external agencies particularly where a serious incident has occurred e.g. Police, Health and Safety Executive, Care Quality Commission, Professional body, Medicine and Healthcare products Regulatory Agency (MHRA). This decision will be made following consultation with the Chief Nurse and Medical Director as necessary and will be discussed with the Chief Executive Officer in advance of any referral being made.

9 Complaints that may lead to a legal claim, police investigation or investigation by the Health and Safety Executive

The fact that a complainant indicates that they intend to take legal action, or that they have already submitted a claim, should not prevent the Independent Health Group from responding to a complaint. However, it is considered good practice to access legal advice to ensure that any investigation will not prejudice any legal or judicial action.

Where an investigation is on-going into a criminal offence, the Independent Health Group will consult with the police to determine whether progressing with the complaint might prejudice subsequent legal or judicial action. If so, the organisation will notify the complainant in writing that further investigation is not possible until the police investigation is complete. The same applies to any on-going investigation by the Health and Safety Executive.

10 Being Open

'Being Open' involves apologising and explaining what has happened to patients and/or their carers who have been involved in a patient safety incident/complaint, outlining lessons learnt and any remedial action. The Independent Health Group will ensure that all communication with patients, relatives and staff following receipt of a complaint is open and honest. Promoting a culture of being open is, therefore,

a prerequisite to improving patient safety and in the handling of complaints raised by patients or their advocates. For further information staff should refer to the Being Open Policy.

If a complaint or concern identifies a serious patient safety incident that has not been previously recorded and investigated, the Head of Quality and Governance will review and ensure the right investigation process is followed in line with the National Patient Safety Incident Response framework. This may change the timeline for providing a response to the complaint and complainant will be consulted and advised of this.

11 Respect for individuals raising concerns or complaints

The Independent Health Group expects all staff to treat patients and/or complainants with respect at all times, and, where a complaint or concern is raised, staff should ensure that the patient's on-going health needs are met. The fact that a concern or complaint is made should not have any adverse effect upon a patient's care.

Under no circumstances should staff display any form of discrimination towards the patient and/or complainant as a result of a complaint or concern being raised.

12 Process for handling concerns

12.1.1 Handling concerns by front line staff

Concerns may arise out of a need for information or a problem that can be dealt with immediately and may be resolved quickly by members of staff who are directly involved in the patient's care. Staff should aim to resolve these issues on the spot, as the offer of an explanation and an apology will often resolve the matter and improve the patient's experience. For advice on handling patient enquiries see Appendix 1.

If staff are unable to deal with the concerns raised, the issues are too complex, or it is not possible to resolve the matter, they should refer the matter to their immediate manager, Matron, in the first instance or in their absence the Quality and Governance Team who will attempt to resolve matters.

13 Process for handling Formal Complaints (Local Resolution)

13.1 Receipt of complaint

A formal complaint may be made orally, in writing or electronically. All written complaints received by individual members of staff should be forwarded to the Quality and Governance Team inbox immediately on receipt. If the complaint is received orally, staff must make a written record of the complaint and provide a copy for the complainant.

On receipt of a complaint, a member of the Quality and Governance Team will undertake an initial assessment to determine how the complaint should be handled and the timeframe for response (see section Investigation). Wherever possible, a member of the Team will make telephone contact with the complainant to discuss the handling of the complaint, the complainant's expectations and the timeframe for response. Details of the discussion should be confirmed in writing and in all cases the Quality and Governance Team must acknowledge receipt of the complaint in writing within three working days following receipt of the complaint. All complaints received will be brought to the attention of the Chief Executive Officer and Chief Nurse for awareness.

The Head of Quality and Governance will be responsible for communication with commissioners in bringing to their attention any complaints of significant concern.

Complaints data will routinely be reported as part of contract management quality information

submission as required.

13.2 Links with Patient Safety/Legal Services/Health and Safety

Wherever possible, a complaint will be aggregated with any associated incident report or claim that is relevant and a link made in the Complaints module of Radar. This will ensure that there is triangulation between all three and any previous investigation or information is used in the investigation of the complaint.

All complaints received are discussed at a weekly review meeting with the Chief Nurse where all new patient safety incidents and all new claims are also discussed. This also allows for triangulation of themes.

13.3 Investigation

Each complaint will require an investigation at a level that is appropriate to the severity of the complaint with the aim of resolving it speedily and efficiently. Some complaints require minimal investigation and a prompt response, whereas others require more formal investigation (see table below). Complaints that are considered complex (high risk, involves several departments, several episodes of care or another organisation) will require a longer investigation period, this should be negotiated with the complainant.

Initial assessment of complaint	Type of complaint	Level of investigation and response period
Low level - formal complaint	Simple, non-complex complaints e.g. Cancelled outpatient appointment/admission Waiting time, Communication	Low level of investigation required. Response period – within 30 working days
Medium level – formal complaint	Several issues relating to clinical care Several wards/departments involved	More detailed investigation involving clinical matters. Response period – within 45 working days
Complex level – formal 1complaint	Complex complaint involving more than one organisation.	Investigation by clinicians with option to obtain advice from Clinical Director/Lead Clinician Response period – up to 60 working days

The Quality and Governance Team will oversee investigation process and timeline in all cases. A copy of the complaint is forwarded to the investigating clinician(s) and/or manager for investigation. The complaint will also be copied to the appropriate member of the Senior Management Team, Chief Nurse and CEO. On receipt of the complaint, the investigating clinician/manager will undertake a thorough investigation of the issues raised in the complaint with the relevant staff involved and provide a response

to the Quality and Governance Team within 15 days unless an extension has been agreed with the Head of Quality and Governance.

For complaints involving medical care, it is the responsibility of the patient's consultant to provide a detailed report of the patient's care to address the complaint; the investigation may be led by a Matron/Clinical Director.

With complaints involving nursing care, it is the responsibility of the Matron to oversee the investigation of complaints for their area.

With high-risk complaints, the investigation may be reviewed by the Deputy Chief Nurse and Clinical Director/Clinical Lead or a multidisciplinary team supported by the Governance team. Other expert opinion or independent advice may be sought.

13.3.1 Investigation Process

The following process should be used in all complaints:

The investigating matron/manager/clinician(s) will need to establish the facts; this may include a review of the patient's health records and if required information obtained from statements or interviews conducted with staff

A timeline or chronology of events is a useful tool to use in the process, which will enable the investigating matron/manager/clinician to identify any gaps in information / processes and any critical problems that arose. Once complete, the investigating matron/manager/clinician must identify actions and learning arising from the complaint.

On completion of the investigation, the relevant matron/manager/clinician will produce a comprehensive response and forward this and the identified learning to the Quality and Governance Team within the expected deadline.

This response should include the following, as appropriate:

- A summary of the patient's care and/or events.
- An outline of the investigation process.
- Details of the staff involved.
- Answers to all aspects of the complaint within the investigating manager/clinician's remit.
- Any statements from staff or notes of interviews held.
- An apology, where appropriate.
- An outline of any agreed action or risk reduction measures.

Support is available from the Quality and Governance Team in terms of what should be included in the response.

Timescales will be set for the response to be received; if the investigating manager/clinician (s) requires further time, they should discuss this with the Head of Quality and Governance, who will then ensure that the complainant is kept up to date with progress.

In all complaints, it is the responsibility of the relevant Manager, to monitor any actions arising from the complaint and to update the Quality and Governance Team of their progress.

The Deputy Chief Nurse Head of Operations and Clinical Leads/Directors have overall responsibility for ensuring that staff follow this process.

Where there is a conflict of interest (for example the complainant is a relative or close personal friend of the investigating matron/ manager/clinician or the complaint relates to a member of staff who is a relative

of the matron/ manager/clinician) the investigating clinician or manager must immediately declare this conflict to the Head of Quality and Governance and a decision will be made as to who else can provide comments instead.

13.3.2 Joint Internal Complaints

It may be necessary for some complaints to be managed jointly with another department In such cases, it should be clearly documented which department is taking the lead.

13.4 Responding to formal complaints

On completion of the investigation the Quality and Governance Team will draft a final response to the complainant, on behalf of the Chief Executive, ensuring that all aspects of the complaint are answered fully with a clear and open explanation of events. Where appropriate, an apology will be offered, and details of any actions and/or learning outlined. A meeting may also be offered with the complainant and the relevant matron/clinician/manager to resolve any concerns. In some instances, it may be beneficial to offer a meeting following the initial receipt of the complaint.

The Independent Health Group will aim to investigate and forward a full response to complaints within the timescale agreed. If any delay occurs during the investigation, a member of the Quality and Governance Team will contact the complainant, either by phone or in writing, explaining the reason for the delay, as soon as this is anticipated and will agree a revised response time. The Quality and Governance Team must keep the complainant informed of progress at regular intervals until closure.

All response letters are from the Chief Executive but will be signed by another Executive Director on behalf of the Chief Executive as delegated dependent on nature type of complaint. In the event that the complainant is unhappy with the initial response, the Independent Health Group may undertake further investigation and respond in writing, or a meeting with senior representatives of the Independent Health Group may be offered.

14 Learning and improving from complaints

Good complaints handling is not limited to providing a response or remedy to the complainant but should also focus on ensuring that the feedback received through complaints is used to learn lessons and contributes to service improvement.

Following investigation of a complaint, Managers should:

- Include details of any risk reduction measures, lessons learnt, and actions taken as a result of the complaint in their final report.
- Where appropriate, include an action plan with an identified lead person and target completion dates.
- Monitor progress of the action plan until complete
- Report progress to the Complaints Team

Where no learning or actions are identified from the investigation, it must be made clear that learning and actions have been considered.

Whilst the Quality and Governance Team will facilitate and co-ordinate this process, it is essential that the appropriate department takes responsibility for implementation of risk reduction measures and dissemination of information amongst staff and across the organisation as appropriate. All managers should ensure that learning from complaints is included as part of their team meetings and governance reporting structure. The Quality and Governance Team will provide data on closed and open actions to ensure that all actions are followed up.

Where appropriate actions and / or changes in practice should be audited to ensure they are effective,

linking with the clinical audit team as necessary.

The Integrated Governance and Business Change Committee (future Quality and Safety Committee) and Independent Health Group Board will receive a quarterly and annual report providing qualitative and quantitative data and learning from complaints. In addition, learning from complaints is shared with the Senior Management Team to ensure that this links with other improvement working within the Independent Health Group.

Handling joint complaints between organisations.

If a complaint received involves more than one NHS provider or provision of care by the Local Authority, the Independent Health Group has a duty to co-operate and work closely with other organisations to ensure that the complainant receives a full response to their concerns.

On receipt of the complaint, the Quality and Governance Team will contact the complainant within three working days to acknowledge receipt of the complaint and to determine how the complaint will be handled. Following receipt of the complainant's consent, or the patient's consent if the complainant is not the patient the Quality and Governance Team will contact all other organisations involved, to determine which organisation will take lead responsibility. The organisation with the major component of the complaint will normally take the lead and will co-ordinate the investigation with the other organisations and agree timescales for response. Any draft response will be shared with each organisation before being sent to the complainant.

If a complaint is solely concerned with services provided by another hospital or organisation, the letter will be sent to the appropriate organisation, with the complainant's or patient's permission.

15 Parliamentary and Health Service Ombudsman

If a complainant is not satisfied following completion of Local Resolution, they may refer their complaint to the Parliamentary and Health Service Ombudsman. The Parliamentary and Health Service Ombudsman will review the case and may advise the Independent Health Group of further action that could be taken to achieve resolution. Alternately, they may decide to investigate the case. In all cases, the Head of Quality and Governance will act as the point of contact and will provide assistance to the Parliamentary and Health Service Ombudsman, as required.

Following completion of any investigation, the Parliamentary and Health Service Ombudsman will produce a report detailing their findings and recommendations. Where action is required, the Head of Quality and Governance will co-ordinate a response to the complainant and outline any action undertaken by the Independent Health Group. The Independent Health Group will review progress of all agreed actions until complete.

16 Advice and support for complainants

Assistance will be given to any person wishing to raise a concern or complaint, including the provision of interpreter services where the patient's first language is not English. Assistance will also be given to any person who has a sensory impairment or learning difficulty. Additional assistance or support may be obtained from the appropriate Advocacy Service.

17 Unreasonably persistent complaints

In a minority of cases, complainants can become vexatious and persistent in pursuit of their complaint, despite reasonable attempts to resolve matters. This can result in a disproportionate amount of time and resources and may place undue strain upon the staff that are required to deal with them. Appendix 5 identifies complaints that may be considered unreasonable and suggests ways of responding to these.

18 Documentation

The Head of Quality and Governance is responsible through the Quality and Governance Team for developing and maintaining information relating to all concerns and complaints via the Radar incident management system.

The Quality and Governance Team will maintain a central electronic file for each complaint which includes:

- All internal and external communication.
- All reports and statements obtained during the complaint investigation, including any investigation.
- Notes of any telephone conversations and meetings conducted,
- action plans

Files will be kept for a minimum of ten years following the conclusion of any investigation, in accordance with the Records Management Code of Practice for Health and Social Care 2016, and then destroyed as confidential waste.

Under no circumstances should staff file correspondence relating to a complaint in a patient's health records. This is to maintain the confidentiality of both the patient and any member of staff involved in the complaint. Staff should also be aware that documentation relating to concerns and complaints may be disclosed to a complainant in the event of a subsequent claim.

19 Support for staff

The Independent Health Group recognizes it can be extremely distressing for staff when they are involved in a complaint investigation whether this is an internal review, or an external investigation conducted by the Parliamentary and Health Service Ombudsman. Therefore, staff involved in any part of the complaints process may require additional support from their immediate line manager throughout this process.

19.1 Immediate Support

The line manager should be the first point of contact for staff involved in a complaint. The Quality and Governance Team is also available to provide appropriate support to any member of staff throughout the life of the complaint.

19.2 Further action and support where staff are experiencing difficulties

Managers and Heads of Department have a responsibility to ensure that their staff are appropriately supported during this process and in serious cases, or where the member of staff is experiencing difficulty, must advise staff of the support available.

20 Training

The process for raising concerns and complaints will be included in the Independent Health Group's induction training programme. Additional training for individuals or groups of staff in complaints handling is provided, as appropriate.

- Managers are responsible for ensuring all their staff receive the type of initial and refresher training that is commensurate with their role(s).
- Staff must refer to the Mandatory Training Profiles, available on the intranet, to identify what training in relation to is relevant for their role and the required frequency of update.

21 Review of process

This policy will be reviewed every three years unless monitoring of the document shows that a review is required or in response to national or local policy.

22 Equality Impact Assessment (EQIA)

This document has been subject to an Equality Impact Assessment and is anticipated to have a positive impact by enabling concerns to be raised and addressed.

Equality Impact Analysis

Title of Assessment/Proposal	Complaints and Concerns Policy
Internal Lead/Author	Head of Quality and Governance
Date of Assessment	10/11/24
Names of people in involved in consideration of this analysis:	
Chief Nurse Head of Quality and Governance	
Description of Proposal and Business/Service Area Affected	
The Independent Health Group recognises the importance of having an organisation wide systematic, accessible and impartial process for dealing efficiently and effectively with concerns and complaints from patients and their relatives. By listening to, and receiving feedback from, our patients and their relatives, this allows the Independent Health Group to improve patient experience and the quality of the care and services we provide.	
What outcomes/benefits are you hoping to achieve?	
The Independent Health Group aims to ensure that all concerns and complaints are dealt with efficiently, are properly investigated and that complainants receive an open, honest, impartial, thorough response outlining any action that is taken to improve services, whilst being fair to all concerned	
Have patients, carers, public or staff been involved in the development of this proposal? Provide detail	
Policy based on best practice and national PSHO standards informed by patients and carers	
What data/evidence do you have about who is or could be affected? (e.g. equality monitoring, feedback, national/local trends)	
All patients have access to raise concerns or complaints as such this policy will affect all patients	
Are there any gaps in your information on how groups may be impacted by the proposal? Please detail	
no	

Does the proposal create an adverse impact which may affect the following groups?			
Age	No	Disability	No
Sex	No	Gender Reassignment	No
Marriage/civil partnership	No	Maternity/pregnancy	No
Race	No	Religion/belief	No
Sexual orientation	No	Military	No
Other: <i>(Please specify)</i>			

What impact is expected to the specific group or individuals?
All patients have access to raise concerns or complaints as such this policy will affect all patients
Does the proposal create benefit for a particular group over others? Can the proposal maximise the benefit for all groups?
No
How will this proposal meet the equality duties?
Ensuring accessibility of information and communication in relation to complaints and concerns
What are the barriers to meeting this?
None
How will any impact be mitigated, and barriers overcome?

How will assumptions made in this analysis be tested?
Through quarterly review/ report of data
When will this be monitored?
Quarterly

23 Process for monitoring compliance

Aspect of compliance or effectiveness being monitored including themes and trends / learning	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Quarterly and annual report	Quarterly and annual reports	Head of Quality and Governance	Quarterly and annually	Integrated Governance and Business Change committee (Future Quality and Safety Committee) Independent Health Group Board

24 References

- The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 (309)
- The Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (SI 1768)
- Principles of Good Complaints Handling. Parliamentary and Health Service Ombudsman 2009 Listening, Improving, Responding: A Guide to Better Customer Care. Department of Health 2009
- Making Amends: a consultation paper setting out proposals for reforming the approach to clinical negligence in the NHS. Department of Health 2003
- Being Open – Communicating Patient Safety Incidents with Patients and their Carers. National Patient Safety Agency 2009
- Records Management Code of Practice for Health and Social Care 2016
- [The Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) Regulations 2015](#)
- Department of Health Making Experience Count Toolkit - Persistent and Unreasonable Clients 2009
- Department of Health. Handling Complaints in the NHS. Good Practice Toolkit
- Policy on Unreasonably Persistent Complainants. Parliamentary and Health Service Ombudsman
- [My expectations for raising concerns and complaints \(Local Government Ombudsman, Healthwatch, Parliamentary and Health Service Ombudsman, November 2014\)](#)

25 Associated Documentation

This Policy should be read in conjunction with the following

- Being Open and Duty of Candour
- Risk and incident management policy

Appendix 1 – Handling concerns and enquiries on the spot – Guidance for staff

Even the best managed organisations receive complaints at some point from patients and relatives. People may express concerns or complain because they are anxious, upset, in pain or are frightened. Whatever the reason, it is important that patients and relatives feel able to express their concerns without feeling that care may be affected in any way.

Any member of staff can successfully deal with a complaint or an enquiry by a patient or their relative. If someone wishes to make a complaint, use this checklist to help.

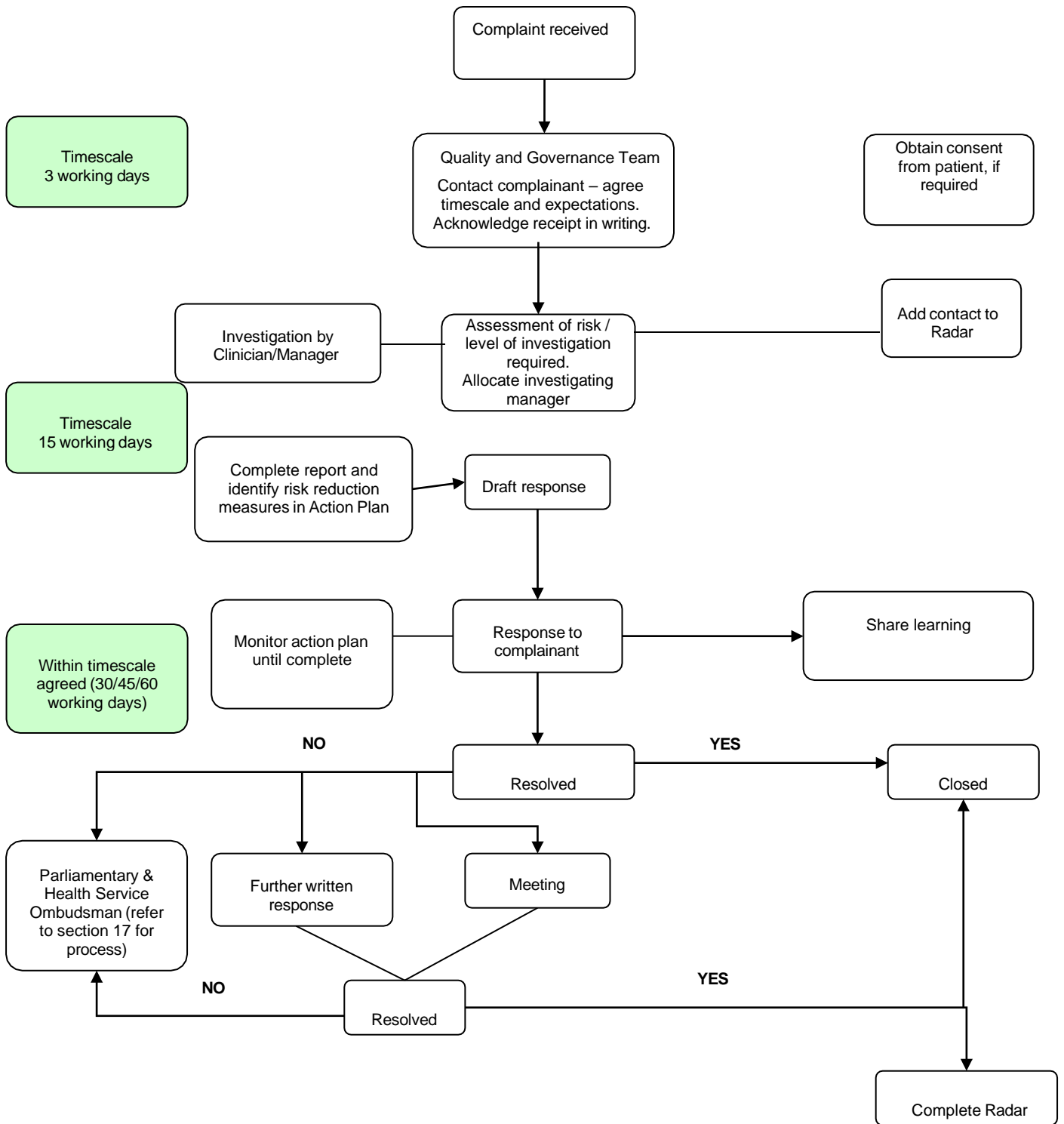
Remember if someone complains.

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

If you feel unable to deal with the complaint yourself or the person making the complaint is still unhappy, then refer to your immediate manager.

Ensure that you log details of the concern within the Radar incident System.

Appendix 2 Process for Handling Complaints



Appendix 3 Guidance for staff writing statements as part of a complaint investigation

As a member of staff who comes into contact with the public, patients and relatives, there may be times when a complaint is made about an event that you have been involved with. On these occasions you may be asked to write a statement on the events surrounding the incident. In other words, you may be asked to give an account of your involvement.

It is understandable that at times like these you may feel worried. It is important to remember that with any investigation our aim is to be scrupulously fair to both the complainant and the staff involved. The aim of the investigation is purely to establish the facts and find out what and why something happened so that the Independent Health Group can provide the complainant with a full explanation. It is not used to apportion blame to any individual and you should not feel threatened in any way by this.

Your manager or the Quality and Governance Team will be able to advise you and offer help in producing any statement or account of your involvement. The following points will also help you to write a clear and concise report of events.

- First remember that you are entitled to have access to any relevant records or documents whilst making your statement. So do make sure that you have access to the patient's casenotes.
- Before writing consider the following 5 principles: Who, where, when, how and why.

Your statement should include

- What you said
- What you did
- What you saw
- What you didn't do and why
- Your statement should be a full and complete account of your involvement in the events leading up to and during the alleged incident in the complaint. If you do not remember the patient/event, say so and state that your statement is based upon the records you made at the time.
- Begin your statement by providing your full name, designation and department
- Set out your professional qualifications, including the year obtained with an explanation of any abbreviations where relevant.
- Record any relevant training and experience you have had.
- State how you came into contact with the person (patient or relative).
- Record events in chronological order being accurate with dates and times and refer to entries made within the nursing and medical notes where appropriate. Detail each visit to the patient, examinations and treatment performed giving dates and times.
- Write in the first person, e.g. at 16:00hrs I gave Mr Smith a cup of tea. I saw that he was breathing heavily and sweating. His pulse rate was 98 beats per minute.
- Outline precisely what care you gave to the patient including medication given and its effect and observations carried out and whether these were within normal limits.

- If at any time you sought advice or discussed the patient's care with other members of staff state who these were and their designation. Refer to all other staff or witnesses by their full name and status (do not refer to them by first name only).
- Provide reasoning for any actions taken e.g. why did you ask the doctor to review a particular patient.
- Do not express opinions on what might have happened or what other people may have done. Avoid hearsay or speculation.
- Address any allegations made.
- If you refer to any supporting documentation e.g. guidelines followed, attach this to your statement.
- Always sign and date your statement
- A vital part of any investigation of a complaint into a patient's care is a review of the patient's records. When asked to prepare a statement in relation to your involvement with the patient, you may have to rely entirely on what you documented in the patient's records at the time. For this reason, all entries made in a patient's casenotes should provide a detailed, legible and chronological account of the patient's stay with all entries being signed, dated and timed. Good record keeping will support any statement you are required to produce.
- The complainant has the right to see any statements, so please ensure that you explain any medical terms that they may not understand.

The investigating manager / clinician will be asked to complete a statement form, the template for which is below:

COMPLAINT STATEMENT FORM NHS Trust

A separate form should be used for each person providing a statement.

Patient		Unit Number		Complaint Ref.	
Name of Person Completing Statement		Role		Date Completed	DDMMYYYY
Complaint Case Manager					
Summary of Statements required				Statement due by	DDMMYYYY

Please supply any relevant background information you wish to (including a chronology) below, and please answer the specific questions raised on the following pages using this statement form. Please also complete the learning section following each question.

Background Information:

NHS Trust

Specific Questions:

No.	Issue/Question/Concern	Datix Subject Code	Response <small>(including names and role of any staff you have spoken to as part of your investigation, statements obtained from staff (please attach these with your response) and details of any relevant policies/guidance)</small>		
1			Staff members Response:		
Learning (This field must be completed - if you feel that there are no lessons to be learnt from this complaint and no changes in practice required, please input N/A and give a clear reason for this) <small>Questions you may wish to consider when identifying learning: What are the issues that need addressing and what could you possibly do to address these issues? What are the possible implications of not addressing these issues? Who else might you need to involve (e.g. other managers, the complaints team, the education team, etc.)? What resources could possibly be helpful? What obstacles might you face, and how could you possibly minimise and overcome these? How and where could you share learning from this complaint?</small> Learning identified:					
	Action required to implement learning	Who will do this?	By when will this be done?	How will you measure the effectiveness of this action	If this action has already been completed, please provide details
Will you be sharing this complaint at any meetings? Y/N <small>If yes, please provide details below and send the outcome of that discussion and any further actions to salf.complaints@nhs.net</small> Meeting name: Date:					

Appendix 4 Handling Persistent and Unreasonable Complaints

Introduction

In a minority of cases, some people can become unreasonably persistent in pursuit of their complaint despite reasonable attempts to resolve matters. This can result in a disproportionate amount of time and resources and may place undue strain upon staff who are required to deal with them. The aim of this policy is to identify situations where complainants may be considered persistent or unreasonable and to suggest ways of responding to these.

It is important to remember that a person making a complaint may be distressed due to events that have happened, they may be bereaved, or have health problems and, therefore, they may act out of character at times of stress. Some may find it difficult to communicate; others may appear to show aggression, have a mental illness or be lonely and lack support. These factors should be taken into consideration when dealing with any member of the public who makes a complaint and before implementing this policy.

It should be emphasised that this process should only be used when all reasonable measures have been taken to try and resolve complaints through the NHS Complaints Procedure. The Head of Quality and Governance will only implement this process following discussion with the Chief Nurse and Chief Executive Officer.

Definition of a persistent or unreasonable complainant

Complainants may be considered persistent or unreasonable where previous or current contact with them meet two or more of the following criteria (or one, in extreme circumstances):

Where complainants:

- Persist in pursuing a complaint where the complaints procedure has been fully and properly implemented and exhausted or refuse to accept the remit of the complaint's procedure
- Change the substance of their complaint or add trivial or irrelevant issues to prolong contact with the Independent Health Group. Care must be taken not to disregard new issues where they are genuinely identified late in the investigation and are significantly different to the original complaint. These will need to be addressed as separate complaints
- Repeated focus on conspiracy theories and/or will not accept documented evidence of treatment given e.g. information in a patient's records, computer records or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Have, in the course of making a complaint had an excessive number of contacts with the Independent health group placing unreasonable demands on staff. A contact may be in person, telephone or in writing.
- Do not clearly identify the precise issues, which they wish to be investigated despite reasonable efforts made by Independent Health Group staff or advocacy service to help them.
- Have harassed or been verbally abusive or aggressive on more than one occasion towards staff dealing with their complaint or failed to engage with staff in a manner which is considered appropriate e.g. repeated use of unacceptable language. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress. All incidents should be documented.

- Focus on a relatively trivial matter to an extent that is out of proportion to its significance. It is recognised that this can be subjective and, therefore, careful judgment must be used in applying this criterion.
- Have threatened or used actual physical violence towards staff at any time. If this applies, no other criterion is necessary to invoke the policy. All incidents should be documented.

Options for handling persistent or unreasonable complaints

Where complainants are identified as persistent or unreasonable, in accordance with the above criteria, the Head of Quality and Governance will discuss, and agree any further action with the Chief Nurse. The following will be considered prior to taking action:

- Ensure that the complainant’s issue have been dealt with appropriately and that reasonable action has followed.
- Ensure that any new or significant issues have been considered.
- Apply criteria with fairness, and due consideration for the complainant’s circumstances (any known physical or mental health conditions, impact of bereavement or sudden change in lifestyle that may explain their behaviour.
- Consider the proportionality of any restrictions enforced in comparison with the level of unreasonableness or behaviour of the complainant.
- Consider whether there are further actions that can be taken to resolve the matter; and
- Try to resolve matters, before invoking the policy, by outlining to the complainant the type of behaviour expected if the Independent Health Group is to continue investigating the complaint under the NHS Complaints Procedure.

Where all the above have been considered and the complaint is considered persistent and/or unreasonable, the Chief Executive Officer or Chief Nurse will notify the complainant in writing of any action taken and the reasons why the Independent Health Group feels that this is necessary. Details of this will be recorded in the complaints file and complaints database.

The options to consider are as follows:

- If a complainant is abusive or threatening, it is reasonable to require him/her to communicate only in a particular way. The Independent Health Group may, therefore, withdraw contact with the complainant in person, by telephone, by fax, by letter or any combination of these provided that one form of contact is maintained. It may also be helpful to nominate one individual to maintain contact; this will normally be the Head of Quality and Governance.
- Place time limits on any telephone conversations and personal contact and only in the presence of a witness
- Require any future contact via an advocate e.g. Community Health Council, Healthwatch
- Advise the complainant that the Independent Health Group will not deal with correspondence that is abusive or contain allegations that lack substantive evidence.
- Notify the complainant in writing that the Chief Executive Officer has responded fully to all the issues raised and that continuing contact on the matter will serve no useful purpose. The complainant will be notified that the investigation into their complaint is complete and that any further correspondence relating to the issues previously addressed will be acknowledged but not answered.

- Temporarily suspend all contact with the complainant or investigation of the complaint whilst seeking legal advice.
- In extreme circumstances inform the complainant that the Independent health group reserves the right to pass persistent or unreasonable complaints to the Independent health group's solicitor and this may result in legal action.
- Where staff have been threatened, assaulted or harassed the Independent Health Group will consider whether it is appropriate to refer the matter to the police for investigation

Withdrawal of Persistent or Unreasonable status

Having deemed a complainant as persistent or unreasonable, this status may be withdrawn at any time. This should be exercised with discretion where for example, the complainant agrees and demonstrates a more reasonable approach, or they submit a further complaint for which the normal complaints procedure would appear appropriate. The Head of Quality and Governance will discuss options with the Chief Nurse and if considered appropriate, the Independent Health Group's complaints procedure will apply, and the complainant notified.

Support

The Independent Health Group recognises that persistent or unreasonable complainants can place undue stress upon staff who may require additional support from their immediate manager. See section on support in main policy.