

## Formal complaints and concerns management

<b>For use in:</b>	All areas of trust
<b>For use by (staff groups):</b>	All trust staff
<b>For use for:</b>	Management of concerns and formal complaints relating to patient care, experience, safety and Trust facilities
<b>Document owner:</b>	Executive chief nurse
<b>Status:</b>	Approved

### Contents

1. Purpose .....	3
2. Definition.....	3
3. Roles and responsibilities .....	4
Chief executive.....	4
Executive chief nurse .....	4
Non-executive director.....	4
Council of governors.....	4
Head of patient experience.....	4
Patient experience team.....	5
Senior managers and consultants .....	5
All trust staff.....	5
4. Information and literature about raising concerns.....	6
5. Who can make a complaint? .....	6
6. Ways to raise concerns or make a formal complaint .....	7
Locally .....	7
Patient advice and liaison service (PALS) .....	7
Formal complaints .....	8
7. Time limits for making a formal complaint .....	8
8. Formal complaints about other NHS organisations .....	8
9. Matters excluded from consideration.....	9
10. Fraud and bribery .....	9
11. Internal management of formal complaints .....	9
Receipt, acknowledgement and commencement of the investigation .....	10
Investigation .....	10

Investigation findings and response.....	11
12. Agreeing the upheld status of a formal complaint .....	12
13. Further stages in resolving formal complaints.....	13
14. Financial redress and compensation for loss of property .....	13
15. Freedom of information .....	13
16. Investigation interfaces: formal complaints, incidents, inquests and learning from deaths reviews .....	13
17. Media involvement .....	15
18. Parliamentary and health service ombudsman (PHSO).....	15
19. General medical council (GMC) complaints.....	15
20. Reporting mechanisms.....	15
Internal reporting .....	15
For two or more complaints which mention the same member of staff, an escalation notification process is in place to notify the relevant professional lead and/or executive for monitoring and action where appropriate.....	16
External reporting .....	16
21. Zero tolerance .....	16
22. Managing repeat complainants.....	16
23. Record keeping .....	17
Appendix A: PALS .....	18
Appendix B: Healthwatch Suffolk joint protocol for investigating health and adult social care formal complaints.....	19
Appendix C: grading of concerns and formal complaints.....	20

## 1. Purpose

The West Suffolk NHS Foundation Trust adheres to the local authority, social services and National Health Service complaints (England) regulations 2009. It also takes into account guidance and recommendations for handling complaints and concerns produced by partner organisations including the Parliamentary and Health Service Ombudsman and Healthwatch England.

As an organisation we are committed to delivering personal care; providing an accessible, fair and effective means of communication for those who wish to express their concerns about care, treatment or services provided by the trust.

The trust is committed to:

- Resolving complaints in an open, efficient and courteous manner.
- Conducting a thorough investigation into any complaints or concerns raised.
- Being transparent including acknowledging, apologising and explaining when things do not go as we would hope.
- Meeting performance targets for the resolution of complaints as set out in the NHS complaints regulations 2009 and internal benchmarking.
- Identifying actions arising from complaints and ensuring improvements are made accordingly.
- Following the six principles of good complaint handling, as defined by the Parliamentary and Health Service Ombudsman:
  - Getting it right
  - Being customer focused
  - Being open and accountable
  - Acting fairly and proportionately
  - Putting things right
  - Seeking continuous improvement

## 2. Definition

The trust's definition of a formal complaint is an issue or concern relating to patient care, experience, safety and trust facilities. This is raised by, or on behalf, of a patient, a member of the public or visitor. Refer to [section nine](#) for matters excluded from consideration.

Formal complaints are generally matters which are of a serious nature requiring a comprehensive investigation and a formal response from the chief executive. Matters which have the ability to be resolved quickly or with minimal issue may not require a formal complaint investigation. In these cases concerns can be investigated and recorded locally or via PALS. Please refer to [section six](#) for more information.

In circumstances when the trust is unsure whether a concern is required to be investigated formally, the patient experience and engagement team will discuss this with the person making contact in order to provide advice on selecting their preferred investigation option.

### **3. Roles and responsibilities**

#### **Chief executive**

The chief executive is accountable for ensuring effective management of formal complaints against the organisation. They are responsible for approving and signing written responses to formal complaints. They are responsible for ensuring the trust has a positive learning culture in relation to feedback, including complaints and concerns.

In their absence this responsibility is designated to their deputy.

#### **Executive chief nurse**

The executive chief nurse has line management responsibility for the head of patient experience and engagement, ensuring effective handling of complaints and concerns across the organisation. they also present monthly data to the board of directors.

They may also represent the chief executive or organisation in corresponding and meeting with complainants.

#### **Non-executive director**

A non-executive director will be appointed to conduct a review of formal complaints on a monthly basis. He or she will be party to a number of randomly selected formal complaints (those that have been responded to/'closed' the previous month) along with the chief executive's response.

It is their responsibility to gain assurance from this process; assessing the suitability of the complaint response. Recommendations can be made if there are any concerns about the investigation or findings. The non-executive director also has responsibility to provide the council of governors with assurance in the formal complaints and PALS processes.

#### **Council of governors**

The council of governors has the ability to observe public trust board of directors meetings. A representative of the council of governors will be a member of the involvement committee and sub-board patient experience committee.

The council of governors are expected to seek assurance from the non-executive director in relation to the formal complaints and PALS processes.

#### **Head of patient experience and engagement**

The head of patient experience and engagement is responsible for the strategic management of the patient experience and engagement team. They have overall line management responsibility for the team, ensuring effective handling of complaints and concerns across the organisation.

The head of patient experience and engagement is also the direct report to the executive lead.

#### **Patient experience manager**

The patient experience manager is responsible for the operational management of formal complaint investigations and organisational learning. They must ensure the organisation has robust systems in place for satisfactorily registering, acknowledging, investigating and responding to formal complaints as well as ensuring lessons are learned where care or service delivery issues are identified.

The patient experience manager will work with staff across the organisation to identify where improvements can be made and monitor how/when changes occur.

Along with the wider patient experience team, they will be the main point of contact for patients or relatives during the formal complaints process. They will seek to address concerns raised in a way that meets the person raising the concerns needs as far as is appropriate.

Statistical information and reporting of formal complaints data is also the patient experience manager's responsibility including ensuring quarterly submissions to the Department of Health are completed within the required timeframes.

### **Patient experience team**

The patient experience team administrate the formal complaints process; receiving, acknowledging, logging, coordinating staff responses, updating the recording system (Datix) to ensure case files are complete and updating complainants accordingly. The patient experience team also assist with reporting requests and data analysis.

Complaints officers will be the main point of contact for patients or relatives during the formal complaints process. They will seek to address concerns raised in a way that meets the person raising the concerns needs as far as is appropriate. Complaint officers will also be the main point of contact for ombudsman investigations and administrate the ombudsman complaint process including; receiving, acknowledging, logging, coordinating staff responses and providing required data requested from the ombudsman service.

### **Senior managers and consultants**

It is the responsibility of the aforementioned staff members to be familiar with formal complaints against their area(s) or staff. They must ensure comprehensive and transparent investigations are undertaken within their areas, providing support and guidance to investigating staff throughout their inquiries.

Ensuring continuous improvement by identifying learning points, practice change and maintaining open communication with staff around issues highlighted from formal complaints is a vital part of this role.

### **All trust staff**

Every staff member and volunteer employed by the trust has a responsibility to abide by our Trust values and behaviours, including putting patients FIRST:

**Fairness**

Inclusivity  
Respect  
Safety  
Teamwork

Specifically in relation to concerns and complaints, staff should endeavour to do the following things:

- Be aware of where to find information to assist people with making a formal complaint;
- Help service users with their concerns at the time they are raised if it is within their capabilities to do so;
- Treat people with compassion and empathy;
- Ensure information about formal complaints is not referred to or saved on the patient's medical records.

#### **4. Information and literature about raising concerns**

Information detailing how to raise concerns, including a formal complaint, will be made available to service users. This will be in the form of an information leaflet, display poster and on the organisation's website.

The information leaflet should be made available in all publicly accessible areas. A copy of this leaflet will also be sent to every individual making a formal complaint.

The leaflet will include information around the formal complaints process, contact details for the patient experience and engagement team, information about how to access advocacy services and information about the role of the ombudsman. This can be made available in different formats in line with the accessible information standards including large print, easy read, braille and in other languages by contacting the patient experience and engagement team.

#### **5. Who can make a complaint?**

In line with this policy, formal complaints can be made to the chief executive or patient experience team by:

- Existing patients/service users
- Former patients/service users\*
- Representatives acting on behalf of the patient (with written, signed consent to do so)

\*complaints must be made within one year of the issue happening or within one year of knowing there is cause to complain.

If the patient or service user is unable to make a complaint themselves it is possible to complain on their behalf, however, the organisation is unable to send any details of the complaint investigation without the patient's written, signed consent to do so. There are circumstances when consent cannot be obtained and in these cases alternative means of

consent will be sought as confirmed as appropriate by the organisation's data protection officer. They will decide whether the complainant has sufficient interest in the patient's welfare and is suitable to act as a representative.

Should the organisation deem the outcome of the investigation to be unsuitable for sharing with the complainant without necessary consent, the person will be notified.

In the case of complaints about a child's care or treatment, the representative must be a parent or guardian with parental responsibility. When the child is in the care of a local authority or voluntary organisation, the representative must be a person authorised to receive information by the local authority or voluntary organisation.

In most circumstances, when a complaint is made by a parent or guardian in relation to a patient that is 16 years of age or older, their written, signed consent must be obtained.

If a member of parliament (MP), general practitioner (GP) or other government body has complained on a patient's behalf, patient experience manager must have evidence that the complaint was made by the patient and not by another representative. If the complaint has been made to the MP or GP via the patient's representative, the patient experience manager must receive sufficient consent that information can be shared with that individual.

Outcomes of investigations cannot be released to representatives of patients without the necessary consent having been received. Information will be withheld until the head of patient experience and data protection officer is satisfied that appropriate consent has been sought.

## **6. Ways to raise concerns or make a formal complaint**

### **Locally**

Patients or those who care about/for them can raise concerns locally at the time of the event. They can request to speak to the person in charge or any responsible senior member of staff for immediate assistance, e.g. senior matron, consultant, site manager, who should attempt to resolve their concerns.

### **Patient advice and liaison service (PALS)**

The organisation's PALS team, a sub-team of the patient experience and engagement team, provides support, information and advice to patients, relatives, service users and members of the public in relation to concerns, queries or requests for information.

When concerns are raised which require immediate action, PALS will normally contact the enquirer in order to address their concerns. PALS will explain their role explaining the variance between a PALS case and a formal complaint, giving information on how to make a formal complaint if the person remains dissatisfied with the level of care or service provided.

There are also occasions where a formal complaint has elements which may be better dealt with by PALS, for example when a small part of the complaint relates to an appointment which needs rescheduling. In these circumstances PALS may assist with an aspect of

addressing the formal complaint. Enquirers will always be kept informed when this is the case and the team will ensure the enquirer understands the scope of the investigation.

In many cases PALS is a more suitable route for raising low-level concerns or issues which require a more prompt response.

If the enquirer is dissatisfied with the PALS investigation for any reason, they have the option to escalate their case to a formal complaint and the team will assist them in the investigation transition. For more information about PALS please refer to [appendix A](#).

### **Formal complaints**

A formal complaint can be made in writing: via email or in letter form. In some circumstances complaints can be made via telephone or in person at the head of patient experience's discretion or where reasonable adjustments must be made in line with the Equality Act 2010. Advocacy support is also available to people who require additional support in making a complaint.

If the enquirer wishes to discuss their complaint prior to raising this formally, they can do so with the complaints team, patient experience manager or any other member of the patient experience team including PALS. It is advisable to make an appointment if wishing to discuss concerns face-to-face with the head of patient experience to ensure they are available prior to attending the hospital. Any member of the team can act as a deputy in his or her absence.

The patient experience team has a dedicated telephone number for receiving feedback, including formal complaints, as well as an email address:

- 01284 713056
- [Feedback@wsh.nhs.uk](mailto:Feedback@wsh.nhs.uk)

### **7. Time limits for making a formal complaint**

Complaints must be made within one year of the issue happening or within one year of knowing there is cause to complain. Where a complaint is made after this point, the patient experience manager must assess whether the complainant had sufficient reason not to raise their concerns within this timeframe and also whether a thorough investigation can still be undertaken. Advice from the Parliamentary and Health Service Ombudsman may be sought.

### **8. Formal complaints about other NHS organisations**

When a complaint is made which relates to West Suffolk NHS Foundation Trust and any of the following bodies the trust has committed to Healthwatch Suffolk's joint complaint protocol:

- Suffolk County Council – adult care services
- James Paget University Hospitals NHS Foundation Trust



- East Suffolk and North Essex Foundation Trust (formerly Ipswich and Colchester Hospitals)
- East Coast Community Health
- Norfolk and Suffolk NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Ipswich and East Suffolk Clinical Commissioning Group
- West Suffolk Clinical Commissioning Group
- Great Yarmouth and Waveney Clinical Commissioning Group
- Care UK (out of hours service and NHS 111)
- NHS England (Midlands and East)
- Integrated Care 24

This means that where possible the organisations involved will work together to ensure a single response can be sent to the complainant, avoiding the need to contact multiple organisations and consequently alleviating any additional distress associated with this. Complaints can only be shared with other organisations with the complainant's consent to share this information, which will be duly requested upon receipt of the complaint.

For more information about this protocol please refer to [appendix B](#). Where concerns are raised which relate to another organisation and not to any service or care provided by West Suffolk NHS Foundation Trust, the complainant will be notified of this and provided with the contact details of the appropriate organisation's complaint investigation team.

## **9. Matters excluded from consideration**

In line with the NHS complaints regulations 2009, the trust is not obliged to respond to:

- Complaints made by employees of the organisation about any matter relating to their contract of employment.
- Complaints which are being investigated or managed by the Parliamentary and Health Service Ombudsman.
- Complaints arising from the organisation's alleged failure to comply with a data subject access request under the General Data Protection Regulations 2018 or Freedom of Information Act 2000. Such complaints will be managed by the data protection officer in line with the organisation's data protection policy PP 110.
- Complaints involving or proposing to involve disciplinary proceedings in relation to the subject of the complaint.

## **10. Fraud and bribery**

Any complaint concerning possible allegations of fraud, corruption or bribery will be dealt with in line with the fraud and financial irregularities policy PP 173 and both the organisation's fraud officer and executive director of finance will be notified immediately.

## **11. Internal management of formal complaints**

The patient experience team follow protocols to comply with this policy and the NHS complaints regulations 2009. This is managed by the head of patient experience with support from the wider team.

A working day is defined as Monday to Friday except bank holidays.

### **Receipt, acknowledgement and commencement of the investigation**

A formal complaint must be acknowledged within three working days of receipt, the day of receipt being day one. On receipt of a formal complaint a copy of the trust's 'raising concerns' leaflet will be provided with information about contacting the patient experience team, advocacy services and the Parliamentary and Health Service Ombudsman.

An electronic record of the formal complaint will be created and stored securely. This record will contain all correspondence relating to the formal complaint throughout the entirety of contact with the complainant until the complaint is closed. Every formal complaint is triaged by complaint officers with support from the patient experience manager, to assess the grading of the complaint and agree the scope of the investigation. This includes assigning lead investigators.

On occasions it may be felt necessary to initiate a meeting with the complainant to address their concerns. When this is agreed the lead investigators may meet with the complainant and their support network along with the head of patient experience or their representative.

### **Investigation**

Lead investigators, usually senior managers or consultants, are required to investigate formal complaints. They are required to assess the level of investigation including giving consideration to formally interviewing staff and obtaining written statements. The complaint investigation will require access to the patient's medical records if the subject relates to clinical care or treatment and a comprehensive review of the medical records should be undertaken and evidenced throughout the investigation report. Access to medical records is not required if unrelated to care e.g. issues with facilities or environment.

It is the responsibility of the lead investigator to ensure staff are given access to the appropriate resources within their paid working hours to investigate formal complaints, provide written statements or take part in informal discussions or interviews about the complaint.

Once the lead investigators have collected appropriate evidence and provided statements to the patient experience team, this will be assessed to ensure the investigation has addressed the concerns raised. Should the patient experience manager have any concerns about the quality of the investigation this will be raised immediately for review.

Staff are expected to complete a fair, thorough and effective investigation. Actions, accountability and learning must be identified where possible and formal complaints should be discussed and shared amongst the team to allow reflection. It is also important that these are discussed in department-wide settings such as governance meetings.

There may be occasions when the trust may seek an independent review of a particularly complex complaint. This will be decided in partnership between the head of patient experience and board of directors.

### **Investigation findings and response**

The patient experience team are responsible for collating staff investigation responses within the trust into a detailed and thorough response on behalf of the chief executive. Lead investigators will be given the opportunity to comment on or approve the draft investigation findings prior to the chief executive. Once agreed, the chief executive will then consider and approve the investigation findings.

If an investigation is unable to be completed within the agreed timeframe the complainant will be informed of the delay and issued with an updated timescale. In cases where the trust has failed to notify the complainant of the extended timeframe, these investigations will be marked as late in internal performance reporting.

At the end of a complaint investigation the electronic record will be completed and actions logged on the system to monitor and ensure completion.

Standard internal timeframes are as follows in the majority of cases, though there are occasions when timeframes are required to change. Note that day one is the day the complaint is received.

<b>Working day</b>	<b>Action</b>
1-3	Formal acknowledgement to complainant from patient experience team
1-10	Timeframe given for lead investigators to conduct their inquiry/collect staff statements/conduct interviews
10-23	Patient experience team to review and complete the investigation, ensuring they are satisfied that points have been addressed and changes made where required
10-23	Patient experience team case manager to prepare the findings of the investigation
23-25	Chief Executive to conduct final review and sign off of the investigation

## **12. Parliamentary and health service ombudsman (PHSO) complaint standards framework proposal for NHS staff**

The PHSO have been consulting to improve complaints handling in the NHS. This has resulted in engagement with key stakeholders and subsequent development of a framework proposal for Trusts to implement. The Trust is committed to delivering the four core requirements for an effective complaint handling process. These are:

1. Promotes and demonstrates a learning and improvement culture through supporting the entire organisation to see concerns and complaints as an opportunity to develop and improve its services and people. It sets clear expectations to embed an open, non-defensive approach to learning from feedback. The organisation regularly talks to its managers and leaders and the public about what it has learnt from feedback and how it has used the feedback to improve services for everyone. Staff receive regular support and training to deliver best practice in handling feedback.
2. Goes out of its way to seek feedback, to act on concerns and complaints and to recognise this as a positive way to improve services. It creates a positive experience by welcoming feedback and making it easy for people to raise concerns or make a complaint. Staff have the freedom to resolve issues quickly and to the satisfaction of everybody.
3. Is thorough and fair when looking into concerns and complaints and gives an open and honest answer as quickly as possible in light of the complexity of the issues. It makes sure people who give feedback - and staff involved in the issues - have their say and are kept updated when carrying out this work. It always makes sure people can see what staff are doing to look into the issues in a fair and objective way based on the facts.
4. Gives a fair and balanced decision about what happened and whether mistakes occurred or not. The decision recognises the experience of everybody concerned to ensure a culture of learning and accountability. The system makes sure staff have the confidence and freedom to offer fair remedies to put things right when needed, and to take action to make sure any learning is identified and acted on to improve services.

## **13. Agreeing the upheld status of a formal complaint**

The patient experience team conduct a weekly review of formal complaints closed within the previous time period to agree whether a complaint is upheld, partially upheld or not upheld.

The general consensus is that if the subject of the complaint was avoidable the complaint will be deemed to be upheld. Partially upheld may be decided when there are elements of the complaint where fault was found but also elements of good practice. Complaints will not be deemed upheld where care or treatment was appropriate and no malpractice was found.

When complaints are made about a staff members attitude or behaviours this aspect will always be upheld except in cases where zero tolerance has been initiated against the complainant.

Lead investigators will then receive an email with the final signed findings response, original complaint and information notifying them of the upheld status, reasons for this and confirmation that the complaint is now closed.

#### **14. Further stages in resolving formal complaints**

If a complainant is dissatisfied with the outcome of the trust's investigation there are other options to pursue in order to achieve local resolution.

This can be in a number of ways:

- Discussion with the patient experience team to give assurances
- Discussion with the appropriate senior manager or executive to give assurances
- Meeting with the head of patient experience and lead investigators
- Review of the investigation and a further written response

#### **15. Financial redress and compensation for loss of property**

Lost property should be handled in accordance with the trust's losses and compensation policy PP163.

In exceptional circumstances financial redress for loss, suffering or damage encountered as a result of the subject of the complaint will be considered by patient experience manager in line with the senior manager. Advice may be sought from the legal services manager and trust solicitors. Responsibility for authorising financial redress outside of the legal process lies with the relevant associate director of operations and chief operating officer.

#### **16. Freedom of information**

Enquirers may request information under the freedom of information act 2000. The patient experience team will ensure those requests falling within these brackets are shared with the data protection officer for processing as a freedom of information request. This will be dealt with separately from the formal complaint investigation process.

#### **17. Investigation interfaces: formal complaints, incidents, inquests and learning from deaths reviews**

If the subject of the formal complaint raises an incident, there are agreed working protocols between the patient experience and patient safety teams. It is the receiving person's responsibility to raise the potential incident with the patient safety team as soon as they become aware of the issue.

- For incidents resulting in no or minor harm (green grading), the complaint investigation supersedes the incident investigation.
- For incidents resulting in moderate harm (amber grading), the complaint investigation will occur alongside the incident investigation. The enquirer will receive a formal letter from the chief executive outlining the findings of the investigation with a copy of the amber incident investigation report enclosed.
- For incidents resulting in major or catastrophic harm (red grading or serious incidents requiring investigation), the incident investigation supersedes the complaint investigation. There may be concerns raised that fall outside of the incident investigation scope. This will be agreed between the patient experience team and the patient safety team. The complainant will be required to await the outcome of the red incident investigation prior to receiving a response and the full findings report will be shared with them along with a letter from the chief executive.

Where concerns are raised about end of life care, there are agreed working processes between the learning from deaths team and the patient experience team.

A medical reviewer from the learning from deaths team will perform an independent review of the care received by every person who dies whilst an inpatient or emergency patient at the trust. Medical reviewers use the royal college of physicians structured judgement review method. Each phase of care is reviewed and rated separately on the basis of the medical and nursing notes and the family's comments, if the family have consented to being contacted. The following exclusions and protocols apply when concerns are raised:

- Medical reviewers will not make contact with families of patients that have died in hospital where there are known concerns.
- If concerns were previously unknown but come to light during the review process, the family should be encouraged to raise their concerns with the patient experience team to ensure a full investigation can take place.
- When a formal complaint is made and a structured judgement review report has been completed, the family will receive a copy of this report with the chief executive's complaint investigation findings letter.

When there is involvement from the coroner's office the trust will cooperate fully with any information requests, which will be coordinated by the operational directorate.

## **18. Media involvement**

When a complainant makes specific reference to their intent to publicise the details of their complaint this will be escalated to the trust's head of communications.

## **19. Parliamentary and health service ombudsman (PHSO)**

The PHSO is responsible for independent reviews of the health service complaints process. Any complainant dissatisfied with the trust's management of their complaint and/or attempts to achieve local resolution may refer their concerns to the PHSO.

The trust will cooperate fully with the PHSO in a secure, open and timely manner.

The patient experience team will notify lead investigators of the PHSO's intention to investigate a formal complaint and keep them updated with any developments, including giving opportunity to comment on recommendations or decisions made by the PHSO.

## **20. General medical council (GMC) complaints**

The executive medical director may receive correspondence from the GMC requesting information about a former or present medical employee. The executive medical director will notify the executive chief operating officer and executive director of workforce upon receipt of this type of correspondence and coordinate the information request. This will include the sharing of any complaints against this individual via the patient experience team.

## **21. Reporting mechanisms**

### **Internal reporting**

The board of directors receive monthly reports detailing:

- Total number of formal complaints received
- Summary of what these formal complaints related to and which area(s)
- Performance measures
- Formal complaints rated as 'red'
- Trends in formal complaints and feedback
- Learning and changes in practice as a result of formal complaints and feedback

A patient story is presented at the beginning of each closed board session, of which are often anonymised formal complaints.

Concerns, complaints and feedback are shared in a multitude of avenues across the organisation, including but not limited to:

- Ward/department governance meetings
- Internal newsletters
- Trust board
- Divisional board

- Patient experience committee
- Involvement committee
- Staff appraisals
- Annual reports

For two or more complaints which mention the same member of staff, an escalation notification process is in place to notify the relevant professional lead and/or executive for monitoring and action where appropriate.

### **External reporting**

The trust must also comply with the requirements of the department of health to complete quarterly data uploads (KO41a) to NHS Digital within the required timeframes. The data required for this collection is as follows:

Section 1: Organisation Details and Organisation Site Details

Section 2: Summary of overall numbers of complaints

Section 3: Age of patient

Section 4: Status of complainant

Section 5: Service area

Section 6: Subject area of clinical treatment with sub-categories

Section 7: Subject area

Section 8: Profession

The Trust is also required to adhere to any ad-hoc requests from the care quality commission in relation to the release of information or data.

## **22. Zero tolerance**

The trust operates a zero tolerance policy PP082 against individuals displaying violent, aggressive or abusive behaviour towards staff, volunteers and other patients. Should a complainant be subject to a zero tolerance consideration, the head of patient experience is required to provide information about the aggressor if they have personal knowledge of the case to assist the panel with their decision.

## **23. Managing repeat complainants**

There may be situations where the trust has exhausted its attempts to resolve the complainants concerns and the complainant may be considered to be a 'repeat' complainant. This section of the policy should be used as a last resort after all reasonable measures have been taken to assist.

The decision to categorise a complainant as repetitive will follow discussion between the executive chief nurse, head of patient experience and another member of the trust board. Any decisions to categorise a complainant in this way will be recorded on the complaint record.



To meet these criteria they must meet two or more of the following:

- a. Persist in pursuing a complaint where the complaints procedure has been fully and properly implemented and exhausted.
- b. Change the substance of the complaints continually raise new issues or seek to prolong contact by repeatedly raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. Care must be taken not to discard new issues that are significantly different from the original complaint; these may need to be addressed separately.
- c. Do not clearly identify the issues they wish to be investigated despite reasonable efforts from the trust and contact with advocacy services.
- d. Minor issues which will consume an excessive amount of resources to investigate.
- e. Communicating excessively with the trust throughout the investigation process including via telephone, email, letters and in person. The patient experience team will document every contact with complainants to record their concerns but this will also be used to identify when contact becomes excessive.
- f. When the complainant becomes aggressive or abusive consideration must be given to reporting an incident for consideration by the zero tolerance panel.

If two or more of these criteria are met the trust board can make a decision to communicate with the complainant on its own terms as appropriately agreed internally; with a Trust-agreed timeframe of response and no communication averting from or outside of this plan. In extreme cases the trust will initiate zero tolerance or refer such matters to its solicitors or the police.

## **24. Record keeping**

All correspondence relating to a formal complaint or concern will be appropriately stored and updated on a secure trust system.

Formal complaint records must be kept for a minimum of ten years after the file is closed.

## Appendix A: PALS

The patient advice and liaison service (PALS) is a sub-team of the wider patient experience and engagement team. PALS do not deal with or investigate formal complaints. Should a person wish to make a formal complaint they should be advised of the appropriate channel by a member of staff, including PALS who will escalate when required.

PALS can assist with many issues including:

- Answering your queries or providing information about services provided by West Suffolk NHS Foundation Trust
- Sharing your suggestions and feedback about the care given
- Listening to your concerns, worries and fears about your experience and helping to resolve problems quickly on your behalf
- Arranging for you to meet members of staff who can help to resolve your concerns
- Providing information about making a formal complaint as well as details of advocacy services that can offer you support in making your complaint.

If a concern is raised which may be better dealt with as a PALS enquiry rather than a formal complaint, the patient experience team will inform the enquirer and outline the difference in process. It is the enquirer's choice as to how they wish to proceed.

If an enquirer is not satisfied with the PALS investigation they can escalate their concerns to a formal complaint at any time.

PALS will be suggested in circumstances such as low level concerns (e.g. car parking, appointment issues) and also where a prompt response is required. This is done in the enquirer's best interests and with their agreement.

PALS enquiries are logged on the Trust's secure database system in the same way as a formal complaint. These are reported and analysed on a monthly basis and provide the Trust with a high level of intelligence about general patient experience, helping to identify issues or themes and conduct improvement work to resolve any problems identified.

Issues raised via PALS are taken as seriously as formal complaints. The key difference in process is that they are not included in national KO41a returns to the department of health and not ordinarily escalated to the chief executive, unless specifically requested.

## **Appendix B: Healthwatch Suffolk joint protocol for investigating health and adult social care formal complaints**

The Trust has committed to a joint protocol with the following organisations to ensure complainants have the best possible experience of raising a multi-organisational complaint. These organisations have agreed to appoint one lead organisation to coordinate a singular complaint response, addressing issues across all trusts. This will be followed unless the complainant has specifically requested separate responses.

- Suffolk County Council Adult Care Services
- James Paget University Hospitals NHS Foundation Trust
- East Suffolk and North Essex Foundation Trust (formerly Ipswich and Colchester Hospitals)
- West Suffolk NHS Foundation Trust
- East Coast Community Health
- Norfolk and Suffolk NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Ipswich and East Suffolk Clinical Commissioning Group
- West Suffolk Clinical Commissioning Group
- Gt Yarmouth and Waveney Clinical Commissioning Group
- Care UK (OOH)
- Care UK (111)
- NHS England
- Integrated Care 24

## Appendix C: grading of concerns and formal complaints

All complaints must be categorised as green, amber or red on receipt by the patient experience team. This is taken on face value and may be down or upgraded once the investigation has been concluded.

### Green

Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care.

Or

Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. Low risk of litigation.

- Basic administration error
- Attitude of staff with low impact on patient experience
- Delays in outpatient clinics
- Lack of communication or information
- Delays in 'to take out' (TTO) medications with no or minimal impact on patient
- Problems with facilities or premises
- Unsatisfactory patient experience that is easily resolved
- Low staffing levels impacting on experience but not safety or clinical outcomes

### Amber

Service or experience below reasonable expectations in several ways but not causing lasting problems. Has potential to impact on service provision. Medium risk of litigation.

- Attitude of staff has had a lasting effect on patient experience and will likely impact on trust reputation on a small scale
- Lack of communication or information resulting in very poor experience
- Unacceptable delays in treatment whilst an inpatient without long lasting impact
- Postponed surgery with unlikely impact on outcome
- Insufficient pain management without long lasting impact
- Serious problems with facilities/premises with medium risk to patient safety
- Major changes require implementation or immediate changes to systems/procedures
- Local media interest
- MP concerns
- Late delivery of service due to low staffing levels

## Red

Significant issues regarding standards, quality of care and safeguarding of, or the denial of, rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation. High risk of litigation and reputational damage to the Trust.

Or

Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues.

- Serious incident requiring investigation (SIRI)
- Serious medication errors
- Delays in treatment with long lasting impact or death
- Clinical negligence
- An event which impacts on a large number of patients
- Department of health concern
- National media interest
- Non-compliance with national standards with significant risk to patients if unresolved
- Non-delivery of key service due to lack of staff

Red complaints are highlighted to the trust board every month.