



POLICY FOR THE MANAGEMENT OF CONCERNS AND COMPLAINTS

Portsmouth Hospitals University NHS Trust procedural documents are only valid if viewed on the intranet. Please visit the intranet for the latest version.

Version	7
Sub-committee approval group	Quality, Safety and Patient Experience Group
Document manager (job title)	Complaints Manager
Date ratified	03 January 2023
Date issued	12 January 2023
Review date	02 January 2026
Electronic location	Corporate policies
Related procedural documents	<ul style="list-style-type: none"> Management of Safety Learning Events, including Serious Incidents Requiring Investigation Policy for the management of claims. Policy for supporting Staff involved in an incident, complaint, or claim. Duty of candour and Being Open Policy.
Key words (to aid with searching)	Complaints, concerns, comments, plaudit, PALS, ombudsman, local resolution.

Summary

This policy explains how Portsmouth Hospitals University NHS Trust will manage any concerns, complaints and feedback about its staff and service provision. It will guide staff and members of the public through the process, describing the various roles and responsibilities and provide the timeframes and assurances about the transparency and thoroughness of the process.

Version tracking

Version	Date ratified	Brief summary of changes	Author
7	03/01/2023	<ul style="list-style-type: none"> Timescales have been extended by the PHSO for both complaints and PALS The PHSO specifies that investigators should be given protected time to investigate complaints Improved training for staff, tailored to their roles within the complaint's process 	Complaints Manager

Version tracking			
Version	Date ratified	Brief summary of changes	Author
6.1	25/04/2022	<ul style="list-style-type: none"> Chair agreed 6 month extension to review date 	-
6	18/11/2019	<ul style="list-style-type: none"> Page 10 section 11.4 amended to reference role as DND/AHP 9.2 Quick Ref diagram amended to ensure staff are clear of the need to offer a meeting (early as possible) 	Head of PALS & Complaints
5	29/10/2018	<ul style="list-style-type: none"> Quick reference guide amended to reflect the role of the Divisional Nurse/AHP Directors and assessment of Complex or Non-Complex investigations 	Head of PALS & Complaints
4	13/07/17	<ul style="list-style-type: none"> Quick ref guide - Complaints process flow chart updated to reflect use of DCIQ system and risk process. 1: Description of how Trust monitors its aim in providing a positive experience of the complaints process. 7. Further details on Duty of Candour. 8.4 More detail added about process. 10: More details of continuous improvement. 5. Lead Investigator to inform Supervisor if Student or Trainee. 12. Supporting staff 	Head of PALS & Complaints
3	14.04.16	<ul style="list-style-type: none"> Duty of candour wording and job titles updated. Addition of Chaplaincy Team in supporting staff section 	Head of PALS & Complaints

CONTENTS

PROCESS.....	4
1. INTRODUCTION.....	5
2. SCOPE.....	5
3. PROCESS.....	5
3.1. Identifying a complaint and everyday conversations with service users.....	5
3.2. Who can make a complaint?.....	6
3.3. Timescales for making a complaint.....	7
3.4. Complaints and other procedures.....	7
3.5. Confidentiality of complaints.....	8
3.6. How complaints are handled and making sure people know how to complain and where to get support.....	9
3.7. What happens when a complaint is received?.....	9
3.8. Complaints that can be resolved quickly.....	10
3.9. Acknowledging complaints.....	Error! Bookmark not defined.
3.10. Early resolution via PALS.....	10
3.11. If a complaint cannot be resolved.....	10
3.12. Concerns that cannot be resolved via PALS.....	11
3.13. Clarifying the complaint and explaining the process.....	11
3.14. Carrying out the investigation.....	12
3.15. Providing a remedy.....	12
3.16. The final written response.....	12
3.17. Referral to the ombudsman.....	13
3.18. Complaints involving multiple organisations.....	13
3.19. Learning and timescales.....	13
3.20. Complaints about a private provider of our NHS services.....	14
3.21. Complaining to the commissioner of a service.....	14
4. TRAINING REQUIREMENTS.....	15
5. REFERENCES AND ASSOCIATED DOCUMENTATION.....	15
6. EQUALITY IMPACT SCREENING.....	15
7. MONITORING COMPLIANCE.....	15
Appendix A: Roles and Responsibilities.....	17
Appendix B: Guidance for managing unreasonably persistent complainants.....	19
Appendix C: Letter sent to complaints not responded to in 6 months.....	21

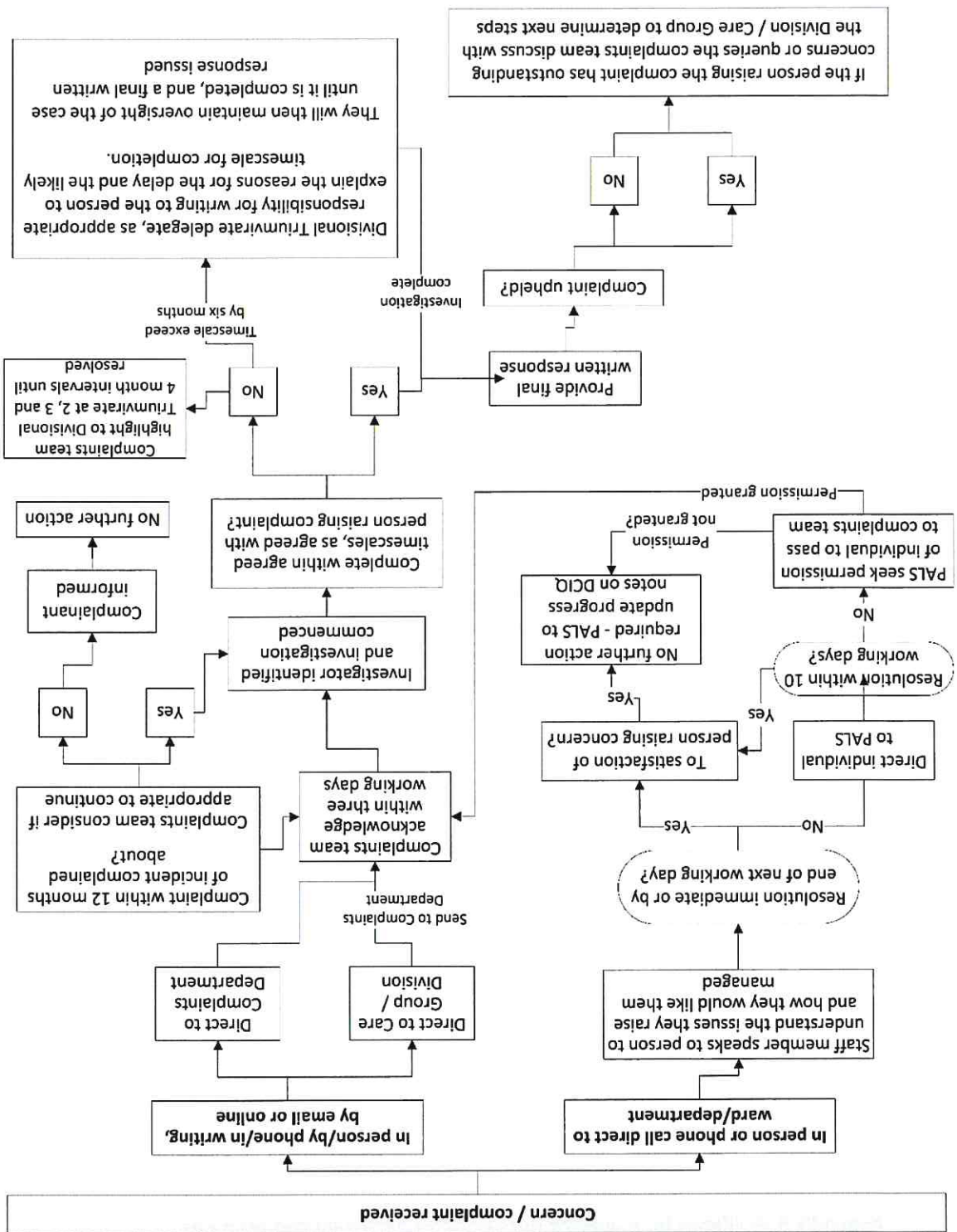
POLICY FOR THE MANAGEMENT OF CONCERNS AND COMPLAINTS

PROCESS

For quick reference the guide below is a summary of actions required. Additional details, by exception to cover any additional notes that supplement the quick reference guide can be found in Section 3 – Process.

Section 3 – Process.

Process for the management of concerns and complaints



1. INTRODUCTION

This complaint handling policy describes how the core expectations given in the NHS Complaint Standards will be put into practice by Portsmouth Hospital University Trust (the Trust).

This policy sets out how the Trust handle complaints and the standards which are followed. This policy follows the relevant requirements as given in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations).

It should be read in conjunction with the more detailed guidance modules available on the Parliamentary and Health Service Ombudsman website.

2. SCOPE

All Trust staff (including permanent, locum, secondees, students, agency, bank and voluntary), the Ministry of Defence Hospital Unit, Joint Hospitals Group South (Portsmouth) and Retention of Employment (ROE) staff must follow the policies agreed by the Trust. Breaches of adherence to Trust policy may have potential contractual consequences for the employee.

In the event of an infection outbreak, pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

The Trust is committed to promoting a culture founded on the values and behaviours which will bring us closer to achieving our vision of working together to drive excellence in care for our patients and communities. All staff are expected to uphold the Trust values of **Working Together: For Patients, With Compassion, As One Team, Always Improving** and all leaders are expected to display, and role model the behaviours outlined in the Trusts **Leadership Behaviours Model**

This policy should be always read and implemented with the Trust values and leadership behaviours in mind.

3. PROCESS

3.1. Identifying a complaint and everyday conversations with service users

- i. Staff within the Trust speak to people who use services provided by the Trust every day. This can often raise issues that Trust staff can help with immediately. People are encouraged to discuss any issues they have with Trust staff, as they may be able to resolve the issue satisfactorily, quickly and without the need to make a complaint.
- ii. The Trust recognises that issues cannot always be resolved as they arise and that sometimes people want to make a complaint. A complaint is an expression of dissatisfaction, either spoken or written, that requires a response and can relate to:
 - an act, omission, or decision made
 - the standard of service provided
- iii. People may want to provide feedback instead of making a complaint. In line with the Department of Health and Social Care (DHSC) NHS Complaints Guidance people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) and can be given without wanting to receive a response or make a complaint. Feedback is made via the Patient Advice and

Liaison Service (PALS) team who can be contacted via email at: PHT.PALS@porthosp.nhs.uk; via an online form: [PALS form online](#) or via the telephone on: 0800 917 6039 / 023 9228 6309.

iv. People do not have to use the term 'complaint'. Trust staff will use the language chosen by the service user, or their representative, when they describe an issue they raise (for example, 'issue', 'concern', 'complaint', 'tell you about').

v. Trust staff will always speak to people to understand the issues they raise and how they would like them managed.

vi. When staff cannot immediately resolve the concern for a patient or their family, the person should be redirected to the Patient Advice and Liaison Service (PALS), where concerns are aimed to be resolved within 10 working days.

vii. Further information about the types of complaints that are and are not covered under the 2009 Regulations can be found in [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)

viii. If the Complaints Team consider that a complaint (or any part of it) does not fall under this procedure staff will explain the reasons for this. The Complaints Team will do this at the first opportunity, in writing to the person raising the complaint and provide any relevant signposting information.

ix. Complaints can be raised with the Complaints Team/Department:

- in person
- by phone
- in writing, by email or online
- with the support of an advocate, where appropriate.

The Complaints Team will consider all accessibility and reasonable adjustment requirements of people who wish to make a complaint in an alternative way. The Complaints Team will record any reasonable adjustments made.

x. The Complaints Team will acknowledge complaints within three working days of receipt. Ideally this should be done in writing but if appropriate can be done verbally.

xi. The Complaints Team may receive an anonymous or a general complaint that would not meet the criteria for who can complain. In this case the Complaints Team would normally take a closer look into the matter to identify if there is any learning for the Trust unless there is a reason not to do so.

3.2. Who can make a complaint?

i. Any person may make a complaint if they have received or are receiving care and services from the Trust. It is also the case that a person who has been advised no care / treatment is recommended for them can also make a complaint, either about the decision not to treat, or about their experience in more general terms. A person may also complain to the Trust if they are affected or likely to be affected by any action, inaction, or decision by the Trust.

- ii. If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide their consent for the representative to raise and discuss the complaint with the Trust and to see their personal information.
- iii. If the person affected has died, is a child or is otherwise unable to complain because of physical or mental incapacity, then the complaint may be made on their behalf by a representative. There is no restriction on who may act as representative but there may be restrictions on the type of information which can be shared with them. The Complaints Team will explain this when the complaint is first made.
- iv. If a complaint is brought on behalf of a child, the Complaints Team will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If there do not appear to be reasonable grounds the Complaints Team will share their reasons with the representative in writing.
- v. If at any time it is believed that a representative is not acting in the best interests of the person affected, the Complaints Team will assess whether consideration of the complaint should cease. If this is done, the Complaints Team will share their reasons with the representative in writing. In such circumstances the representative will be advised that they may complain to the Parliamentary and Health Service Ombudsman if they are unhappy with the decision.

3.3. Timescales for making a complaint

- i. Complaints must be made to the Trust within 12 months of the date the incident being complained about happened or the date the person raising the complaint found out about it, whichever is the later date.
- ii. If a complaint is made after that 12 month deadline, the Complaints Team will consider it if:
 - It is believed there were good reasons for not making the complaint before the deadline, and
 - it is still possible to properly consider the complaint.
- iii. If a good reason for the delay cannot be provided or it is not possible to properly consider the complaint (or any part of it) the Complaints Team will write to the person making the complaint to explain this. The Complaints Team will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

3.4. Complaints and other procedures

- i. The Trust will ensure the Complaints Team are properly trained to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. Where this happens, staff from the complaints team will inform the person making the complaint and give them information about any other process that may help to address the issues and has the potential to provide the outcomes sought.
- ii. This can happen at any stage in the complaint handling process and may include identifying issues that could or should:
 - trigger a patient safety investigation

- involve a coroner investigation or inquest
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- involve a relevant legal issue that requires specialist advice or guidance

iii. When another process may be better suited to cover other potential outcomes, the Complaints Team will seek advice and provide clear information to the individual raising the complaint. The Complaints Team will make sure the individual understands why this is relevant and the options available. The Complaints Team will also signpost the individual to sources of specialist independent advice.

iv. This will not prevent the Trust from continuing to investigate the complaint. The Complaints Team will ensure the person raising the complaint receives a complete and holistic response to all the issues raised, which includes any relevant outcomes where appropriate. The Complaints Team will engage with other staff or organisations who can provide advice and support on the best way to do this.

v. If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, the Complaints Team will discuss with them how the complaint investigation and response may be affected. If the other investigation being undertaken will answer all concerns, then the complaint response will be based on this other investigation.

vi. Where the person has concerns which will not be addressed as part of the other investigation the Complaints Team will discuss this with them, and these concerns will be investigated under the complaints process and a separate response will be sent to them.

vii. Where a serious incident investigation is being undertaken, this is likely to mean the complaint response will be delayed beyond the usual timeframe. The complainant will be advised of this by the Complaints Team if this is the case. Sometimes there can be a formal request for a pause in the complaint process from the police, a coroner, or a judge. Where this happens, the complainant will be notified by the Complaints Team.

viii. If it is considered that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, the Complaints Team will advise the person raising the complaint. As much information will be shared, subject to limitations of the data protection regulations (Data Protection Act 2018). Where the person raising the complaint chooses to refer the matter to a health professional regulator themselves or where they subsequently choose to, it will not affect the way the complaint is investigated and responded to. The Complaints Team will also signpost to sources of independent advice on raising health professional fitness to practice concerns.

3.5. Confidentiality of complaints

i. The Trust commits to maintaining confidentiality and protecting privacy throughout the complaints process in accordance with GDPR, General Data Protection Regulation and Data Protection Act 2018. The Complaints Team will only collect and disclose information to those staff who are involved in the consideration of the complaint.

- ii. Documents relating to a complaint investigation are securely stored and kept separately from medical records or other patient records. They are only accessible to staff involved in the consideration of the complaint.
- iii. Complaint outcomes may be anonymised and shared within the Trust and may be published on the Trust website to promote service improvement. This must be done with the consent of the complainant.

3.6. How complaints are handled and making sure people know how to complain and where to get support

- i. The Trust will publish clear information about its complaints process and how people can get advice and support with their complaint through their local independent NHS Complaints Advocacy service, Healthwatch Portsmouth
info@healthwatchportsmouth.co.uk and other specialist independent advice services that operate nationally.
- ii. The Trust will ensure everybody who uses services (and those that support them) know how to make a complaint by having the complaints policy and/or materials that promote the procedure visible in public areas and on the Trust website. The Trust will provide a range of ways to do this so that people can do this in a way that suits them. This includes providing access to the complaints process online through an
- iii. [E Complaints Form](#).
- iv. All staff will ensure that any ongoing or future care and treatment will not be adversely affected because they have made a complaint.

3.7. What happens when a complaint is received?

- i. The Trust wants all patients, their family members, and carers to have a good experience while they use services. If anyone feels that the service received has not met Trust standards, people are encouraged to talk to staff involved in providing their care in the first instance if appropriate, or to the Trust Patient Advice and Liaison Service, to see if the issue can be resolved promptly.
- ii. The Trust wants to make sure complaints are resolved quickly as often as possible. To do this, Trust staff are trained to proactively respond to people making a complaint and their representatives and support them to deal with any complaints raised at first point of contact.
- iii. All Trust staff who have contact with patients, service users (or those that support them) will handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, receive answers to the issues quickly wherever possible, and any learning is captured and acted on.
- iv. Trust staff will have access, on a regular basis, to universal training to enable them to:
 - listen to make the issue(s) are understood
 - ask how the person has been affected
 - ask what the person would like to happen to put things right
 - carry out these actions themselves if possible (or with the support of others)
 - explain why if this isn't possible
 - capture any learning if something has gone wrong, to share with colleagues and improve services for others

- Identify areas of good practice and share these with other teams/divisions / departments

3.8. Complaints that can be resolved quickly

- Frontline staff often handle complaints that can be resolved quickly at the time they are raised, or very soon after. The Trust encourages staff to do this as much as possible so that people get a quick and effective answer to their issues.

- If a complaint is made verbally (in person or over the phone) and resolved by the end of the next working day, it does not need go through the remainder of this procedure. For this to happen, the appropriate staff member will confirm with the person making the complaint that they are satisfied that the issues have been resolved for them.

- If the complaint cannot be resolved, it will be handled in line with the rest of this procedure.

- For all other complaints, Trust staff will acknowledge them (either verbally or in writing/email) within three working days. Staff will also discuss with the person making the complaint how the complaint will be responded to.

3.9. Early resolution via PALS

- When a complaint is received, the Trust is committed to making sure it is addressed and resolved at the earliest opportunity. Trust staff are trained to identify any complaint that may be resolved quickly. If staff consider that the issues cannot be resolved quickly, they will take a closer look into the issues.

- When staff believe that an early resolution may be possible, they are authorised to take action to address and resolve the issues raised and put things right for the person raising them. This may mean giving an explanation or apology themselves or making sure a colleague who is more informed of the issues does. Staff will resolve complaints in person or by telephone wherever possible.

- If it is believed that a complaint can be resolved quickly, the aim will be to do this in 10 working days. However, this can take longer if the additional time means the complaint is more likely to be resolved for the individual. Staff will always discuss with those involved what they will do to resolve the complaint and how long that will take.

3.10. If a complaint cannot be resolved

- If the PALS team can answer or address the complaint, and the person making the complaint is satisfied this resolves the issues, staff have the authority to provide a response. This will often be done in person, over the telephone, or in writing (by email or letter) in line with the individual circumstances.

- The PALS team will capture a summary of the complaint and how it was resolved which will be shared with the person making a complaint. This will ensure the Trust builds up a detailed picture of how each service is performing and what the experience people receive when they use these services. The Trust will use this data to help improve services for others.

3.11. Concerns that cannot be resolved via PALS

- i. Not every complaint can be resolved quickly, due to its complexity or seriousness. In these cases, the PALS Team will ensure that the complaint is passed to the Complaints Team and is then allocated to a complaint investigator, who will take a closer look into the issues raised. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened.
- ii. If the PALS team is aware that it has not been possible to resolve a concern to the satisfaction of the person who raised it, permission will be sought of the person to pass it to the Complaints Team.
- iii. In some cases, the PALS team may be unaware that the person is unhappy with the resolution. In these cases, the person with the concern will approach the Complaints Team directly, using the online form, by sending an email or by telephoning the Complaints Team.
- iv. The Trust will ensure staff involved in carrying out an investigation are properly trained to do so. The Trust will also make sure staff have:
 - the appropriate level of authority and autonomy to carry out a fair investigation
 - the right resources, support, and protected time in place to carry out the investigation, according to the complexity of each case.
- v. Where possible, complaints will be investigated by someone not involved in the events complained about. If this is not possible, the PALS team (or Complaints Team if they are involved) will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest.

3.12. Clarifying the complaint and explaining the process

- i. The Complaints Team will:
 - engage with the person raising the complaint (most often by telephone if the complainant has provided their telephone number) to ensure the following are fully understood and agreed:
 - the key issues to be looked at
 - how the person has been affected
 - the outcomes sought
 - signpost the person to support and advice services, including independent advocacy services, British Sign Language or other language translation services, at an early stage
 - make sure that any staff members subject to a complaint are made aware at the earliest opportunity (see 'support for staff' below)
 - agree a suitable timescale for how long the investigation will take with the person raising the complaint, depending on:
 - the complexity of the complaint
 - the work that is likely to be involved
 - keep the person informed of any delay and engaged throughout
 - The complaint investigator will explain how the investigation will be undertaken including:
 - what evidence they will seek out and consider
 - who they will speak to
 - who will be responsible for the final response
 - how the response will be communicated.

3.13. Carrying out the investigation

- i. Staff who carry out investigations will give a clear, balanced explanation of what happened and what should have happened. Reference will be made to relevant standards, policies, and guidance to clearly identify if something has gone wrong
- ii. The complaint investigator will ensure the investigation clearly addresses all the issues raised. This includes obtaining evidence from the person raising the complaint and from any staff involved in the investigation. If the complaint raises clinical issues the complaint investigator will obtain a clinical view from those who are suitably qualified, who ideally, has not been directly involved in providing the care or service that has been complained about.

- iii. The investigation will be completed within the timescale set out at the start of the investigation. Should circumstances change the Complaints Team will:
 - notify the person raising the complaint immediately
 - explain the reasons for the delay
 - provide a new target timescale for completion.

- iv. If staff cannot conclude the investigation and issue a final response within 6 months (unless a longer timescale has been agreed with the person raising the complaint within the first 6 months) Divisional Triumvirate will delegate, as appropriate responsibility for writing to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed, and a final written response issued. A template letter can be found in Appendix C.

3.14. Providing a remedy

- i. If, following the investigation, the complaint investigator identifies that all or any parts of the complaint are upheld the investigator will seek to establish, through conversations with the complainant, what impact this may have had on the individual concerned. Where possible these will be put right. If it is not possible to put the matter right, following discussion with the individual concerned and relevant staff, it will be agreed what action can be taken to remedy the impact.

- ii. In order to put things right, the following remedies may be appropriate:
 - an acknowledgment and a meaningful apology for the error
 - reconsideration of a previous decision
 - expediting an action
 - waiving a fee or penalty
 - issuing a payment or refund
 - changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

3.15. The final written response

- i. As soon as practical after the investigation is finished, the complaint investigator will co-ordinate a written response, signed by the chief executive (or their delegate). The letter will be sent by the Chief Executive's office to the person raising the complaint and any other interested parties. The response will include:
 - a reminder of the issues investigated, and the outcome sought
 - an explanation of how the complaint was investigated
 - the relevant evidence that was considered

- what the outcome is – upheld, partially upheld, or not upheld
- an explanation of whether or not something went wrong that sets out what happened compared to what should have happened, with reference to relevant standards, policies and guidance
- if something went wrong, an explanation of the impact it had
- an explanation of how that impact will be remedied for the individual
- a meaningful apology for any failings
- an explanation of any wider learning which have been acted on/will be acted on to improve services for other users
- an explanation of how the person raising the complaint will be kept involved until all action has been carried out
- confirmation that the end of the complaint procedure has been reached
- details of how to contact the Parliamentary and Health Service Ombudsman if the individual is not satisfied with the final response
- a reminder of where to obtain independent advice or advocacy.

3.16. Unreasonably persistent complainants

- i. An unreasonably persistent complainant is someone who raises the same issues repeatedly, despite having received a full response to all the issues raised. If following a review, the complainant is persistent or unreasonable in their manner of engaging with the Trust, it may be appropriate to apply a degree of restriction to their frequency and mode of contact.
- ii. A complainant's behaviour should only be considered unreasonable in exceptional circumstances and there must be documented evidence to support the decision. It should be remembered that these complainants may have legitimate concerns.

3.17. Referral to the ombudsman

- iii. In all responses the Complaints Team will clearly inform the person raising the complaint that if they are not happy with the outcome of the investigation, they can take their complaint to the Parliamentary and Health Service Ombudsman.
- iv. If the complaint is about detention under the Mental Health Act, or a community treatment order or guardianship the person making the complaint will be informed that in the circumstance that resolution is not to satisfaction, the complaint can be taken to the Care Quality Commission.

3.18. Complaints involving multiple organisations

- i. If a complaint is received that involves other organisation(s) (including cases that cover health and social care issues) the Complaints Team will ensure that any investigation is carried out in collaboration with those organisations. Complaint handlers for each organisation will agree who will be the 'lead organisation' responsible for overseeing and coordinating consideration of the complaint.
- ii. The Complaints Team for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. Wherever possible a single, joint response will be made.

3.19. Learning and timescales

- i. The Trust expects all staff to identify what learning can be taken from complaints, regardless of whether the complaint is upheld, partially upheld, or not upheld.

- ii. Trust senior managers take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve services for other users.
- iii. The Complaints Team will maintain a record of:
- each complaint received
 - the subject matter and outcome
 - whether the final written response was sent to the person who raised the complaint within the timescale agreed at the beginning of the investigation.
- iv. The Trust will measure their overall timescales for completing consideration of all complaints against these targets:

Complexity rating	Timescale for completion (from date of receipt to issue of our final response)	
	Straightforward/single issue	Complex/multiple issue or multiple organisations
	95% within 3 months	50% within 3 months
	100% within 6 months	80% within 6 months

- v. The Complaints Team will monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.
- vi. In keeping with the Regulations section 18, as soon as practical after the end of the financial year, the Trust will produce and publish a report on complaints handling. This will include how complaints have led to a change and improvement in services, policies, or procedures.

3.20. Complaints about a private provider of our NHS services

- i. This complaint handling procedure applies to all NHS Services which are provided by the Trust. Where the provision of NHS Services is outsourced to a private provider, the Trust will ensure these same complaint handling procedures are followed

3.21. Complaining to the commissioner of a service

- i. Under section 7 of the Regulations, the person raising the complaint has a choice of complaining to the Trust, as the provider of the service, or to the commissioner of the service. If a complaint is made to the commissioner, they will determine how to handle the complaint in discussion with the person raising the complaint.
- ii. In some cases, it may be agreed between the person raising the complaint and the commissioner, that the Trust, as the provider of the service, is best placed to deal with the complaint. If so, consent will be sought from the person raising the complaint. If that consent is given the complaint will be forwarded to the Trust, where the complaint will be treated in accordance with the policy.
- iii. In other cases, the commissioner of the services may decide that it is best placed to handle the complaint itself. It will do so following the expectations set out in the Complaint Standards and in a way that is compatible with this procedure. The Trust will co-operate fully in the investigation.

4. TRAINING REQUIREMENTS

The Trust will ensure:

- all staff involved with complaints have the appropriate: training, resources, support, and protected time to respond to and investigate complaints
- staff being complained about are made aware and given advice on how they can get support from within the Trust, and external representation if required
- staff who are complained about have the opportunity to provide views on the events and respond to emerging information. Trust staff will act openly and transparently and with empathy when discussing these issues
- the relevant manager will keep any staff complained about updated. These staff will also have an opportunity to see how their comments are used before the final response is issued.

5. REFERENCES AND ASSOCIATED DOCUMENTATION

- The Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009: <https://www.legislation.gov.uk/uksi/2009/309/contents/made>
- UK GDPR, General Data Protection Regulation and Data Protection Act 2018: <https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>
- Duty of Candour policy: [Duty of Candour policy](#)
- [Supporting staff involved in an incident, complaint or claim policy](#)
- [Management of safety learning events, including serious incidents requiring investigation policy](#)
- Freedom of Information Act 2000 <https://ico.org.uk/for-organisations/guide-to-freedom-of-information/what-is-the-foi-act/>
- [Accessible Information and Communication Policy](#)

6. EQUALITY IMPACT SCREENING

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This procedural document has been assessed accordingly. The assessment document is held centrally and is available by contacting the Trust policy management inbox.

7. MONITORING COMPLIANCE

This procedural document will be monitored to ensure it is effective and to provide assurance of compliance.

Element to be monitored	Lead	Tool	Frequency of report	Reporting arrangements	Lead
Resolution of a new PALS within 10 working days	PALS Manager	DCIQ	Monthly	Into Patient Experience Group	
Acknowledgement of a new complaint within 3 working days	Complaints Manager	DCIQ	Monthly	Into Patient Experience Group	

POLICY FOR THE MANAGEMENT OF CONCERNS AND COMPLAINTS

Element to be monitored	Lead	Tool	Frequency of report	Monthly	Reporting arrangements	Lead
Written complaint response sent within timeframe	Complaints Manager	DCIQ			Into Patient Experience Group	

Appendix A: Roles and Responsibilities

Overall responsibility and accountability for the management of complaints lies with the 'responsible person'; this is the Chief Executive.

The Trust has processes in place to ensure that clinical governance leads and senior managers (Matrons, Senior Matrons, Care Group Managers, Clinical Directors) regularly review complaints alongside other forms of feedback. They will make sure action is taken on all identified learning arising from complaints so that improvements are made to services.

Trust senior managers demonstrate this by:

- leading by example to improve the way compliments, feedback, and complaints are handled
- understanding the obstacles people face when making a complaint, and taking action to improve the experience by removing them
- knowing and complying with all relevant legal requirements regarding complaints
- making information available in a format that people find easy to understand
- promoting information about independent complaints advocacy and advice services
- making sure everyone knows when a complaint is a serious incident or safeguarding or a legal issue and what must happen
- making sure that there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong
- making sure staff at the Trust listen and learn from complaints and improve services when something goes wrong.

The Divisional Triumvirate

Where a complaint response is going to exceed the timescale set by six months, the relevant Divisional Triumvirate will delegate, as appropriate responsibility for writing to the person to explain the reasons for the delay and the likely timescale for completion. The Divisional Triumvirate (or the person they have delegated to) will then maintain oversight of the case until it is completed, and a final written response is issued.

Complaints management

The Complaints Manager is responsible for managing this procedure and for overseeing the handling and consideration of any complaints received.

Complaints Team

The Complaints Team has responsibility for:

- triaging all enquiries which come to the team, either directly from a complainant or when forwarded from another part of the Trust
- sign-posting to more appropriate places if the threshold for a complaint is not met – e.g., PALS, HR, a professional body etc.
- logging all complaints on DCIQ and maintaining all correspondence on this system
- communicating any anticipated delay to the complainant
- advising Divisional staff of impending deadlines
- advising Trust staff in all matters relating to complaints, including the ombudsman process
- organising and facilitating local resolution meetings
- training Trust staff in complaint responses

- providing data to care groups/ divisions / management relating to complaint themes and complaint response times.

Complaints Investigators

The Complaints Investigators have responsibility for:

- undertaking / assisting with investigations (as directed by the relevant Divisional Nursing Director)
- making the extent of their involvement clear on DCIQ when they begin working on a new complaint
- requesting medical notes where required
- undertaking interviews with staff in order to gather information for a complaint response
- being the point of contact for the complainant in any investigation in which they are involved, unless there is a reason it is preferable for it to be another named person (such as prior knowledge of the family)
- Composing a draft response
- following this process when investigating a complaint
- uploading information to DCIQ.

Roles and responsibilities

The 2009 Regulations allow the Trust to delegate the relevant functions of the responsible person and Complaints Manager to Trust staff where appropriate. This is done to ensure the Trust can provide an efficient and responsive service. The roles and responsibilities of staff within the Trust and relevant delegated functions when dealing with complaints are set out below.

Appendix B: Guidance for managing unreasonably persistent complainants

An unreasonably persistent complainant is someone who raises the same issues repeatedly, despite having received a full response to all the issues raised. If following a review, the complainant is persistent or unreasonable in their manner of engaging with the Trust, it may be appropriate to apply a degree of restriction to their frequency and mode of contact.

A complainant's behaviour should only be considered unreasonable in exceptional circumstances and there must be documented evidence to support the decision. It should be remembered that these complainants may have legitimate concerns.

A complainant's behaviour may be considered unreasonable if:

- They have threatened, harassed, or been abusive towards staff
- They continually make unreasonable demands on staff
- They insist on speaking to a particular member of staff
- They frequently change the substance of a complaint and prolong contact with the Trust by raising new issues during a complaint investigation
- The complainant refuses to believe documented evidence given as factual and continues to contact staff following completion of an investigation
- The complainant makes frequent telephone calls or sends repeated communication re-iterating existing concerns.

This list is not exhaustive.

OPTIONS FOR MANAGING UNREASONABLY PERSISTENT COMPLAINTS

The Manager of Complaints or the Manager of PALS, in agreement with the chief executive, and in some cases the security management specialist team, will determine the point at which a complainant will be considered to be persistent and unreasonable. The security management specialist will notify complainants in writing of the reasons why they have been classified as unreasonably persistent and the action to be taken. This notification may be copied for the information of others already involved in the complaint.

The Chief Executive may decide to deal with complaints in one or more of the following ways:

- Try to resolve matters before invoking this procedure, by drawing up a signed "agreement" with the complainant (if appropriate, involving the relevant practitioner in a two-way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms were contravened consideration would then be given to implementing other action as indicated in this section.
- Once it is clear that complainants meet any one of the criteria above, it may be appropriate to inform them in writing that they may be classified as habitual or vexatious complainants, copy this procedure to them, and advise them to take account of the criteria in any further dealings with the Trust. In some cases, it may be appropriate, at this point, to suggest that complainants seek advice in processing their complaint, e.g. through independent advocacy.
- Decline contact with the complainant either in person, by telephone, by letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact liaison through a third party. (If staff are to withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to be used at such times).
- Notify the complainant in writing that the chief executive has responded fully to the points raised and has tried to resolve the complaint, but there is nothing more to add and that continuing contact on the matter will serve no useful purpose. The complainant should also

- be notified that the correspondence is at an end and that further letters received will be read and acknowledged but not answered.
- Inform the complainant that in extreme circumstances the Trust reserves the right to pass unreasonable or vexatious complainants to the Trust's solicitors.
- Temporarily suspend all contact with the complainant, or investigation of a complaint, whilst seeking legal advice.

WITHDRAWING UNREASONABLY PERSISTENT STATUS

Once complaints have been determined prolific or vexatious, there needs to be a mechanism for withdrawing this status, if, for example, the complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate.

Staff should previously have used discretion in recommending unreasonably persistent status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate.

The ultimate decision to withdraw this status rests with the chief executive. Subject to such approval, normal contact with the complainant will be resumed.

Appendix C: Letter sent to complaints not responded to in 6 months

Our Ref: DCIQ no


Portsmouth Hospitals
University
NHS Trust

Add your letter head here

[DATE IN FULL]

PRIVATE & CONFIDENTIAL

TITLE FULL NAME

ADDRESS

XXXX

XXXX

XXXX

Dear Mr/Miss/Ms

I am writing to you about the complaint you raised in your letter/email dated [DATE IN FULL], in which you outlined your concerns about the care and treatment you received at Queen Alexandra Hospital. OR in which you outlined your concerns about the care and treatment your ***** , patient name received at Queen Alexandra Hospital.

As the [JOB TITLE] e.g. Divisional Nursing Director for XXXXXX I would like to explain to you why your complaint response has been subject to such a long delay. Here at Portsmouth Hospitals University Trust, we take all complaints raised very seriously, and work hard to answer them within the timeframe. I am very sorry this has not been possible in your case. I am very sorry for the additional stress and worry this will be causing you.

Unfortunately, the response to your complaint has been delayed due toWRITE AN EXPLANATION FOR THE DELAY – DO NOT JUST WRITE THAT STAFF ARE BUSY OR THE WARD / CLINIC / Trust IS SHORT STAFFED.

I would like to reassure you that despite the long delay, staff are working very hard under my direct supervision to conclude the investigation. After the investigation is completed, the response will go through divisional approval before being read, approved and signed by our Chief Executive, Penny Emerit. I estimate that the report should be sent to you by [DATE IN FULL].

Yours sincerely

FULL NAME

Full title

