

Policy for handling formal complaints (CG009)

Approval and Authorisation

Approval Group	Job Title, Chair of Committee	Date
Executive Committee	Chief Executive Officer, Chair of Executive Committee	July 2014

Change History

Version	Date	Author	Reason
Version 1.0	May 2007	Melanie Rogers, Deputy Chief Nurse	First version
Version 2.0	October 2008	Melanie Rogers, Deputy Chief Nurse	Reviewed and revised
Version 3.0	April 2009	Melanie Rogers, Deputy Chief Nurse	Reviewed and revised
Version 3.1	December 2009	Melanie Rogers, Deputy Chief Nurse	Revised staff job titles; Acknowledgement letter process; Reporting to include new Patient Experience Committee and Patient Safety Council
Version 3.2	March 2010	Melanie Rogers, Deputy Chief Nurse	Minor update for clarification and monitoring table.
Version 3.3	April 2012	Kirsty Ward, Group Director of Nursing	Updated to reflect new structure
Version 4.0	July 2014	Kim Dellman, Patient Relations Manager	Reviewed and revised

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Contents

1.0.. Introduction	4
1.1 Purpose	
1.2 Scope	
1.3 Aims	
1.4 Definition	
2.0.. Roles and responsibilities	5
3.0_ Policy content	6
3.1 NHS Complaints Procedure	
3.2 Who may complain	
3.3 Confidentiality and consent	
3.4 Time limits	
3.5 Learning from complaints	
3.6 Formal complaints	
3.7 Advocacy support	
3.8 Legal implications	
3.9 Serious allegations & disciplinary investigations	
3.10 Staff grievances	
3.11 Fraud and corruption	
3.12 Complaints about services provided by other agencies	
3.13 Complaints regarding Data Protection Act & Freedom of Information	
3.14 Complaints regarding private healthcare	
3.15 Media interest	
3.16 Procedure for handling unreasonably persistent (vexatious) complainants	
3.16.1 Definition of an unreasonably persistent complainant	
3.16.2 Options for dealing with unreasonably persistent complainants	
3.16.3 Withdrawing 'unreasonably persistent' status	
4.0.. Consultation	16
5.0.. Dissemination/Circulation	16
6.0.. Implementation	17
7.0.. Training	17
8.0.. Monitoring of compliance	17
9.0.. Supporting documentation and references	19
10.0 Equality Impact Assessment	20

Information relating to this policy can be made available in other languages and alternative formats such as Braille, audio tape or larger print upon request.

Other relevant corporate or procedural documents:

- Talk to Us Policy CG076
- Being Open Policy CG031

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

1.0 Introduction

1.1 Purpose

The purpose of the complaints policy is to explain how the Royal Berkshire NHS Foundation Trust acknowledges and implements the National Health Service Complaints regulations (2009), and takes into consideration the recommendations from the review of NHS hospital complaints system, which was commissioned by the Department of Health, following the Francis Inquiry. The review, published on 28 October 2013, was co-chaired by the Rt. Hon Ann Clwyd MP and Professor Tricia Hart.

The policy is intended to standardise the handling of complaints Trust-wide.

The principles that underpin this purpose are:

- To increase people's confidence that their complaints will be taken seriously and that services will improve as a result of their experiences
- To have a flexible approach to resolving people's complaints, which includes effective support
- To provide a seamless approach to complaints investigations
- To ensure organisational openness and fairness when dealing with complaints
- To ensure an approach which is fair to people using and delivering services
- To place the emphasis on early and effective resolution of complaints
- To provide excellent local leadership and accountability that supports the resolution of complaints.

1.2 Scope

The policy will outline in a clear and concise manner for patients, relatives, carers and staff the process of handling complaints regarding Trust services.

1.3 Aims

The Complaints Procedure will be easy to understand and simple to use:

1. The procedure will be accessible to everyone
2. Investigations will be thorough, fair, responsive, open and honest
3. The Trust will listen to the complainant to understand the concerns and work with the patient to rectify the problem
4. The Trust will learn from complaints and use them to improve the services for patients
5. The Trust will answer complaints in a timely manner and in a timescale agreed at the outset of the investigation
6. The Trust will respect an individual's rights to confidentiality
7. Staff will respond positively to complaints and endeavour to resolve issues quickly
8. The Trust aims to satisfy the complainant by conducting a thorough investigation and providing a full explanation
9. The Trust will ensure that patients, relatives and their carers are not treated differently as a result of making a complaint. In instances where it is thought that a patient may

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

have been treated differently as a result of a complaint being made this will be reported as an adverse event and managed in line with the Adverse Event and Investigation Policy.

These aims are based on the recommendations following the Francis Inquiry (Feb 2013) and the review of NHS hospital complaints system, commissioned by the Department of Health (Clywd & Hart) and published on 28 October 2013.

1.4 Definition of a formal complaint

A complaint can be any expression of dissatisfaction or where a concern has not been locally resolved by the PALS team. Any letter of concern addressed to the Complaints Team will be treated as a formal complaint.

2.0 Roles and responsibilities

- The Chief Executive: is accountable for ensuring effective management of complaints across the Trust and all formal responses will be signed by the Chief Executive or by his/her designated director.
- The Responsible Officer: will be informed of any complaint regarding conduct or delivery of clinical care of doctors.
- The Nursing Director: has delegated responsibility for ensuring effective management of complaint handling across the Trust.
- Group Directors: will have an overview of the complaints process and their Clinical Directors are accountable for the thorough investigation of complaints within the Group. They are responsible for ensuring the investigation is carried out in line with this policy and where action is identified this is implemented.
- The Care Group Management Team: should as a minimum, discuss complaints/responses each month. They should discuss themes across Directorates and look for evidence of learning from complaints.
- Clinical Directors with their Matron and Directorate Manager: should ensure that anonymised complaints and the quarterly and annual complaints reports are discussed at the departmental and/or Clinical Governance meetings (whichever they feel is most appropriate) to ensure remedial actions are taken to address recurring themes.
- The Patient Relations Team: is responsible for administering the complaints process, ensuring thorough replies are provided to the complainant. Through their Care Group Director of Nursing, they will provide monthly reports to the Care Group Board. Through the responsible Nursing Director, they will also provide regular reports to keep the Trust Board informed of complaint themes and trends, the actions which have been taken to rectify problems, and improvements in the quality of the services provided by the Trust.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

If discrepancies arise during the investigation, then advice should be sought from the Group Director of Nursing for Planned Care who has corporate responsibility for complaints, and, if still necessary, then from the Director of Nursing or Medical Director. Any member of staff who is investigating or dealing with complaints should possess the necessary skills to undertake this role.

3.0 Policy content

3.1 NHS Complaint Procedure

There are two stages for dealing with complaints (NHS Complaints Procedure, 2009):

Stage 1: Local Resolution

Stage 2: Health Service Commissioner (Ombudsman)

Complaints may be made about any matter reasonably connected with the exercise of the functions of the Trust, including any matter reasonably connected with its provision of health care or any other services.

Matters excluded from consideration under the arrangements are:

- A complaint made by an NHS body, which relates to the exercise of its functions by the Trust.
- A complaint made by a primary care provider which relates either to the exercise of its functions by the Trust or to the contract or arrangements under which it provides primary care services.
- A complaint made by an employee of the Trust about any matter relating to his contract of employment.
- A complaint which is being or has been investigated by the Ombudsman.
- A complaint arising out of the Trust's alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000.
- A complaint about which the complainant has stated in writing that he intends to take legal advice.

3.2 Who may complain?

Complaints may be made by a patient, their nominated representative or any persons who are affected by or likely to be affected by the action, omission or decision of the Trust.

A complaint may be made by a representative acting on behalf of a patient or any person who is affected by or likely to be affected by the action, omission or decision of the Trust, where that person:

- Has died.
- Is a child.
- Is unable by reason of physical or mental incapacity to make the complaint himself/herself.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

- Who has requested the representative to act on his/her behalf and given consent for this.

Such a representative may be a friend or relative of the patient, a Member of Parliament acting on behalf of their constituent or Healthwatch/SEAP.

Where a patient or person affected has died or is incapable, the representative must be a relative or other person who, in the opinion of the Patient Relations Manager, had or has a sufficient interest in his/her welfare and is a suitable person to act as representative.

The Patient Relations Manager discusses with the Head of Legal Services whether the complainant has 'sufficient interest' in the deceased or incapable person's welfare to be suitable to act as a representative. The need to respect the confidentiality of the patient is a guiding principle.

If in any case the Patient Relations Manager and Head of Legal Services are of the opinion that a representative does not or did not have a sufficient interest in the person's welfare or is unsuitable to act as a representative, that person is notified of this in writing and given reasons for the decision.

If a complaint is instigated where the patient is deceased, in all cases the Head of Legal Services should be contacted to establish whether the death is the subject of a Coroner's Inquest. If so the Head of Legal Services will be obtaining statements for that purpose and when doing so the individual will be informed that the statement will be used to assist in the response to the complaint. The complaint will not be responded to without advice from the Head of Legal Services.

In the case of a child, the representative must be a parent, guardian or other adult person who has care of the child and where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation.

3.3 Confidentiality and consent

The information about complaints and all the people involved is strictly confidential and is only disclosed to those with a demonstrable need to know and /or a legal right to access those records under the DPA 1998.

Complaint records are kept separate from clinical records, subject to the need to record information which is strictly relevant to their health in the patient's clinical records.

Correspondence about complaints is not included in the patient's clinical records. Informal discussions about concerns can be documented in the clinical records.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Unless the complainant is not the patient it is not necessary to obtain the patient's express consent to use personal information when investigating a complaint. It is good practice to explain that information from health records may need to be disclosed to those involved.

Where a complaint is made on behalf of an existing or former patient, consent must be obtained from the patient to disclose personal health information and the results of any investigation in order to uphold the duty of confidentiality to the patient. The complainant is asked to return a Form of Authority to the Patient Relations Team.

If the patient is deceased then the personal representative appointed under the will should give consent for the complainant to receive the personal health information (seek advice from Legal Services Department).

If, once consent has been requested, there is a delay obtaining consent that affects the date on which the final response can be sent out, the complaint will be closed but re-opened upon receipt of the consent.

Where a complaint is made on behalf of an existing or former patient who has not authorised the complainant to act on their behalf, care must be taken not to disclose personal health information without the patient's express consent. Matters of a non personal or non clinical nature may be investigated and a response provided to the complainant.

Where a complaint is made on behalf of a patient by Healthwatch/SEAP, consent must be obtained if personal information is to be released so care must be taken not to disclose personal health information without the patient's express consent. Matters of a non personal or non clinical nature may be investigated and a response provided to the complainant.

Where a complaint has been made on behalf of a patient by a Member of Parliament (MP) it will be assumed that implied consent has been given by that patient. If however, the complaint relates to a third party, consent will need to be obtained from the patient prior to the release of personal information. However, personal care details would not be released.

Where it is known that the complaint involves a vulnerable adult or vulnerable child, the executive lead for child protection and vulnerable adults will be informed.

All letters regarding the complaint will be marked 'confidential'. All internal emails regarding the complaint must not contain patient identifiable information in the email heading. Where possible, the email contents should be anonymised and any attachments should be password protected.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

By ensuring that all complaints are dealt with in the strictest of confidence the scope for patients, relatives or carers being treated differently as a result of the complaint will be minimised.

3.4 Time limits

Normally, a complaint should be made within twelve months of the date on which the matter which is the subject of the complaint occurred, or twelve months of the date on which the matter which is the subject of the complaint came to the notice of the complainant.

Where a complaint is made after these times, the Patient Relations Manager following discussions with the Care Group Director for Nursing may investigate it if they are of the opinion that the complainant had good reasons for not making the complaint within that period; and it is still possible to investigate the complaint effectively and efficiently.

Those who wish to complain should be encouraged to do so as soon as possible after an event so that the investigation can be most effective.

In any case where the Care Group Director of Nursing decides not to investigate a complaint on the grounds that it was not made within the time limit, the complainant is informed in writing with further guidance if necessary. The complainant can appeal in writing to the Director of Nursing or Medical Director.

In accordance with the 'For the Record' guidance (Department of Health 1999/053), complaint files are kept for 10 years. Complaints files about babies and children where there is the possibility of future legal proceedings are kept until their 25th birthday. If the baby or child has died, the complaint file is kept for 10 years.

3.5 Learning from Complaints

All complaints and concerns offer an opportunity for the Trust to learn and improve. When the investigation of a complaint identifies that local changes in practice are required, the Line Manager will ensure these are considered and implemented as soon as is practically possible.

All trends and themes that result from concerns and complaints are reported through the patient experience reports to Directorate Clinical Governance, Care Group Boards and to the Trust Board. As well as learning from individual complaints, the Trust has a process for aggregating information about complaints, incidents and claims to enable learning.

The Trust is committed to listening to the views of patients and the public about the care we provide and values the experiences of our patients. We welcome all forms of feedback and use this to improve the service we provide. We send out satisfaction

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

surveys to all complainants once their complaint is closed to seek feedback on the service we have provided.

Compliments, comments, complaints and suggestions from patients, carers and the public are encouraged and welcomed. Should patients, carers or the public be dissatisfied with the care provided by the Trust they have a right to be heard and for their concerns to be dealt with promptly, efficiently and courteously. Under no circumstances should patients, relatives or carers be treated any differently as a result of making a complaint.

3.6 Formal complaints

Staff's first responsibility on receipt of a complaint is to ensure that the patient's immediate health care needs are being met. This may require urgent action before any matters relating to the complaint are dealt with.

Patient Relations staff will be available to provide information to complainants on the options available to them on how to raise their concerns and complaints and advise on the process.

A formal complaint should, ideally, be made in writing so that there is no misinterpretation of the issues. Written letters should be addressed to the Chief Executive. Where an individual is not able to make their concerns known in writing, they can contact the Patient Relations Team for assistance who may direct them to Healthwatch or SEAP, who provide a complaints advocacy service to support people who make a complaint about services.

Where any patient's personal information is to be disclosed electronically, the response will be attached in a word document that will be password protected.

When formal letters of complaint are received by the Chief Executive's Office they will be date stamped and an acknowledgement letter from the CEO or his/her designated Director will be prepared by the Patient Relations Team who will then record the complaint, create a file and request that the Clinical Director appoints an Investigating Officer. The Patient Relations Team will prepare an acknowledgement letter indicating how the complaint will be processed.

Upon receipt of the complaint, the Patient Relations Manager will attempt to telephone the complainant to verbally acknowledge the complaint, to discuss and agree the key points and the agreed way forward. The Patient Relations Manager will inform the complainant to expect a call from the Investigating Officer.

The complexity and seriousness of the complaint will initially be assessed by the Patient Relations Manager and graded accordingly before a copy is sent by the Patient Relations

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Team directly (via e-mail) to the Clinical Director. This initial assessment is subject to change once the complaint has been fully investigated. The Clinical Director will assess the complaint and either personally investigate or allocate an appropriate senior member of their team to undertake the investigation. This person will be known as the Investigating Officer and will be supported by the Directorate Team.

We will seek to resolve all complaints within 25 working days. However, it is recognised that there is variation in the level and complexity of complaints and some may require longer to conduct a thorough investigation and provide a full response. In these situations, a change to the 25 day timescale can be agreed between the Investigating Officer and the complainant at the outset and the response monitored against that agreed timescale. Before this is agreed, the Investigating Officer must inform the Patient Relations Manager of any proposed timescale beyond 25 days, which has to have authorisation from the Care Group Director of Nursing.

Investigating Officers will also telephone the complainant to introduce themselves. During this conversation the Investigating Officer may wish to clarify any issues in the complaint. He or she can provide a point of contact should the complainant wish to raise any questions during the investigation. The investigation will commence in line with the principles of the Trust's Adverse Incident Reporting and Investigation Policy and Being Open Policy. Some complaints may involve more than one department. In this case, the allocated Investigating Manager will be responsible for ensuring the complaint is fully investigated for all issues inside and outside of their Directorate.

Where the complaint has arisen from a serious incident or in the view of the Patient Relations Team is sufficiently serious, it will not be allocated to an Investigating Manager to investigate, but an investigations team will be established as per the Protocol for the Investigation and Analysis of Serious Incidents.

All formal complaints will receive an acknowledgement within 72 hours with an offer of a meeting to either resolve or further explore the complaint.

Although the Clinical Director may delegate aspects of the investigation as appropriate, they remain wholly responsible for the investigation and the response.

Where staff are directly involved in the complaint, statements will be taken at the time of the investigation as an accurate account of events. These statements will be submitted with the draft response by the Investigating Officer to the Patient Relations Team (additional information on statements can be found in Appendix II). Staff directly involved in the complaint should not investigate the complaint.

The Investigating Officer is responsible for producing a draft response in the form of a letter from the Chief Executive in conjunction with appropriate staff involved and must

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

ensure that appropriate clinical input has been provided, where necessary. The response must ensure:

- That all the issues raised have been addressed.
- Accurate information.
- A full and honest explanation.
- Apology (apologies).
- Explain the actions that have/will be taken to improve the situation (action plans can be included where appropriate).
- Explain the monitoring arrangements to ensure actions will be implemented.

The Investigating Officer is responsible for ensuring that the draft response together with all supporting evidence, complaint investigation summary sheets and action plans are returned to the Patient Relations Team within the agreed timescale. He/she is also responsible for notifying the Patient Relations Team of any change to the initial grading assessment.

The Investigating Officer, supported by the Directorate Team must also determine whether or not a complaint is well founded or not well founded and report this back to the Patient Relations Team. To find a complaint well founded or not, the Investigating Officer needs to consider and decide if the complaint was made on reasonable grounds and information. Should the Investigating Officer and Directorate Team not be able to come to a decision on whether a complaint is well founded or not, it should be escalated to the Care Group Director.

The Patient Relations Team will then review the complaint and the investigation to ensure that it has been thorough and addresses all the issues raised by the complainant. This process will act as a quality check for the complaint investigation.

A complete documentary record of the handling and consideration of each complaint is kept by the Patient Relations Team. Complaint records are kept separate from health records, subject to the need to record information which is strictly relevant to their health in the patient's health records. All records including supporting evidence from the Investigating Officer should be sent to the Complaints Manager with the draft response and included in the main complaints file for their records.

The Patient Relations Team ensures that all information relevant to the investigation of the complaint is recorded and kept in the case files and is available without unnecessary delay to the Health Service Ombudsman if requested.

All final responses will inform the complainant that if they have any outstanding or further concerns or feel that the complaint has not been satisfactorily resolved, they may contact the Patient Relations Team. If the complainant still feels that the complaint has not been

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

dealt with in full, it will be reviewed by the Care Group Director of Nursing (Planned Care).

The Clinical Directors are responsible for ensuring that all complaints are shared through Clinical Governance, that action plans are implemented within the agreed timescale.

Progress on action plans are reported to the Patient Relations Team and included in the quarterly 'Patient Experience' reports for review by the Patient Experience Committee. Where agreed with the complainant, they should be kept informed on the progress of the actions by the Patient Relations Team.

Appendix I is a flowchart of the process.

3.6.1 Local resolution of concerns

Details of local resolution of concerns can be found in the Talk To Us Policy CG076.

3.7 Advocacy support

All complainants have access to information about Healthwatch or SEAP, depending on where they reside, who offer independent help, guidance or support when making a complaint. This information is available from Patient Relations Team.

3.8 Legal implications

If the complainant has either instigated formal legal action, or notified in writing that he or she intends to do so, the Complaints Procedure should be stopped, with the complainant and person identified in the complaint being advised appropriately in writing. The complainant should be advised to ask their legal representative to write to the Head of Legal Services and Corporate Risk.

If a complaint reveals a likelihood of legal action, the Patient Relations Team should inform the Head of Legal Services and Corporate Risk and provide a complete copy of the file.

3.9 Serious allegations and disciplinary investigations

The Complaints Procedure is concerned only with resolving complaints and not with investigating staff regulation of conduct. The purpose of the Complaints Procedure is to thoroughly investigate complaints with the aim of satisfying complainants, whilst being fair to members of staff.

Where serious allegations regarding staff performance and behaviour arise through the Complaints Procedure, they will be investigated and managed through the appropriate conduct policies including:

1. Regulation of Conduct

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

2. Regulation of Conduct (Medical)
3. Maintaining Medical Excellence

The Trust has a duty to maintain staff confidentiality and must not share information regarding any action against staff with the complainant.

Investigation under the Complaints Procedure will only take place if it does not compromise or prejudice other ongoing investigations.

3.10 Staff grievances

Staff grievances are handled separately. The Trust has local procedures for handling staff concerns about health care issues and established grievance and openness procedures including:

- a. Individual Grievance Procedure
- b. Collective Dispute
- c. Maintaining Standards at Work (Whistleblowing)

Staff can only use the NHS Complaints Procedure if their complaint relates to their own health care or if they are acting on behalf of a third party. In both situations they are acting as a patient or member of the public and not as a member of staff.

3.11 Fraud and corruption

Any complaint concerning possible allegations of fraud and corruption is passed immediately to the Director of Finance for action.

3.12 Complaints about services provided by other agencies

If the Trust receives a written complaint that is solely concerned with areas dealt with by another health body or by a body outside the NHS, the complaint is referred to the Patient Relations Team. With the complainant's agreement, the Patient Relations Team will then forward the complaint to the correct body. If there are any doubts over which body is responsible for handling the complaint, this is resolved before the complaint is dispatched. This is then recorded in writing.

Where a complaint involves more than one NHS provider or one or more other bodies such as a local authority or a purchaser, there will be full cooperation in seeking to resolve the complaint through each body's local complaints procedure. It will be agreed between them which NHS body is going to take the lead on the final response and co-ordinate responses from the other Trusts. The Trust and local authorities ensure that we address all matters of concern to the complainant.

Where the Trust receives a complaint which is mainly concerned with services provided by the Trust, but includes issues regarding an external agency, the Patient Relations

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Team forwards a copy of the complaint as appropriate for investigation and a response. The Patient Relations Team incorporates the response from the external agency into the Trust's final response.

Where the Trust makes arrangements for the provision of services with independent providers, it ensures that the independent providers have arrangements in place for the handling and consideration of complaints about any matter connected with its provision of services as if the NHS (Complaints) Regulations 2009 applied to it.

3.13 Complaints about the Data Protection Act 1998 and the Freedom of Information Act 2000

The Information Commissioner contacts the Data Controller regarding complaints arising out of an alleged failure to comply with a data subject request under the Data Protection Act 1998.

The Information Commissioner contacts the Freedom of Information Officer regarding complaints arising out of an alleged failure to comply with a data subject request under the Freedom of Information 2000.

The Trust consults the Information Commissioner about complaints arising out of an alleged failure to comply with a data subject request under the Data Protection Act 1998 and the Freedom of Information 2000.

Further information is available at <http://www.informationcommissioner.gov.uk/>

3.14 Complaints regarding private care

The complaints procedure will cover any complaint made about the Trust's staff or facilities relating to private care. Complaints regarding prices are forwarded to the Director of Finance.

3.15 Media interest

Staff should refer any media interest in a complaint to the Head of Public Relations. The Head of Public Relations is briefed where any complainant expresses their intention to contact the media.

3.16 Procedure for handling unreasonably persistent complainants

3.16.1 Definition of an unreasonably persistent (vexatious) complainant

Complainants (and or anyone acting on their behalf) may be deemed to be unreasonably persistent complainants where previous or current contact with them shows that they meet two or more of the criteria outlined on Appendix III.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

3.16.2 Options for dealing with unreasonably persistent complainants

Where complainants have been identified as unreasonably persistent in accordance with the above criteria, the Chief Executive (or appropriate deputy in his/her absence) will determine what action to take. The Chief Executive (or his/her deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as unreasonably persistent complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g. practitioners, conciliators, Healthwatch/SEAP, MPs. A record must be kept in the complainant's complaint file for future reference of the reasons why a complainant has been classified as unreasonably persistent. This will not form part of their health care record.

The Chief Executive (or his/her deputy) may decide to deal with such complaints in one of the following ways as found in Appendix IV.

3.16.3 Withdrawing 'unreasonably persistent' status

If a complainant has been determined as 'unreasonably persistent' there is an ongoing approach to constantly review this status. There is discretion for withdrawing this status if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which the normal complaints procedures 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. Discussion will be held with the Chief Executive (or deputy). Subject to approval, normal contact with the complainants and application of the Trust's Complaint Procedure will then be resumed.

4.0 Consultation undertaken

The policy has been revised with input from the Patient Relations Managers, PALS Manager, Equality and Diversity Officer, the Care Groups and Directorate Teams and a patient representative.

5.0 Dissemination / Circulation

The policy will be available for download from the Trust central policy intranet page, the Patient Relations page and from the Trust website, www.royalberkshire.nhs.uk and will be circulated by email from the Nursing Director to all Trust staff.

6.0 Implementation

Responsibility for implementation of this policy sits with the Patient Relations Department who are also responsible for monitoring compliance, under the direction of the Director of Nursing for Planned Care.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

7.0 Training

The Clinical Director, upon assigning an Investigating Officer, should check that the member of staff has the necessary skills to investigate and deal with complaints. If not, the Patient Relations Team will provide informal complaints and customer care training to any individual member of staff or department as required.

The Patient Relations Team participate in providing training sessions to existing courses such as Trust induction and Induction programmes for Nurses, Healthcare Assistants and junior doctors.

The Complaints Investigation Summary can also be used as guidance for investigating officers (see Appendix V).

Root Cause Analysis Training is a recognised method with which to investigate a complaint and is recommended training for investigating managers. See ROOT CAUSE ANALYSIS - A PRACTICAL GUIDE on the Legal Services Intranet Site.

The Patient Relations Team will monitor the quality of investigations and complaint responses and will highlight additional training needs to the relevant Clinical Director, Matron or Directorate Manager.

8.0 Monitoring of compliance and effectiveness

Compliance to this policy is monitored by the Patient Relations Department and Directorate Management Teams.

A secure electronic database is maintained for all patient feedback.

Records of concerns, complaints and compliments will be maintained for all contacts on the Datix system along with the number and outcomes of Health Service Ombudsman requests.

Each month a random sample of five complaints are audited by the Patient Relations Team to ensure that complaints are acknowledged within 48 hours and are responded to within the timescale agreed at the outset (see Appendix VI). The audit (shown in Appendix VII) and an action plan will be reported quarterly to the Patient Experience Committee and by exception to the Group Director of Nursing (Planned Care) in the regular complaints meetings.

A quarterly patient experience report will be compiled. This will be presented to the Patient Experience Committee and Quality Performance Committee. A monthly report will also be included in the Quality Report and Dashboard. These reports include the numbers of complaints received, response times and details of individual complaints.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

In addition the policy will also be monitored as set out in the table below.

Monitoring

No	PROCESS TO BE DEMONSTRATED	EVIDENCE TO DEMONSTRATE PROCESS	FREQUENCY OF SUBMISSION TO COMPLIANCE SHARED DRIVE CRITERION FOLDER	REFERENCE NUMBER FOR EVIDENCE PLACED IN CRITERION FOLDER
1.	Process for listening and responding to concerns/complaints of patients, their relatives and carers	1. Training records for frontline staff i.e. dates of training given 2. Audit of five complaints per month 3. Case Study following a completed Talk to Us leaflet 4. Total number of complaints received 5. Number and outcome of Health Service Ombudsman requests 6. Number of letters of praise formally received	Monthly Monthly Quarterly Monthly (cumulative) Monthly (cumulative) Monthly (cumulative)	1a 1b 1c 1d 1f 1g
2.	Process by which the organisation aims to improve as a result of concerns/complaints being raised	1. Minutes of Patient Experience Committee 2. Quarterly Patient Experience Report 3. Monthly Patient Experience Board Report which includes: <ul style="list-style-type: none"> - number of complaints per month - number responded to within 25 days or at the timescale agreed at the outset - number of PALS received - number of Local Resolution Meetings held - number of compliments received - number of complaints referred to Ombudsman - number of complaints by ward/department/nursing/medical - number relating to behaviour and attitude - number relating to communication 	Quarterly Quarterly Monthly	2a 2b 2c

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

9.0 Supporting documents and references

Document title	Document Reference/Location
The Francis Inquiry report 2013	http://www.midstaffpublicinquiry.com/report
Review into the care and quality of treatment provided by 14 hospital trusts in England. Bruce Keogh. July 2013	http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf
A promise to learn– a commitment to act. Don Berwick. August 2013	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf
A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture. Clywd and Hart. October 2013	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf
Good practice standards for NHS Complaints Handling. Patients Association. September 2013	http://patients-association.com/Portals/0/Good%20Practice%20Standards%20for%20NHS%20Complaints%20Handling,%20Sept%202013.pdf
Health and Social Care Act 2012	http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
Parliamentary and Health Service Ombudsman. Listening and Learning.	http://www.ombudsman.org.uk/listening-and-learning-2012
The National Health Service Complaints Regulations 2009	http://www.legislation.gov.uk/uksi/2009/309/contents/made
NHSLA Risk Management Standards, April 2007	NHSLA

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

10.0 Equality Impact Assessment

	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Equality Impact Assessment Summary of Findings

Name of Policy: Policy for handling complaints

Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?

We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.

Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?

We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect different population groups differently. The Trust keeps records and monitors all complaints raised via its Datix system and to date there is no statistical evidence showing that a particular group is being affected differently. The recording and monitoring of data is set to continue and reporting is done on a quarterly basis.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?

We have no statistical or anecdotal evidence, at this stage, to show that there is public concern in potential discrimination against the protected groups identified above. The Trust has established patient panel groups and good links with the local community and at present no concern has been raised in relation to this policy.

Based on the information set out above I have decided that a full equality impact assessment is not necessary.

Name, job title and signature: Melanie Rogers, Deputy Chief Nurse

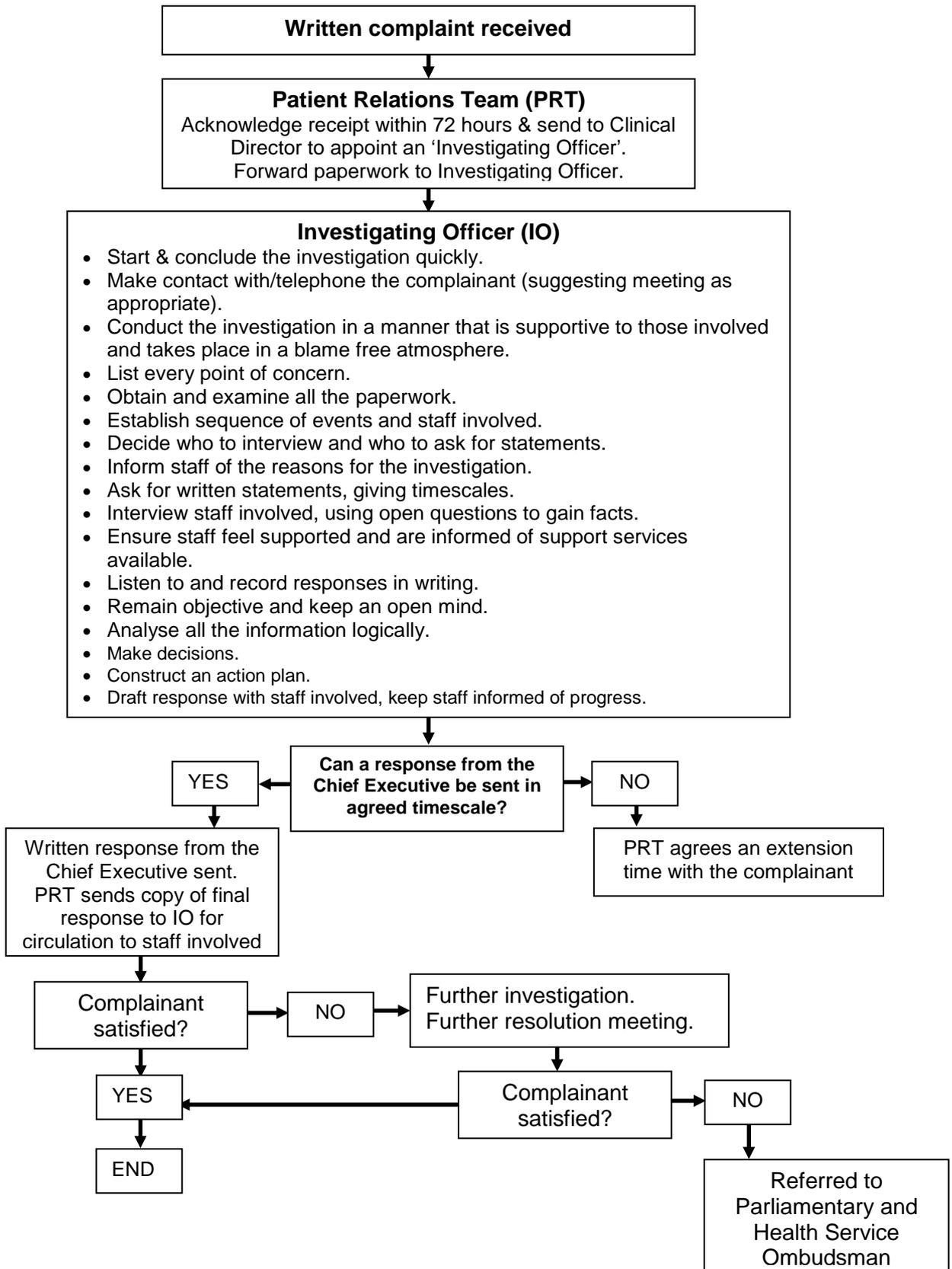
Department: Patient Relations

Date: 1 March 2010

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Appendix I

Formal Complaint to Chief Executive



Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Appendix II

Guidelines for staff writing statements for complaint investigations

1 Introduction

- 1.1 Any member of Trust staff directly involved will be asked to provide statements in connection with investigations into complaints.
- 1.2 Staff asked to provide statements will be supported in this process by the Investigating Manager, their line manager and operational manager. Further advice can be obtained from the Patient Relations Team.
- 1.3 The Patient Relations Team is responsible for ensuring that appropriate patient consent for the release of personal information is obtained.
- 1.4 A copy of any statement that is given is kept in the complainants' complaint file, and may be passed on if the complainant requests an Independent or Health Service Ombudsman's Review of their complaint.

2 General Principles

- 2.1 Written statements should be:
Written in ink or typed
Legible and concise
Factual, accurate and relevant
- 2.2 Avoid abbreviations. Explain any technical words, phrases or procedures and avoid jargon.

3 Format

- 3.1 Title
The title should indicate the date, place and time of the incident complained about.

- 3.2 Opening paragraph
State your present:
Name
Post in the Trust
How you can be contacted most easily

If different from above, give the following information as it applied when the events under investigation occurred:

Name
Address
Post in the Trust
How long you had been in post

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

How you can be contacted most easily

3.3 Narrative of events

Provide a narrative of the events, keeping to the facts.

In date and time order state:

When and what you did and why

3.4 Where relevant, identify your contributions to clinical notes, adding explanations if you feel there is any ambiguity.

3.5 Read your statement, date and sign it.

3.6 Give the statement to your line manager, keep a copy for yourself.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Appendix III

Definition of an unreasonably persistent (vexatious) complainant

- a) Persist in pursuing a complaint where the Trust's complaints procedure has been fully and properly implemented and exhausted.
- b) Continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response or whilst the complaint is being investigated. (Care must be taken not to discard new issues which emerge as a result of the investigation or the response. These might need to be addressed as separate complaints.) Healthwatch/SEAP could be called upon to assist in such circumstances, thus ensuring that new and legitimate issues are answered.
- c) Despite the best endeavour of staff to confirm and answer the complainant's concerns and, where appropriate, involving Healthwatch/SEAP, the complainant will not accept the response and, or where the concerns identified are not within the remit of the Trust.
- d) In the course of addressing a registered complaint, have had an excessive number of contacts with the Trust, which have placed unreasonable demands on staff. (A contact may be in person or by telephone, letter or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgement based on the specific circumstances of each individual case.)
- e) Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. Staff must document all incidents of harassment).
- f) Are known to have recorded meetings, face-to-face or telephone conversations without the prior knowledge and consent of other parties involved and used these recordings without prior permission.
- g) Focus on a matter to an extent which is out of proportion to its significance and continuing to focus on this point. (It is recognised that determining what is justified can be subjective and careful judgement must be used in applying this criteria.)
- h) Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).
- i) Complainants (and or anyone acting on their behalf) may be deemed to be unreasonably persistent complainants where they have threatened or used actual physical violence towards staff or their families or associates at any time.
- j) Complainants (and or anyone acting on their behalf) may be deemed to be unreasonably persistent complainants where they have sent indecent or offensive items to staff or their families or associates in the post, or if they hand deliver indecent or offensive items to staff or their families or associates at any time.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

- k) All such incidents must be documented on an incident form, and will in themselves be grounds to stop personal contact with the complainant and, or their representatives and thereafter the complaint may only be pursued through written communications.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Appendix IV

Options for dealing with unreasonably persistent complainants

- (i) 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 are contravened, consideration would then be given to implementing other action as indicated in this section.
- (ii) 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 unreasonably persistent 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 Healthwatch/SEAP.
- (iii) Decline contact with the complainants either in person, by telephone, by fax, by letter or any combination of these, provided that one form of contact is maintained or, alternatively, to restrict contact to liaison through a third party.
- (iv) 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.
- (v) 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 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 acknowledged but not answered. They should be informed of their right to appeal and of their right to go to the Trust Complaints Review Panel under the complaints procedure.
- (vi) Inform the complainants that in extreme circumstances the Trust reserves the right to pass unreasonable or unreasonably persistent complaints to the Trust's solicitors.
- (vii) Temporarily suspend all contact with the complainants or investigation of a complaint whilst seeking legal advice or guidance from the Regional Office, National Health Service Executive, or other relevant agencies.
- (viii) Enforce the Royal Berkshire NHS Foundation Trust Zero Tolerance Policy.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Appendix V

Complaint investigation summary

When returning the draft complaint response to Patient Relations Team, the Investigating Manager must complete and return this pro forma to assure the Chief Executive that the following criteria have been met.

Complaint Reference Number:

Investigating Officer:

		Yes	No	N/A
1	Did you contact the complainant to hear more about the concerns and explain the process?			
2	Did you offer to meet with the complainant?			
3	Have you fully understood the nature of the complaint?			
4	Are you certain that each aspect of the complaint has been satisfactorily resolved?			
5	Has there been a full explanation and apology offered as appropriate?			
6	Has there been a full explanation of any changes, improvements and actions?			
7	If the complaint concerns a member of staff, have they been supported appropriately?			
8	If the complaint concerns a member of staff, have they seen the response?			
9	Where appropriate have statements been taken from staff concerned? (if they have these must be sent to Patient Relations Team)			
10	If the complaint concerns a matter of clinical judgement, has the response been agreed by the clinician?			
11	Is there a clearly documented record of the events of Local Resolution?			
12	Do you feel that the Trust has done all that is practicable in the circumstances?			
13	Has your investigation file been sent to Patient Relations Team for inclusion in the main complaint file?			
14.	Will this complaint be taken to the appropriate Clinical Governance meeting – Yes/No If 'Yes' please also advise the date of the Governance meeting (Please note - meeting minutes may be requested at a later date)			
	If you have answered NO to any of the questions, please explain why?			
15.	Is the complaint well founded?			

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Complaint Reference Number: Investigating Manager:

Please Include An Action Plan For This Complaint:

This form must be returned to Patient Relations Team with the final response – if there are no actions resulting from the complaint please indicate this on the form.

Problem Identified	Action Needed	By Whom	By When	Review Date
Clinical Governance*	Name of Clinical Governance Group	Date of meeting		

* If this complaint is not taken to a clinical governance meeting please enter N/A in date box.

Notes:

Draft responses sent to Patient Relations Team must:

- Confirm and address all the issues raised.
- Contain an analysis of the allegations and concerns and an indication as to whether these are felt to be justified.
- Demonstrate that the investigation has been thorough.
- Contain information on action taken to redress identified sub standard performance or opportunities noted for improving current practices.
- Contain information on the method of monitoring that remedial action has been effective, including scheduled review dates.

Any evidence that supports your investigation (i.e. copies of medical notes, statements from staff, nursing records, policies etc) must be sent with the draft response to the Patient Relations Team office.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Appendix VI**Key Performance Indicators for formal complaint management**

	Criterion	Standard	Exceptions
	An acknowledgement is sent within 72 hours of receipt of complainant's letter	100%	None
	The acknowledgement letter includes: Name of the Clinical Director it has been sent to Telephone number of PRT for further queries Expression of gratitude for drawing the matter to the Trust's attention Number of days in which to expect a reply Details of the Ombudsman	100%	None
	A response from the Chief Executive is sent within 25 working days or timescale agreed at the outset	80%	None
	Written statements are completed by all individuals involved in complaint	100%	None
	The draft response is shared with all the staff involved and is approved by the Investigating Officer prior to signing	100%	None
	The final response includes: All the issues raised An explanation of action taken An apology where due	100%	None
	An action plan is drawn up to include timescales, assigned responsibility and review date	100%	None
	Each Directorate has 'complaints review' as a standing agenda item at their Clinical Governance meetings	100%	None
	Correspondence about the complaint is not included in the patients' medical records	100%	None
	Investigating Managers complete the complaint investigation summary and return to Patient Relations Team with the draft letter	100%	None
	Investigating Managers return the investigation file to Patient Relations Team once file is closed	100%	None

All complaints are reviewed with the Group Director of Nursing (Planned Care) on a weekly basis.

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		

Appendix VII

Key Performance Audit Tool

	Criterion	Standard	Exceptions	Y/N	Y/N	Y/N	Y/N	Y/N
1	An acknowledgement is sent within two working days of receipt of complainant's letter	100%	None					
2	The acknowledgement letter includes: Name of the Clinical Director/Clinician it has been sent to Telephone number of PRT for further queries Expression of gratitude for drawing the matter to the Trust's attention Number of days in which to expect a reply	100%	None					
3	A response from the Chief Executive is sent within 25 working days or the timescale agreed at the outset	80%	None					
4	Written statements are completed by all individuals involved in complaint	100%	None					
5	The draft response is shared with all the staff involved	100%	None					
6	The final response includes: All the issues raised An explanation of action taken An apology where due	100%	None					
7	An action plan is drawn up to include: Timescales Assigned responsibility Review date	100%	None					
8	Each Directorate has 'complaints review' as a standing agenda item at their Clinical Governance meetings	100%	None					
9	Correspondence about the complaint is not included in the patients' medical records	100%	None					
10	Investigating Managers complete the complaint investigation summary and return to Patient Relations Team with the draft letter	100%	None					
11	Investigating Managers return the investigation file to Patient Relations Team once file is closed	100%	None					
12	Did this complaint originate through PALS? If so: <ul style="list-style-type: none"> Was it information required about how to make a complaint? Were PALS unable to resolve the concerns raised? Although the issue was resolved by PALS, did the complainant still wish to make a complaint? 							

Author:	Kim Dellman	Date:	July 2014
Job Title:	Patient Relations Manager	Review Date:	July 2016
Policy Lead:	Caroline Ainslie, Nursing Director	Version:	Version 4.0
Location:	Corporate Governance shared drive – CG009		