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**Hampshire Primary Care Trust**  
**COMPLAINTS POLICY AND PROCEDURES**

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## 1.0 Introduction

- 1.1 The Primary Care Trust (PCT) is firmly committed to continuously improving the quality of the care and services it provides. The PCT also recognises that there will be occasions when its actions do not meet the expectations of its customers and service users. The views, comments and suggestions of local residents are welcomed.
- 1.2 It is therefore important that the PCT has a consistent and effective process for receiving and handling complaints appropriately and using the information gained for organisational learning and as an opportunity to continuously improve its services.

## 2.0 Background

- 2.1 The procedures and policies detailed are based on the NHS (Complaints) Regulations which encompass a three-stage process:
- Local Resolution
  - Healthcare Commission for Independent Review
  - The Health Service Ombudsman for England.

## 3.0 Policy Statement

- 3.1 The PCT will investigate and respond to complaints about any of its services in accordance with the NHS Complaints Regulations and Healthcare Commission Standards for Better Health. In so doing, the PCT recognises its responsibility to achieve the key objectives of the Regulations and Standards, namely that the PCT's complaints arrangements are:
- accessible, and such as to ensure that complaints are dealt with speedily and efficiently, and that complainants are treated courteously and sympathetically and as far as possible involved in decisions about how their complaints are handled and considered.
  - sensitive systems are in place to ensure that patients, carers and relatives are not discriminated against as a result of having complained.
  - responsive systems are in place to ensure that patients, their relatives and carers are assured that the PCT acts appropriately on any concerns and where appropriate, makes changes to ensure improvements in service delivery.
- 3.2 Implementing this policy is the responsibility of all staff, not just those who specifically handle the procedures. Complaints and their associated corrective actions are intrinsic to healthcare governance and will be handled as part of the PCT's framework for that function.
- 3.3 The PCT is responsible for planning and commissioning NHS health care for its population and the provision of community services. This policy covers any complaints relating to the provision of these services or the commissioning of services from other providers (where an individual has been directly affected). It does not cover complaints about services provided by Family Health Service Practitioners (including GPs and their practices) to whom complaints should be made directly.
- 3.4 The PCT will ensure that all NHS Providers and any private providers with whom it has a contract or service level agreement have robust arrangements in place for handling complaints from the PCT's residents about the services they provide.

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#### 4.0 Definitions

4.1 The following is the PCT accepted definition of a complaint:

- “A complaint is an expression of dissatisfaction with a service or policy which has personally affected an individual and which requires a response in order to promote resolution between the parties concerned.”
- An expression of concern about a service or policy in general, rather than dissatisfaction with a specific occurrence or episode, will be considered as a comment rather than a complaint.

4.2 The following example should help to clarify the difference between a comment and a complaint:

- An expression of concern that service changes may occur would be a comment, even if the individual concerned currently receives this service. However, if the changes had adversely affected the treatment of an individual this will be considered a complaint. The complaints policy is there to deal with concerns of the individual patient’s dissatisfaction with the service - it should not be used to enable patients to register their concerns about issues such as proposed service changes for which there are other consultative processes available.

4.3 Although comments will not be investigated under the complaints procedure, they will be noted and used in a similar manner to complaints as a guide to local opinion.

#### 5.0 General Principles

5.1 The Chief Executive has overall responsibility for the effective implementation of the Complaints Policy. Under the Complaints Regulations the PCT must designate a member of its board of directors, to take responsibility for ensuring compliance with the arrangements made under the Regulations and that action is taken in the light of the outcome of any investigation. The Complaints Manager has designated authority to manage the complaints procedure on behalf of the Chief Executive.

5.2 The Complaints Manager is responsible for the day to day processing of provision of service and commissioning complaints. This includes the administration and monitoring of the progress of formal complaints, ensuring that investigations are completed on time and to a satisfactory standard. The Complaints Manager is also responsible for the management of the PCT Conciliation Service. Where the Complaints Manager thinks it would be appropriate and with the agreement of the complainant, arrangements for conciliation or other assistance for the purpose of resolving the complaint will be made available.

5.3 The Complaints Manager is responsible for identifying any risks to patients’ safety indicated within a complaint. The Complaints Manager will ensure the escalation of the risk to the appropriate Director or Head of Service.

5.4 The Complaints Manager is able to provide advice during the practice based complaints procedures of FHS practitioners (Local Resolution).

5.5 The Complaints Manager is responsible for providing an up to date leaflet explaining to service users how to make a complaint. Department Managers and professionals will ensure this information is available to all users of the PCT’s services.

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- 5.6 Copies of this policy and procedure will be available on request.
- 5.7 Complainants will be encouraged to seek the assistance of the Independent Complaints Advocacy Service (ICAS). This service provides independent information, advice and support to those with complaints against the NHS. Complainants will also be given contact details of the Healthcare Commission should they wish to pursue their complaint to the second stage of the complaints process.
- 5.8 Department and Service Heads will ensure that information about how to make a complaint is available to all users of the PCT's services.
- 5.9 Department and Service Heads have responsibility for the investigation of all complaints relating to their areas of responsibility and for ensuring that replies are drafted within the appropriate deadlines. The Department or Service Head must ensure that any clinician involved in the complaint is included in the resolution of the complaint, sees a copy of the draft response and receives a copy of the final response.
- 5.10 All staff are responsible for providing complaints staff with timely and comprehensive reports concerning complaints, which include recommendations for action and the target dates for the actions to be taken. If the national target deadlines are to be met, it is essential that staff responding to complaints reply to the complaints staff within the time scales set for each individual complaint.
- 5.11 The PCT will encourage that informal complaints should be dealt with at the level of the organisation that is of most relevance to the patient. This means, for example, that an informal complaint that can be resolved at department level should not be automatically referred to the Complaints Manager or the Chief Executive. This will promote local ownership of the handling of informal issues. All written complaints and unresolved verbal concerns will be treated as formal complaints and thus handled according to the NHS Complaints Procedure.
- 5.12 Complaints should normally be made within six months from the incident that caused the problem, or within six months of the date of discovering the problem. The Complaints Manager has the discretion to extend this time limit if, having regard to all the circumstances, the complainant had good reason for not making the complaint within that period and, notwithstanding the time that has elapsed, it is still possible to investigate the complaint effectively and efficiently.
- 5.13 All complaints, whether oral or written, must receive a response. Where the complaint is made orally, the Complaints Manager must make a written record of the complaint that includes the name of the complainant, the subject matter of the complaint and the date on which it was made. This should be forwarded with the acknowledgement letter, to the complainant, for signature and return.
- 5.14 Where a complaint involves more than one department, the Complaints Manager will allocate the responsibility for co-ordinating the investigation and drafting the reply to a specific Departmental or Service Head.
- 5.15 If, during an investigation, the complainant explicitly indicates in writing an intention to take legal action, the complaints procedure must cease. Both the complainant and the complained against will be advised in writing by the Complaints Manager that the complaints procedure is being brought to an end. However, the complainant has the option of reopening their complaint if the legal action is not pursued or has been exhausted.

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- 5.16 When a complaint is made by a third party, the Complaints Manager will seek the patient's authority to investigate it (see Appendix 2B(iii)). This is to ensure that the patient's wishes are respected and the confidentiality of clinical information is maintained. The patient's authority will be sought even if the nearest next of kin or the patient's GP makes the complaint. If it appears from the complaint that the patient may be unable to give consent to the investigation, the Complaints Manager will decide whether to proceed with the complaints process or to seek formal authority first from the Chief Executive.
- 5.17 Where the PCT's Complaints Manager, in consultation with the Chief Executive, does not accept the complainant as a suitable representative of a patient who is unable to give consent, then the complainant will not be allowed to act for the patient. In these circumstances the PCT will make every effort to nominate another person to act on the patient's behalf.
- 5.18 All complaints will be treated equally, irrespective of their source or status of the referrer. Every opportunity will be given to patients, particularly with health or emotional needs to make a complaint. Although it is helpful to receive complaints in writing, this would not preclude complaints made in braille, video or audio cassette. Assistance should be offered to patients whose first language is not English. The Complaints Manager should explore all avenues to enable all patients/carers to have access to the complaints procedure.
- 5.19 Contact with the complainant to clarify the complaint or to discuss the findings of an investigation is encouraged. A written record will be kept of all meetings and conversations, and their outcome confirmed by the appropriate Departmental or Service Head.
- 5.20 Departmental or Service Heads are responsible for informing members of staff involved in a complaint of any allegation which affects them as soon as possible, and advising them of their right to seek the support of a professional association or trade union.
- 5.21 It should be made clear to staff that all material relating to a complaint will be made available to all personnel involved in investigating the complaint. This may include external investigations e.g. Healthcare Commission Reviews or the Health Service Ombudsman. Staff statements should be prepared in accordance with the example in Appendix 2D(i) and included within the complaint file. Particular attention should be paid to the standard of electronic mail messages about complaints and hard copies should be retained on the complaint file.
- 5.22 The PCT welcomes complaints and in the majority of cases will work with staff to rectify the problem that gave rise to the complaint. It is very important to create a "no blame" culture that encourages problems to be raised and dealt with constructively. However there may be circumstances where there is the need for disciplinary action in accordance with the PCT's disciplinary procedure. If this situation occurs it may be appropriate to suspend the complaints process until the disciplinary process has been completed, and this decision will be taken by the Chief Executive.
- 5.23 When a mistake has been made or there has been a failure to meet required standards, this should be clearly stated in the response to the complainant and an appropriate apology given. In circumstances where there is a possibility that this may constitute an admission of legal liability, advice must first be sought from the PCT's Litigation Advisor. The complainant should also be informed of any action taken in order to prevent a recurrence of similar problems.

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5.24 Complaint documents of all kinds should be retained for at least ten years after the last active episode. They should be treated as confidential documents and kept separate from health records.

5.25 In exceptional cases, a complainant may be considered as "vexatious" in view of their personal behaviour or method of pursuing their complaint. A special protocol for dealing with these rare situations is shown in Appendix 1, which includes a definition of an unreasonable complainant.

## 6.0 Training

6.1 All staff will be expected to have a working knowledge of the Complaints Procedure and will receive training as part of their induction.

6.2 It should be made clear to staff that all material relating to a complaint will be made available to all personnel involved in investigating the complaint. This may include external investigations e.g. Healthcare Commission or the Ombudsman. Particular attention should be paid to the standard of electronic mail messages about complaints and hard copies should be retained.

6.3 It is the responsibility of all line managers to ensure that the lessons learned from complaints are used as part of the continuing professional development of all staff.

6.4 The Healthcare Governance Committee will highlight the issues raised by complaints, serious untoward incidents and clinical incidents with the aim of ensuring continuous improvement of the services offered by the PCT.

## 7.0 Complaints Procedure - Local Resolution

7.1 The Primary Care Trust's local resolution procedure is designed to resolve:

- Complaints about the Primary Care Trust itself;
- Complaints about the PCT's staff;
- Complaints about a service or treatment provided by the PCT; and
- Complaints about a PCT commissioning (purchasing) decision where this has personally affected an individual.

7.2 It is not designed to resolve:

- Complaints made by an NHS body which relates to the exercise of its functions by another NHS body;
- Complaints made by a primary care provider which relates either to the exercise of its functions by an NHS body or to the contract or arrangements under which it provides primary care services;
- Complaints made by an employee of an NHS body about any matter relating to his contract of employment;
- Complaints made by an independent provider or an NHS foundation trust about any matter relating to arrangements made by an NHS body with that independent provider or NHS foundation trust;



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- Complaints which relate to the provision of primary medical services in accordance with the arrangements made by a PCT with a Strategic Health Authority under section 28C of the 1977 Act or under a transitional arrangement;
- Complaints which are being or have been investigated by the Health Service Commissioner (Ombudsman);
- Complaints arising out of an NHS body'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;
- Complaints about which the complainant has stated in writing that he intends to take legal proceedings; and
- Complaints about which an NHS body is taking or is proposing to take disciplinary proceedings in relation to the substance of the complaint against a person who is the subject of the complaint.

- 7.3 Oral and informal complaints should, whenever possible, be resolved at the time by front line staff. A log must be kept of these complaints and the action taken. However, in situations where front line staff are unsure about the seriousness of the complaint, advice should always be sought from the Departmental or Service Head or the Complaints Manager. A record of the complaint should be commenced at this stage.
- 7.4 All written complaints, together with those identified as serious in the paragraph above, must be passed to the Complaints Manager and acknowledged in writing within two working days of receipt, followed up by a full response within twenty-five working days. Where a complaint was made orally, the acknowledgement must be accompanied by the written record with an invitation to the complainant to sign and return it. A copy of the PCT's Equality & Diversity Monitoring Form will be sent to the complainant at either the acknowledgement or formal response stage, dependent on when the Complaints Manager feels it is most appropriate. (See Appendix 2C) The Complaints Manager will include a copy of the PCT's information leaflet about the complaints process with the letter of acknowledgement, along with a copy of the Independent Complaints Advisory Service (ICAS) leaflet.
- 7.5 The Complaints Manager will record receipt of the complaint in the Trust's computerised complaints system and then send a copy of the complaint to the Departmental or Service Head responsible for co-ordinating the investigation and preparing the draft response within 15 working days.
- 7.6 If it is not possible to respond within the prescribed time scale, the Complaints Manager should keep the complainant informed of progress and, if appropriate, reasons for any delay and a revised timeframe.
- 7.7 After investigating the complaint, the Departmental or Service Head will carry out the following actions:
- prepare a draft letter to the complainant from the Chief Executive and send it to the Complaints Manager;
  - forward copies of all correspondence, reports and statements for inclusion within the complaint file.
- 7.8 The final response letter will be written in the first person singular and will avoid the use of jargon. Clinical terms are appropriate if accompanied by an explanation or used by the complainant themselves.

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- 7.9 It is imperative that the final response should be comprehensive and include the final paragraph shown in Appendix 2B(v). However, responses to complainants must be regarded as personal letters and should avoid clumsy or inappropriate standard phrases.
- 7.10 The final response letter will be sent to the Complaints Manager within fifteen working days from the date the complaint was received by the PCT. The Complaints Manager will link the letter to the relevant complaint file and prepare it for the Chief Executive's signature.
- 7.11 The final response will be signed by the Chief Executive and sent to the complainant within twenty-five working days. A copy of the final response will be sent to the Departmental or Service Head by the Complaints Manager.

## **8.0 Complaints Against Staff**

- 8.1 The PCT welcomes complaints and will work with staff to rectify the problem that gave rise to the complaint. The PCT will adopt a blame-free culture when dealing with complaints that encourages problems to be raised and dealt with constructively.
- 8.2 The PCT acknowledges that staff being complained against and those involved in the complaints process may be put under considerable stress. Department and Service Heads are responsible for informing members of staff involved in a complaint of any allegation that affects them as soon as possible. Appropriate support will be provided as necessary, including that from peer groups and line managers; counselling; and advising them of their right to be accompanied by a professional association or trade union representative or work colleague.
- 8.3 The Department or Service Head must ensure that any member of staff involved in the complaint; is included in the resolution of the complaint; sees a copy of the complaint and draft response and receives a copy of the final response.
- 8.4 If any complaint received indicates a need for referral to any of the following:
- (i) An investigation under the disciplinary procedure;
  - (ii) One of the professional regulatory bodies;
  - (iii) An independent inquiry into a serious incident under Section 84 of the National Health Service Act 1977; or
  - (iv) An investigation of a criminal offence,

the person in receipt of the complaint should at once pass the complaint to the Complaints Manager, who will ensure that it is passed on to a suitable person who can make a decision as to whether to initiate such action. This reference may be made at any point during any stage of the complaints procedure. However, investigation of other aspects of the complaint will only be taken forward if they do not, or will not, compromise or prejudice the concurrent investigation.

- 8.5 Where it is decided to take any action under (i) – (iv) above before a complaint investigation has been completed, a full report of the investigation thus far should be made available to the complainant. The complainant should be informed of the expected timeframe of the other investigative process and kept informed of progress. When that process is complete a

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further response should be sent to the complainant, outlining the outcome and any actions to be taken, being mindful of patient and staff confidentiality at all times.

- 8.6 When any action under (i) – (iv) has been concluded, that part of the original complaint which had been referred to a different procedure should only recommence through the NHS complaints procedure where there are outstanding matters in the complaint that have not been resolved.
- 8.7 In the event that a complaint might result in disciplinary action, the Human Resources (HR) Department must be involved so that appropriate advice can be given in relation to the Disciplinary Procedure.
- 8.8 The Health Service Commissioners Act 1993 gives staff employed by the NHS the right to complain to the Health Service Ombudsman for England (the Ombudsman) if they consider they have suffered hardship or injustice as a result of the complaints procedure. Staff will be expected to have pursued the PCT's Grievance Procedure before approaching the Ombudsman.
- 8.9 Should a complaint involve a member of staff employed by another organisation, the employing organisation would need to be advised of the complaint and that organisation's disciplinary procedure would apply.

## 9.0 Interagency Complaints

- 9.1 Complaints that span the PCT, other NHS services and/or social services are to be investigated in line with the NHS (Complaints) Amendment Regulations 2006. There should be full co-operation in seeking to resolve the complaint using the protocol agreed between the Hampshire PCTs and Trusts and social care agencies. The Hampshire-wide protocol is attached at Appendix 2A. Please note that this protocol was agreed in 2003/4 hence the reference to organisations which have since been re-organised/renamed.

## 10.0 Complaints Procedure – Healthcare Commission Review

- 10.1 If the complainant remains dissatisfied with the response from the PCT, they can write to the Healthcare Commission within six months of receipt of the final response letter, requesting that an Independent Review of the complaint be considered. A complainant may be dissatisfied because:
- they feel the initial investigation was inadequate, incomplete or unsatisfactory;
  - they have reason to believe that the underlying issues, which led to the complaint, have not been fully uncovered or understood; or
  - they feel that the response did not address all the issues raised by the complaint, for example, if more than one organisation was involved.
- 10.2 The Healthcare Commission is responsible for reviewing formal complaints about the NHS in England that have not been resolved by the NHS organisation or practitioner about whom a complaint has been made. The Healthcare Commission also has responsibility for reviewing complaints about services provided by the private sector where they are providing an NHS funded service.

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- 10.3 **Initial Review** – a member of the Healthcare Commission’s complaints team will be allocated to the complainant’s case and will review the issues it raises, with the help of expert advice if necessary. A letter, with their decision and any recommendations, will be given to the complainant and the organisation or practitioner to whom the complaint relates. The Healthcare Commission will say if further investigation is necessary.
- 10.4 **Investigation** – if the Healthcare Commission decides to investigate the complaint further, the investigation’s terms of reference will be agreed with the complainant. The complainant and the organisation or practitioner to whom the complaint relates will receive a full report of their findings at the end of the investigation.
- 10.5 **Panel Review** – If the complainant is unhappy with the outcome of the investigation, they have the right to request an independent panel to hear their concerns. The panel will consist of three members of the public, who are not connected to the NHS but who have been specially trained to deal with NHS complaints. The panel will hear their complaint and the views of the organisation or practitioner concerned. They may make recommendations for resolution or for improving services where appropriate.
- 10.6 Complaints that cannot be resolved by the Healthcare Commission may be referred to the Health Service Ombudsman for England.
- 11.0 Monitoring and Control**
- 11.1 A computerised complaints database will be kept at PCT level and be available for inspection by the Strategic Health Authority and the Healthcare Commission. This will record the following information:
- summary of complaint;
  - date complaint acknowledged;
  - date response sent to complainant;
  - outcome of investigations;
  - action taken to prevent recurrence.
- 11.2 Quarterly reports that:
- specify the number of complaints received;
  - identify the subject matter of those complaints;
  - summarise how they were handled including the outcome of the investigations; and
  - identify any complaints where the recommendations of the Healthcare Commission were not acted upon, giving the reasons why not,
- will be submitted by the Complaints Manager to the Healthcare Governance Committee and PCT Board.
- 11.3 The PCT's Healthcare Governance Committee will monitor the complaints handling process and consider trends in both the number and type of complaints received. It will also scrutinise the follow up actions taken as the result of complaints.
- 11.4 The Complaints Manager will provide information about complaints for the PCT Annual Report, the Strategic Health Authority and the Healthcare Commission.
- 11.5 The Complaints Manager will provide information to the Department of Health on central return **KO41(A & B)** each year.

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## POLICY FOR HANDLING UNREASONABLE COMPLAINANTS

### 1.0 Introduction

- 1.1 This policy is necessary for managing the very small minority of complainants who are unreasonable in their expectations of the NHS complaints procedure. This policy should only be considered when all other avenues have been exhausted and then always in line with the NHS complaints procedure. All possible assistance will be employed, including Advocacy Services and Patient Advice and Liaison Service before the policy is invoked.

### 2.0 Definition Of An Unreasonable Complainant

- 2.1 Complainants (and/or anyone acting on their behalf) may be deemed to be unreasonable where previous or current contact with them shows that they meet two or more of the following criteria:

Where complainants:

- Persist in pursuing a complaint where Stage 1 of the NHS Complaints Procedure (Local Resolution) has been fully and properly implemented and exhausted and the complainant is unwilling to move to the next stage and refer their complaint to the Healthcare Commission.
- Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints, consideration should be given to agencies that may assist the complainants with making their complaint.
- Are unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, General Practitioner manual or computer records, or nursing records, or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of staff and, where appropriate, the ICAS or other agencies to help them specify their concerns, and/or where the concerns identified are not within the remit of the PCT to investigate.
- Focus on a trivial matter to an extent, which is out of proportion to its significance, and continue to focus on this point. (It is recognised that determining what is a 'trivial' matter can be subjective and careful judgement must be used in applying this criterion).
- Have threatened or used actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication. (All such incidents should be documented).
- Have in the course of addressing a registered complaint, had an excessive number of contacts with the PCT placing unreasonable demands on staff. (A contact may be in

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person or by telephone, letter, e-mail 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).

- 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. They should document all incidents of harassment).
- Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of the other parties involved. (The tape recording of a telephone conversation without consent may amount to a criminal offence contrary to Section 1 of the Regulation of Investigatory Powers 2000).
- 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).

### 3.0 Options For Dealing With Habitual Or Unreasonable Complainants

3.1 Where complainants have been identified as habitual or unreasonable in accordance with the above criteria, the Chief Executive and Chairman (or appropriate deputies in their absence) will determine what action to take. The Chief Executive (or deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as habitual or unreasonable 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, Conciliator, ICAS, Member of Parliament. A record must be kept for future references of the reasons why a complainant has been classified as habitual or unreasonable.

3.2 The Chief Executive and Chairman (or deputies) may decide to deal with complaints in one or more of the following ways:-

- Try to resolve matters, before invoking this policy, by drawing up a signed “agreement” with the complainant which sets out a code of behaviour for the parties involved if the PCT 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 unreasonable complainants, copy this policy to them, and advise them to take account of the criteria in any further dealings with the PCT. In some cases it may be appropriate, at this point, to suggest that complainants seek advice in processing their complaint, e.g. through the ICAS or other agencies.
- Decline contact with the complainants either in person, by telephone, by fax, by letter, by e-mail or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to 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).

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- Notify the complainants 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 service no useful purpose. The complainants should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- Inform the complainants that in extreme circumstances the PCT reserves the right to pass unreasonable complaints to the PCT's solicitors.
- Temporarily suspend all contact with the complainant or investigations of a complaint whilst seeking guidance from the Strategic Health Authority or legal advice, or other relevant agencies.

#### **4.0 Withdrawing Habitual Or Unreasonable Status**

- 4.1 Once complainants have been determined as habitual or unreasonable there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach

Or

if they submit a further complaint for which normal procedures would appear appropriate. Staff should previously have used discretion in recommending habitual or unreasonable status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief Executive and/or the Chairman (or their deputies). Subject to their approval, normal contact with the complainants and application of NHS complaints procedures will then be resumed.

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## PROCEDURES

### A Interagency Protocol

### B Complaints Management Procedures

- (i) File Management Protocol
  - a. Complaint Handling Investigation Sheet
  - b. Complaint Action Plan
  - c. Complaint File Summary Sheet
  - d. Complaint Grading Matrix
- (ii) Complaints Flow Chart
- (iii) Patient Consent
- (iv) Verbal Complaint Proforma and Acknowledgement Letter
- (v) Final Paragraphs

### C Equality & Diversity Monitoring

### D Training

- (i) Guidelines for Staff on Writing a Statement
- (ii) Complaints Handling Guide for Staff
- (iii) Informal Complaints Contact Sheet
- (iv) E-Training Tool



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**PROTOCOL FOR THE HANDLING OF INTER-ORGANISATION COMPLAINTS IN NHS AND  
SOCIAL SERVICES  
HAMPSHIRE AND THE ISLE OF WIGHT**

## 1.0 Aim

- 1.1 To provide a framework for dealing with complaints involving more than one of the participating organisations and, where possible, to provide a joint reply.

## 2.0 Organisations Involved

### NHS Trusts

Hampshire Ambulance NHS Trust  
 Frimley Park Hospital NHS Trust  
 Surrey Hampshire Borders NHS Trust  
 North Hampshire Hospitals NHS Trust  
 West Hampshire NHS Trust  
 Winchester and Eastleigh Healthcare Trust  
 Portsmouth Hospitals NHS Trust  
 Isle of Wight Healthcare NHS Trust  
 Southampton University Hospitals NHS Trust

### PCTs

Hampshire PCT  
 Southampton City PCT  
 Portsmouth City Teaching PCT  
 Isle of Wight PCT

### Social Services

Southampton City Council Social Services  
 Portsmouth City Social Services  
 Hampshire County Council Social Services  
 Isle of Wight Social Services

## 3.0 Background

- 3.1 Inter-organisational complaints (also known as interface, mixed sector, cross boundary or multi-agency) can be daunting for the complainant and confusing for the organisations involved. Examples of how such complaints could arise are given at Appendix 1 of this protocol.
- 3.2 Communication between organisations must be timely to prevent delays to local resolution. At worst patients/clients could suffer and accusations of maladministration could be upheld. This framework is written to clarify and speed up the process of dealing with mixed sector complaints in Hampshire and the Isle of Wight. It is written in the spirit of joint working but with the constraints imposed by the separate statutory procedures governing Health and Social Services complaints.

## 4.0 Framework

- 4.1 Complaints will be acknowledged by the receiving organisation within two working days.
- 4.2 In the event of several organisations receiving the complaint as an apparent original, contact will be made with the other organisations and a decision made as to which will be the 'receiving organisation'.
- 4.3 The receiving organisation will clarify the complaint, check the authorisation and seek consent to copy the complaint to other organisations involved in the complaint. The consent of the patient/client must be obtained so that records can be accessed. The complainant will be

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asked to complete and return a consent form as soon as possible. (see Appendix 2 of this protocol)

- 4.4 A copy of the complaint letter and the receiving organisation's response will be sent to the other organisations involved in the complaint immediately.
- 4.5 The receiving organisation will confirm to the complainant a named person, address and telephone number to identify where each part of the complaint is being investigated. This letter will also confirm registration of the complaint and will be copied to other organisations involved in the complaint.
- 4.6 Each organisation will investigate in accordance with its own procedure, keeping the receiving organisation informed of progress.
- 4.7 Each organisation will carry out its own investigation and its Chief Executive or appropriate signatory will sign off their response and forward it to the receiving organisation within a specified timescale.
- 4.8 The receiving organisation will obtain responses from all the organisations involved and co-ordinate them into a final response to the complainant, unless the complainant indicates otherwise
- 4.9 Should a conflict between organisations be identified by the receiving organisation, the receiving organisation will ensure this is discussed between the organisations concerned.
- 4.10 The receiving organisation will not have editorial licence to alter the content of the responses from those responding without their explicit agreement. The final response from the receiving organisation to the complainant MUST be approved, within an agreed timescale, by respondent organisations before being dispatched.
- 4.11 If a comprehensive response is not possible, due to delayed information from one or more organisations, the receiving organisation will complete a response with the available information, indicating that the outstanding response(s) will follow separately and directly from those organisations. Those subsequent responses will be copied to all other organisations involved.
- 4.12 If a delay is likely to occur, the receiving organisation must be informed immediately. The receiving organisation will be responsible for informing the complainant.
- 4.13 The Chief Executive or appropriate signatory will sign off the final response from the receiving organisation to the complainant.
- 4.14 The final response should include contact details of the receiving organisation, which will ensure that any follow up from the complainant is acknowledged and passed to the relevant organisation(s)

## 5.0 General Points:

- a) Each organisation will have a single contact officer for liaison, who will co-ordinate any requests for information within the protocol. The liaison officer will usually be the staff member responsible for handling complaints for each organisation.
- b) Organisations will comply with the time-scales laid down within the complaints procedure of the receiving organisation:

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- FHS 10 working days
  - NHS 25 working days
  - Social Services 25 working days
- c) If one organisation is unable to provide a response within the agreed timescale, the receiving organisation may send an interim response, giving an explanation for the reasons for the delay. Each case to be discussed on its own merits.
- d) Where possible the organisations involved should consider joint conciliation/mediation with the complainant to resolve the complaint. Each case to be discussed on its own merits. Costs will be shared between the organisations involved.
- e) If stage two of the NHS/Social Services procedure is requested, the organisations will liaise but act separately, keeping the complainant informed.
- f) The operation of the Protocol should be reviewed at least every twelve months or when statutory changes dictate. This review will take place within appropriate local groups. All organisations are encouraged to include the data on joint complaints in their annual reports.

All organisations have agreed that they will co-operate with the receiving organisation in accordance with Social Services Department Complaints Procedures and NHS Complaints Procedures.

## APPENDIX 1

### Examples of Mixed Sector Complaints

1. Complaints which from the outset cover several areas, some of which are NHS responsibility while others are LASS e.g. multi-disciplinary team working.
2. Complaints which start off as being about one organisation but investigations reveal possible failings by the other, e.g. hospital discharge arrangements.
3. Complaints which are about one organisation but arise from that organisation's decision not to accept an assessment/recommendations of the other e.g. continuing care.

## APPENDIX 2

### Sample Letters

#### 1. Sample Acknowledgement letter for Joint Protocol

Dear,

Thank you for your letter of .....regarding your concerns about..... I am very sorry to learn of.....and I will arrange an investigation into these matters.

The points you highlight, however, appear to involve the following organisations/services:

- organisation A
- organisation B

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I will need to liaise with \*this organisation/these organisations in order to ensure you have a full response to your complaint. This may involve sharing information contained in your clinical records, but please be assured this would be only insofar as to respond to your complaint/s.

\*I note that your complaint is being made on behalf of ..... Under such circumstances, I am obliged under the Data Protection Act to seek consent to ensure that we may pass on information which we may need to take from ..... 's clinical records.

\*While I note that you are making this complaint about your experience, it does relate to .....admission/discharge/treatment and we would only be able to respond in detail by obtaining information contained in ..... 's clinical records. I am therefore sending you a consent form authorising us to respond to this aspect of your complaint.

It is normal practice to send you one detailed response, which covers all the issues of your complaint, and you are entitled to receive this within 25 working days. If, however, you have any concerns about the joint information sharing and you would prefer to have a separate response from each organisation, kindly let me know.

To be signed by Chief Executive/complaints officer of receiving organisation in accordance with local arrangements

## 2. Sample Consent form:

I...(name and address and d.o.b)..... hereby agree that my records may be accessed and passed to

Social Services )  
 XXXX NHS Trust )  
 YYYY Organisation )

So that the complaint concerning.....may be fully investigated. I understand that this can continue up to the completion of the Complaints procedure.

## 3. Sample Letter of joint response

Dear

Further to my letter of .....acknowledging your complaint of .....  
 I am writing to inform you of the result of the investigation into your complaints about the actions of X and Y.

Your complaints have been fully investigated and I am now able to respond as follows:

*Body of text - responses from each organisation*

In addition we would like to make the following comments about *any joint complaints* and *general joint conclusion*.

*Body of text*

As a result of your complaint the following actions/recommendations have been made

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*Body of text*

I do hope that you will now consider the matter closed. However should you be dissatisfied with the outcomes of these investigations you can ask for your complaints to be reviewed further. Unfortunately, because of national legislation, Health and Social Services have different procedures for doing this. However if you write to me at the above address, I will ensure that your comments are passed to the relevant organisations, which will then contact you direct.

In line with NHS (Complaints) Regulations 2004 and Amendments 2006, the Chief Executive of any involved Primary Care Trust or NHS Trust must sign off the part of the response relevant to their organisation.

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## PROTOCOL FOR THE MANAGEMENT OF COMPLAINTS FILES

### 1. GOOD PRACTICE GUIDANCE

A complaint file has the same status as any other created by the healthcare organisation. It is a public record, its contents are confidential and an individual (usually the designated Complaints Manager) is responsible for making sure that it is maintained to an appropriate standard.

The purpose of this protocol is to offer guidance to staff about establishing a process on management of complaints files and appropriate standards for creating, maintaining and disposing of files relating to complaints.

### 2. CREATING A FILE

Once the need for a file has been identified, the Complaints Department will create a file indicating the name of the complainant (not the name of the patient unless they are the same person). The date on which the file was created should be clear. It should also bear a reference that marks its place in the file library maintained by the Complaints Department.

A complaint file comprises all information relating to individual complaints. This information should encompass:

- Correspondence received from and sent to the complainant (including the letter of complaint, acknowledgement and response), together with any other relevant correspondence between any parties about matters related to the complaint
- Copy of consent form, if appropriate
- Copy of notes of interviews with staff
- Copy of incident reports/staff statements, if appropriate
- Copy of the report of the investigation/draft response relating to the investigation
- Copy of notes taken at local resolution meetings
- Copy of the relevant section from clinical records, together with any other clinical information, if appropriate
- File notes, emails etc relating to any communications in respect of the complaint
- Copy of the completed action plan detailing any actions taken as a result of the complaint including any further correspondence with the complainant.

The complaint file will also include various complaints handling information sheets:

- Form A - Complaint handling sheet ) Both of these forms are sent to
- Form B - Complaint action plan ) the investigating manager.
- Form C - Complaint file summary sheet ) These 2 forms are included within the
- Form D - Complaint grading matrix. ) complaints file.

The complaints file management is linked to:

- The NHS (Complaints) Regulations
- The PCT's Complaints Policies and Procedures
- Data Protection Act 1998
- Freedom of Information Act 2000
- Caldicott Principles.

The complaints file will be the master file for the investigation of all complaints.

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### 3. INVESTIGATING MANAGER'S FILE

The investigating manager should set up a working file for the purposes of the investigation. The working file should include:

- The text of the complaint made in the first place and any papers that carry any subsequent clarification or amendment to the complaint.
- A copy of the complaints handling sheets/information sheets and action plan given to the manager by the Complaints Department.
- A copy of any information given to the complainant by the Complaints Department or PALS, about the investigation process and who will be involved in it (this will take the form of complaints handling sheets).
- A list of staff involved in the complaint, including full name, role and contact details.
- Any statements from staff involved in the complaint or who witnessed the event.
- Record of any interviews held with anyone who witnessed or was involved in the event.
- Notes made in the course of the investigation, including incident reports etc.
- A copy of the report of the investigations/draft response.
- A copy of the final version of the response to the complainant.

Investigating managers should provide all staff involved in a complaint with a copy of the complaint together with a copy of the response to the complainant. Staff should also be provided with a copy of the notes of any meetings with the complainant or interviews with the manager in which they are involved.

All completed action plans detailing changes made as a result of a complaint investigation should be returned to the Complaints Department for inclusion within the quarterly report to the Governance Committee and Board.

The contents of investigating managers' working files should be forwarded to the Complaints Department at the conclusion of the investigation.

### 4. STORAGE AND RETRIEVAL

All complaints files should be kept in a secure environment, (fire resistant lockable cabinets, password protected electronic files), designated for the purpose. Complaints files should be accessible only to those directly responsible for investigating and responding to complaints. Files should be shared between those needing to use them rather than copied, and so increase the risk of compromising confidentiality.

### 5. DISPOSING OF FILES

The minimum recommended period of retaining a complaint file is presently 10 years from the date on which action was completed. The principles outlined in paragraph 8 above apply equally to remote storage and retrieval. Files must be disposed of under confidential conditions.

### 6. TRAINING AND DEVELOPMENT

The Complaints File Management Protocol will be included within all PCT complaints training packs distributed at training sessions. It will also be available to staff on the Intranet.

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**Complaint Handling - Investigation Sheet****FORM A**

Service Manager:

Directorate:

Name of Complainant:

Date:

To:

From:

The attached letter has been received by the PCT and has been registered as a formal complaint under the NHS (Complaints) Regulations 2004 and Amendments 2006. An investigation of the issues raised in the letter needs to be undertaken now (or may already be in progress) by the line manager/service director (depending on the arrangements in place within your directorate). Please could you ensure that the draft response prepared covers the following points:

- **A summary of the nature and substance of complaint**
- **Describes investigation and summarises conclusions**
- **Contains an appropriately worded apology where indicated**
- **Explains what action will or has been taken to resolve the complaint**
- **Identifies what action/change, if any, will be taken in the light of the complaint**
- **Reassures the patient, if necessary that their care and service provision will not be affected by them having made a complaint.**

If the investigation into the complaint involves a member of staff, please ensure they see a copy of the draft and final response letter as outlined in the extract from the PCT Complaints Policy below.

8.2 *The PCT acknowledges that staff being complained against and those involved in the complaints process may be put under considerable stress. Department and Service Heads are responsible for informing members of staff involved in a complaint of any allegation that affects them as soon as possible. Appropriate support will be provided as necessary, including that from peer groups and line managers; counselling; and advising them of their right to be accompanied by a professional association or trade union representative or work colleague.*

8.3 *The Department or Service Head must ensure that any member of staff involved in the complaint; is included in the resolution of the complaint; sees a copy of the complaint and draft response and receives a copy of the final response.*

A copy of any notes taken of interviews with staff should be forwarded to the Complaints Department for inclusion within the main complaint file at the conclusion of the investigation.

Please investigate the complaint and supply a draft letter to me via email for the Chief Executive's signature by:

**People Involved – due to the complexity of the complaint it has also been shared with the following people. You may wish to liaise with them to enable you to draft a co-ordinated response:**

.....

If you are unable to adhere to the above deadlines please let me know (along with the reason) so I can explain the reasons for the delay to the Complainant.

**Under the NHS Complaints Procedure Legislation, the PCT has a responsibility to acknowledge the letter within 2 working days and for the Chief Executive to respond fully within 25 working days. The PCT is performance managed on these standards.**

**AS INVESTIGATING MANAGER DO YOU NEED TO INFORM:**  
**HUMAN RESOURCES                      RISK MANAGER                      COMMISSIONING**



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**Complaint Action Plan****FORM B**

<b>Complainant Name:</b>	<b>Complaint Ref:</b>
<b>Details of Complaint:</b>	
<b>Details of Person completing action plan:</b> Name: Title: Date:	
<b>Action Plan agreed by Manager:</b> Name: Title: Date:	
<b>Reflection - Issues raised by complaint:</b>	
<b>Assessment:</b> eg - Areas of improvement identified - Educational/training needs identified	
<b>Action: Indicate what short and long term steps are required in an effort to prevent recurrence of the complaint and/or what improvements or changes have already been made.</b>  Action required:  By whom: Target date:	
<b>Reporting</b> Anonymised data is used by the PCT for governance and risk management purposes and reported to the Board. The following information is necessary to fulfil our accountability arrangements.  What lessons have been learnt from this incident? How will we demonstrate improvement?:	
<b>Please complete and return this form to the Complaints Manager by:</b>	



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**Grading of Complaints - Matrix****Complaint Ref No****FORM D**

Determine the apparent outcome from Table 1.

**Table 1. Outcome of incident in terms of harm**

<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Serious</b>	<b>Major</b>	<b>Fatality/ies</b>
0	1	2	3	4	5

Then determine future potential

**Table 2. Future potential of similar incident**

Level	Descriptor	Negligible 0	Minor 1	Moderate 2	Serious 3	Major 4	Fatality/ies 5
0	Impossible						
1	Rare						
2	Unlikely						
3	Moderate						
4	Likely						
5	Almost Certain						

Multiply the outcome by the future potential for grading score. **Complaint Score:** .....

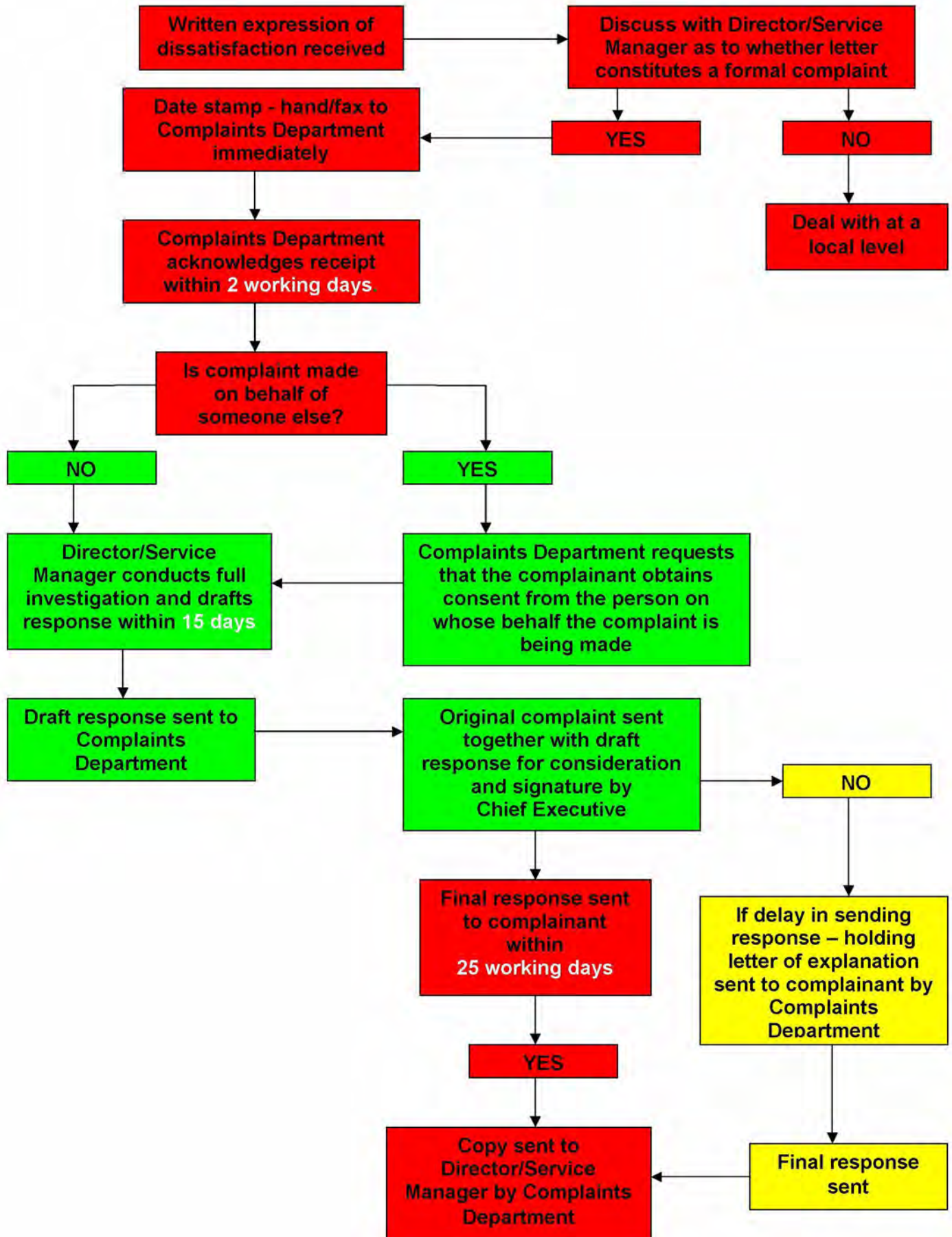
Descriptor	Description
<b>Negligible</b>	No injuries or little or no financial loss
<b>Minor</b>	First aid treatment, low financial loss, moderate financial loss, some loss of reputation
<b>Moderate</b>	Medical treatment required, moderate environmental implications, moderate financial loss, moderate loss of reputation, moderate business interruption
<b>Serious</b>	Serious injuries to one or persons, serious environmental implications, serious financial loss, serious loss of reputation, serious business interruption
<b>Major</b>	Excessive injuries, major environmental implications, major financial loss, major loss of reputation, major business interruption
<b>Fatality/ies</b>	Death or multiple deaths involving any persons, potential closure of PCT

Level	Descriptor	Description
0	<b>Impossible</b>	The event cannot happen under any circumstances
1	<b>Rare</b>	The event may occur only in exceptional circumstances
2	<b>Unlikely</b>	The event could occur at some time
3	<b>Moderate</b>	The event should occur at some time
4	<b>Likely</b>	The event will probably occur in most circumstances
5	<b>Almost certain</b>	The event is expected to occur

- **High risks (15 to 25):** immediate action required. A Director must be informed and he/she will take responsibility for immediately planning action
- **Significant risks (8 to 12):** urgent senior management attention needed. Managers are empowered to treat risks locally if they have a score of less than 15 and control measures are within delegated financial limits. Within one month an appropriate action point must be agreed, usually with a deadline for completion of no more than 6 months.
- **Moderate risks (4 to 6):** the relevant manager must allocate specific responsibility for risk assessment and action planning to a named person. Usually, deadline for completion will be within 6 to 24 months and will depend on resource availability.
- **Low risks (1 to 3):** can be managed by routine procedures.

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### NHS COMPLAINTS PROCEDURE FLOWCHART



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## PATIENT CONSENT

### DISCLOSURE OF PATIENT INFORMATION

It may be necessary during the course of the complaint investigation to disclose patient information to those who are involved in the investigation of the complaint.

It would therefore be helpful if you could give your consent for the disclosure of your information, including clinical records, by completing and returning the consent form below.

### PATIENT CONSENT FORM

I give my consent for all relevant information and documents submitted in connection with my complaint to be disclosed to those people who have a demonstrable need to know this information for the purpose of investigating the complaint.

Signed: ..... *(Please print name)*.....

Date: .....

### CONSENT FOR SOMEONE TO ACT ON MY BEHALF IN MY COMPLAINT

I give my consent for ..... *(Please print name of representative)* to act on my behalf in the complaint.

Signed: ..... *(Please print name)* .....

Date:

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### WRITTEN RECORD OF VERBAL COMPLAINT

**Name of Complainant:**

**Address:**

**Home Tel No:**

**Mobile Phone No:**

**Date:**

**Complaint details**

**Signed:** ..... (Name).....

**Date:** .....

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Ref

Date

**PRIVATE AND CONFIDENTIAL  
ADDRESS**

Dear

I should like to thank you for your telephone call today in which you made a verbal complaint relating to ..... I was sorry to learn that .....

I have attached a written record of your complaint, which if you consider is an accurate account of your concerns, could you please sign and return to me in the envelope provided. If, however, you wish to make any alterations please let me know (*insert telephone number*) and I will make the appropriate amendments.

I would confirm that your complaint has been registered and that an investigation into the issues you have raised has commenced. In line with the NHS Complaints Procedure, our Chief Executive will forward a full response to you within 25 working days.

I am enclosing, for your information, a copy of the PCT's complaints leaflet together with a copy of the Independent Complaints Advocacy Service (ICAS) leaflet. ICAS is an organisation that provides support to people if they have a complaint regarding NHS treatment.

Yours sincerely

Enc

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## FINAL PARAGRAPHS

### Final Paragraphs When Further Local Resolution Offered

I do hope that the above explanation provides a satisfactory response to the concerns that you raised. However, if there are any issues that remain unresolved or if you have any queries regarding any of the points mentioned above, please do not hesitate to write and let me know.

You also have the right to ask the Healthcare Commission to review your case should you remain dissatisfied following any further investigation. This should be done within 6 months of the conclusion of local resolution. You can contact the Healthcare Commission on **020 7448 9200** or write to them at: **The Healthcare Commission, Complaints Team, Peter House, Oxford Street, Manchester, M1 5AN.** Or visit them at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)

### Final Paragraphs When Local Resolution Exhausted

I hope that you feel the above explanation addresses the issues contained within your complaint and has served to resolve your concerns. I would inform you that this concludes the Primary Care Trust's local resolution process.

If, however, you are not satisfied with this response you may request that the Healthcare Commission considers your complaint. This should be done within 6 months of the date of this letter. You can contact the Healthcare Commission on **020 7448 9200** or write to them at: **The Healthcare Commission, Complaints Team, Peter House, Oxford Street, Manchester, M1 5AN.** Or visit them at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk)



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## EQUALITY & DIVERSITY MONITORING

### Frequently Asked Questions

#### **Why is this data required?**

To meet the requirement of the Race Relations (Amendment) Act 2000, Age Discrimination Act 2006 and Disability Discrimination Act 2005 and to be able to identify and ensure that there is no disparity or discrimination in the provision of services to the population served by the organisation.

#### **Why do you want to monitor this information?**

The PCT is committed to providing services that meet the needs of **ALL** patients. We collect ethnicity and disability data in order to help us:

- identify who is using our services and the volume of services that are required
- see whether our services are sensitive to meet the needs of different people
- make changes to services so that everyone can use them, and
- plan what services should be provided in future.

#### **Disability Monitoring**

Disabled people – people with physical, sensory, learning or psychiatric impairments or other long-term health conditions – make up about 22% of all adults and a far higher proportion of primary care service users. It is not possible for the PCT to deliver the NHS Improvement Plan without considering the needs of disabled people. Improving services for disabled people can also bring about improvements in services for all primary care users. Disabled users may have impairments which can make it particularly difficult for them to exercise choice and access appropriate services – and if our services can be responsive to their needs and wishes, then they will also be responsive to people who face less significant obstacles.

#### **Ethnicity Monitoring - How do I decide my ethnic group?**

The categories are those recommended by the Commission for Race Equality and are as used in the national Census. By using the same categories across the NHS we will be able to compare our data in a meaningful way.

If you feel that none of the descriptions apply to you, there is an option under “other ethnic” that you may use. A fundamental principle of ethnic data collection is that the person to be classified (in this instance the patient) is responsible for classifying himself or herself and that the reply is their own perception of their ethnic category.

The information is voluntary and if you do not wish to give your ethnicity, you will not be disadvantaged in any way and you should choose the option “Not Stated”.

#### **Is this information confidential?**

Yes, the information that you give will be kept confidential and is protected by the Data Protection Act 1998.

It will not be used for any purpose other than monitoring how health services are used and planning service developments and changes. Neither the service you have complained about nor the staff involved will have access to the form you return.

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## PATIENTS/CLIENTS MONITORING

*It is not obligatory to complete this form*

The Hampshire Primary Care Trust in line with other healthcare providers and all other statutory services such as Local Authorities etc, now collect information about disability and the ethnic group of patients. This information will help us learn more about our patients and allow us to plan services to meet the health needs of the entire community.

### Ethnic Group

Please note we are not asking citizenship or nationality, but about the ethnic group to which you feel you belong. All the information we receive will be used and treated in the strictest confidence. Any planning information on general release will be anonymous.

Please complete the form below by ticking the box of the ethnic group to which you feel you belong. If you feel you are descended from more than one group, please tick the group to which you feel you most belong, or choose the "Any other ethnic group" option. The groups used below have been developed and agreed by the Office for National Statistics in conjunction with the Commission for Racial Equality.

A	White	British	✓
B	White	Irish	
C	White	Any other White background	
D	Mixed	White and Black Caribbean	
E	Mixed	White and Black African	
F	Mixed	White and Asian	
G	Mixed	Any other mixed background	
H	Asian or Asian British	Indian	
J	Asian or Asian British	Pakistani	
K	Asian or Asian British	Bangladeshi	
L	Asian or Asian British	Any other Asian background	
M	Black or Black British	Caribbean	
N	Black or Black British	African	
P	Black or Black British	Any other Black background	
R	Other ethnic groups	Chinese	
S	Other ethnic groups	Any other ethnic group	

### Age Group (please tick the appropriate box)

Under 18	18-30	31-45	46-60	61-75	Over 75
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### Disability Monitoring

The Disability Discrimination Act defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you have a long-standing illness or disability? Yes / No

If Yes, please state:

Thank you for taking the time to complete this form.

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## GUIDELINES FOR STAFF ON WRITING A STATEMENT

Statements are often required from staff when incidents, accidents, disciplinary issues or complaints are investigated. Specialised forms may be used on certain occasions, but here are some general guidelines which will apply to most situations, and certainly the majority of complaints investigated.

1. Ask for advice if you are not sure how to proceed. The following will be able to help you:
  - your line manager
  - your Department or Service Head
  - the Complaints Manager.
2. Prepare carefully. Get access to the relevant clinical or other types of records so that you can be sure of what you are saying. Details such as exact times and dates may be very important.
3. Be aware that people outside of our PCT may eventually see your statement. These people may include clinical assessors from other Trusts, the Healthcare Commission or the Ombudsman's investigators.
4. Assume that your reader knows nothing of your particular service or of this organisation as a whole. Explain things accordingly, including clinical jargon, technical terms, place names and abbreviations.
5. Start your statement by giving your:
  - Full name
  - Qualification and brief details of your relevant experience
  - Details of the post you hold and your job location, i.e. surgery
  - Duties on the day(s) in question.
6. Stick to the facts and avoid giving opinions. However it is reasonable to express what you believe to be facts at the time of the complaint, even if events proved them to be wrong. In this case, you will need to explain why you believed what you did.
7. Be particularly careful to list events in the correct order in which they happened. Memories can be deceptive and you will probably need to check clinical records or diaries.
8. If at all possible, type your statement and spellcheck it thoroughly. Then check and double-check it for other errors. A simple wrong keystroke e.g. "not" instead of "now" will not be detected by the spellchecker and will completely change the meaning of a sentence.
9. Write in short sentences and keep paragraphs short.
10. Be consistent in your use of terminology throughout your statement. Also be consistent in the way you describe times, either use the 24 hour clock or state "a.m." or "p.m."
11. Keep copies of your statement for reference. You may need to present your statement at a later hearing.

Sign and date each page of your statement, print your full name and job title below your signature on the final page.

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## COMPLAINTS HANDLING – A BRIEF GUIDE FOR STAFF

Our aim is to provide the care, treatment and services that service users and carers want and need. But sometimes we don't meet the standards they - or the Trust - expect, if this happens, we want users and carers to let us know. We welcome users' and carers' comments, compliments – and even complaints – because they help us to improve our services.

All complaints, whether oral or written, should receive a positive and full response, with the aim of satisfying the complainant that his/her concerns have been heeded, with an **appropriate apology** and explanation that refers to any remedial action that is to be taken.

### Who, What, When and How?

- A complaint is an expression of dissatisfaction with our services or facilities that requires a response.
- If someone complains on behalf of a patient, we need the patient's written consent.
- Complaints normally need to be made within six months of the incident OR within six months of realising there is cause to complain.
- Complaints should not be recorded on the patient's medical notes and should not affect the patient's treatment in any way – they are treated in confidence.
- Complaints can be made verbally or in writing.

### You've received a verbal complaint, so what now?

Upon receiving a complaint, your first responsibility – before doing anything else - is to ensure that the patient's immediate health care needs are being met.

Staff should, where possible, deal with complaints rapidly and in an informal and sensitive manner. Many complaints can be resolved immediately, without the need to become a formal or written complaint. Whether the complaint is justified or not, the person making the complaint feels aggrieved with the Trust. Dealing with complaints courteously and effectively can do much to restore the person's confidence in the Trust for the future. Staff should try to resolve the issues on the spot – this may include talking to the appropriate colleague, checking any documentary evidence of the events or by apologising, if appropriate.

Another source of assistance is the Patient Advice & Liaison Service (PALS) who will be able to assist with concerns. This service is available to patients and carers who do not wish to complain but wish to have a query or problem resolved. PALS can be contacted on *insert telephone number*.

### It can't be resolved, so what happens next?

Complaints that are obviously of a more serious nature, or where a more independent investigation may help resolve the complainant's concerns, should be escalated to a formal complaint without delay. Staff should endeavour to help patients make complaints if they wish to. Some complainants may prefer to make their initial complaint to someone who has not been involved in their care. In these circumstances they should be advised to address their complaint to the complaints manager or, if they prefer, to the chief executive. Formal complaints should be made in writing but if the complainant wishes to speak with someone about the other mediums (video or audio) that may be used please refer them to the complaints department *insert telephone number*.

When a complaint cannot be resolved immediately it is best to treat it as a formal complaint. Records of verbal complaints and written complaints are treated in the same way. The Complaints Manager must be informed of a complaint as soon as it is received, as the complaints section is responsible for acknowledging all complaints within **2 working days** of receipt within the Trust.

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An appropriate service manager will be nominated to start a full investigation in liaison with the Complaints Manager. The Trust has **25 working days** to provide a response to the complainant. The response should be clear, accurate, balanced, simple, fair and easy to understand. It should avoid technical terms, but where these are used to describe a situation an explanation of that term should be provided. The response must summarise the nature and substance of the complaint, describe the investigation and summarise its conclusion, also offer the complainant an apology where this is appropriate. The response must be signed by the Chief Executive and should include an explanation of any planned actions that will be put in place as a result of the complaint.

Arrangements should be made for any outcomes to be monitored to ensure that they are actioned. It is good practice to keep the complainant informed of progress, with a final outcome when all actions have been taken.

### Help - A complaint has been made about me!

Complaints are rarely personal; they are usually about procedures and processes that you may have used. Complaints are NOT about apportioning blame and are independent of the disciplinary procedure. Sometimes, it can be difficult not to take complaints personally, and if you are worried, discuss the situation with your line manager. Once the complaint process is complete, you should receive a copy of the response provided to the complainant and an opportunity for a debriefing session with your manager.

### Complaints Records

The complaints department will hold a master file for each complaint received by the PCT, details of investigations including notes of interviews with staff must be retained within this file. Investigating managers should forward all details of the investigation to the complaints section when forwarding the draft response. The complaints section will present all draft responses for the Chief Executive's approval and signature. The response to each complaint will also inform the complainant of their options within the NHS Complaints Procedure.

**More information about the complaints procedure is available from the PCT complaints team.**

### THE DO'S AND DON'T'S OF COMPLAINT HANDLING

DO	DON'T
<ul style="list-style-type: none"> <li>• Give your name</li> <li>• Find out what the person complaining wants you to do about the problem</li> <li>• Let the person decide if they wish to pursue their 'concerns' as a formal complaint or would prefer to contact PALS</li> <li>• If they decide to pursue the complaint route tell the person what will happen next and give them the complaints section's contact details</li> <li>• Get the complainant's details, e.g. names, addresses, telephone numbers, dates</li> <li>• <b>Listen</b> - get the facts / make notes</li> </ul>	<ul style="list-style-type: none"> <li>• Argue with the complainant</li> <li>• Get angry, get into a blame conversation, or undermine the Trust – pass it on to your line manager if need be</li> <li>• Accept abuse from the complainant</li> <li>• Deter people from making a complaint</li> <li>• Consider the complaint as a personal criticism</li> <li>• Use jargon when talking to the complainant.</li> </ul>

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DO	DON'T
<ul style="list-style-type: none"> <li>• Accept complaints even if they are not about your section / department</li> <li>• Keep it simple</li> <li>• Stay calm even if the person gets angry</li> <li>• Demonstrate empathy</li> <li>• Reassure the patient that their care and service provision will not be affected if they make a complaint.</li> <li>• Take the complainant seriously</li> <li>• Let the person have their say.</li> </ul> <p>And remember – more complaints can be good news! It offers the PCT the opportunity to review and/or improve our services and shows our clients that we take them seriously.</p>	

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**INFORMAL COMPLAINTS CONTACT SHEET**

Ref No

Please complete a return for each complaint received and forward to your Department or Service Head

Contact's Name:

Date and time:

Address:

Telephone No:

Email:

Please attach a copy of any correspondence.

Copy attached

Complaint received by:

Details:

Advice given:

Action taken:

Was the complainant satisfied? YES / NO. We would welcome any comments on how the service / organisation can learn from the issues raised in this complaint.

Sent/given: NHS Complaints leaflet   
 Letter of response

PALS leaflet   
 ICAS leaflet

Other (please specify)

Service Managers action and sign off:

(Please send completed forms to the Complaints Department. Thank you.)

Action taken to ensure lessons learned are disseminated as appropriate (please specify):

Name:

Title:

Date:

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Hampshire NHS  
Primary Care Trust

**Hampshire Primary Care Trust**

**NHS Complaints Procedure  
Guidance to Staff**

Hampshire NHS  
Primary Care Trust

**Definition of a complaint**

A complaint is when someone is dissatisfied with a PCT policy or service and wish to have their concerns investigated through the formal process of the NHS Complaints Procedure, rather than an informal process such as PALS.

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**Complaints  
are good news!!**

They give us the opportunity to review and/or improve our services

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Primary Care Trust

**Complaints Handling**

- Complainants should be encouraged to speak openly and freely about their concerns
- They should be reassured that whatever they say will be treated with sensitivity and confidentiality
- Patients, carers and relatives should not be discriminated against as a result of having complained.

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**First Stage - Local Resolution (LR)**

- If you receive a complaint please contact the Complaints Department
- The Complaints Department must acknowledge the complaint within 2 days of receipt by the PCT, no matter where!
- The Complaints Department will co-ordinate the investigation, a draft response should be forwarded by the investigating manager to the Complaints Department 15 days after receipt of the complaint
- The Complaints Department will then prepare the draft response for signature by the Chief Executive. In line with NHS (Complaints) Regulations the response has to be dispatched within 25 days

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**LR - ie PCT Complaint Investigation and Response**

**LR – Complaint Investigation:**

- All staff involved in a complaint/or complained about are included in the local resolution investigation
- If staff interviews are held, notes should be taken by the investigating manager and a copy of these notes should be included within the Complaints Department Master File of the complaint

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**LR - ie PCT Complaint Investigation and Response**

**LR - Response**

So as to conform to the NHS (Complaints) Regulations the draft response must include:

- A summary of the nature and substance of the complaint
- Describes the investigation and summarises its conclusions
- Addresses all the issues contained within the complaint
- Contains an appropriately worded apology where indicated
- Identifies what actions will be taken where the complaint has highlighted that action is necessary

**Why is Local Resolution important ?**

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**Local Resolution is important because:-**

- The more thorough local resolution – the fewer referrals to the Healthcare Commission
- Local resolution can consist of – correspondence or meetings or a combination of both
- It is the responsibility of everyone employed by the PCT to assist in every possible way with local resolution – to resolve complainants concerns, to effect satisfactory resolution of complaints, thereby making it unnecessary for complainants to proceed to the second stage of the NHS Complaints Procedure

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**Second Stage – Referral to the Healthcare Commission**

If a complainant remains dissatisfied they have the right to refer their complaint to the Healthcare Commission

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**What will the Healthcare Commission do?**

They will review the PCT's Local Resolution to the complaint to determine whether they should investigate or establish a panel



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### The Healthcare Commission

The Healthcare Commission received 13,998 requests for independent review from July 04 to June 06:

- 32% were sent back to trusts for further action
- 22% were out of HCC jurisdiction
- 19% were handled appropriately by Trusts
- 5% found in favour of the complainant following investigation
- 27% of complaints received related to primary care

Hampshire NHS

### Healthcare Commission

The Healthcare Commission reports that emerging themes are:

- Out of hours
- Elderly Care
- Bereavement service (lack of)
- Psychiatry – co-ordination of care
- GP practice removal of patients from lists
- Maternity
- Complaints Handling

Hampshire NHS

### Healthcare Commission Action

- Healthcare Commission investigators will examine each complaint to see what local resolution measures have been taken by the PCTs.
- They will determine whether there are grounds for an investigation or independent review panel.
- Following their investigations they will report back to the PCT.
- This report will inform the PCT of any further actions the Healthcare Commission consider the PCT should take.
- If a local resolution has been undertaken thoroughly there should be no necessity for further actions to be taken.

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### The Final Stage

Referral to the Health Service Ombudsman

Who will examine the case again, following investigation by the Healthcare Commission, to see if all appropriate actions have been taken or whether further actions need to be carried out.

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### The PCT's Complaints Policy is available to staff on *(to be inserted at later date)*

Please visit:

*Information for this slide will be inserted at a later date*

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### Complaints Department Contact Details:

*Contact details to be inserted here at a later date*

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Name: ..... Job Title: .....

Work base: ..... Date Completed: .....

Please **Circle** all appropriate answers or **List** as requested.

### Questionnaire - NHS Complaints Procedure Guidance to Staff

- 1 What is a complaint?
  - A An expression of dissatisfaction
  - B A general grumble about the NHS
  - C An enquiry about services.
  
- 2 How should you treat a complainant?
  - A Try to pass them on to someone else
  - B Ignore them or get angry with them
  - C Listen – empathise – apologise and take ownership.
  
- 3 What do you do if you receive a complaint?
  - A Leave it in your in tray and/or ignore it
  - B Contact the Complaints Department
  - C File it in the bin
  
- 4 List by name the three stages of the NHS Complaints Procedure
  - 1
  - 2
  - 3
  
- 5 What does local resolution entail?
  - A A full investigation and response, perhaps including a meeting, to all the concerns raised by the complainant
  - B A response without investigation
  - C A response denying everything

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- 6 What are the complaints handling timescales?
- A This year, next year, sometime never
  - B Acknowledgement within 2 working days and a full response within 20 working days
  - C Acknowledgement within 2 days and a full response within 25 days.
- 7 Why is local resolution important?
- A To show the PCTs' take all complaints seriously
  - B To demonstrate the PCTs' willingness to investigate and learn from complaints.
  - C To avert complainants from pursuing the second stage of the NHS Complaints Procedure.
- 8 What does the Healthcare Commission do?
- A Take ages to respond
  - B Review local resolution to see if they should investigate further
  - C Forward on to the Health Service Ombudsman.
- 9 What is the Final Stage of the NHS Complaints Procedure?
- A Referral to the Prime Minister
  - B Referral to the Financial Services Ombudsman
  - C Referral to the Health Service Ombudsman
- 10 Where can you find PCT complaints handling information?
- A The internet
  - B Complaints Department
  - C PCT Intranet

Thank you for completing this questionnaire. Please return to the Training Department.