

MAKING EXPERIENCES COUNT POLICY

COMPLAINTS AND PALS

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1 Introduction

A complaint was defined by the Citizen's Charter Complaints Task Force as "an expression of dissatisfaction requiring a response".

A fair sensitive and accurate response to patient complaints is one of the ways of improving the quality of care in the NHS. It is important that if things go wrong they are put right quickly and that lessons are learned. Learning from complaints can help staff achieve a higher standard of care and improve services. A complaint can arise from a perception of poor service rather than because of a genuine failure to provide a high quality service. When this occurs, it is often due to poor communication. All staff must be aware of an individual's right to comment on the standards of service provided by the Trust. This is best achieved through an environment of honesty and openness and a frontline staff awareness of the process and principles detailed in this policy.

In accordance with the NHS Constitution, a complainant has the right to:

- Have any complaint dealt with efficiently and to have it properly investigated;
- Know the outcome of the investigation; and
- Take their complaint to the Health Service Ombudsman if not satisfied with the way their complaint has been dealt with.

The NHS also pledges:

- To ensure complainants are treated with courtesy and receive appropriate support throughout the handling of the complaint;
- That the making of a complaint will not adversely affect their future treatment;
- To acknowledge mistakes, apologise and explain what went wrong and put things right quickly and effectively;
- To ensure the organisation learns lessons from complaints to improve services.

These pledges are consistent with the Principles (detailed at Section 2) published by the Parliamentary and Health Services Ombudsman and endorsed by the Department of Health.

2 Purpose

This document sets out the way the Trust should handle complaints to meet new statutory and other recommendations in accordance with:

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (SI 2009 No. 309) ("The Regulations")

This legislation came into force on 1st April 2009 and revoked the 2004 and 2006 Regulations.

2.1 The Regulations:

- Provide for a single complaints system for Local Authority and Social Services and the NHS;

- Provide a 2 tier system, whereby the Healthcare Commission no longer acts as the second stage. As from April 2009, the second stage of the process lies with the Health Service Ombudsman;
- Places greater emphasis on local resolution. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, which came into operation on the 1st April 2009, places great emphasis on resolving complaints as quickly as possible. In particular, by means of an immediate response by a front line member of staff, or subsequent investigation and conciliation through staff who are empowered to deal with complaints as they arise, in an open and non-defensive way;
- Stipulate that:
 - Complaints are dealt with efficiently and properly investigated;
 - Complainants are treated with respect and courtesy and provided with assistance during the process as necessary;
 - We discuss the manner in which the complaint or concern is to be handled, the response time, the outcomes and the method of feedback;
 - Complainants receive a timely and appropriate response, are told of the outcome of the investigation and action is taken if necessary in the light of the outcome of the complaint.

The Chief Executive Officer acts as the 'responsible person' in accordance with the Regulations and ensures compliance with the arrangements made under the Regulations.

The Patient Relations Manager acts as the person responsible for managing the procedures for handling and considering complaints in accordance with the arrangements made under the Regulations.

A responsible body means a local authority, NHS body, primary care provider or independent provider.

For the purposes of this policy, 'the Trust' is the Birmingham Children's NHS Foundation Trust.

2.2 Definitions

The **Ombudsman principles** are the basis for any new complaints process and read as follows:

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

A fundamental component of the Trust's Making Experiences Count Policy is for staff to deal with an issue appropriately when it occurs, i.e on the ward or in the department, so the complainant feels that further action is not required. The resolution of a complaint at this stage is best described as an informal approach. Should the complainant seek further action

they would need to seek recourse either through the NHS complaints process or seek guidance from the Trust's Patient Advice and Liaison Service (PALS).

Many matters which trouble users of our service are often dealt with to their satisfaction at the time they occur, by the member of staff with whom the complaint or concern is raised, or by the person in charge of the ward or department. Provided the complainant is satisfied with the answer or explanation given, there is no reason for a more formal process to be initiated.

Complaints can be verbal or written. The medium used does not dictate how the complaint should be processed. If the format of the complaint is not clear, then the nature of this must be discussed further with the complainant to clarify what action the complainant wishes to be taken.

The complainant may prefer to approach the PALS Officer in the first instance when seeking to resolve an issue, but referrals to this service should not be made indiscriminately by staff when the concerns could easily and best be resolved at department or ward level.

If a complainant is unable to formulate their own complaint for whatever reason or where a complaint is made orally, the Patient Relations Manager or PALS Officer must make a written record of the complaint, which includes the name of the complainant, the subject matter of the complaint and the date on which it was made. This may involve meeting with the complainant. The details of the complaint should be confirmed with the complainant to ensure the record of the complaint accurately reflects the issues raised.

Where a complaint is made, it is treated as being made on the date on which it is received by the Patient Relations Manager, PALS Officer, or as the case may be, any other member of staff of the Birmingham Children's Hospital NHS Trust. When a complaint requires further clarification or approval of the record of the concerns, the date of receipt of the clarification or approval will be treated as the date the complaint was received.

The Trust will obtain independent clinical advice from outside the Trust where appropriate and with the agreement of the complainant to ensure transparency and to obtain a full and accurate assessment of the concerns raised.

3 Duties

3.1 Overarching Duty to Handle Complaints

A complaint may be made about the Trust regarding:

- The exercise of its functions; or
- The exercise of any function discharged or to be discharged by it under arrangements made between it and a local authority under the NHS Act 2006 in relation to the exercise of the health-related functions of a local authority.

Where the Trust receives a complaint and forwards this to another Trust to be dealt with under the Regulations, the complainant is deemed to have made the complaint to the second Trust.

Where a PCT receives a complaint in relation to services provided by this Trust, the PCT must seek the consent of the complainant prior to sending the details of the complaint to the Trust.

The PCT can decide whether the complaint is more appropriately dealt with by the Trust or the PCT and must notify the complainant accordingly.

3.2 Duties within the Organisation

The overall duty for the organisation is to ensure that service users are provided with the means to resolve their complaint or concerns efficiently, thoroughly and in a manner that has been agreed with the complainant. Complainants must also be reassured that they will not be treated adversely as a result of raising concerns or making a complaint.

3.2.1 Chief Executive Officer

Has overall responsibility for the management of complaints and together with the Trust Board, Directors, Associate Service Directors and Heads of Nursing, is responsible for ensuring that lessons are learnt and the standard of care and treatment afforded to patients, carers and relatives is improved following the investigation of a complaint. They are responsible for ensuring that this policy is implemented in an effective and timely manner across the organisation.

3.2.2 Directorate Management Team

The Directorate Management Team is responsible for effective complaints and concerns management within their Directorate in line with the Regulations. Specifically they should, within their area of responsibility:

- Ensure that all staff are fully aware of their responsibilities under this policy and routinely check that they are adhering to the reporting procedures.
- Ensure that all concerns raised via PALS are addressed immediately and actioned appropriately.
- Ensure that all complaints are responded to within the Trust's target of 25 working days or within the timescale agreed with the patient and family. *The Patient Relations Manager or PALS Officer should be informed at all stages to ensure that communication is maintained with the complainant. The complainant must be informed if the original date for response is to be extended. The reasons for any extension will be closely monitored.* Receive and check all complaints and concerns about their area of responsibility. Consider the level of investigation required and whether the response requires an independent review from an outside source or mediation input.
- Check and approve the draft complaint report produced by their Investigating Officer for accuracy and clarity ensuring that all issues are fully addressed, apologies are given and that action is taken where necessary.
- Consider remedies where a complaint has been upheld. Aim to restore the complainant to the position they would have been in if the maladministration or poor service had not occurred. If this is not possible, the Trust should consider appropriate compensation.
- Take responsibility for any errors, acknowledge failures and apologise for them, to make amends and to use the opportunity to improve the service.
- Ensure the contents of the complaint report have been agreed by the staff that have contributed to the investigation.

- Forward copies of the complaint report or letter to the complainant and all accompanying documentation to the Patient Relations Manager. Establish and maintain a Directorate forum where complaints, concerns and resultant actions are monitored and reviewed.
- Ensure that appropriate feedback is given regarding outcome/actions taken to the staff, ward or department involved in the complaint or concern.

3.2.3 Investigating Officers

All Investigating Officers have a responsibility to ensure that the complaint in which they have been nominated to investigate is done so fully, in line with Trust procedures, and appropriately managed and in accordance with the attached schedule in Appendix A.

3.2.4 All Employees

All employees have a responsibility to abide by this policy and any decisions arising from the implementation of it.

All staff have a duty to ensure that:

- They take immediate action and try their utmost to de-escalate a concern where possible to prevent it from becoming a PALS contact or complaint investigation.
- They explain that this will not result in adverse treatment as a result of complaining.
- They take immediate action where failures have been identified to reduce the likelihood that further harm to other patients/carers will occur in the future.
- They give assistance with any complaint investigation.
- They make a formal statement which reflects fact, not opinions and in line with the requirements of the Investigating Officer.

3.2.5 Patient Relations Manager and PALS Officer

The Patient Relations Manager and PALS Officer will:

- Reinforce that the complainant will not be treated adversely as a result of making a complaint and explain the process of the investigation.
- Wherever possible, contact the Directorate on the day of receipt of a formal complaint or concern.
- Send all correspondence relating to the case to the Associate Service Director or Head of Service as appropriate.
- Log the complaint or concern. In the case of a formal complaint, the Patient Relations Manager will write to the complainant within 3 working days of receipt outlining the process to be followed for investigation in line with the Regulations.
- Obtain third party consent where necessary.
- Liaise with other Trusts or co-ordinate any joint responses where necessary.

- Inform the appropriate Risk Specialist and the Trust's Legal Department of any complaint or concern that ought to be drawn to their immediate attention. These incidents may include those that require independent investigation or have serious legal implications.
- Liaise with the Investigating Officer to maintain a timescale for response to ensure the Investigating Officer informs the complainant in the event of a delay. Maintain a record of the agreed response time and any amendments to that period.
- In the case of a formal complaint, obtain all correspondence relating to the complaint on completion of the investigation and following approval by the Associate Service Director or deputy. Present the letter enclosing the report or Directorate response for the Chief Executive's signature and approval and forward to the complainant on completion together with any attachments as necessary.
- In the case of a formal complaint, grade complaints in line with the Trust's Risk Matrix.
- Ensure the Trust's Making Experiences Count policy is made available to the public in relation to the arrangements for dealing with complaints and concerns and how further information about those arrangements may be obtained.
- Prepare an annual report specifying the number and subject matter of complaints and concerns received, and in the case of formal complaints, where possible the number of complaints upheld and the number of complaints referred to the Ombudsman.
- Any recommendations made will also be detailed annually.

3.2.6 Committees

3.2.6.1 Clinical Risk and Quality Assurance Committee

This committee is responsible for ensuring that any clinical risks identified are addressed. In order to achieve this, the committee will review quarterly aggregated reports in the form of the Quality Report.

3.2.6.2 Participation & Patient Experience Committee

This committee is responsible for ensuring that any risks that impact on patient experience identified are addressed. In order to achieve this, the committee will review reports on PALS and complaints received on a quarterly basis.

3.2.6.3 Trust Board

Board should have an overview of complaints received and receive reports at least annually.

3.3 Identification of Stakeholders

3.3.1 Who can complain?

A complaint may be made by: -

- (a) A person who receives or has received services from a responsible body; or

- (b) A person who is affected or likely to be affected, by the action, omission or decision of the Birmingham Children's Hospital NHS Foundation Trust.

A complaint may be made by a person (representative) acting on behalf of a person mentioned in paragraph 3.1 in any case where that person:

- (c) has died;
- (d) is a child;
- (e) is unable to make the complaint themselves by reason of physical incapacity or lacks capacity within the meaning of the Mental Capacity Act 2005 (a); or
- (f) has requested the representative to act on their behalf.

Where a representative makes a complaint on behalf of a child, the Trust should not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint to be made by the representative instead of the child.

If in any case the Patient Relations Manager is of the opinion that a representative does or did not have a sufficient interest in the person's welfare or is unsuitable to act as a representative, they must notify the person in writing, stating the reason. The complaint will not be considered further under the Regulations.

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.

Where a complaint is made by someone who does not have parental responsibility, the Patient Relations Manager must obtain written authorisation in order to respond to the complaint from someone who does have parental responsibility. This is not necessary if the response does not contain any confidential information.

3.3.2 Duty to Co-operate

Where the Trust receives a complaint involving another Trust or local authority (not including LA Children's Services), the two bodies must co-operate for the purposes of co-ordinating the handling of the complaint and ensuring the complainant receives a co-ordinated response to their complaint.

Each body must agree as to who should take the lead in co-ordinating the complaint and communicating with the complainant.

Each body must provide to the other body information relevant to the consideration of the complaint which is reasonably requested and must attend, or ensure representation at any meeting reasonably required in connection with the consideration of the complaint.

3.3.3 Handling and consideration of complaints by the Health Service Ombudsman

Where a complainant is not satisfied with the result of an investigation, or for any reason an investigation has not been completed within 6 months of the date on which the complaint was made, or the Patient Relations Manager has decided not to investigate a complaint on the grounds that it was not made within the time limit, they may request the Health Service Ombudsman to consider the complaint. The Patient Relations Manager will ensure that the complainant is made aware of their rights to refer to the Ombudsman where appropriate.

A request to the Health Service Ombudsman may be made in writing (including electronically) and must be made within 12 months of the incident. The Health Service Ombudsman has the discretion to accept referrals outside this time depending on the individual circumstances. The contact details for the Health Service Ombudsman are detailed in the Chief Executive Officer's letter; the Trust's complaints leaflet and can also be found on the Health Service Ombudsman's website – www.ombudsman.org.uk

On receipt of a complaint, the Health Service Ombudsman will assess the nature and substance of the complaint and decide how it should be handled, having regard to:

- The views of the complainant;
- The views of the Trust;
- Any investigation of the complaint and any action taken as a result of such investigation;
- Any other relevant circumstances.

The Ombudsman will look for any maladministration or service failure (failure to provide a service) and whether this resulted in any injustice or hardship.

They will apply a broad test of fairness and reasonableness, taking into account the circumstances of each particular case.

The Ombudsman will need to see evidence of an agreed action plan, agreed timescales and that there has been good complaint handling, where fair and proportionate remedies have been applied where a complaint is upheld.

As soon as reasonably practicable, the Health Service Ombudsman will notify the complainant as to its decision. The notice of the decision will be sent to any person or body that is the subject of the complaint and must contain the Health Service Ombudsman's reasons for its decision. The Health Service Ombudsman may also send notice of the decision to any other body, which it considers has an interest in the complaint.

Where the Health Service Ombudsman decides to investigate a complaint the Trust Board must take responsibility to ensure that the final report and its recommendations are implemented and monitored. The Patient Relations Manager will be responsible for advising the Trust Board of any report received from the Health Service Ombudsman and the actions taken by the relevant Directorate(s) in response to the recommendations made.

The Ombudsman has produced several guidance documents and these are available on their website at www.ombudsman.org.uk:

- Principles of Good Administration;
- Principles of Good Complaint Handling; and
- Principles for remedy.

3.3.4 The Interface between PALS and the Patient Relations Manager

In accordance with the Regulations, there is to be a seamless service within the Trust that addresses any complaint of any nature. The working relationship between PALS and the Patient Relations Manager is a close one. Complaints will be discussed as necessary between the 2 areas to ensure that it is dealt with in an appropriate manner and in full consultation with the patient and family. Any matter dealt with as a concern, will not fall within the Regulations.

Any issue received via the PALS Office and required to be dealt with as a complaint will be managed in accordance with the Regulations and passed to the Patient Relations Manager. If a complaint is made orally and resolved to the complainant's satisfaction within 1 working day, it will not fall within the regulations.

However, it is important to emphasise that Trust staff should attempt to resolve any concerns and respond directly to the complainant at the source of the complaint.

If the member of staff receiving the complaint does not have the ability, by way of authority or expertise to provide a suitable response, they must refer the matter to their immediate supervisor.

Complainants should be informed that the Trust's Patient Advice and Liaison Service (PALS) is available to assist them with making a complaint.

Out of hours, any issues that cannot be resolved on the spot should be referred to the Clinical Co-ordinator. The Clinical Co-ordinator will try to address the issues or refer the family to PALS by leaving a message on their voicemail, which will be responded to as soon as possible. Any issues that escalate beyond the authority/expertise of the Clinical Co-ordinator should be referred to the Manager on call and if necessary then escalated to the Director on-call.

3.3.5 External Agencies

3.3.5.1 Coroner

Where an incident has resulted in the death of a child and the investigation into a complaint reveals issues that were not apparent at the time of death, it may be appropriate to report the death to the Coroner. The clinician(s) and/or the Chief Medical Officer should make this decision.

The fact that a death has been referred to the Coroner's Office does not mean that all Investigations into a complaint need to be suspended. The Associate Director of Governance or Patient Relations Manager will liaise with the Coroner's Office and where appropriate initiate proper investigations.

3.3.5.2 Police

The complaint letter may make allegations that a crime has been committed. Alternatively, the investigation may indicate that an illegal act has occurred. In such circumstances, consideration should be given to notifying the police.

An Executive Team Member should make this decision (it may be appropriate to seek legal advice from the Trust solicitors).

3.3.5.3 HSE

The complaint may have arisen from an incident that was RIDDOR reportable. Checks with the Health & Safety Department should be made to ensure that the Health & Safety Executive has been informed.

3.3.5.4 Private Patients

The complaints procedure does not cover complaints about private medical treatment provided at the Trust, but it does cover any complaint made about Trust staff or facilities relating to the care in private pay beds.

4 Method for development

4.1 Consultation and Communication with Stakeholders

This Policy is to be sent for Trust wide consultation to include all members of the Executive Team, the Directorate Teams, Heads of Nursing, Clinical Directors, Clinical Leads and the Corporate Managers.

4.2 Implementation and dissemination

This Policy is to be ratified by the Policy Review Group.

This Policy will be launched in the following ways:-

- Via the Trust's Intranet;
- Via the Trust's website
- The Governance Safety Circular;
- A copy will be sent to the Executive Team, Directorate Management Teams, the Heads of Departments, Ward Managers and all other Corporate Managers.
- Awareness of the policy with key individuals will be via the training outlined within section 5.6.

5 Content

5.1 Process

The Registration and processing of Complaints is set out within Appendix A.

5.2 Summary of time limits

- Oral/Informal complaints – dealt with on the spot or referred to Manager/PALS and addressed within the timescale agreed with the family.
- Complaint acknowledged by Patient Relations Manager within 3 working days and the Investigating Officer must also make contact with the Complainant as soon as possible upon receipt of the complaint, and preferably within the same 3 working day period.
- A full response will be sent to the complainant within the timeframe agreed with the complainant. A letter signed by the Chief Executive Officer will be sent to conclude the process.
- If the complainant is dissatisfied with the Trust's response, he/she has 12 months from the date of the incident to contact the Health Service Ombudsman to ask for a review of their complaint.

5.3 Matters excluded from consideration

The following complaints are excluded from the scope of the arrangements: -

- a. A complaint made by a responsible body;
- b. A complaint made by an employee of a local authority or the Trust about any matter relating to their contract of employment;
- c. A complaint that is made orally and is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made. This does not include PALS concerns;
- d. A complaint the subject matter of which is the same as that of a complaint that has previously been made and resolved in accordance with 6.1 (c);
- e. A complaint the subject matter of which has previously been investigated under these Regulations or the 2004 and 2006 Complaints Regulations;
- f. A complaint which is being or has been investigated by a Local Commissioner or a Health Service Commissioner;
- g. A complaint arising out of the Trust's alleged failure to comply with a request for information under the Freedom of Information Act 2000; and
- h. A complaint which relates to any scheme established under section 10 or section 24 of the Superannuation Act 1972, or to the administration of those schemes.

The Regulations do not preclude a complainant from pursuing a complaint if legal proceedings against the Trust are also being taken. Prior to these Regulations, if a complainant indicated in writing that he intends to take legal proceedings, the complaints process stopped. This is no longer the case. Consideration must now be given to any possible prejudice to the defence of a clinical negligence claim, should a complaint be dealt with concurrently. Consideration should therefore be given to the possibility of putting the complaint on hold until the completion of the claim.

If a complaint is specified under any of the above headings a-h, the Trust is not required to consider the complaint, or consider it further, under the Regulations. The Trust is required to notify the complainant of its decision and reasons in this regard.

If a complaint is specified under any of the above headings a-h and is connected to another complaint that does not fall within these headings, this does not prevent that other complaint being dealt with in accordance with the Regulations.

5.4 Habitual Vexatious Complainants

Guidance for dealing with Habitual/Vexatious Complainants is included at Appendix G.

5.5 Archive & Destruction

All complaints files will be held within the Governance Department or the Trust's approved Archive facility for a minimum of 8 years.

PALS records will be kept for 2 years.

Files that are sent to the off-site archive facility will be marked clearly with the date for destruction.

5.6 Education & Training Requirements

Frontline staff awareness of the Trust's complaints policy will be raised via the Customer Focus sessions which form part of the Trust's mandatory training programme for frontline staff.

Training Needs Analysis

Investigating Officers will receive training from Governance on how to undertake a formal investigation. This training will be provided and delivered by the Governance Department by way of Level 2 and Level 3 investigations training, as defined in the Risk Management Training Needs Analysis. The role of the Education Department is to monitor this training only.

6 Monitoring Compliance With and the Effectiveness of the policy

6.1 Process for Monitoring Compliance and Effectiveness

6.1.1 Monitoring of Duties – complaints

- Monitoring of timeliness of investigation will take place by way of a weekly Traffic Light Report, circulated to all members of the Executive Team, Directorate Management Teams and all Investigating Officers;
- The issues identified by way of formal complaints and PALS issues are reported to the Clinical Risk and Quality Assurance Committee on a quarterly basis, by way of an aggregated *Quality Report* containing information in relation to examples and trends, in line with the Trust Values. The purpose of this is analyse trends and identify the need for any additional remedial action.
- An Annual Report will be produced which will include the following Complaints data:
 - The number of complaints received
 - The number of complaints that were well founded
 - The number of complaints referred to the Parliamentary and Health Service Ombudsman
 - The subject matter of complaints that were received (trends)
 - Any matters of general importance arising out of the complaints or the way in which they were handled
 - Any matters where action has been taken or is to be taken to improve services as a consequence of those complaints

6.1.2 Monitoring of the Complaints Management Process

All complaints are automatically audited. At the conclusion of the complaint, an audit checklist will be completed Appendix I (CHECKLIST) to ensure that this process is monitored for effectiveness. Any deviations will be immediately rectified.

6.1.3 Monitoring of the PALS process

PALS will provide quarterly information detailing the number of contacts received, the referrals to formal complaints, any deviation from agreed timescales, detail any

discrimination as a result of raising a concern and record any changes made following a concern.

6.1.4 Monitoring of the fair treatment of complainants

Patients, relatives and their carers should not be treated any differently as a result of making a complaint.

At the conclusion of a complaint, the complainant will be asked to provide details as to whether their treatment has been adversely affected as a direct result of making a formal complaint. Where such issues are highlighted, it is the responsibility of the Trust to ensure that this is investigated and actioned appropriately. This will also be reported by exception and would be included in the Trust wide Quality Report. The report will include updates on any conclusions of the investigations into such incidents and the action plans as appropriate. This will then be reported to the Clinical Risk & Quality Assurance Committee by exception.

6.1.5 Monitoring of the Changes made as a result of formal complaints

The Patient Relations Manager will provide a quarterly complaints analysis to the Associate Director of Governance, to incorporate into the Quality Report.

It will be the responsibility of the Investigating Officer to ensure that the local recommendations for preventing recurrence of the complaint are implemented. Overall responsibility will lie within the Directorate Management team. The Patient Relations Manager will be responsible for the audit of these recommendations and will ask the Investigating Officer for confirmation that the recommended actions have been implemented as the complaint file is closed and certainly within three months after completion of the investigation.

6.2 Standards/Key Performance Indicators

The following Key Performance Indicators that relate to this policy appear on the Trust's performance dashboard:

- Number of complaints received per quarter
- % of complaints dealt with within an agreed timescale
- Number of referrals to the Health Service Ombudsman
- Number of complaints requesting additional information or expressing dissatisfaction following the initial feedback from the Investigation Officer
- Number of complaints where the Investigating Manager has made contact with the complainant
- Number of PALS Concerns
- Number of PALS concerns which become a formal complaint

7 References

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. This legislation replaces any previous legislation with regards to the NHS complaints process.
- BCH Risk Management Policies
- Birmingham Children's Hospital NHS Foundation Trust Being Open Policy
- Trust Policy on Supporting Staff involved in Complaints, Claims, Inquests and traumatic or stressful incidents
- NHS Litigation Authority letter on Apologies and Explanations, dated 1 May 2009.

Apologies and Explanations

The NHS Litigation Authority states that it is both natural and desirable for clinicians who have provided treatment which produces an adverse result, for whatever reason, to sympathise with the patient or the patient's relatives to:-

- Express sorrow or regret at the outcome; and
- To apologise for shortcomings in treatment.

It is most important to patients that they or their relatives receive a meaningful apology. The NHSLA encourages this and stress that apologies **do not** constitute an admission of liability.

If patients and their relatives seek detailed explanations in relation to an adverse event, the NHSLA is keen to encourage both clinicians and NHS bodies to supply appropriate information whether informally, formally or through mediation. The NHSLA will not take issue with any NHS body or clinician seeking NHS indemnity when a factual explanation, offered in good faith, is given before litigation has started. Such practice is considered to be good clinical and managerial practice.

To assist in the provision of apologies and explanations, clinicians and NHS bodies should familiarise themselves with the guidance on Being Open, produced by the National Patient Safety Agency at the following link:

<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=65171&>

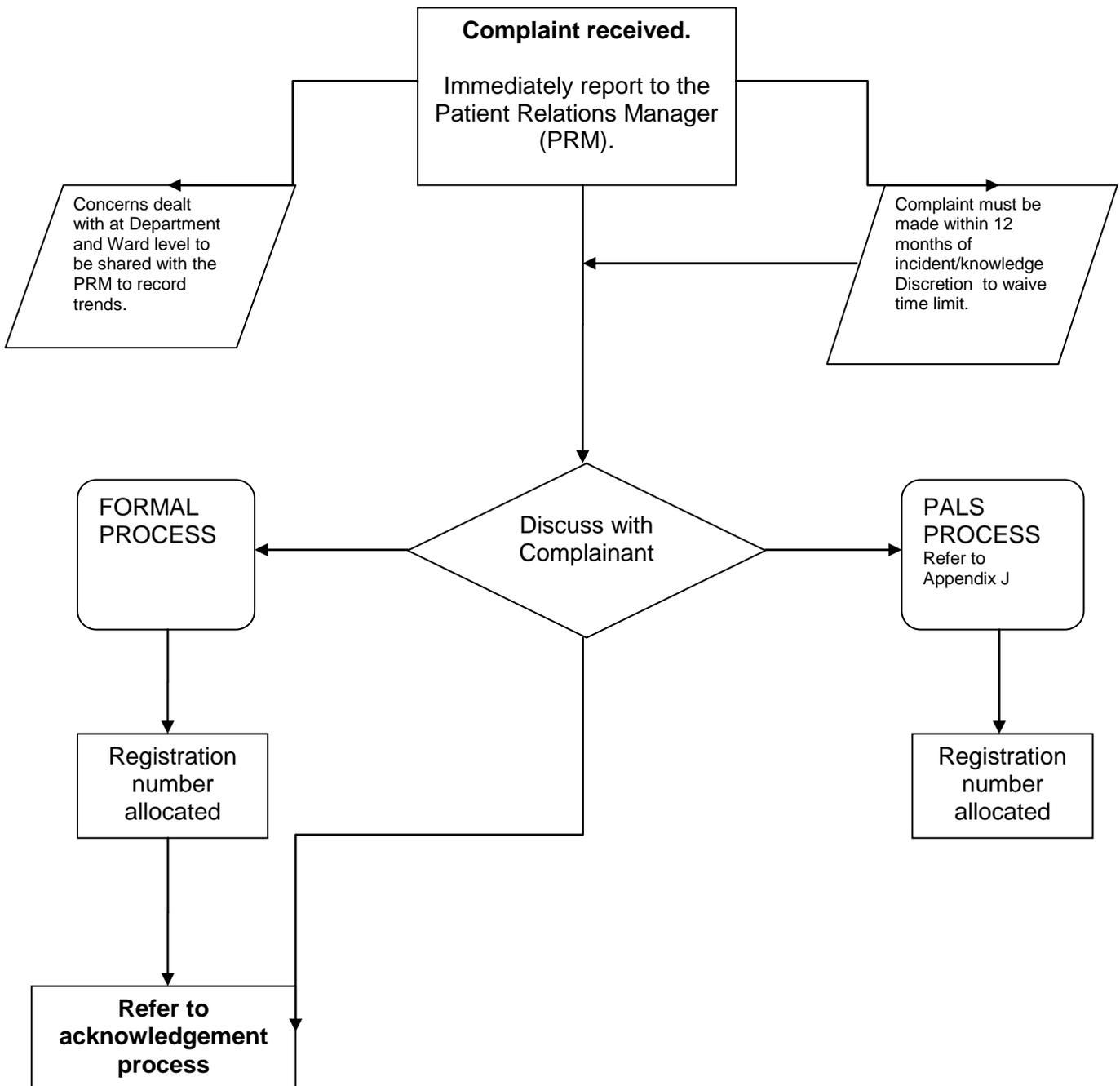
Appendix A (Process)

PROCESS:

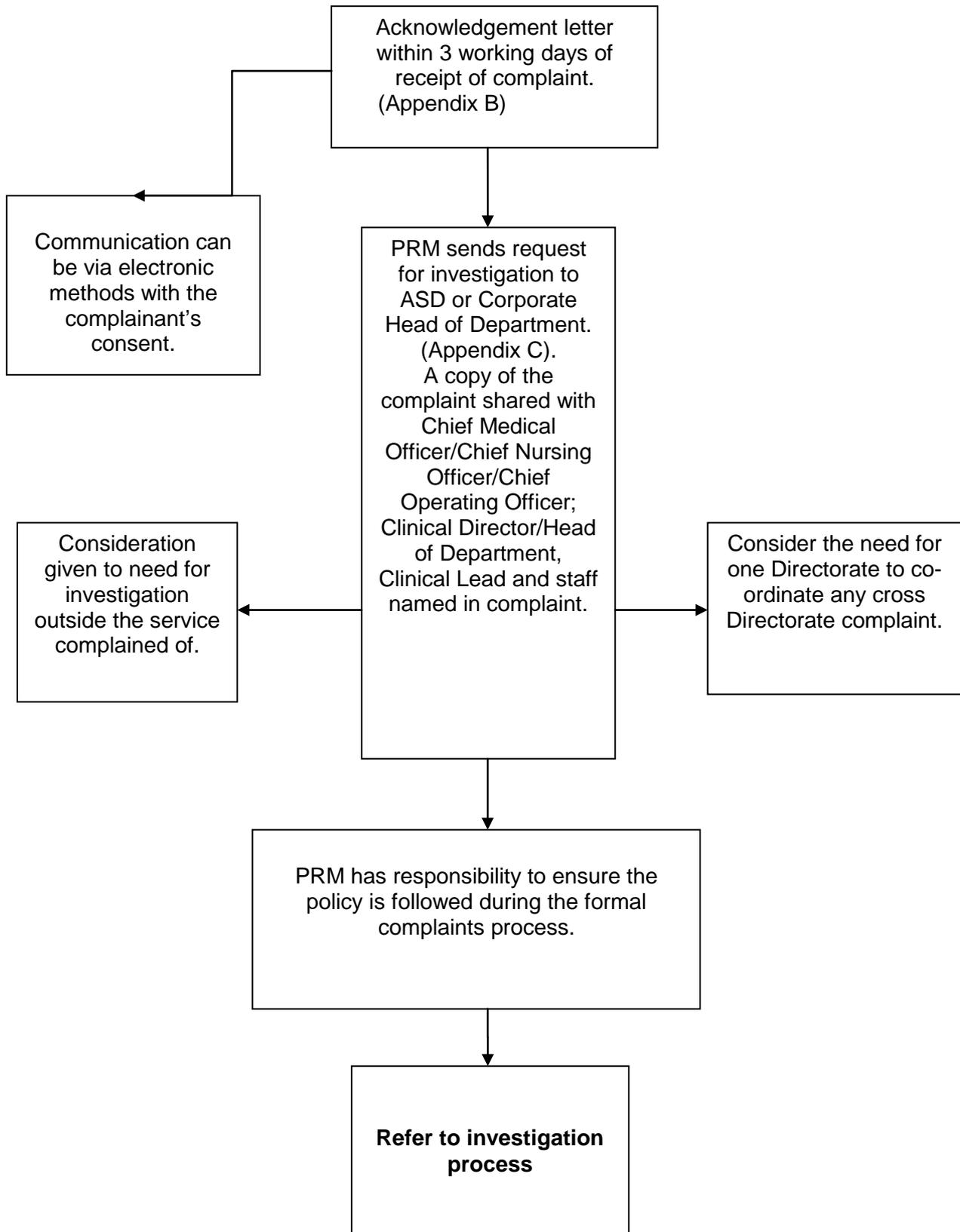
1. GENERAL POINTS

- The complainant may want an explanation, apology, acknowledgement of responsibility, remedial action, new appointment, reimbursement or other remedy. This will need to be clarified at the beginning of the investigation and the complainant informed at the beginning of the process if their expectations are not feasible or realistic.
- The investigation should make clear that any failures in service will be rectified for the future.
- The complainant may be seeking information with litigation in mind. Prima facie evidence of negligence should not delay a full explanation of events and, if appropriate, an apology (an apology is not an admission of liability).
- When reimbursement is considered necessary following investigation of the complaint, the Associate Service Director will sanction this.
- The complaints procedure is concerned only with resolving complaints and not with investigating disciplinary matters. The purpose of the complaints procedure is not to apportion blame amongst staff, but to investigate complaints with the aim of satisfying complainants whilst being fair to staff. It also offers an opportunity to improve service delivery.
- Some complaints may identify information about serious matters and the Trust may feel it appropriate to consider disciplinary investigation at any point during the complaints procedure. Consideration as to whether or not disciplinary action is warranted is a separate matter for management. Where the findings of a complaint investigation raise a management concern regarding the conduct or performance of an individual, this should be brought to the attention of the appropriate line manager.
- Similarly, some complaints may identify information about serious matters and the Trust may feel it appropriate to consider whether it would be appropriate to conduct an investigation using the Root Cause Analysis principles. This will be discussed with the Risk Manager, the Associate Director of Governance or the Chief Medical Officer and is often in conjunction with all four.

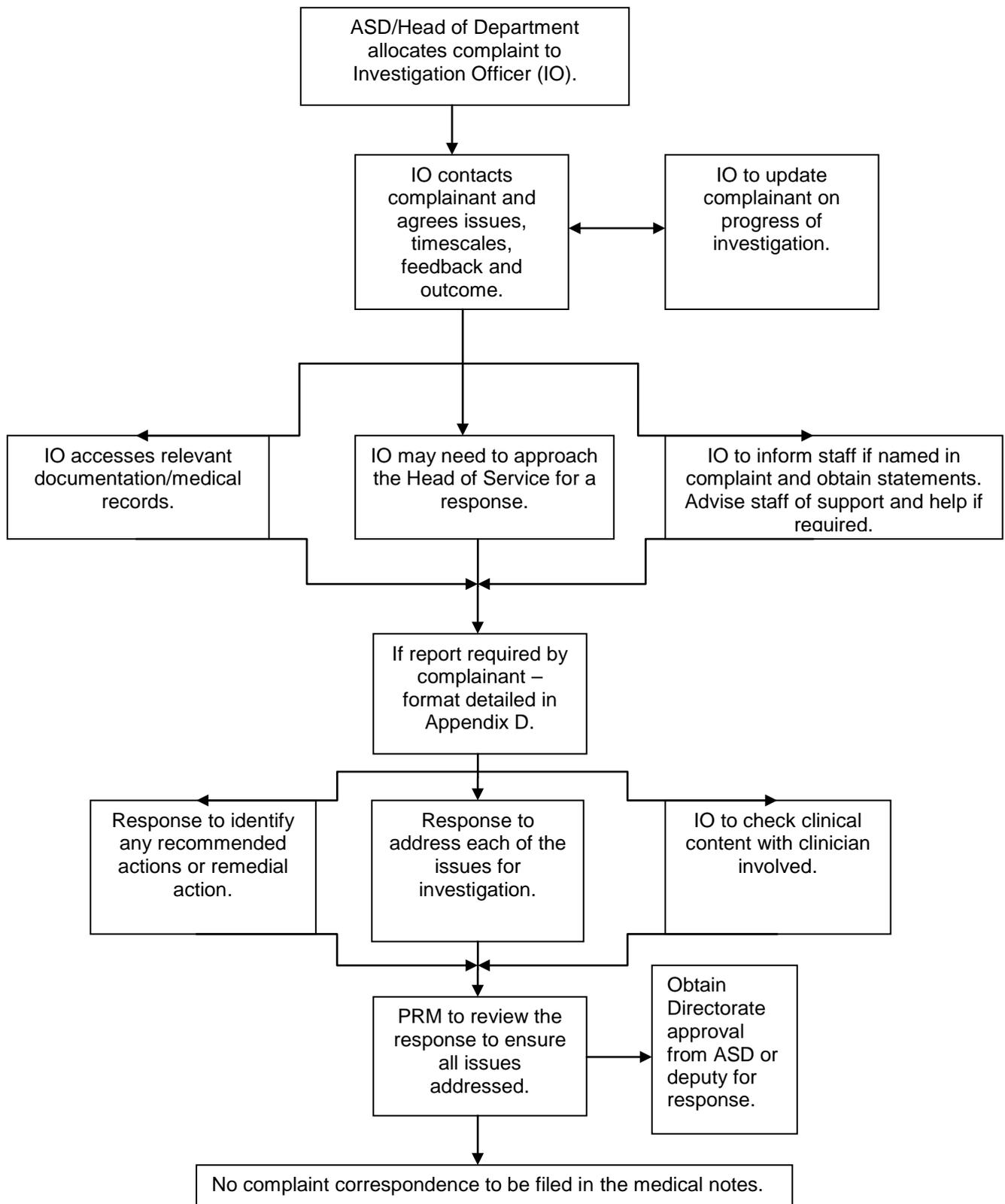
2. The Registration of Complaints



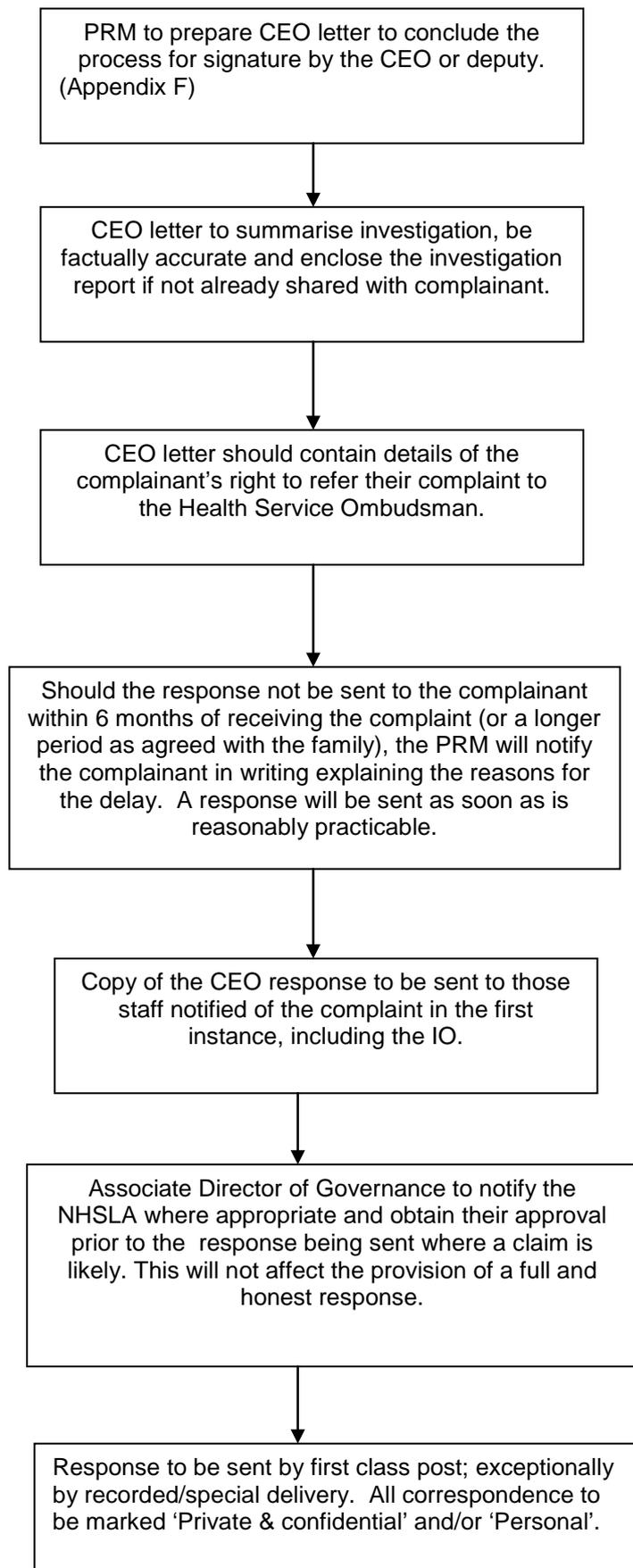
3 Acknowledgement process



4 Investigation process



5 Response



Appendix B (Acknowledgement)

COMPLAINTS SERVICE

Direct Line: 0121 333 8419
Direct Fax: 0121 333 8531

Ref:

Date

PRIVATE & CONFIDENTIAL Address

Dear

Re:

Thank you for your letter received on ***** regarding the treatment your ***** ,
***** is receiving/ received at BCH.

BCH follows a more customer focused and customer led approach in accordance with the complaints regulations that came into force in April 2009.

The approach will adopt a two tier system, where every effort will be made to resolve your complaint locally and in the event that local resolution is not successful, you will have direct access to the Ombudsman.

The advantages of this system are:

- More customer-focused arrangements;
- More effective arrangements for delivering local resolution;
- Speedier local resolution process;
- Less bureaucracy;
- Direct access to the Ombudsmen from the local resolution stage.

The Investigating Officer allocated to your complaint will make contact with you to discuss the best way forward in order to address the issues raised in your letter. This will enable us to formulate an action plan and agree a timescale for response when contact is made. This is usually by telephone in the first instance and then you can discuss the best to keep in contact during the investigation. We usually try to respond to your concerns as soon as reasonably possible and a date will be agreed with you. Dependent on the nature and complexity of your complaint, this date may need to be altered accordingly.

Thank you for taking the time to bring your complaint to our attention. The Trust takes all complaints very seriously. Please be assured that by making a complaint, this will not result in any adverse treatment towards you or your family.

Yours sincerely

Alison Stanton
Patient Relations Manager
alison.stanton@bch.nhs.uk

Encl. ICAS leaflet

Appendix C (Investigating Officer)

COMPLAINTS SERVICE

Direct Line: 0121 333 8419

Direct Fax: 0121 333 8531

Ref:

Date

PRIVATE & CONFIDENTIAL

Associate Service Director

Directorate Management

Ladywood House

Birmingham Children's Hospital

Dear

Formal Complaint

Re:

Hospital Number:

NHS number:

D.O.B:

Please find enclosed a photocopy of a letter of the complaint regarding *****'s treatment. I would be grateful if you could investigate this incident.

You will see below the formal complaints process information leaflet which may assist.

I would be grateful if you could complete the enclosed **Initial Contact Proforma** once you have made contact with the parents to discuss this. The legislation stipulates early contact before the start of the investigation within 3 working days and the form will be evidence that we have collected all the information we are now required to obtain. By doing this, you will be able to negotiate a reasonable timeframe within which to complete the investigation, taking into account the complexity of the complaint and the availability of the staff involved. It will also be an opportunity to establish the family's wishes regarding the feedback of the investigation.

As a guide, 25 working days falls on *****. However, it is for you to negotiate a timescale with the complainant for your response. This is in line with the legislative approach to complaints handling.

Once the report has been completed, prior to sending to me, please ensure that any contents of a clinical nature have been checked for accuracy with the clinician involved.

Please do not file any complaint correspondence on the patient's health records.

Please do not hesitate to contact me if I can be of any further assistance.

Yours sincerely

Alison Stanton

Patient Relations Manager

Alison.stanton@bch.nhs.uk

Enc

CC Dr Vin Diwakar - Chief Medical Officer/ Michelle McLoughlin - Chief Nursing Officer
Dr - Clinical Director

Appendix D (Contact sheet)

INITIAL CONTACT PROFORMA

The following proforma should be completed during the initial contact with the complainant. Once the issues have been discussed and the plan for addressing those issues agreed an action plan should be completed.

Reference number:
Complainant's name (include title): On behalf of (where appropriate):
Date of birth:
Details of relevant equality and diversity issues: (Eg. Disabilities, special needs, Interpreter, large print, Braille etc) (The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.)
Contact details: Telephone: Mobile: Email: Preferred method and time of contact:
Name of staff member who made contact.
Date of contact:
Summary of discussion:

It was agreed that the following issues would be investigated:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Outcome the client is seeking (ie apology, explanation, acknowledgement of responsibility, new appointment, remedial action, reimbursement):

Agreed timescale for response:

Agreed feedback following investigation:

Please tick

Meeting

Phone call

Letter (please state who the letter will be sent by)

.....
.....

Client informed about ICAS?

Client informed about any other support agencies? If yes please state which:

.....
.....

Appendix E (Report Template)

Investigation Action Plan Summary and Report Made on behalf of *****

Patient Details

Name:
Address:
Date of Birth:
Hospital Reference:

Complainant's Details

Name:
Relationship:
Address:

Complaint reference:
Date received:
Date acknowledged:

Issues for investigation: (as discussed with family on *****)

Issues		Evidence / data / information required/respondent
1.		
2.		
3.		
4.		
5.		

Details of Complaint

Date Of Incident:
Location:

Brief Summary of concerns:

Results of Investigation

Action Plan

Signature of Investigating Officer

Name:

Position:

Date:

Appendix F (Chief Executive Officer Letter)

Chief Executive's Office

Direct Line: 0121 333 8406

Direct Fax: 0121 333 8401

Ref:

Date

Private & Confidential

Address

Dear

Re:

Thank you for your letter dated *****. As the findings of the investigation have been shared with you, I am writing in conclusion of your complaint.

The Trust takes all complaints very seriously and seeks to work with children, young people, carers and families to resolve concerns, and identify how we can improve the quality of services in the future. As a hospital that strives to provide families with the best possible experience, I am always saddened to read any complaint letter as it means that we have let you down in some way.

(Insert summary of investigation)

I hope you feel our response has addressed your concerns. We are committed to addressing any issues that patients, families or their carers raise, and to this end, I would be grateful if you would contact us on 0121 333 8419 if you feel the need to discuss your concerns further, or if you feel that we can do more to address the issues that you have raised.

You are also welcome to contact us to follow up progress on the implementation of suggested actions, on the same number.

Once again thank you for bringing the matter to my attention, and please accept my apologies for the distress this **[incident]** has caused to ** family.

Yours sincerely

Sarah-Jane Marsh
Chief Executive Officer

Encl.

NEXT STEPS

If you remain dissatisfied at the end of local resolution, you can put your complaint to the Parliamentary and Health Service Ombudsman. The Ombudsman can carry out independent investigations into complaints about poor treatment or service provided through the NHS in England. The Ombudsman's services are free.

If you have any questions about whether the Ombudsman may be able to help you, or about how to make a complaint, please contact their helpline on 0345 015 4033, email phso.enquiries@ombudsman.org.uk or fax 020 7217 4000. Further information about the Ombudsman is available at: www.ombudsman.org.uk. You can write to the Ombudsman at:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Should you require any direct help or advice making your complaint you can contact your local Independent Complaints Advocacy Service (ICAS) office. These details can be found in the leaflet enclosed in your acknowledgement letter. If you need any assistance with these details, you can contact our Complaints Service on 0121 333 8419 or make use of the POhWER website: www.pohwer.net. ICAS provides independent advocacy to people making complaints under the NHS complaints procedure.

You are also able to report any concerns to the Care Quality Commission (CQC), which is the independent regulator of health and adult social care in England. The CQC does not investigate individual complaints or concerns about NHS Trusts but is interested in hearing from people who use services about their views and experiences to help them monitor compliance with standards. If you would like to inform the CQC about any concerns you may have about Birmingham Children's Hospital, you can contact them by telephone on 03000 616161 or make use of the CQC website: www.cqc.org.uk, or you can write to the CQC at:-

Care Quality Commission
Finsbury Tower
103-1-5 Burnhill Row
London
EC1Y 8TG

If you feel that **(your/your child's)** treatment has been adversely affected as a direct result of making a complaint, please contact the Complaints Service. If we do not hear from you within 28 days of receiving this letter, it will be assumed that you are satisfied with this response.

Appendix G (Managing Habitual/Vexatious Complainants)

Identifying and Managing Habitual/Vexatious Complainants/Complaints

All complaints should be processed in accordance with the NHS complaints procedure. However, during this process, staff may have contact with a small number of complainants who absorb a disproportionate amount of resources in dealing with their complaints.

In determining how to identify situations where the complaint might be considered to be habitual or vexatious, how to respond to these situations and how to appropriately manage such complaints, the following must be considered:

- That the complaints procedure has been correctly implemented so far as is possible and that no material element of a complaint has been overlooked. It must be appreciated that even habitual or vexatious complaints may have aspects that contain some genuine substance.
- That an equitable approach has been followed.

Definitions

Complainants may be deemed to be habitual or vexatious, where previous or current contact with them shows that they meet two or more of the following criteria:

- **Persist in pursuing a complaint** when the NHS complaints procedure has been fully and properly implemented and exhausted (e.g. when an investigation has been denied as 'out of time', where the Health Service Ombudsman has declined a request for independent review).
- **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.
- **Are unwilling to accept documented evidence** of treatment given as being factual, e.g. drug records, hand-written or computer records, nursing records, or deny receipt of an adequate response, despite 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** they wish to be investigated, despite reasonable efforts of staff to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate.
- **Focus on a trivial matter**, to an extent that it is out of proportion to its significance and continues to focus on this point (it is recognised that determining what is 'trivial', can be subjective and careful judgement must be used in applying this criterion).
- **Had an excessive number of contacts with the Trust**, in the course of addressing a registered complaint, placing unreasonable demands on staff (a contact may be in person or by telephone, letter or fax and discretion must be used in determining the precise number of 'excessive contacts').
- **Have harassed or been personally abusive or verbally aggressive** on more than one occasion towards staff dealing with their complaint. However, it must be recognised that complainants may sometimes act out of character at times of stress, anxiety or

distress and reasonable allowances for this (all incidents of harassment must be documented and logged).

- **Have threatened or used actual physical violence** towards staff 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 must be documented and logged).
- **Known to have recorded meetings, face-to-face or telephone conversations** without the prior knowledge and consent of the other parties involved.
- **Display unreasonable demands/expectation** 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 usual recognised practice).

Options for dealing with habitual/vexatious complainants

Where complaints have been identified as habitual or vexatious, in accordance with the above criteria, the Chief Executive Officer (or an appropriate deputy in their absence) will determine what action to take. The Chief Executive Officer will implement such action and will notify complainants in writing of the reasons why they have been classified as a habitual or vexatious complainant and the action to be taken. This notification may be copied for information to others already involved in the complaint. A record must be kept for future reference, of the reasons why a complainant has been classified as habitual or vexatious.

The Chief Executive Officer 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 Trust is to process the complaint. If these terms were contravened, consideration would then be given to implementing other actions as indicated in this section.
- Once it is clear that the complainants meet any one of the criteria above, they should be informed in writing that they may be classed as habitual or vexatious complainants, the policy should be copied to them and they should be advised 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 POWHER ICAS.
- Decline any contact with the complainants either in person, by telephone, by fax, by e-mail, 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.
- Notify the complainant in writing that the Chief Executive Officer has responded fully to the points raised and has tried to resolve the complaint, but there is nothing more to add and continuing contact will serve no useful purpose. The complainants should also be notified that the correspondence (to include fax and e-mail) is at an end and that further letters received will be acknowledged but not answered.
- Inform the complainants that in extreme circumstances, the Trust reserves the right to refer unreasonable or vexatious complainants to the Police or the Trust's solicitors, where appropriate.

- Temporarily suspend all contact with the complainants or investigation of a complaint whilst seeking legal advice or guidance from the Strategic Health Authority, or other relevant agencies.

Withdrawing 'Habitual or Vexatious' Status

Once complainants have been determined as 'habitual or vexatious', 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 complaints procedures would appear appropriate. Each complaint must be reviewed objectively and assessed on merit.

Staff should previously have used discretion in recommending 'habitual or vexatious' 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 Officer and/or the Chairman (or their deputies). Subject to their approval, normal contact with the complainants and application of the Regulations will then be resumed.

Appendix H (Root Cause Analysis Guidance)

Complaints Investigation

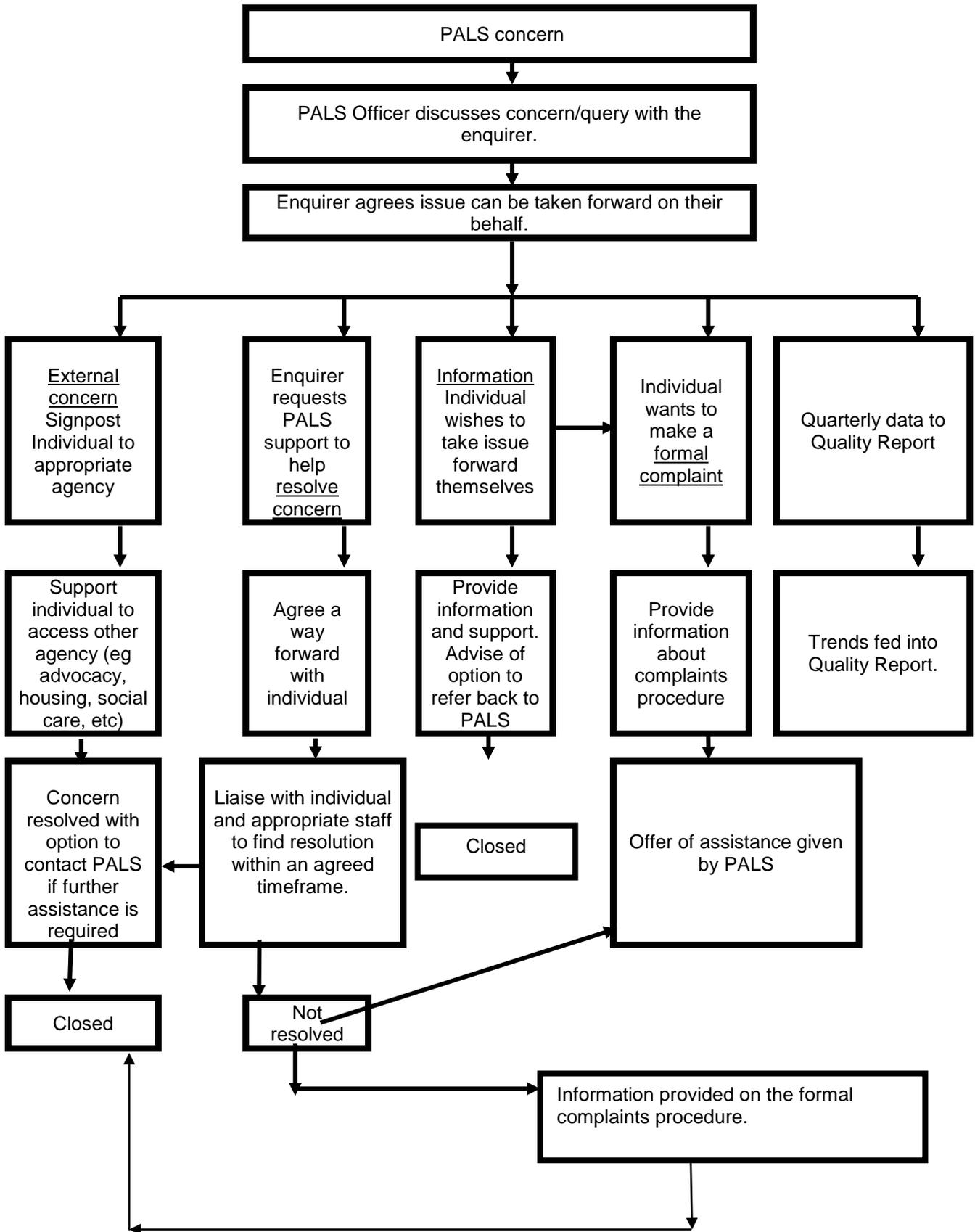
Training for Investigating Officers Incorporating Root Cause Analysis (RCA)

Please refer to the Trust's Education and Learning Team for guidance.
Level 1 training will be provided within the Mandatory Training session.
Level 2 training in Root Cause Analysis principles will be provided to staff investigating an incident or complaint.
Level 3 training will be provided to staff at senior management level, specifically to support the training in relation to chairing a Serious Incident Requiring Investigation.

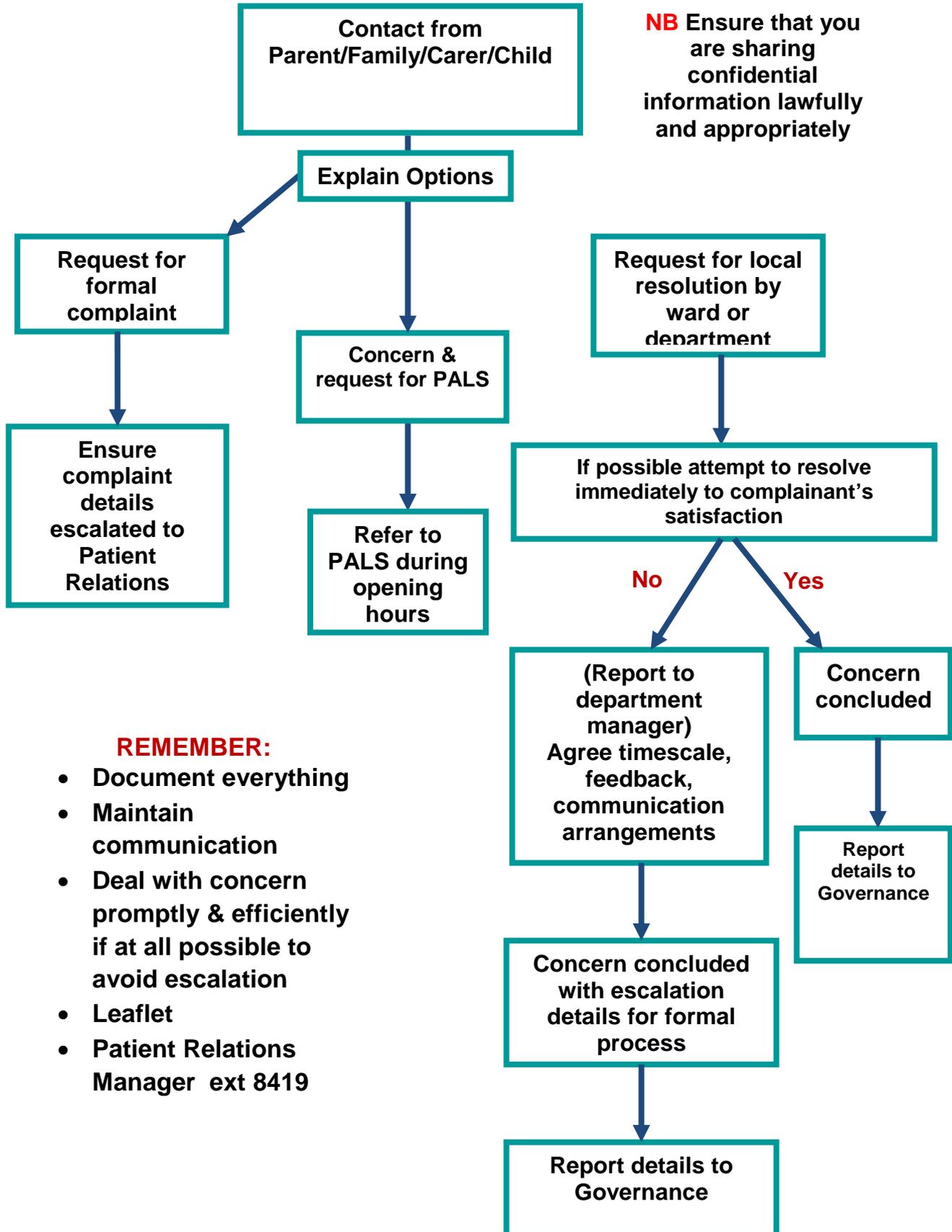
Appendix I (CHECKLIST)

- | | |
|---|-------------------|
| 1) Did the complaint originate from a PALS issue? | YES/NO |
| 2) Acknowledgement letter within 3 working days? | YES/NO |
| 3) Contact made with complainant? | YES/NO |
| 4) Compliance with timescale agreed with complainant? | YES/NO |
| 5) Feedback from complainant within 28 days? | YES/NO |
| 6) Did feedback include details that their treatment had been adversely affected in any way by making a complaint? (Give Details) | YES/NO/N/A |
| 7) If the answer to 9) is yes, was this feedback reported? | YES/NO/N/A |
| 8) Was an action plan created as a result of the feedback? | YES/NO/N/A |
| 9) Did the complaint or the complaint response involve an outside agency and if yes, who? | YES/NO |
| 10) Did the complaint response require a joint response? (Give details) | YES/NO |
| 11) Were any recommendations made by the Trust as a result of the complaint? | YES/NO |
| 12) Have these recommendations been actioned? | YES/NO/N/A |
| 13) Was this complaint referred to the Parliamentary Health Service Ombudsman (PHSO)? | YES/NO |
| 14) If a further response was involved, was this sent out within the time scales set by the Ombudsman? | YES/NO/N/A |
| 15) Did the PHSO make any recommendations? | YES/NO/N/A |
| 16) Have these recommendations been actioned? | YES/NO/N/A |
| 17) Are there any equality and diversity/disability issues (input on safeguard/ED Report)? | YES/NO/Not Stated |
| 18) Referred for Root Cause Analysis | YES/NO |
| 19) Staff support leaflet | YES/NO |

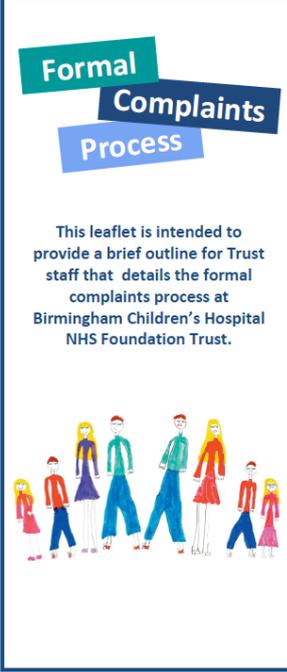
Appendix J (PALS Process)



How to Deal With Complaints & Concerns



Appendix L (Supporting staff leaflet)

<p>Contact Details</p> <p>For more information please contact:</p>  <p>Alison Stanton Patient Relations Manager Alison.stanton@bch.nhs.uk 0121 333 8419</p>	 <p>Birmingham Children's Hospital NHS Foundation Trust Steelhouse Lane Birmingham West Midlands B4 6NH</p> <p>Tel: 0121 333 9999 Fax: 0121 333 9998 www.bch.nhs.uk</p> <p>Governance Services Unit Birmingham Children's Hospital NHS Foundation Trust</p>	 <p>Formal Complaints Process</p> <p>This leaflet is intended to provide a brief outline for Trust staff that details the formal complaints process at Birmingham Children's Hospital NHS Foundation Trust.</p>  <p>Governance Services Unit Birmingham Children's Hospital NHS Foundation Trust</p>
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<p>Introduction</p> <p>The complaints process aims to ensure that all complaints are managed in accordance with the NHS Complaints Regulations.</p> <p>The BCH Complaints Policy provides guidance to Trust staff and aims to produce a fair, sensitive and accurate response to patient complaints. This is one of the ways of improving the quality of care in the NHS. It is important that if things go wrong they are put right quickly and that lessons are learned. Learning from complaints can help staff achieve a higher standard of care and improve services. A complaint can arise from a perception of poor service rather than because of a genuine failure to provide a high quality service. When this occurs, it is often due to poor communication.</p>	<p>Who can complain?</p> <ul style="list-style-type: none"> • A patient; or • Any person who is affected by or likely to be affected by the action, omission or decision of the Birmingham Children's Hospital NHS Trust. <p>A complaint may be made by a person (representative) acting on behalf of a person mentioned in paragraph 3.1 in any case where that person :</p> <ul style="list-style-type: none"> • Has died; • Is a child; • Is unable to by reason of physical or mental incapacity to make the complaint themselves; or • Has requested the representative to act on their behalf 	<p>Time limits</p> <ul style="list-style-type: none"> • Complaint to be made within 12 months of the event (open to discretion to process any complaints outside of this timescale) • Acknowledgment within three working days • Response within a timeframe agreed with the family • Complainant has 28 days from the receipt of the response within which to revert to the Trust if they are not satisfied with the report.
<p>Aims of the Formal Complaints procedure</p> <p>The complaints procedure is concerned only with resolving complaints and not with investigating disciplinary matters. The purpose of the complaints procedure is not to apportion blame amongst staff, but to investigate complaints with the aim of satisfying complainants whilst being fair to staff. It also offers an opportunity to improve service delivery.</p> <p>Complaints can be verbal or written. The medium used does not dictate how the complaint should be processed.</p> <p>The severity of the incident giving rise to the complaint does not determine if a complaint is formal or not. This is the complainant's decision, but they will often state if they are making a formal complaint.</p>	<p>The process</p> <ul style="list-style-type: none"> • A complaint is registered and acknowledged within 3 working days. • A complaint is investigated within a specific Directorate responsible for that service. This will usually be conducted by one of the Associate Service Directors or Heads of Nursing. The investigation should obtain statements from all those involved in the complaint in order to inform the report. • A response from the Chief Executive will be based on the findings of the report and enclose a signed copy of the Investigation Report. 	<p>Independent Review</p> <p>If the complainant remains dissatisfied with the Trust response, they have the right to contact the Parliamentary and Health Service Ombudsman, to request an independent review.</p> <p>This is the second and final stage of the NHS complaints process. They will either refer the complaint back to the Trust or conduct an independent review. The Case Manager may make recommendations to the Trust.</p>

Appendix M Escalation Guidance

1 Introduction

This addendum should be read in conjunction with the Making Experiences Count Policy.

The purpose of this addendum is to provide an agreed framework within which specific complaints or PALS concerns can be rapidly escalated, and will therefore create a two tier system.

The two tier system will involve:

1. Those complaints or concerns that are non-urgent and can therefore be dealt with within the framework of the Making Experiences Count Policy; and
2. Those complaints or concerns that are clinically urgent, possibly involving children and young people that are currently inpatients, and which require immediate action or resolution in relation to a current urgent treatment need.

2 Background

As a Trust, we have in the past received complaints and PALS concerns that relate to ongoing care (for example, if the child is an inpatient), and some that relate to treatment that a child is urgently waiting for.

This type of issue may require an immediate answer or immediate action, as it cannot wait for a full investigation to take place.

The complaints or concerns that fall within this guidance will most likely be assessed by the Patient Relations Manager, the Governance Facilitator – Patient Relations, or the Associate Director for Governance, as the majority of complaints and concerns are received by them.

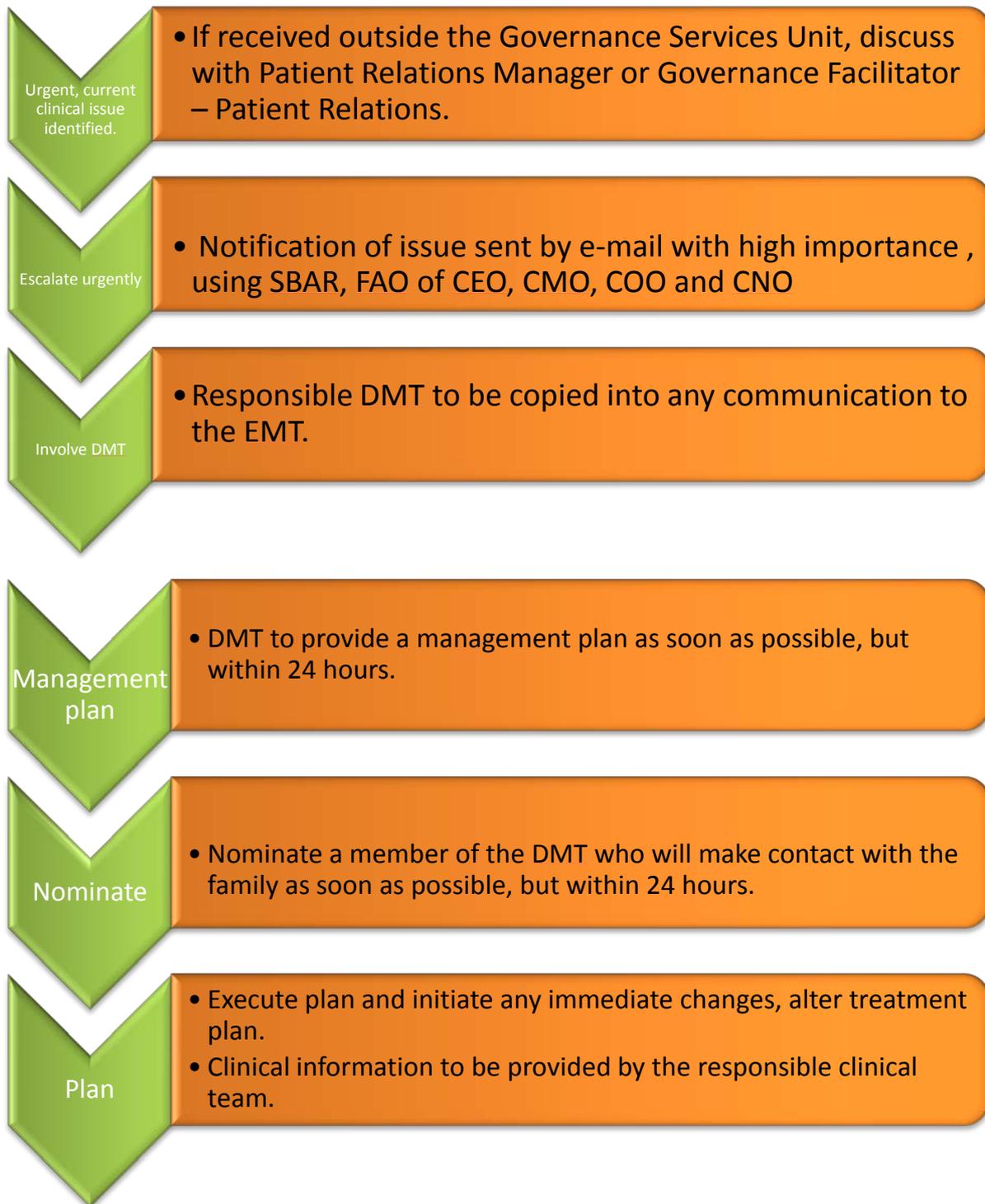
However, this will not preclude the Directorate Management team, the Executive team, or any other manager within the Trust escalating an issue that is raised directly with them.

3 The Process

The complaint or concern should clearly identify a current, urgent clinical issue, (e.g. if a child is, or has been waiting for surgery or treatment) and there is a requirement for immediate action or resolution.

The flow chart below should be followed in all such cases.

Appendix N – flow chart for escalation process



Appendix O Trigger list for identifying level of seriousness for complaints

Severity/Seriousness	Description – what was the impact of the issue raised in the complaint
1. Insignificant/No harm	Unsatisfactory service or experience not directly related to care. Attitude of staff not directly affecting level of care. No impact or risk to provision of care.
2. Minor/Low Harm	Unsatisfactory service or experience related to care, usually a single resolvable issue. Attitude of staff impacting on care. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation. Limited multi agency involvement
3. Moderate	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation. Systemic service failure. High multi agency involvement.
4. Major/Severe	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.
5. Catastrophic/Death	Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

Likelihood/Probability	Description – how likely the issue is to recur
1. Rare	Isolated or 'one off' – slight or vague connection to service provision.
2. Unlikely	Rare – unusual but may have happened before.
3. Possible	Happens from time to time – not frequently or regularly.
4. Likely	Will probably occur several times a year. Trend has been identified and actions put in place but not yet embedded across organisation.
5. Almost certain	Recurring and frequent, predictable. Trend identified previously but despite action plans drawn up and completed a repeat has occurred. Need to establish root cause and ensure actions are appropriate and robust to prevent recurrence

Categorise the risk/consequences and indicator for level of investigation required

Likelihood of recurrence →					
Seriousness ↓	Rare	Unlikely	Possible	Likely	Almost certain
1	Low	Low	Low	Moderate	Moderate
2	Low	Low	Low	Moderate	Moderate
3	Low	Moderate	Moderate	Moderate	High
4	Moderate	Moderate	Moderate	High	High
5	Moderate	Moderate	High	High	High

IMPORTANT: The above is only a guide and each case should be considered on its own merits as other factors may need to be considered before a decision is made