

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Concerns and Complaints Policy

Effective: October 2009

Revised: September 2010

Review: October 2012

1. Introduction

- 1.1 This document describes the means by which any patient or their representative can raise a concern with the Trust, and make formal a complaint. It outlines the responsibilities of the staff involved and offers guidance on good complaints handling practice.
- 1.2 The Trust, endorses the **Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 NO 309**. as its source policy in respect of the management of complaints
- 1.3 The Trust also aims to provide the best service possible within the resources available and every member of staff shares the responsibility for achieving this aim. As individuals and as an organisation we all have a responsibility for delivering a high quality of service to the public and it is fully accepted that we need to be responsive to the needs and expectations of patients, families and users of our service to achieve this aim, and to ensure that as an organisation we can demonstrate that we are listening.
- 1.4 The Trust therefore welcomes compliments, comments, concerns and complaints as they all provide a valuable indication of the quality of service we are providing. We also recognise that complaints and concerns provide sources of information which enable shortcomings to be addressed to help improve patient experience, and which in turn build upon other improvement measures

2. General Principles

- 2.1 Emphasis in the Trust is placed on resolving complaints as quickly as possible, particularly through an immediate informal response by front line staff or PALS Officers where possible, or through subsequent investigation and conciliation, by staff who are empowered to deal with complaints as they arise.
- 2.2 The Trust has a responsibility to ensure that individuals have easy access to information about how to raise a concern or make a complaint and that issues are responded to properly, fairly and justly without prejudice to the care and treatment of the patient or service user.
- 2.3 It should be recognised that patients in receipt of care can at times feel vulnerable, and may feel that their care will be affected if they complain. Staff should do everything they can to dispel this impression, for example, by actively seeking patients' views on their care and by being open and responsive to patients' needs and ensuring that patients feel that they are listened to. It is essential that patients and their carers understand that they have a right to complain without fear of discrimination or effect on their treatment, and all necessary assurance should be provided in this regard. In

keeping with the Code of Openness within the NHS, the Trust will always respond to a complaint in a non-defensive and open manner.

- 2.4 The Trust's complaints procedure is intended to be accessible, open, thorough and prompt. Responses sent to patients, although aiming at conciliation, will be factual, accurate and sensitive to the feelings of staff involved but will offer apologies where shortcomings in service have clearly arisen.
- 2.5 Many patients complain because they genuinely wish to see improvements in health care and to provide information so that action can be taken to prevent a recurrence to a future patient. Staff are therefore positively encouraged to learn from the experience and views expressed by patients and to use lessons learnt to improve the quality of care accordingly.
- 2.6 The Trust aims to provide service users with easy access to a simple and efficient complaints procedure encompassing all aspects of NHS provision and which will include collaboration with other organisations as necessary, e.g. Ambulance Service, Social Services, and other NHS Trusts. The Trust will ensure that accurate up-to-date Trust Complaints Procedure leaflets, which explain the process, are widely available for users of the service, and can be provided in languages other than English, on request.
- 2.7 In addition information on how to complain is provided in the In-Patient and Out-Patient publications "Information for Patients" provided for patients prior to their admission, and via the Trust web site to enable email contact with the Patient Advice and Liaison Service (PALS) or the Patient Relations Department. All Trust publications relating to complaints are available in printable format from the Trust website, www.newcastle-hospitals.nhs.uk
- 2.8 The use of patients' advocates, including the Independent Complaints Advocacy Service (ICAS) is actively encouraged to assist patients in expressing their wishes, or receiving help in difficult decision making.
- 2.9 The following cannot be dealt with under the NHS Trust Complaints Policy:
 - Issues regarding compensation
 - Complaints about private medical treatment
 - Complaints about Local Authority Social Services
 - Complaints requiring investigation by a professional disciplinary body
 - Complaints about which a complainant is already taking legal action
 - A complaint which has already been referred to the Ombudsman
 - A complaint arising out of an 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
- 2.10 Where a complaint involves joint or multiple organisations agreement should be reached on a lead organisation. This would normally be the organisation to whom the complaint has been addressed. The complainant should be informed as to the identity of the lead organisation in writing. The lead organisation will be responsible for the collation of statements and management of the complaints investigation.

3. Duties, Roles and Responsibilities of Staff involved in Complaint Handling

- 3.1 The Chief Executive has corporate responsibility for the process of complaint investigation but day to day authority in this respect is delegated to the Nursing and Patient Services Director. The Chief Executive signs all complaint responses, especially those graded as being high risk, and letters to Members of Parliament but where necessary the approval and signing of complaint responses will be delegated to the Nursing and Patient Services Director.
- 3.2 The Nursing and Patient Services Director has delegated Board level responsibility for concerns and complaints handling, and has responsibility for service performance and clinical governance issues arising from complaints.
- 3.3 The Director of Quality and Effectiveness has responsibility for service quality issues and clinical governance relating to Trust wide learning from all forms of adverse events.
- 3.4 The Patient Relations Manager is responsible to the Chief Executive for ensuring that systems are developed, implemented and monitored throughout the Trust to meet the National Complaint Regulations and is the Trust's designated "Complaints Manager" in this regard. The Patient Relations Manager is accountable to the Nursing and Patient Services Director for the management of complaints handling within the Trust.

In addition the Patient Relations Manager will:-

- Manage and monitor the formal complaint process on a day to day basis
- Advise the Trust Board and the Complaints Panel of complaints trends, and learning and service changes arising from complaints, including all procedural changes. In addition this information will be shared in the Integrated Governance Group forum to ensure any cross Trust issues are identified by the Director of Quality and Effectiveness for reference to the Clinical Risk Group.
- Ensure effective performance mechanisms are in place to track individual complaints and responses within agreed timescales
- Co-ordinate the investigation and response to all complaints and provide quality assurance in this regard.
- Produce complaints reports and other submissions as required for the Board, Complaints Panel, Directorates and other senior managers to assist in the performance of their duties.
- Manage correspondence and process concerning the Health Service and Parliamentary & Health Service Ombudsman and MPs.
- Ensure maintenance and safekeeping of all complaint records, electronic and paper for the prescribed time limit.
- Triage all complaints into High, Medium or Low categories taking any appropriate clinical or specialist advice, as necessary from the Medical Director or Nursing and Patient Services Director, or other clinical lead as appropriate.

- Lead on associated training for staff in respect of complaints handling
- Liaise with PALS and ICAS signposting complainants to appropriate independent advice and advocacy support from these sources.

The Complaints Administrator is responsible for:-

- Ensuring that all complaints are logged in the central electronic register and have a case number allocated.
- Maintaining the Datix complaints system and producing response rate performance reports, and other reports, in regard to performance monitoring of Directorates.
- Producing minutes and all associated reports for the Complaints Panel and Trust Board.
- Deputising for the Patient Relations Manager in his absence
- Responding to telephone and email enquiries, liaising with complainants to advise; to negotiate timescales; and to agree complaint plans

The Complaint Investigation Officers are responsible for:-

- Acknowledgement of all complaints within three working days
- Liaison with the appropriate Directorate Manager, Head of Service or Clinician to initiate investigation.
- Considering each complaint response to ensure every issue raised by the complainant has been addressed and that any service improvements are identified and communicated to the Patient Relations Manager
- Responding to telephone enquiries, negotiate timeframes, agree outcomes and ensure the complainant is advised of progress or any delay which will require amendment to the plan.
- Identifying where procedural changes have been made as a result of the complaint investigation and ensuring the necessary evidence is obtained and communicated to the Patient Relations Manager.

The Directorate Managers are responsible for:-

- Ensuring that on the spot help is provided within Directorates to agree immediate solutions to help to bring about speedy resolution of problems where these are raised with staff so that concerns do not escalate. This may also include signposting to the PALS team
- Liaison with complainants in an endeavour to resolve matters without delay, where this is the agreed outcome requested by the complainant or advised by the Patient Relations team or PALS.

- Undertaking a thorough investigation into each issue raised by the complainant where matters have been formalised and preparation of a draft report to be sent to the Patient Relations Department with all supporting documentation within the time frame notified by Patient Relations following negotiation and agreement with the complainant.
- Ensuring all complaints of a serious nature made to staff within the Directorate are identified and escalated to the Patient Relations Manager, even if dealt with by the Directorate, to ensure that learning points are able to be shared at the Integrated Governance Group meeting

The PALS manager and staff are employed by North of Tyne PALS (NOTP) and are contracted to provide a dedicated PALS Service to the Trust, which is a stakeholder organisation in NOTP. PALS staff liaise with the Patient Relations Manager in respect of day to day matters relating to service issues or specific complaints

The PALS Manager will:-

- Ensure the PALS service is identifiable and accessible across the Trust, providing information and advice, and acting as a first point of contact for those individuals who are unhappy with the service provided and wish to raise concerns and complaints.
- Ensure that on the spot help is provided by PALS Officers to negotiate immediate solutions where this is possible or seeking speedy resolution via appropriate Directorate staff so that concerns do not escalate.
- Identify all serious matters of concern including clear matters of complaint and escalate these to the Patient Relations Team.
- Provide signposting for complainants to appropriate independent advice and advocacy support e.g. ICAS or other appropriate advocate.
- Provide regular quarterly reports to the Nursing and Patient Services Director, Patient Relations Manager, and the Patient, Carer and Public Involvement Co-ordinator to ensure monitoring of themes and trends. Also provide monthly reports directly to the Directorate Managers and the Patient, Carer and Public Involvement Committee, who will ensure all identified actions arising from PALS information has been delivered.

PALS Officers will:-

- Receive, log and respond to comments and concerns about Trust services.
- Seek to facilitate the resolution of concerns by listening, providing information, liaising with staff colleagues in Directorates as appropriate.
- Identify issues requiring a formal investigation and support complainants to access the Trust's complaint process.

The Patient, Carer and Public Involvement Coordinator will :-

- Review all PALS monthly data and summarise matters in the Patient Experience Report to the Patient, Carer and Public Involvement Committee; Directorate Managers; Heads of Departments and Public Governors.

All Staff within the Trust have the responsibility to:-

- Immediately respond to concerns and complaints when these are raised directly with them, and to try to provide resolution, or escalate matters to the most senior member of staff on duty at the time e.g. Sister or manager, if this would be more appropriate.
- Signpost the complainant to the PALS service when issues can not be immediately resolved.
- Be familiar with the process available to patients or their representatives for raising concerns or complaints.
- Co-operate with PALS or the Patient Relations team to assist in the resolution of concerns and complaints in a timely manner.
- Provide an account, or statement, in respect of events under investigation within 5 working days of such a request being made.

4. Local Resolution of Complaints by Listening

4.1 The Trust aims to resolve all complaints via local resolution using the principles set out in the Complaints Regulations and the Parliamentary & Health Service Ombudsman's "*Principles of Good Complaint Handling*" which are:

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

4.2 The Trust will therefore carry out a full investigation into a complaint which will be focused on resolution of the complaint to the satisfaction of the complainant whilst being scrupulously fair to staff.

4.3 The local resolution process lays emphasis on complaints being dealt with quickly and, where possible, on the spot. It may be possible to forestall complaints by swift action when an error or lapse of service is identified. Such complaints should be dealt with immediately by the most appropriate member of staff on the ward or in the department and providing explanation and an apology where called for.

4.4 If front line staff are unable to resolve the complaint or if the issue is sufficiently serious, then a complaint form should be completed by Trust staff and forwarded to the Patient Relations Department within 24 hours of the complaint being made. Patients or Carers who wish to make a complaint in person may be directed to the Patient Relations Department during normal office hours, or to the on duty Patient Service Co-ordinators out of hours.

- 4.5 The Patient Relations Manager, the Trust's designated 'Complaints Manager' under the Regulations will handle:
- a. Any problem that cannot be resolved by front line staff and following which the complainant wishes to lodge a formal complaint.
 - b. Any oral complaint made directly to the Chief Executive or Patient Relations Department which either cannot be resolved immediately or is serious enough to warrant investigation.

5. Procedure for responding to complaints

- 5.1 All written or serious verbal complaints should be referred immediately to the Chief Executive.
- 5.2 The complaint will be logged in a central register and allocated a sequential number.
- 5.3 An acknowledgement letter will be sent to the complainant within 3 working days of receipt signed by the Chief Executive or delegated officer.
- 5.4 Issues raised will be managed in accordance with risk assessment of the concern or complaint and the wishes of the complainant. The Patient Relations Manager will therefore Triage all complaints received accordingly, using the matrix at Appendix one.
- 5.5 Low risk concerns either verbal or written will be forwarded to PALS so that the complainant is offered the option of an informal resolution. PALS will seek to contact the complainant and where the complainant agrees will seek to resolve concerns within an agreed timescale. If the complainant is not satisfied and issues can not be resolved informally the complaint will be referred to the Patient Relations Department to process via the formal process
- 5.6 All other complaints assessed to be medium or high risk complaints will be managed through the local resolution process and where possible the complainant will be contacted and given a name and contact details of the person in the Patient Relations Department handling their case and agreement will be sought in respect of the timescale for the investigation. If the complainant can not be contacted directly, due to lack of a telephone number, or repeated attempts fail when endeavouring to telephone on the number provided then the necessary information will be included in the Trust's acknowledgement letter.
- 5.7 The Patient Relations Manager will identify the Specialty or Department involved. A copy of the complaint letter will be sent together with a request for an investigation and draft response. This will be undertaken by the Patient Relations Department on behalf of the Chief Executive.
- 5.8 The Directorate Manager/Head of Department will co-ordinate an investigation with the staff involved in the complaint, including reference to the casenotes, as required ensuring that all issues are addressed. Following this a draft written response (together with any supporting documents, statements and correspondence) will be forwarded to the Complaints Department within a

suitable period to meet the timescale agreed with the complainant , although this timescale may be extended for more complex cases at the discretion of the Patient Relations Manager and in consultation with the complainant. The information provided will form the basis of the formal response, however, additional information may be sought by the Patient Relations Department from the individuals concerned, or medical records where further explanation is required.

- 5.9 Where a complaint is made about a member of staff or where the complainant addresses a procedure that involves a member of staff in a responsible role then the nature and details of that complaint must be discussed with the staff member and statements obtained, where appropriate, as part of the investigation. In the case of medical, nursing or other professional staff matters will also be reported to the appropriate Director or Head of Service who will also receive copies of the final response for performance monitoring and governance.
- 5.10 Other key individuals within the Trust may be sent correspondence either for information, comment, or action, e.g. the Medical Director and Nursing and Patient Services Director who will have sight of complaints as part of their executive management duties.
- 5.11 Draft responses, statements and other information requested must be returned to the Patient Relations Department within the designated timescale. Directorate performance in respect of timely complaint response is monitored as part of their Clinical Standards and Practice review, and also via the CQUIN contract with North of Tyne NHS
- 5.12 The Patient Relations Manager shall finalise the draft response to the complaint, prior to scrutiny by the Chief Executive, ensuring that:-
- all issues raised by the complainant have been addressed,
 - similar terminology to that used by the complainant is used,
 - explanations of medical and nursing terminology are given.
 - clear explanations and details of remedial actions are given,
 - a sympathetic and apologetic tone is used and apologies given where appropriate.
 - Ensuring any identified action for follow up is in place, e.g. new appointment, change of Consultant etc.
 - Identification and consideration of redress where called for
- 5.13 In cases where delay is unavoidable due to the complex nature of the case, or for other good reason the Patient Relations Department will contact the complainant to advise and to jointly agree a reasonable timescale to conclude the investigation and forward the response.
- 5.14 Replies to all formal complaints will be reviewed and signed by the Chief Executive who has the ultimate responsibility for the wording of the reply. In the absence of the Chief Executive this duty will be undertaken by the Nursing and Patient Services Director.
- 5.15 A copy of the final response will be sent to the Clinical Director and Specialty Manager /Head of Department of the appropriate speciality to ensure that any

action identified is taken forward.

- 5.16 All staff are entitled to formal feedback if they are the subject of a complaint, and it is the responsibility of the appropriate line manager to ensure this action is taken.
- 5.17 The Trust will normally aim to investigate and fully respond to a complaint as soon as possible, ranging from an immediate response, to within a maximum period of 30 working days, although this will depend on the nature and complexity of the issues raised. As stated above, if an investigation needs to take longer due to, for example long term absence of key staff involved in the complaint issues, then the complainant will be so advised and a new response target agreed and confirmed in an interim letter sent to the complainant advising of the circumstances.
- 5.18 Whilst investigating a patient complaint, it may be beneficial for personal contact to be made with the complainant by those conducting the investigation. The circumstances of the complaint, and wishes of the patient will determine the appropriateness of such contact.
- 5.19 A complainant may wish to seek assistance from an advocate in pursuing a complaint. This could be a relative, Independent Complaints Advocacy Services (ICAS) representative or other patient advocate. Patients' wishes in this regard should be respected.

6. If the Complainant remains dissatisfied

- 6.1 If a complainant remains dissatisfied with the response, a number of courses of action can be followed and it is incumbent upon the Trust to give guidance in this respect.
- 6.2 A further investigation can be undertaken in respect of any outstanding concerns and a second written response forwarded accordingly from the Chief Executive if the complainant is happy with this proposal.
- 6.3 Some complaints are best resolved by providing the complainant with an opportunity to meet with representatives of the clinical staff involved in the patient's care. The Patient Relations Manager may consider offering this facility at any stage of the proceedings instead of a written response if this is thought to be helpful and in accordance with the complainant's wishes. A Local Resolution Meeting will be chaired by one of the following senior personnel:

Medical Director
Assistant Medical Director (s)
Nursing and Patient Services Director
Other designated representative of the Chief Executive e.g. Consultant Emeritus or Patient Relations Manager

The Directorate Manager or Department Head, Consultant Medical Staff and other appropriate senior professional colleagues e.g. Matron, will also be invited to attend dependant on the issues arising from the complaint. The decision as to who needs to attend is at the discretion of the appointed chairperson and, as far as possible, in line with the wishes of the complainant. Junior Staff against

whom the complaint has been made will be represented by their clinical lead or line manager.

6.4 A second independent clinical opinion may be sought for clinical complaints at the discretion of the Trust, and in such instances appropriate advice will be sought from the Medical Director.

6.5 Communication of appropriate and preventative remedy when this is called for.

6.6 Where a complainant still remains dissatisfied with the outcome of the Local Resolution process they have the right to request that the Parliamentary and Health Service Ombudsman review their case and this will be advised to the complainant accordingly at the end of the Local Resolution stage.

7. Role of the Parliamentary and Health Services Ombudsman (PHSO)

7.1 The jurisdiction of the PHSO covers all complaints made by, or on behalf of NHS patients

7.2 The PHSO will not usually investigate complaints where these are made more than twelve months after the individual making the complaint became aware of the matters complained about.

7.3 The Ombudsman can consider complaints about:

- unsatisfactory care or treatment, including the exercise of clinical judgement
- failure to provide a service that ought to have been provided
- poor administration, including, misleading advice, or refusal to provide information to which the individual is entitled, poor complaint handling, rudeness or clerical error

7.4 The Ombudsman cannot consider complaints about:

- private care not funded by the NHS
- NHS personnel matters such as recruitment, pay or discipline
- A refusal of access to medical records (this is dealt with by the Information Commissioner)
- Any matter about which legal action has already been taken or about which the complainant intends to take legal action

7.5 Any request for review of a complaint under the second stage of the NHS Complaint Regulations should be made to the PHSO by the complainant within twelve months of receiving their final reply from the Trust at the conclusion of Local Resolution.

7.6 The PHSO will acknowledge the request and will review the issues raised. A letter regarding the decision and any recommendations will be sent to the complainant and the Trust.

7.7 If the complaint does not fall within the necessary criteria, or should be more appropriately handled by another body, such as the General Medical Council, the PHSO will inform the complainant accordingly and advise of the options

available.

- 7.8 If the complaint is felt to be suitable for review the PHSO will allocate a Case Manager to undertake the review of the complaint and who will notify the complainant of the outcome of the initial review and as to whether further investigation will be necessary.
- 7.9 The PHSO will consider if the complaint can be referred back to the Trust for further attempts at resolution.
- 7.10 If the PHSO decide to further investigate the complaint, they will advise the Trust and the complainant. A request will then be made for the complaint file and medical records from the Trust to be forwarded to the PHSO.
- 7.11 Upon completion of an investigation the Ombudsman may uphold the complaint in full, or in part, or may not uphold the complaint at all. In any event the Ombudsman will set out the findings and reasons for these in a report. Where the complaint is at least partially upheld, the Ombudsman may make recommendations for appropriate redress, and which might include an apology, an explanation, improvements to practices and systems, or where appropriate limited financial redress. The Ombudsman also has the power to refer individual clinician's to regulatory bodies where this is considered appropriate

8 Role of the Trust Complaints Panel

- 8.1 The Complaints Panel is a standing panel of the Trust Board. Its purpose is to maintain an overview of complaints arising within the Trust. This includes a review of every complaint received each month with particular emphasis on the outcome for the complainant
- 8.2 Trends and patterns of complaints across the Trust are scrutinised and monitored each month by the Panel. The role of the Panel is to ensure appropriate action has been taken, where called for; to improve patient safety and quality of service; and to ensure lessons learnt from complaints are communicated appropriately within the Trust. The Panel is responsible for ensuring the Trust Board are apprised of all pertinent facts where a complaint gives rise to specific concern.
- 8.3 The Complaints Panel membership is laid down in the Panel's Constitution and Terms of Reference. Membership comprises :-
- Two Non-Executive Directors
 - Two Public Governors
 - Medical Director
 - Nursing and Patient Services Director
 - Director of Quality and Effectiveness
 - Patient Relations Manager

9. Confidentiality

- 9.1 Complainants are defined by formal guidance as existing or former users of the Trust's services, or people complaining on their behalf who are accepted as a suitable representative. Where a complaint is made on behalf of a patient who

has not authorised someone to act for him/her, care must be taken not to disclose personal health information to the complainant, unless the patient has expressed consent to disclosure.

- 9.2 If the complainant is not the patient, and personal, clinical or confidential information is involved a Consent Form will be sent to the person making the complaint. This will request the complainant to obtain the patient's signature giving permission for the necessary information to be disclosed and for the complaint to be investigated, and confirming that the person named on the form may act on behalf of the patient. Even with a patient's next of kin acting as complainant, staff need to be aware that the patient may not be happy with a complaint being made on their behalf or may not wish certain information details to be shared without their consent being sought. All reasonable efforts must be made to obtain consent where this is required, however each case must be judged on its own merits and disclosure should not be unreasonably refused.
- 9.3 Where the patient is not competent to give consent e.g. is unable because of physical or mental incapacity to make the complaint themselves, or the patient has died, any known wishes previously expressed by the patient that information may not be disclosed to any third parties must be taken into account.

10. Improvements, Action Points and Learning following an investigation

- 10.1 The Patient Relations Manager will ensure all actions documented are actioned following a complaint investigation and that any general learning is documented as a Procedural Change note which summarises action points and service improvements arising from complaints. These actions will be documented on Datix. Any service improvement that has occurred as a consequence of a complaint is shared and discussed in the following meetings to ensure Trust wide learning can occur
- Complaints Panel at each meeting - monthly
 - Trust Board notified monthly, arising from Complaints Panel
 - Integrated Governance Committee - Quarterly
 - Clinical Risk Group – Quarterly
 - Directorate Clinical Governance meetings – specific to complaint concerned

11. Special Circumstances

- 11.1 The Trust's approved procedure for handling complaints should be followed at all times except where exceptional circumstances may apply and which need to be handled on an individual specific basis. It may be necessary, because of the immediacy of presenting circumstances to authorise staff to take more urgent action on occasion. However, any such action should follow the direction and advice of the Chief Executive, Medical Director, or Nursing and Patient Services Director as appropriate.

12. Litigation

- 12.1 If a complainant reveals probable negligence, the Trust's Legal Department will be made aware immediately. However, the complaints procedure will not cease

unless the complainant explicitly indicates an intention to take legal action and even if a complainant's initial communication is via a solicitors letter, the inference must not necessarily be made that the complainant has decided to take formal legal action.

12.2 In clinical negligence cases, appropriate legal advice will be sought, but will not prevent a full explanation and apology being given. However, if it is discovered that legal action has been instigated, the complaints procedure will be brought to an end.

12.3 Once the Trust has been formally notified that proceedings have been issued, then the complaints procedure must cease.

14. Disciplinary Action

13.1 The complaints procedure and the disciplinary procedure remain separate. However information gained in the complaints process may be used in the disciplining of staff and is not privileged.

13.2 The issue of how much information is given to complainants regarding disciplinary procedures taken against members of staff is difficult, therefore a judgement will be made in each individual case as to how to reassure the complainant that the matter has been dealt with seriously and satisfactorily, whilst protecting the confidentiality of the member of staff.

14. Medical Accidents

14.1 It is acknowledged that medical accidents do happen and when such circumstances arise, that an injured patient may not make a complaint initially because of their injury or shock. The Trust shall investigate all of these cases on an urgent ad hoc and informal basis. In these circumstances and outwith the Complaints Procedure, a panel may be convened under the auspices of the Trust Board with powers of co-option to ensure there is a comprehensive scrutiny of the incident and that Risk Management and Clinical Governance procedures have been followed satisfactorily. Findings will be published and recommendations made where called for.

15. Complaints against Members of Staff

15.1 It is often extremely worrying and stressful for staff who have a complaint made against them and staff should be offered support and reassurance throughout the investigation process. Staff should be encouraged to seek support and possible sources of support include the line manager, professional bodies/unions, the hospital staff support group, Chaplains, Occupational Health and the Patient Relations Department.

15.2 Staff are entitled to feedback from their line manager on the outcome of the complaint and on the final reply to the complainant. It is also the line manager's responsibility to ensure that staff are made aware in respect of the invoking of disciplinary procedures as a result of a complaint.

16. Harassment of Staff

16.1 If a member of medical staff is subjected to harassment either verbally or in writing by a complainant and is concerned they should contact the Medical Director. The Nursing and Patient Services Director should also be contacted if a member of administrative or nursing staff wishes to seek advice in this regard. All other categories of staff should contact the Patient Relations Department for advice.

16.2 Violence and abuse towards NHS employees is a significant cause of workplace stress and is a matter of serious concern to employees and managers, as well as to the Trust Board. The Trust's strategy for reducing such unacceptable behaviour is detailed in the Management of Violence and Aggression at Work policy, and which provides guidance on dealing with aggression, harassment and abusive situations. The Trust's policy on Unreasonably Persistent Complainants is also relevant in this area.

17. Referral to the General Medical Council

17.1 The GMC Policy is administered within the Trust separately to the Complaints Policy and any referrals to the GMC will be made via the Chief Executive or Medical Director and not through the Complaints Policy.

18. Training

18.1 Mandatory training on complaints handling is provided on all staff induction courses within the Trust.

18.2 Trust Management development and individual Directorate training is provided for complaints handling and development training purposes on staff development programs, and for new managers on a request basis via the Patient Relations Department.

18.3 It is the responsibility of Directorate Managers/Heads of Department to assess the training requirements of their staff annually regarding complaints handling and to liaise with the Patient Relations Department or the Training Department to arrange such training.

19. Reporting & Monitoring Arrangements

19.1 All written or serious verbal complaints received by the Trust will be summarised, monitored and analysed on a regular basis and reported via the Patient Relations Manager to the Trust Complaints Panel on a monthly basis.

19.2 Organisational learning from Procedural Change notes and action plans will be documented on Datix and then reported monthly to the Complaints Panel.

19.3 A report from the North of Tyne Patient Advice and Liaison Service is provided to the Complaints Panel on a quarterly basis for review and monitoring of trends and areas for improvement. This report is also provided for the Trust's Patient, Carer and Public Involvement Committee for consideration.

19.4 An overview of the complaints process will be maintained via monthly reports presented to the Complaints Panel. The Complaints Panel will continue to monitor identified action points arising from complaints until their resolution.

The number of new complaints is presented to the Board monthly.

A comparison of Directorate complaints performance is presented quarterly to the Complaints Panel by the Patient Relations Manager

The number of new complaints and a summary of salient issues from complaints are reported via the integrated Governance Group to the Clinical Risk Group on a quarterly basis

20. Policy Review

The policy was approved by the Trust Complaints Panel on 6th October 2009, was revised in September 2010 and is subject to further review no later than October 2012.

Policy author: Patient Relations Manager, Patient Relations Department, Level 1, Freeman Hospital.

CATEGORIES OF RISK

SERIOUSNESS	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
LOW	LOW				
MEDIUM		MEDIUM			
HIGH			HIGH		
EXTREME				EXTREME	

RARE: Isolated or one off - slight or vague connection to service provision

UNLIKELY: Rare - unusual but may have happened before

POSSIBLE: Happens from time to time - not frequently or regularly

LIKELY: Will probably occur several times a year

ALMOST CERTAIN: Necessary and frequent, predictable

TRIAGE COMPLAINTS

SERIOUSNESS

A	B	C	D
LOW	MEDIUM	HIGH	EXTREME
<p>Unsatisfactory service or experience not directly related to care. No impact or risk to provision of service.</p> <p>Or</p> <p>Unsatisfactory service or experience relevant to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or service.</p> <p>No real risk of litigation.</p>	<p>Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision.</p> <p>Some provision for litigation.</p>	<p>Significant issues regarding standards, quality of care and safe guarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the Trust and so require full investigation.</p> <p>Possibility of litigation and adverse local publicity.</p>	<p>Serious issues that may cause long term damage, professional misconduct or death. Will require immediate and in depth investigation. May involve serious safety issues. A high probability of litigation and a strong possibility of adverse national publicity.</p>

EXAMPLES

<p>Delayed or cancelled appointments.</p> <p>Minor harm e.g. cut, strain.</p> <p>Loss of property.</p> <p>Lack of cleanliness.</p> <p>Transport problems.</p> <p>Medical records missing.</p> <p>Single failure to meet care needs.</p> <p>Food issues/hotel issues.</p>	<p>Event resulting in moderate harm e.g. fracture.</p> <p>Delayed discharge.</p> <p>Failure to meet basic care needs.</p> <p>Minor medical error.</p> <p>Incorrect treatment with no adverse outcome.</p> <p>Staff attitude/poor communication.</p> <p>Miscommunication or misinformation.</p>	<p>Multiple events resulting in serious harm to patient. May include more serious examples from Group B.</p> <p>May often require a longer period of care and may involve other organisations.</p>	<p>Events resulting in serious harm or death.</p> <p>Gross professional misconduct.</p> <p>Abuse or neglect.</p> <p>Criminal offence e.g. assault.</p> <p>Serious system failures resulting in harm.</p>
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**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	CONCERNS AND COMPLAINTS POLICY	Policy Author:	PAUL ANDERSON
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	NO	Policy applies to all and any persons who may wish to complain about their own or a relative or friend's treatment and care. It is underpinned by the Local Authority Social Services & National Health Service Complaints (England) Regulations 2009 No 309 which is the national statutory regulation governing all NHS complaints handling. Compliance in respect of ensuring no negative impact on particular groups is monitored using the Datix Complaints System.
	• Race	NO	
	• Ethnic origins (including gypsies and travellers)	NO	
	• Nationality	NO	
	• Gender	NO	
	• Culture	NO	
	• Religion or belief	NO	
	• Sexual orientation including lesbian, gay and bisexual people	NO	
	• Age	NO	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	NO	
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	NO	
4(b).	If so can the impact be avoided?	-	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	-	
4(d).	Can we reduce the impact by taking different action?	-	

Comments:	Action Plan due (or Not Applicable):

Name and Designation of Person responsible for completion of this form: P Anderson Date: 30/10/09

Names & Designations of those involved in the impact assessment screening process: Complaints Panel attendees, North of Tyne PALS, ICAS, Patient, Carer and Public Involvement Coordinator

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)