University Hospitals of Leicester NHS
NHS Trust

POLICY FOR THE MANAGEMENT OF COMPLAINTS, CONCERNS AND COMPLIMENTS

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CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

June 2015 - Following the publication of the Parliamentary and Health Service Ombudsman's 'My expectations for raising concerns and complaints', this Policy has been again reformatted to incorporate the changes suggested by the revised guidance.

June 2018 – 3-month review date extension agreed by PGC on 15 June 2018.

September 2018 – Complete rewrite of policy

July 2024 – Rewrite of policy to include Parliamentary & Health Service Ombudsman's Complaints Standards and introduction of UHL Patient Advice and Liaison Service

KEY WORDS

Complaint policy, complaints, concerns, PALS, Patient Advice and Liaison Service, Ombudsman, PHSO, verbal, formal, informal, early resolution, compliments, persistent, unreasonable, feedback, conduct

1 INTRODUCTION AND OVERVIEW

1.1 Complaints, concerns and compliments received by the Trust are a valuable source of feedback about our services. We actively seek this information from our service users to learn how we can improve. The Trust has processes in place to listen, investigate and respond in a timely and open manner, placing the service user at the centre of the process and embedding changes made as a result of lessons learnt from this feedback.

1.2 This policy describes the Trust's process for achieving resolution of complaints and concerns and follows the relevant requirements in the Local Authority, Social Services and National Health Service Complaint Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations), also encompassing the PHSO NHS Complaints Standards 2021.

1.3 The Complaint Standards and this policy support the delivery of our Trust's Strategy 2023 – 30, by putting the patient at the heart of everything that we do.

1.4 This document sets out the University Hospitals of Leicester (UHL) NHS Trust Policy and Procedures for the management of complaints, concerns and compliments.

2 POLICY SCOPE

2.1 This policy applies to all staff (temporary or permanent) working in all the locations registered by University Hospitals of Leicester NHS Trust with the Care Quality Commission, to provide its regulated activities. This includes volunteers, contractors, students and / or trainees.

2.2 It does not apply to staff wishing to complain about practices within the Trust; they should follow the Trust's relevant People Services procedures, unless the complaint is about their care, or the care of another person (with appropriate consent to do so).

3 DEFINITIONS AND ABBREVIATIONS

- Care Quality Commission (CQC): the independent regulator of health and adult social care in England
- Complaint: defined as an expression of dissatisfaction about an act, omission or decision by the Trust (written / verbal) and whether justified or not, which requires a formal response within an agreed timeframe
- Compliment: an expression of satisfaction / gratitude for the quality of service provided to service users
- Concern: defined as an expression of dissatisfaction where the individual raising the concern has expressed a wish for their concern to not be subject to a formal investigation
- Integrated Care Board (ICB): an NHS organisation responsible for planning, arranging and ensuring the availability and quality of health services to local people.
- LGO: Local Government Ombudsman
- NHS Complaints Advocacy: a free and independent service which helps service users and their representatives make a complaint about the NHS
- PALS: Patient Advice and Liaison Service
- PHSO: Parliamentary and Health Service Ombudsman
- Reopened complaint: a complaint received following closure of a complaint, about the same issue(s)

4 ROLES – WHO DOES WHAT

Responsibilities within the Organisation

4.1 Chief Executive - has overall responsibility for ensuring as a trust we:

- comply with the 2009 and 2014 Regulations
- comply with the NHS Complaint Standards and this procedure
- take any necessary remedial action.
- report annually on how we learn from complaints.

Also responsible for signing the final written response to the complaint (unless delegated to an authorised person(s)).

4.2 (Very) Senior Trust Staff (Deputy Chief Executive, Medical Director, Chief Nurse, Clinical Directors, Consultants, Heads of Nursing and their Deputies)

Responsible for:

- overseeing complaints and the way we learn from complaints and concerns
- overseeing the implementation of actions required because of a complaint, to prevent failings happening again
- contributing to complaint investigations
- deputising for the Responsible Person, if authorised

Retain ownership and accountability for the management and reporting of complaints

Responsible for preparing, quality assuring or signing the final written response.

Should be satisfied that the investigation has been carried out in accordance with this procedure and guidance, and that the response addresses all aspects of the complaint.

Review the information gathered from complaints regularly (at least quarterly) and use this to consider how services could be improved, or how internal policies and procedures could be updated. Report on the outcomes of these reviews.

Responsible for ensuring complaints are central to the overall governance of the organisation and ensure staff are supported when handling complaints and when they are the subject of a complaint.

4.3 Complaints Lead

Responsible for

- overall day-to-day management
- oversight of procedures for handling complaints and the teams that deliver those services.

Working with senior manager(s) or partner(s), who will be involved in a review of regular reports. Review this information to identify areas of concern, agree remedial action and improve services.

May act as a complaint handler/investigator or complaint lead.

4.4 Staff member investigating the complaint (Matron, Head of Service, Ward Manager, Operational Manager, (Deputy) General Manager

Assigned to oversee and co-ordinate the investigation of the complaint and the response to the complaint. If needed, seek out support and input of others.

Make sure the information and responses they receive from the person making the complaint, and from staff being complained about provides:

- an objective account of what happened
- an explanation if something has gone wrong
- details of any action already taken or planned to resolve the matter.

May also act as a complaint lead and delegate their responsibilities as set out in this procedure to the Complaint Lead.

4.5 Complaint Manager / Handler

As appropriate and when required, the Complaint Manager/ Handler will call for the input of designated Staff members with knowledge of the care or services complained about and draft the complaint response for sign off. They will quality assure the responses received to ensure that all issues are adequately addressed.

4.6 All staff

All staff to proactively respond to service users and their representatives and support them to deal with any complaints/concerns raised at the ‘first point of contact’.

All staff who deal with complaints are to do so in a sensitive and empathetic way, making sure people are aware of our local independent advocacy provider and/or national sources of support and advice.

All staff to listen, provide an answer to the issues quickly, and capture and act on any learning identified.

5. POLICY IMPLEMENTATION

5.1 Identifying a complaint

Everyday conversations with our users

Trust staff speak to people who use our services every day and this can often raise issues, requests for a service, questions or worries: ‘everyday conversations’ or informal concerns that our staff can help with immediately. We encourage people to discuss any issues they have with our staff in the first instance, as they may be able to sort the issue out to their satisfaction quickly and without the need for them to make a complaint.

When people want to make a complaint

However, some issues / concerns cannot always be resolved as they arise, and sometimes people will want to make a complaint. The NHS Complaint Standards 2021 define a complaint as: ***‘an expression of dissatisfaction, either spoken or written, that requires a response'.*** It can be about:

- an act, omission or decision we have made
- the standard of service we have provided

Feedback

People may want to provide feedback instead of making a complaint or do both. Feedback can be an expression of dissatisfaction / satisfaction but is normally given without wanting to receive a response or make a complaint.

People do not have to use the term ‘complaint’: for example, ‘issue’, ‘concern’, ‘tell you about’ may be used instead. The Trust staff will speak to people to understand the issues they raise and how they would like our organisation to consider them.

For more information about the types of complaints that are and are not covered under the 2009 Regulations please see: The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

If we consider that a complaint (or any part of it) does not fall under this procedure, we will explain the reasons for this. We will do this in writing to the person raising the complaint and provide any relevant explanation and signposting information.

Complaints can be made to the Trust:

- in person
- by telephone
- in writing
- by email
- via social media
- online

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

Complaints will be acknowledged within three working days of receipt: in writing, electronically or verbally.

An anonymous or general complaint may be received which will not meet the criteria for who can complain (see below). In this case, we will review the matter to identify if there is any learning for our organisation, unless there is a reason not to.

5.2 Who can make a complaint?

As set out in the 2009 NHS Complaints Regulations, any person may make a complaint if they have received or are receiving care and services from our organisation. A person may also complain to us if they are not in direct receipt of our care or services but are affected, or likely to be affected by, any action, inaction or decision by our organisation.

If the person affected does not wish to deal with the complaint themselves, they can appoint a representative to raise the complaint on their behalf. There is no restriction on who may represent the person affected. However, they will need to provide us with their consent for their representative to raise and discuss the complaint with us and to see their personal information (including any relevant medical records).

If the person affected has

- died
- is a child (under 16 years of age)
- otherwise unable to complain because of physical or mental incapacity

a representative may make the complaint on their behalf. There is no restriction on who may act as representative but there may be restrictions on the type of information we may be able to share with them, as per the Data Protection Act 2018 Data protection: The Data Protection Act - GOV.UK (www.gov.uk)

We will explain this when we first look at the complaint.

Children under the age of 16 can raise a complaint about their care and treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent.Consent to treatment - Children and young people - NHS (www.nhs.uk)

If at any time we believe that a representative is not acting in the best interests of the person affected, we will assess whether we should stop our consideration of the complaint. This will be on a case-by-case basis. If we do this, we will share our reasons with the representative in writing. In such circumstances we will advise the representative that they may complain to

5.3 Exceptions to the NHS Complaints Regulations 2009

Under section 8 a – h of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 the following complaints **ARE NOT** required to be dealt with:-

- A complaint made by a responsible body.
- A complaint made by an employee of a local authority or NHS body about any matter relating to that employment.
- 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.
- 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 sub-paragraph c (as above).
- A complaint, the subject matter of which has previously been investigated before 1 April 2009.
- A complaint the subject matter of which is being or has been investigated by the Parliamentary Health Service Ombudsman or Local Government Ombudsman (LGO).
- A complaint arising out of the alleged failure by a responsible body to comply with a request for information under the Freedom of Information Act 2000(b).
- A complaint which relates to any scheme established under section 10 (superannuation of persons engaged in health services etc. of section 24 (compensation for loss of office etc.) of the Superannuation Act 1972 or to the administration of those schemes.

Where the Trust has decided not to investigate a complaint because it falls within one of the categories above, then the Trust will inform the complainant of their decision and give reasons.

5.4 Timescale for making a complaint

Complaints should be made to the Trust within 12 months of the date the incident being complained about happened, or the date the person raising the complaint found out about it, whichever is the later date.

If a complaint is made to us after that 12-month deadline, on a case-by-case basis, we will consider progressing a complaint investigation if:

- we believe there were good reasons for not making the complaint before the deadline, and
- it is still possible to properly consider the complaint

If the decision is made that a full complaint investigation is unable to take place, we will contact the person making the complaint to explain this. We will also explain that, if they are dissatisfied with that decision, they can complain to the Parliamentary and Health Service Ombudsman.

5.5 Complaints and other procedures

The staff who deal with complaints will identify whether a relevant outcome can be achieved through the complaint process. At any stage in the complaint handling process, they may identify issues that could or should:

- trigger a patient safety review
- trigger our safeguarding procedure
- involve a coroner investigation or inquest
- trigger a relevant regulatory process, such as fitness to practice investigations or referrals
- involve a relevant legal issue that requires specialist advice or guidance.

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

This will not prevent the Trust from continuing to investigate the complaint and providing a complete response to all the issues raised, including any relevant outcomes, where appropriate. The staff member dealing with the complaint will engage with other staff or organisations who can provide advice and support on the best way to do this.

If an individual is already taking part or chooses to take part in another process but wishes to continue with their complaint as well, this will not affect the investigation and response to the complaint. The only exceptions to this are if:

- the individual requests or agrees to a delay
- there is a formal request for a pause in the complaint process from the police, a coroner or a judge.

In such cases, the complaint investigation will be put on hold until those processes conclude.

If we consider that a staff member should be subject to remedial or disciplinary procedures or referral to a health professional regulator, we will advise the person raising the complaint. We will share as much information with them as we can while complying with data protection legislation. If the person raising the complaint chooses to refer the matter to a health professional regulator themselves, or if they subsequently choose to, it will not affect the way that their complaint is investigated and responded to. We will also signpost to sources of independent advice on raising health professional fitness to practise concerns.

If the person dealing with the complaint identifies at any time that anyone involved in the complaint may have experienced, or be at risk of experiencing, harm or abuse then they will discuss the matter with relevant colleagues and initiate our safeguarding procedure.

5.6 Confidentiality of complaints

Confidentiality and privacy will be protected throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection (GDPR) Act 2018. We will only collect and disclose information to those staff who are involved in the consideration of the complaint. Documents relating to a complaint investigation are securely stored and kept separately from medical records or other patient records. They are only accessible to staff involved in the consideration of the complaint.

Complaint outcomes may be anonymised and shared within our organisation and may be published on our website to promote service improvement.

5.7 How we handle complaints

Making sure people know how to complain and where to get support

We publish clear information about our complaints process and how people can get advice and support with their complaint through their local independent NHS Complaints Advocacy service, POhWER Leicester City, and other specialist independent advice services that operate nationally.

Everybody who uses (or is impacted by) our services (and those that support them) will know how they can make a complaint by having our complaints procedure and/or materials that promote our procedure visible in public areas and on our website. This will be done in a range of ways, so that people can do this easily in a way that suits them, including providing access to our complaints process online.

We will make sure that service users' ongoing or future care and treatment will not be affected because they have made a complaint.

5.71 What we do when we receive a complaint

We want all people, patients, their family members and carers to have a good experience. If somebody feels that the service received has not met our standards, we encourage people to talk to staff who are dealing with them and/or to contact our Patient Advice and Liaison Service (PALS) to see if we can resolve the issue promptly.

We want to make sure we can resolve complaints quickly as often as possible. To do that, we train our staff to proactively respond to service users and their representatives and support them in dealing with any complaints raised at the first point of contact.

All staff who have contact with patients, service users (or those that support them) should handle complaints in a sensitive and empathetic way. Staff will make sure people are listened to, get a response to the issues quickly wherever possible, and any learning is captured and acted on by:

- listening to the service user to make sure they understand the issue(s)
- asking how they have been affected
- asking what they would like to happen to put things right
- carrying out these actions themselves if they can (or with the support of others)
- explaining why, if they cannot do this, and explain what is possible
- capturing any learning to share with colleagues and improve services for others

5.72 Complaints that can be resolved quickly

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

In keeping with the NHS Complaints Regulations 2009, if a complaint is made verbally (in person or over the telephone) and resolved by the end of the next working day, it does not need go through the remainder of the complaints and concerns procedure. For this to happen, the member of staff needs to confirm with the person making the complaint that they are satisfied the issues have been resolved and this should be documented within the patient's medical records. If we cannot resolve the complaint within that timescale, we will explain why and advise that their concerns will be handled as a complaint.

5.73 Patient Advice and Liaison Service (PALS)

When we receive a complaint, we are committed to making sure it is addressed and resolved at the earliest opportunity. Our PALS and Complaints team staff are trained to identify any complaints that may be resolved at the time they are raised or very soon after. If staff consider that the issues cannot be resolved quickly, we will take a closer look into the matter.

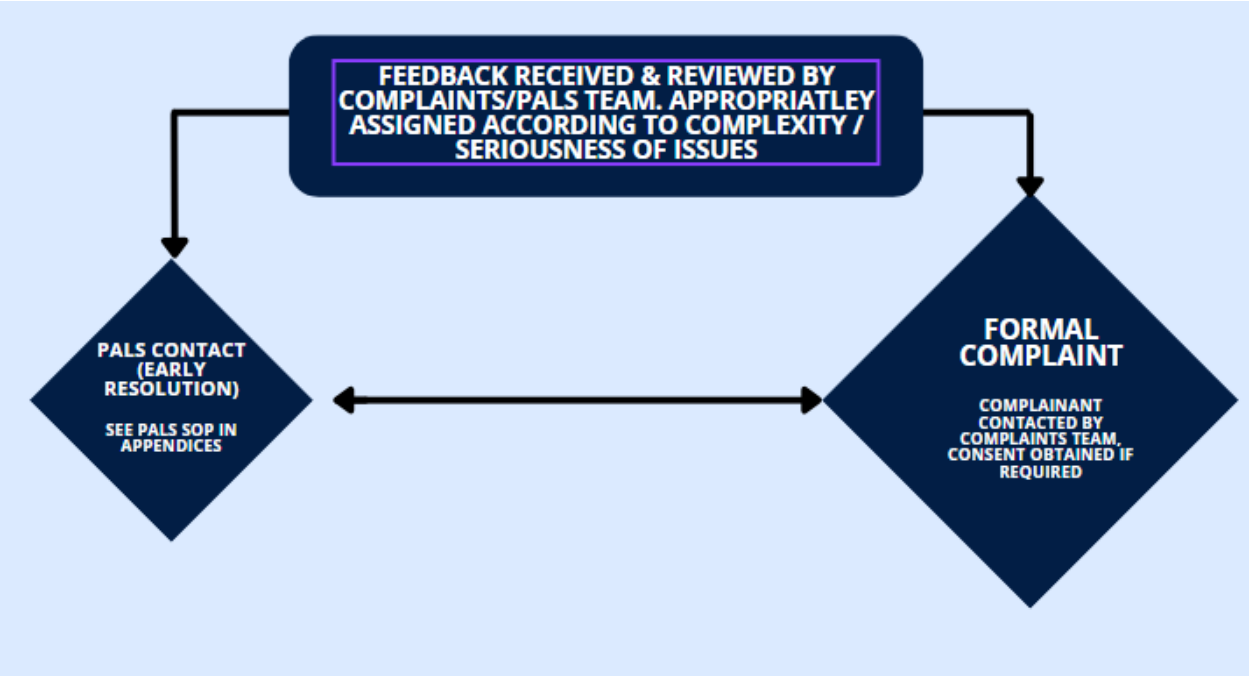
If the PALS/ Complaints staff believe that an early resolution may be possible, they will take action to address and resolve the issues raised and put things right for the person raising them. This may mean giving a quick explanation or apology themselves or making sure a colleague who is more informed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

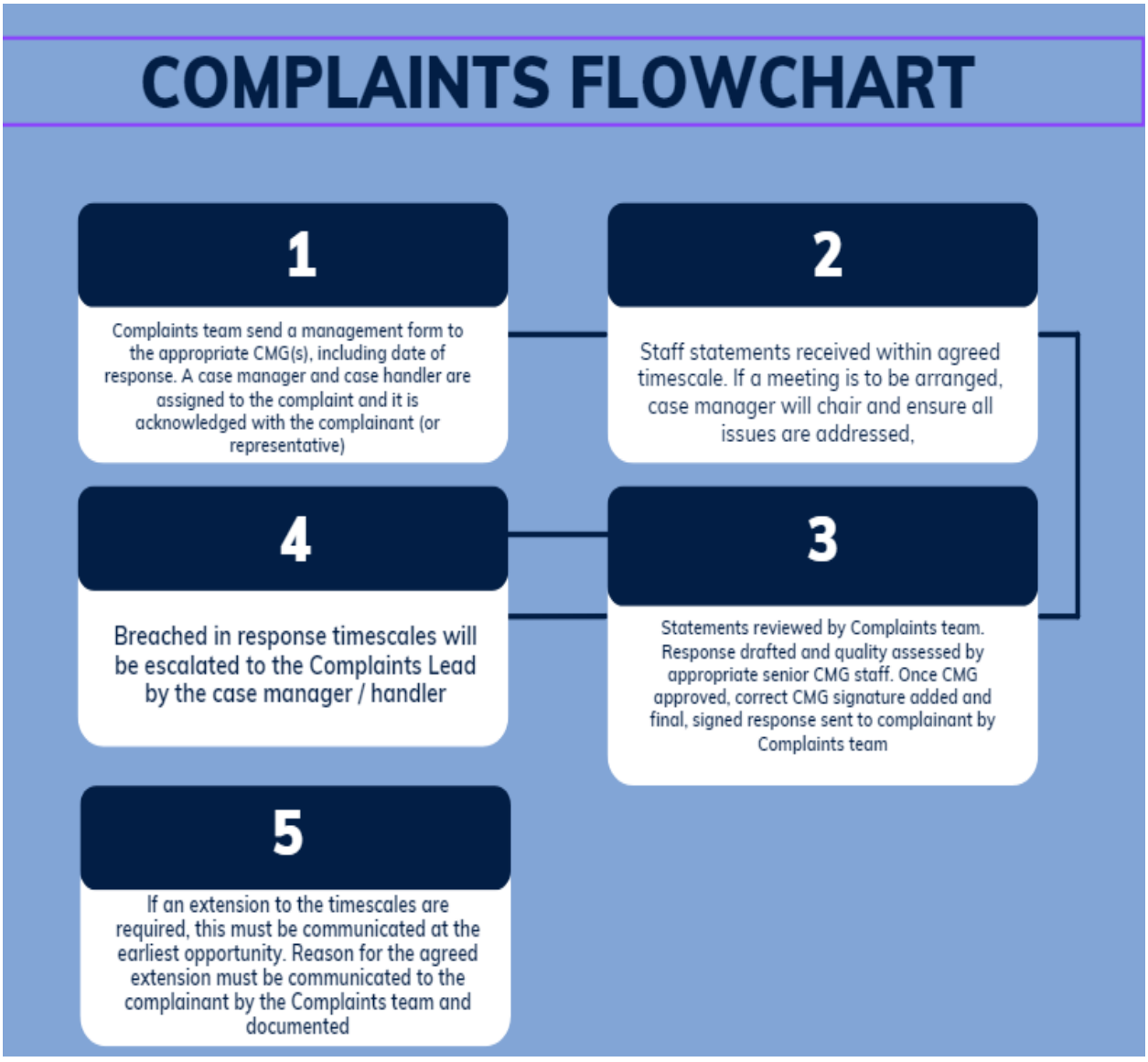
If we think a complaint can be resolved quickly, we aim to do this in a matter of days. We will always discuss with those involved what we will do to resolve the complaint and how long that will take

5.74 Acknowledging formal complaints

We will acknowledge complaints (verbally or in writing/email) within three working days. We will discuss with the person making the complaint how we plan to respond to the complain

TRUST COMPLAINTS MANAGEMENT PROCESS





5.75

A closer look into the issues

Not every complaint can be resolved quickly and sometimes we will require a longer period of time to carry out a closer look into the issues and carry out an investigation. In these cases, we will make sure the complaint is allocated to an appropriate member of staff, who will take a closer look into the issues raised. This will always involve taking a detailed and fair review of the issues to determine what happened and what should have happened.

Clarifying the complaint and explaining the process

The staff member dealing with the complaint will:

- engage with the person raising the complaint to make sure they fully understand and agree:
- the key issues to be looked at
- how the person has been affected
- the outcomes they seek
- signpost the person to support and advice services, including independent advocacy services, at an early stage
- make sure that any staff members specifically complained about are made aware at the earliest opportunity (see 'Support for staff' below)
- share a realistic timescale for how long the investigation is likely to take with the person raising the complaint, depending on:

-the content and complexity of the complaint

-the work that is likely to be involved

- agree how they will keep the person (and any staff specifically complained about) regularly informed and engaged throughout
- explain how they will carry out the closer look into the complaint

5.76 Carrying out the investigation

Staff who carry out investigations will give a clear and balanced explanation of what happened and what should have happened. They will reference relevant legislation, standards, policies, procedures and guidance to clearly identify if something has gone wrong.

They will make sure the investigation clearly addresses all the issues raised. This includes obtaining evidence from the person raising the complaint and from any staff involved or specifically complained about.

If the complaint raises clinical issues, they will obtain a clinical view from someone who is suitably qualified. Ideally, they should not have been directly involved in providing the care or service that has been complained about. If appropriate, staff member(s) who have not been involved in the complaint will be asked to conduct an investigation and /or for their clinical view.

We will aim to complete our investigation within the timescale shared with the person making the complaint at the start of the investigation. Should circumstances change we will:

- notify the person raising the complaint (and any staff involved) immediately
- explain the reasons for the delay
- provide a new target timescale for completion.

Unless we have agreed a longer timescale with the person raising the complaint within the first 6 months, we will inform them if we cannot conclude the investigation and issue a final response within 6 months. Our Responsible Person or a Senior Manager will write to the person to explain the reasons for the delay and the likely timescale for completion. They will then maintain oversight of the case until it is completed and a final written response issued.

5.77 Escalation of late responses

If the investigations breach the date advised by the Complaints team, chasing communication will be sent at regular intervals as reminders to complete these in a timely fashion and according to the standard operating procedure (SOP).

The Complaints team will involve the CMG triumvirate (Head of Nursing, Head of Operations, Clinical Director) to request their support in obtaining the investigations when these are found to be in breach of the timescale of responses, as per the SOP.

After involving the CMG triumvirate, if there are outstanding investigations, the Complaints team will escalate to the Trust's Executive Team via the Complaints and PALS Lead or Head of Patient Experience for support.

5.78 Putting it right

Following the investigation, if the person investigating the complaint identifies that something has gone wrong, they will seek to establish what impact the failing has had on the individual concerned. Where possible they will put that right for the individual and any other people who have been similarly affected. If it is not possible to put the matter right, they will decide, in discussion with the individual concerned and relevant staff, what action can be taken to remedy the impact.

5.79 The final written response

As soon as practical after the investigation is finished, the person carrying out the investigation will co-ordinate a written response signed by our Responsible Person (or their delegate). They will send this to the person raising the complaint and any other interested parties.

The response will include:

- a reminder of the issues investigated and the outcome sought
- an explanation of how we investigated the complaint
- the relevant evidence we considered
- what the outcome is
- an explanation of whether or not something went wrong that sets out what happened compared to what should have happened, with reference to relevant legislation, standards, policies, procedures and guidance
- if something went wrong, an explanation of the impact it had
- an explanation of how that impact will be remedied for the individual
- a meaningful apology for any failings
- an explanation of any wider learning we have acted on/will act on to improve our service for other users
- an explanation of how we will keep the person raising the complaint involved and updated on how we are taking forward all systemic learning or improvements relevant to their complaint
- confirmation that we have reached the end of our complaint procedure
- details of how to contact the Parliamentary and Health Service Ombudsman if the individual is not satisfied with our final response
- a reminder of where to obtain independent advice or advocacy.

5.8 Support for staff

We will make sure staff specifically named as part of the complaint are made aware of the complaint and we will give them advice on how they can get support from within our organisation, and externally if required.

We will make sure staff who are named as part of the complaint have the opportunity to give their views on the events and respond to emerging information. Our staff will act openly and transparently and with empathy when discussing these issues. When a complaint is solely about one particular staff member, an appropriate senior staff member will be nominated to respond to the complaint.

The person carrying out the investigation will keep any staff named as part of the complaint updated. These staff will also have an opportunity to see how their comments are used before the final response is issued.

5.9 Referral to the Parliamentary and Health Service Ombudsman (PHSO)

In our response on every complaint we will clearly inform the person raising the complaint that if they are not happy with the outcome of our investigation, they can take their complaint to the Parliamentary and Health Service Ombudsman. A complaint to the Ombudsman represents the final stage in the procedure for pursuing a complaint. The Ombudsman's decision on a complaint is final.

If the complaint is about detention under the Mental Health Act, or a Community Treatment Order or Guardianship we will inform the person making the complaint that if they are not happy with the outcome, they can take their complaint to the Care Quality Commission.

The Ombudsman will decide whether or not an investigation will be carried out. If the Ombudsman cannot look into a complaint or decides not to, the complainant will be told why. If the Ombudsman decides to investigate, the complainant and the Trust will be sent a statement of complaint, which sets out what matters the Ombudsman, will look into.

The Complaints Team will provide the Ombudsman with the complaint file and arrange medical records to be shared if required. At the end of the investigation, a draft report will be sent to the complainant and the Trust for comments prior to the final report being published. If the complaint is found to be justified, the Ombudsman will seek for the complainant an apology or other remedy. Sometimes that may include getting a decision changed, or a repayment of unnecessary costs to patients or their families.

The Ombudsman does not recommend damages. The Ombudsman may also call for changes to be made so that what has gone wrong does not happen again. Where the Trust tells the Ombudsman that it needs to make such changes, the Ombudsman checks that it has done so.

Following receipt of the Ombudsman's draft report, this will be circulated to the relevant staff involved in the case for their comments. The Trust must confirm to the Ombudsman that the content is accurate and state whether it accepts the Ombudsman's decision.

Further to receipt of the final report, if recommendations are made the CMG must convene a meeting of the relevant senior staff to review the recommendations and carry out the necessary actions. Clear action planning must be carried out. It is likely that the Ombudsman will wish to review actions taken as a result of their recommendations three months later. The Complaints Lead will oversee this process but this will be led by the relevant Complaints Manager.

A summary of the Ombudsman's report will be included in the next monthly Complaint report for consideration at PIPEAC, (Patient Involvement and Patient Experience Assurance Committee), Patient Safety Committe and Quality Committee.

5.91 Complaints involving multiple organisations

If we receive a complaint that involves other organisation(s) (including cases that cover health and social care issues) we will make sure that we investigate in collaboration with those organisations. The people handling the complaint for each organisation will agree who will be the 'lead organisation' responsible for overseeing and coordinating consideration of the complaint.

The person investigating the complaint for the lead organisation will be responsible for making sure the person who raised the complaint is kept involved and updated throughout. They will also make sure that the individual receives a single, joint response.

5.92 Monitoring, demonstrating learning and data recording

We expect all staff to identify what learning can be taken from complaints, regardless of whether mistakes are found or not.

Our Senior Managers take an active interest and involvement in all sources of feedback and complaints, identifying what insight and learning will help improve our services for other users.

We maintain a record of:

- each complaint we receive
- the subject matter
- the outcome
- whether we sent our final written response to the person who raised the complaint within the timescale agreed at the beginning of our investigation.

To measure our overall timescales for completing consideration of all complaints and our delivery of the NHS Complaint Standards, we seek feedback on our service from:

- people who have made a complaint and any representatives they may have
- staff who have been specifically complained about
- staff who carried out the investigation.

A random sample of complaints and the Trust responses are reviewed at least every quarter by an Independent Complaints Review Panel, who provide their feedback about the handling of the complaints. This learning is shared with the Complaints team and reported on.

We monitor all feedback and complaints over time, looking for trends and risks that may need to be addressed.

In keeping with the NHS Complaints 2009 Regulations section 18, as soon as practical after the end of each financial year, we will produce and publish a report on our complaint handling. This will include how complaints have led to a change and improvement in our services, policies or procedures.

5.93 Complaints about a private provider of our NHS services

This complaint handling procedure applies to all NHS Services we provide. If the complaint relates solely to private healthcare, we will direct the complaint to the relevant process.

Where we outsource the provision of NHS Services to a contractor or private provider, we will make sure they follow these same complaint handling procedures. We will maintain meaningful strategic oversight of the performance of these organisations to make sure they meet the expectations set out in the NHS Complaint Standards.

5.94 Complaining to the commissioner of our service

Under section 7 of the NHS Complaints 2009 Regulations, the person raising the complaint has a choice of complaining to us, as the provider of the service, or to the commissioner of our service, Leicester, Leicestershire and Rutland Integrated Care Board. If a complaint is made to our commissioner, they will determine how to handle the complaint in discussion with the person raising the complaint.

In some cases, it may be agreed between the person raising the complaint and the commissioner that we, as the provider of the service, are best placed to deal with the complaint. If so, they will seek consent from the person raising the complaint. If that consent is given, they will forward the complaint to us, and we will treat the complaint as if it had been made to us in the first place.

In other cases, the commissioner of our services may decide that it is best placed to handle the complaint itself. It will do so following the expectations set out in the Complaint Standards and in a way that is compatible with this procedure. We will co-operate fully in the investigation.

5.95 PERSISTENT AND UNREASONABLE CONDUCT – see Appendix 1

The full procedure for unreasonably persistent complaints or unacceptable conduct can be found in Appendix 1.

The Trust is committed to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. However, in a minority of cases, individuals pursue their complaints in a way which can either impede the investigation of their complaint or can have significant resource issues for the Trust.

It is acknowledged by the Trust that certain complaints can be difficult to resolve and can cause anxiety and distress to both complainants and staff. Staff will do their utmost to respond sympathetically to all complaints and will, whenever possible, try to find a way to resolve issues. Many complaints, but not all, falling into this category arise directly as a consequence of a patient's medical condition, or may be driven by bereavement. It is also important that consideration be given to complainants suffering mental health illness or learning difficulties.

Should any member of staff believe that the complainant can be defined/classified as unreasonably persistent or demonstrating unacceptable conduct, they must inform the Complaints Lead and contact the Head of Security Services for advice.

A case review will be arranged including the Complaints Lead, Complaints Manager and appropriate CMG staff member(s).

The outcome of the above review must be documented. Should it be considered that the complainant is unreasonably persistent or using unreasonable complainant behaviour, a letter will be sent by the Head of Security Services informing the complainant of the decision and why all attempts at local resolution are now exhausted. It will also inform them of their right to take their concerns to the Parliamentary and Health Service Ombudsman.

6 EDUCATION AND TRAINING REQUIREMENTS

An e-learning Complaint training module is available on HELM (Health Education Learning Management).

Ad hoc, customised training will also be provided by the Complaints team to various Trust staff groups.

7 PROCESS FOR MONITORING COMPLIANCE

Key Performance Indicator	Method of Assessment	Frequency	Lead
Number of complaints / concerns and reason for complaint	Report outlining themes and trends	Monthly, quarterly and annually	Complaints Lead
Percentage of complaints responded to within agreed deadline	Datix analyst team report	Monthly, quarterly and annually	Datix team
Number of complaints referred to the PHSO and outcome of PHSO investigations	Datix and Complaints teams report	Monthly, quarterly and annually	Complaints Lead and Datix team

8 EQUALITY IMPACT ASSESSMENT

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- Complaint handling guidance | Parliamentary and Health Service Ombudsman (PHSO)

- Duty of Candour (Being Open) Policy (B42/2010)

- Management of Violence, Aggression and Disruptive Behaviour Policy (B11/2005)

- UHL policy Email and Internet Usage Policy (A9/2003)

- UHL policy Email and Internet Usage Policy (A9/2003)

- Incident and Accident Reporting Policy (Including the investigation of serious, RIDDOR and security incidents) (A10/2002)

- Stress Management Policy (B20/2005) Equality, Diversity and Inclusion Policy (B61/2011)

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 http://doh.gov.uk Microsoft Word - uksi 20090309 en.doc (legislation.gov.uk)
- The Parliamentary and Health Service Ombudsman (PHSO) Good complaint handling | Parliamentary and Health Service Ombudsman (PHSO)
- The Patients Association 'Good Practice Standards for NHS Complaints Handling' (2013) Patient Association Peer Review Panels (noeccn.org.uk)
- Healthwatch, PHSO LGO 'My Expectations for Raising Concerns and Complaints' (2014) My expectations for raising concerns and complaints | Healthwatch
- 'Saying Sorry' National Health Service Resolution (NHSR) leaflet NHS-Resolution-Saying-Sorry-2023-2.pdf
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Chaired by Robert Francis QC 2013 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK (www.gov.uk)
- Data Protection Act 2018 (DPA18) Data protection: The Data Protection Act - GOV.UK (www.gov.uk)
- General Data Protection Regulation (GDPR) 2016 UK GDPR guidance and resources | ICO

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The Policy will be reviewed every three years, unless significant procedural changes are required before. The review will be managed by the Complaints manager and Head of Patient Experience.

The updated version of the Policy will then be uploaded and available through UHL Connect and the Trust's externally accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system

Definition of persistent and/or unreasonable conduct- Appendix 1

- Time limits on telephone conversations and contacts.
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
- Requiring contact to be made with a named member of staff and agreeing when this should be.
- Requiring contact via a third party e.g. advocate.
- Limiting the person to one mode of contact.
- Informing the person of a reasonable timescale to respond to correspondence.
- Informing the person that future correspondence will be read and placed on file, but not acknowledged.
- Advising that the organisation does not deal with calls or correspondence that are abusive, threatening, offensive or discriminatory.
- Asking the person to enter into an agreement about their conduct.

Patient Advice and Liaison (PALS) Standard Operating Procedure

University Hospitals of Leicester NHS
NHS Trust

1. Introduction

This Standard Operating Procedure (SOP) describes the processes and utilisation of the UHL Patient Advice and Liaison Team (PALS). The aim of the service is to provide support and advice to those that seek help with accessing or using UHL services and provide an early resolution to any concerns or issues.

2. Scope

This SOP will outline the typical daily operation of the service; the SOP will define both the roles and responsibilities of staff working within the team with the aim of resolving patient concerns in a timely and effective manner.

By adhering to this SOP, the following should be achieved:

- Timely acknowledgement of patient concerns either via phone, email or face to face
- Appropriate feedback to patients and departments answering the concerns to patient satisfaction

3. Recommendations, Standards and Procedural Statements

Opening and Closing of PALS Office

The PALS base is on the first Floor of the Balmoral Building at the Leicester Royal Infirmary, the core working hours of the team are Monday – Friday 08:00 – 16:00 (except for Bank Holidays, when the service is closed)

The base Reception will be staffed and ready to accept walk ins from 09:00 – 12:00, 12:30 - 15:00, walk ins can either be pre-arranged or ad hoc.

Should it be necessary to close the PALS Reception during core opening times for up to 10 minutes, a sign will be hung in Reception to indicate when staff will return. Reception must not be closed for more than 10 minutes without the agreement of the senior PALS lead.

PALS Office opening procedure

- Admin staff to ensure the following meeting rooms are clean and ready to use
- Check hand sanitizer in meeting rooms full
- Clean the reception desk

PALS Closing procedure

- Ensure all lights are switched off
- Ensure that no confidential paper information is left on desks
- All computers are switched off
- The door of office is locked and secured

PALS Email Inbox

- New concerns to be triaged and either moved to either a logging inbox folder or forwarded to Complaints
- PALS admin staff will document onto Datix all concerns in the logging inbox folder and save initial email onto the Datix record.
- All emailed concerns will have an acknowledgement email reply from PALS
- All emailed concerns will then be forwarded to the relevant department, and this will be documented on the progress notes of the newly created Datix.

- If further information is required, the Reception staff or PALS lead will proactively contact the individual raising the concern
- Consent must clearly be documented on Datix, if consent is required then an email requesting consent will be sent
- Email responses to existing concerns will be moved into the appropriate email folder and an action logged on Datix to alert the concern handler
- The day of documentation on Datix will count as day 0

PALS Telephone Enquiries

- All telephoned enquires will be documented onto Datix
- PALS staff to forward these to the relevant services; this will then be documented on progress notes of Datix.

Member of the Public attending PALS

- All visitors attending PALS will have an initial triage form completed by the Reception staff which will include name, hospital number and an electronic records check to ensure there are no patient alerts

When and if appropriate visitors will be taken into one of the private interview rooms:

- PALS staff **MUST** ensure that a colleague is aware that they are using the interview room with a visitor
- A member of the PALS team must remain in the office whilst the interview rooms are in use and use the viewing window to observe colleague every 5 minutes
- PALS staff must inform the visitor that they will be taking notes and this can be done either onto paper or directly onto the PALS Datix module
- If at any time the PALS staff feel uncomfortable or threatened, they may hit the panic strip on the wall or immediately leave the interview room
- FOR EMERGENCIES STAFF SHOULD PHONE 999, FOLLOWED BY SECURITY (e.g. Violent or in possession of a weapon
- FOR NON EMERGENCIES STAFF SHOULD PHONE 101 (e.g. Verbal threats)

Morning briefing meeting

- Meeting will be managed by PALS lead
- All concern handlers to have a list of all concerns that are 3 days + old with up-to-date information and progress
- PALS lead to challenge and advise on next steps

- Allocation of new concerns will be discussed and distributed appropriately

Attending the Ward

- PALS staff to pro-actively visit wards
- On entering a ward area, PALS staff must identify themselves either to the Ward Leader or Nurse in Charge and explain the nature of the visit and the service they represent
- When attending a patient, the PALS staff may document on either paper or directly onto the PALS Datix module
- If using paper the notes must be transcribed onto Datix and all paper discarded into confidential waste before leaving the ward
- PALS will attempt to liaise with medical or nursing team whilst on the ward to resolve concern accepting that in times of high clinical pressures they may need to return to speak with clinical teams.

Managing and escalating concerns

- The concern handler will be expected to pro-actively contact all new concerns to acknowledge that PALS are managing concern
- If the concern is related to an inpatient, the concerns handlers will proactively liaise with clinical teams to resolve concerns
- On receipt of a concern, the PALS team will initially email the relevant service, if there is no response after 3 working days, they will follow up with phone calls for 2 working days.
- After 5 working days, if there is no progress, the concern will be discussed with the PALS lead.
- All progress or actions must be added to the progress notes of Datix and the action list to be updated
- If concerns move to 10 days +, the case must be escalated / discussed with the PALS lead
- If the PALS team require further information, they will attempt to contact at most three times by phone and, where possible, leave a voice mail with contact information. The onus will then be on the individual to contact the service, otherwise the concern will be closed.
- On the resolution of a concern, the PALS team will attempt to contact the service user three times by phone and then follow up with an email explaining that the concern has been resolved and contact details for the service user to phone the team.

Resolution of Concerns

- The onus will always be on the relevant service to feedback the outcome of concerns to patients/friends and relatives. In exceptional circumstances the PALS Officers may assist with feedback.
- All relevant information will be documented on Datix and the concern to then be move into awaiting final approval
- If complainant unhappy with outcome, then concern handler to discuss with PALS lead to escalate to formal complaint.

4. Monitoring and Audit Criteria

Key Performance Indicator	Method of Assessment	Frequency	Lead
5 Working Day Resolution	Datix Report	Monthly	PALS Lead
Weekly Concerns received vs Concerns Closed	Datix Report	Monthly	PALS Lead
Decrease in Formal Complaints	Datix Report	Monthly	PALS/Complaints Lead

5. Legal Liability Guideline Statement

See section 6.4 of the UHL Policy for Policies for details of the Trust Legal Liability statement for Guidance documents

6. Key Words

List of words, phrases that may be used by staff searching for the Policy on SharePoint

- Patient Advice and Liaison
- PALS
- Complaints
- Concerns

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT		
Author / Lead Officer:	Owain McAteer	**Job Title:** Matron PALS Service
Reviewed by:		
Approved by:		**Date Approved:**

REVIEW RECORD			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**

DISTRIBUTION RECORD:			
Date	**Name**	**Dept**	**Received**

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/ observe/asses/ inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report ? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements Who or what committee will the completed report go to.**