



COMPLAINTS POLICY AND PROCEDURE

1. INTRODUCTION

The Trust acknowledges the importance of an effective and efficient complaints procedure. It also recognises that complaints provide useful management information about the quality of services from the perspective of service-users, their families, friends, carers and the wider general public.

All NHS organisations must have in place a two stage procedure for the management of complaints. Gloucestershire Partnership NHS Trust has agreed with Gloucestershire County Council that all complaints about services provided on behalf of the Trust, including those about social care services, will be subject to a joint procedure in the first stage. In all instances the guidance on implementation of the NHS Complaints Procedure (NHS Executive 1996) will be followed.

With respect to complaints made about services provided under the 1990 National Health Service and Community Care Act, the NHS Complaints Procedure will be regarded as being equivalent to the first two stages of the NHS and Community Care Act Complaints Procedure (local resolution) but the procedures will become separate at the Independent Review stage and will enter the respective procedures operated by the Trust partners.

Complaints about a social worker acting in their capacity as an “Approved Social Worker” within the meaning of the Mental Health Act will be referred to the Director of Social Care to manage under the Local Authority’s procedures.

2. PURPOSE OF THE PROCEDURE

The purpose of this procedure is to assist the understanding of the processes needed to develop and implement it and, in particular, to help:

- staff responsible for responding to complaints, including the Chief Executive, complaints managers and front line staff;
- those who will take on a role in the processes, including non-Executives who are appointed as convenors and panel members.

3. POLICY OBJECTIVES

The key objectives for this procedure are:

- ease of access for patients and complainants;

- a simplified procedure, with common features, for complaints about any of the services provided as part of the NHS;
- to make it easier to extract lessons on quality from complaints to improve services for patients;
- fairness for staff and complainants alike;
- more rapid, open processes;
- an approach that is honest, thorough, with the prime aim of satisfying the concerns of the complainant.

4. WHAT CONSTITUTES A COMPLAINT

A complaint is understood to be 'an expression of dissatisfaction requiring a response.' Complaints may be about any matter reasonably connected with the exercise of the Trust's functions.

5. WHO MAY COMPLAIN

Complainants will be existing or former users/carers of the Trust's services, or people affected by or likely to be affected by the action, omission or decision of the Trust.

If the complainant raises concerns about the care of another person, the service user's consent should normally be obtained. In some circumstances it may not be possible or appropriate to seek that consent (for example because the person has died or is incapable). However, the Trust may decide that in the circumstances the complainant should receive a response, albeit a limited one in order to maintain confidentiality.

6. TIME LIMITS

Normally, a complaint should be made within six months of the incident which caused the problem, or within six months of the complainant realising there is cause for complaint. There is discretion to extend this time limit where it would be unreasonable in the circumstances for the complaint to have been made earlier, and where it is still possible to investigate the facts of the case. This discretion should be used flexibly and with sensitivity.

7. CONFIDENTIALITY

Investigation of a complaint does not remove the need to respect confidentiality and everyone working within the Trust has a legal duty to keep records confidential. Correspondence relating to complaints must not be filed in the individual's Health or Social Care Record, unless it contains information essential for their care.

8. PUBLICITY

Leaflets about the complaints process should be freely available in all Trust premises to all those who have an entitlement to services, carers and visitors. These are available from the Complaints Department. The Independent Complaints Advocacy Service (ICAS) also has copies for distribution.

9. FRONT LINE STAFF

First contact is most likely to be initiated verbally with front line staff, in wards, clinics, day centres or in the service user's home. Staff should, where possible, deal with the enquiry rapidly and in an informal and sensitive manner. They should seek to understand the nature of the enquiry and any nuances that are not immediately obvious. People should be encouraged to speak openly and freely about their concerns and should be reassured that whatever they say will be treated with appropriate confidence and sensitivity. Guidelines identifying the key points to consider when discussing concerns with a complainant are included in Appendix 4

It is important to establish whether the person actually wishes to initiate a complaint. They may be seeking help, support or advice, in which case it may be appropriate to refer them to the Patient Advice and Liaison Service (PALS). Alternatively, they may simply wish to raise comments/criticisms where they want something put right or improved, but not investigated. Mechanisms for achieving this should be agreed in each care group and outcomes shared to demonstrate any learning from events.

If it is clear that the person is raising a complaint, it is important to take into account the seriousness of the issues presented. If staff are confident that the issues are straightforward and it is possible to offer an explanation and apology where appropriate, then it is reasonable for them to address the matter. On conclusion, staff should seek confirmation from the complainant that they are satisfied with the outcome, if so, the matter can be considered resolved. It is however, important for staff to notify the Complaints manager of the concerns raised and action they have taken to ensure resolution. For further guidance on complaints investigation, refer to section 19.

Where the issues raised are serious or complex or the member of staff is unable to investigate the complaint adequately, or feels unable to give the assurances that the complainant is clearly looking for, then the complaint should be referred on to the Complaints Manager, either for advice or for handling. The complainant should also be informed of their right to address their complaints to the Complaints manager or, if they prefer, to the Chief Executive.

Out of hours advice should be sought from the senior nurse on duty or the senior manager on-call.

All written complaints should be passed to the Complaints Manager for handling, as these must receive a response in writing from the Trust Chief Executive. Whilst receipt of a complaint may be acknowledged by the recipient,

it should be stated that a full response will follow from the Chief Executive in line with the NHS Complaints Procedure (see appendix 3). The acknowledgement letter must also include information about the right to assistance from the Independent Complaints Advocacy Service (ICAS).

10. COMPLAINTS MANAGER

There is a designated Complaints Manager, who can be contacted at Trust Headquarters directly by complainants who do not wish to raise concerns with the staff involved in their care. Additionally, front-line staff who feel unable to respond appropriately to a complaint should forward it to the Complaints manager, who will ensure that it is properly dealt with. The Complaints manager is responsible for:

- monitoring and assisting with the implementation of the complaints procedure;
- being available to complainants;
- maintaining records of complaints, action taken, and outcomes;
- preparing reports for the Trust Board;
- providing statistical returns;
- providing information required by the Healthcare Commission

11. CHIEF EXECUTIVE

The Chief Executive is responsible for ensuring that this policy and procedural guidance is complied with and available to all staff and that action is taken in the light of the outcome of any investigation.

All written complaints must receive a response in writing from the Chief Executive. Some oral complaints are sufficiently serious, or difficult to resolve, that they should be recorded in writing by the Complaints Manager. These complaints should also receive a written response from the Chief Executive. The reply might take the form of a full personally signed response or a shorter letter covering a full report from another member of staff, which the Chief Executive has reviewed and is content with.

12. SUPPORT FOR COMPLAINANTS

The Trust recognises the important role currently played ICAS in assisting complainants at each stage of the process and will ensure that individuals are made aware of how to contact the local ICAS office by publicising guidance on the complaints procedure. Staff should also be aware of other local voluntary organisations and advocacy services to whom people wishing to complain may be referred for assistance. Complainants may also in the first instance wish to discuss their concerns with PALS.

13. OTHER ACTION (INCLUDING REFERRAL TO EXTERNAL AGENCIES FOR THEIR INVOLVEMENT IN THE INVESTIGATION PROCESS)

If a complaint indicates a prima facie need for referral to any of the following:

- an investigation under the disciplinary procedure;
- one of the professional regulatory bodies;
- an independent inquiry into a serious incident under Section 84 of the National Health Service Act 1977;
- an investigation of a criminal offence;
- the alleged physical abuse of patients/children

the Complaints Manager will notify the Medical Director who will initiate appropriate action. This referral may be made at any stage of the complaints procedure. On all such occasions the Chief Executive will be informed.

When abuse is implicated Social Services should be involved, as appropriate. Abuse involving a child must also be notified to the Trust Named Nurse/Named Doctor for Child Protection for referral through to Gloucestershire Area Child Protection Committee.

The Medical Director must refer the matter to the Police if a possible criminal offence has occurred.

For serious incidents/adverse events the Medical Director & Director of Nursing may wish to involve the Healthcare Commission.

Where complaints indicate professional misconduct of a practitioner the appropriate Trust Director can refer the matter to the relevant regulatory agency. (see overleaf)

General Medical Council
Nursing & Midwifery Council
Health Professions Council

Medical Director
Director of Nursing
Associate Director of AHP's

14. COMPLAINTS AND DISCIPLINARY ACTION

The Trust recognises the importance of separating the complaints procedure from disciplinary procedures. The complaints procedure will only be concerned with resolving complaints and not with the investigation of disciplinary matters, which are managed separately.

If a disciplinary investigation is felt to be necessary, the processing of the complaints procedure ceases, unless there are aspects of the original

complaint, not related to the disciplinary inquiry, which should continue to be investigated. It is essential for the person handling the complaint to inform the complainant that a disciplinary inquiry is under way, particularly if the complainant is likely to be asked to take part in this process.

The complainant should be informed of the outcomes of any such disciplinary hearings so that it is understood what happened, why it happened, and what action has been taken to ensure that it does not happen again.

15. LEGAL ACTION

The complaints procedure should cease if the complainant explicitly indicates an intention to take legal action in respect of the complaint.

If a complainant's initial communication is via a solicitor's letter, it should not necessarily be assumed that the complainant has decided to take formal legal action. It may not be clear whether the complainant simply wants an explanation and an apology, with assurances that any failures in service will be rectified in the future, or whether information is being sought with litigation in mind. The Complaints Manager should be notified immediately on receipt of such correspondence.

If the investigation of a complaint indicates the possibility of negligence, the Complaints Manager should ask the Trust's legal advisors to check the reply before it is sent to the complainant.

16. DATA PROTECTION AND FREEDOM OF INFORMATION ACTS

A complaint about the Trust's alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000 cannot be pursued through the complaints procedure. Individuals dissatisfied with the Trust's response to such requests should complain under the specific Trust procedures for these Acts and have the right to contact the Information Commissioner.

17. COMPLAINTS INVOLVING OTHER ORGANISATIONS.

Where a complaint involves more than one NHS provider, or one or more bodies such as a purchaser, local authority or private provider, there should be full co-operation in seeking to resolve the complaint through each body's local complaints procedure. If the Trust receives a complaint which is solely concerned with services provided by another organisation, it should be passed on immediately, as long as the complainant agrees.

18. COMPLAINTS PROCEDURE

The complaints procedure is in two stages, local resolution (see appendix 2) and Independent Review. At the Independent Review stage, where the complaint is about health care, this process is carried out by the Healthcare

Commission. Where the complaint is about a social care service, the County Council review process will be invoked.

19. LOCAL RESOLUTION

The primary objective of Local Resolution is to investigate and resolve the complaint, aiming to satisfy the complainant whilst being scrupulously fair to staff. The first responsibility of a recipient of a complaint is to ensure, before doing anything else, that the patient's immediate care needs are being met. This may require urgent action before any matters relating to the complaint are tackled. Complainants should be encouraged to speak openly and freely about their concerns and should be reassured that whatever they say will be treated with the appropriate confidentiality and sensitivity.

Detained patients should be made aware of their entitlement at any stage to contact the Mental Health Act Commission, and helped to do so if necessary. The Commission will not take action until the Trust's complaints procedure has been completed, but will wish to be kept informed of progress.

All written complaints must be acknowledged within 2 working days, and complainants should receive the Chief Executive's written response within 20 working days. If the investigation process is likely to take longer, then the complainant should be notified of any delay. This is subject to external monitoring.

20. COMPLAINTS INVESTIGATION

Whoever receives the complaint should seek to understand the nature of the complaint and any issues that are not immediately obvious. Whilst the Trust wishes to encourage complaints resolution as near to the point of receipt as possible, staff should be aware that it may not be appropriate or possible for staff in units to undertake the necessary investigation.

It may be appropriate for the entire process of local resolution to be conducted orally, without any written communication and with the complainant satisfied with the outcome. However, where staff are aware that the complainant may wish to consider taking the matter further, or while satisfied with the oral response, would wish this to be confirmed in writing, local resolution is best rounded off with a letter.

Notes should be made of oral complaints and copies sent to the Complaints manager as soon as possible, followed by details of the response made.

Complainants should be kept fully and promptly informed about the progress of the investigation.

Any member of staff mentioned in a complaint should be given the opportunity to comment on the complaint and be informed of the outcome.

All written complaints about medical staff will be sent to the appropriate consultant with the request that they provide the Care Group Manager with a written report on the complaint. A copy of the complaint will also be sent to the Medical Director. The Care Group Manager will check the report before passing it to the Complaints Manager.

For all other written complaints the Complaints Manager will nominate an investigating officer. This will usually be the Service Manager or Head of Profession. A copy of the complaint will also be sent to the Care Group Manager. The investigating officer should carry out an investigation and produce a written report. This should be forwarded to both the Care Group and Complaints Managers.

In some situations, where the facts of the complaint are clear and straightforward, the Complaints Manager may wish to undertake the investigation personally. However the Care Group Manager will still be informed and consulted as appropriate.

Brief guidance on investigating complaints and the required format is included in Appendix 5. For additional guidance on investigative techniques, investigating officers should refer to the **Root Cause Analysis & Investigation Procedure**. The report must respond fully to each aspect of the complaint. It should contain explanations of the action being taken and specify any recommendations or improvements. Any information that the investigating officer considers inappropriate for disclosure to the complainant should be clearly indicated. Staff may be requested to provide a statement as part of the investigative process and guidelines for this are included at Appendix 6

The Care Group Manager will be responsible for ensuring that the investigation is completed and that a written report is provided to the Complaints Manager by the deadline set by the Complaints Manager (normally 12 working days after receipt of the complaint). If it is not possible to meet this target, the Care Group Manager will inform the Complaints Manager of the reasons.

The Complaints Manager will be responsible for using the report to draft a reply for the Chief Executive. The draft reply and the complaints file will be given to the Chief Executive so that the reply can be finalised and sent to the complainant within 20 working days of receipt.

The NHS Complaints Procedure does not specify external involvement at the Local Resolution stage. Clinical advice should normally be sought from one of the Trust's clinicians not involved in the complaint. If such advice is not available or if the Trust's clinicians feel unable to provide objective advice, the Complaints Manager should liaise with the appropriate professional head about seeking advice from the Trust's legal advisors or from the list of practitioners held by the Healthcare Commission. If very serious concerns are raised, the professional head might ask the Healthcare Commission to review an individual service.

Letters concluding the local resolution stage should satisfy the complainant that the complaint is fully investigated, with an appropriately worded apology where things have gone wrong, and an indication of action taken to prevent recurrence. In addition, the response should state the right of the complainant to ask the Healthcare Commission to review the complaint and that there are two months from the date of the letter in which to make such a request.

21. VEXATIOUS COMPLAINANTS

The handling of habitual or vexatious complainants is complex and demanding. As such, there is a dedicated policy which can help to identify appropriate ways of responding. See Policy on Handling Habitual or Vexatious Complainants.

22. INDEPENDENT REVIEW

Complainants who are dissatisfied with the outcome of local resolution have the right to ask for an Independent Review.

The guidelines for requesting an Independent Review are the same whether the complaint concerns health staff or social workers. Complainants have 28 days after receiving the Trust's final response in which to request an Independent Review. The process then proceeds as follows:

Health staff

On receipt of a complaint the Healthcare Commission will allocate a case manager who will seek information from the Trust in order to carry out an initial review. The case manager will make one of the following decisions about all or each part of a complaint.

- decide the complaint does not meet the Healthcare Commission's criteria;
- take no further action
- refer the complaint back to the Trust for further action;
- refer the complaint to another body e.g. the GMC or Health Service Ombudsman;
- refer the complaint for action by another section of the Healthcare Commission;
- carry out a full investigation; or
- refer the complaint for a panel hearing.

If a complaint is referred back to the Trust, the Healthcare Commission may recommend that the Trust take certain actions to resolve the complaint including:

- give more information to the complainant;
- carry out further investigation;
- take remedial action e.g. offer treatment to rectify problem, improve procedures, follow disciplinary procedures, arrange for independent mediation.

If the Healthcare Commission decides to investigate, the case manager will send draft terms of reference to the Trust and complainant. The case manager will ask for appropriate independent expert advice and may also decide to interview people connected with the complaint, including the complainant, complained against and witnesses.

When the investigation has been completed, the Healthcare Commission will prepare a draft report and send it out for comment on factual accuracy. The report will summarise the investigation and make recommendations. The report will then be finalised and distributed to:

- the complainant;
- the patient, if not the complainant;
- complained against
- Trust's Chief Executive
- any experts consulted;
- SHA; and
- Healthcare Commission standards committee on the management of complaints.

If the Healthcare Commission refers a complaint to a panel, it will set up a panel of three people – a chair and two panel members. The case manager and chair will agree the terms of reference for the panel following comments from the complainant and Trust. A panel coordinator will then organise the panel and produce the report of the outcomes. All parties involved with the panel will have a chance to check the draft report for factual accuracy before it is finalised and distributed. The distribution will be similar to that for the investigation report.

If the Trust or an individual complained about is unhappy about the way a review has been organised, they will be able to ask for a panel hearing or complain to the Health Service Ombudsman, depending on the stage of the process with which they are unhappy.

Social Services

If the complainant is dissatisfied with the outcome of local resolution they can proceed directly to the Independent Review Panel. In order to ensure that there is consistency of approach, the Complaints manager will liaise with the Social Services Customer Relations Officer in regard of this matter. The responsibility for organising the Panel lies with the Democratic Services Office of the County Council.

The Independent Review Panel consists of three people, two of whom are independent of the Social Services Department, and one county councillor. One of the Independent Persons acts as Chair. The county councillor is drawn from the group who sit on the appeals board and is selected randomly. In addition a legal adviser from County Legal Services is also present to advise the Panel.

The role of the Panel is to re-consider the response of the Trust to the complaint. It has no formal powers but can make recommendations to the Director of Social Services. The Executive Director, Social Services is obliged to review the original decision in the light of the recommendations made by the Panel. The Director must give serious consideration to the Panel's views.

When a Review Panel is requested, a Democratic Services Officer informs the senior manager responsible for the service under complaint who will normally present the Department's case. The Panel is convened and a venue arranged. A set of documents is collated, numbered and sent to everyone attending.

On the day of the hearing, each side presents their case and the Panel reaches a conclusion and makes recommendations to the Director of Social Services. The Panel findings are given to the complainant within twenty-four hours or the next working day if the Panel is held on a Friday.

The Director of Social Services must provide a response to the complainant and other involved parties within twenty-eight days of the hearing, stating what action is to be taken and any reasons for not taking any recommended action.

This is the final stage of the complaints procedure. If the complainant remains dissatisfied they may approach the Ombudsman. Information about this is given to them by the Director in a final response.

23. PERFORMANCE MANAGEMENT AND DATA COLLECTION

Quarterly reports on complaints are considered by the Trust Board, and by the clinical governance mechanisms within each Directorate, in order to:

- monitor arrangements for local complaints handling;
- consider trends in complaints;
- consider any lessons which can be learned from complaints, particularly for service improvement.

A non-Executive director audits a sample of complaints quarterly and reports its findings to the Board.

The Trust must publish an annual report on complaints handling and send copies to all Trusts with which it has NHS contracts, all relevant Independent Complaints Advocacy Services and the NHS Executive.

24. REVIEW DATE:

This policy will be reviewed in July 2005.

GB/SK/c:shared:1728
27.08.04

GUIDE TO COMPLAINTS FOR STAFF

A COMPLAINT IS:

An expression of dissatisfaction requiring a response

LOCAL RESOLUTION PROCEDURE

The prime aims when responding to a complaint are to satisfy the concerns of the complainant, be scrupulously fair to staff and share any quality lessons with colleagues.

Complaints may be made by anyone entitled to or receiving a service, or someone complaining on their behalf in person, on the telephone or in writing. Where possible, respond to the complaint on the spot or within 2 working days. If the complaint is not within your power to resolve, please contact your line manager or the Complaints manager with the details. In many cases, it should be possible to sort out the problem straightaway. Complainants want their concerns listened to, an explanation, apology and reassurance that the same will not happen to someone else. An apology is not an admission of liability.

Written complaints are welcome. These can be acknowledged within 2 working days by whoever receives the complaint or forwarded to the Complaints manager for action. A draft acknowledgement letter is included in the policy. A reply from the Chief Executive will normally be sent within 20 working days following thorough investigation. Sometimes a response will take longer and the complainant will be contacted explaining why. It is important to keep complainants informed of progress. Written complaints must be sent to the Complaints manager. Other complaints, at the moment, need only be sent to the Complaints manager if they are complex, unusual or cannot be resolved within 2 working days.

The Complaints manager will be responsible for coordinating any investigation where the complaint cannot be resolved quickly.

Areas to consider in an investigation are-

- ensuring that ALL the issues raised by the complainant are addressed.
- what corrective action can be taken to stop the same happening again.

Complainants and staff can contact the Complaints manager directly by telephoning: 01452 891138.

For written complaints the Manager coordinating the complaint should prepare a draft response for the Chief Executive to sign, which will be sent to the Trust Complaints manager within 14 working days of receiving the complaint. Notes of the investigation must be included.

For oral complaints that are serious or difficult to resolve, complainants will receive a written response from the Chief Executive. Written complaints received by the Chief Executive will be sent to Directorate Managers, Heads of Profession or the Medical Director and they will arrange the investigation and response. The signed response is sent to them at the same time as the complainant's.

EXTRA POINTS

- Where clinical matters are included in a written response the content will be agreed with the clinician, and the appropriate head of clinical service concerned.
- If you have any doubts when handling a complaint, please contact the Complaints manager on the number given above.
- The complaints procedure is concerned ONLY with resolving complaints and not with investigating disciplinary matters. The purpose is to investigate complaints to the satisfaction of complainants, NOT to apportion blame amongst staff.
- The time limit for making a complaint is within 6 months of the events giving rise to it. This may be extended and complaints over this time limit should be referred to the Complaints manager.
- Staff should notify the Complaints manager of all complaints even those handled locally so that these can be monitored.
- The Independent Complaints Advocacy Service will help people to make a complaint. They are available at:

Gloucester & District Citizens Advice Bureau
First Floor
75-81 Eastgate Street
Gloucester
GL1 1PN

If the complainant indicates an intention to take legal action, please contact the Complaints manager.

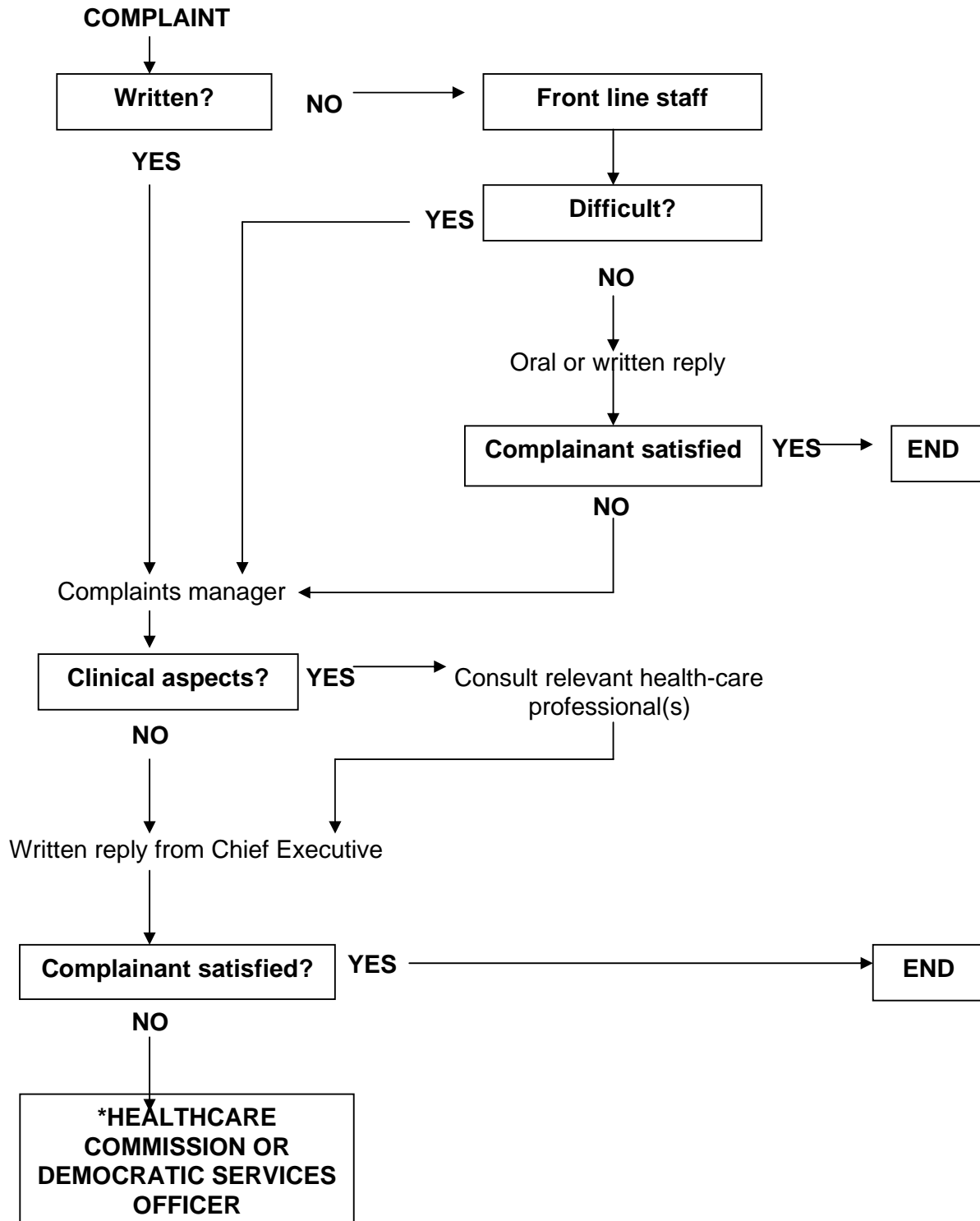
This procedure is the focus of the complaints legislation. The complete complaints policy is included in the Trust's policy files.

INDEPENDENT REVIEW

If a complainant is dissatisfied after the Trust's response they can contact:

- (for complaints about healthcare) the Healthcare Commission within two months of the Chief Executive's response;
- (for complaints about social care) the Democratic Services Office at Social Services about social care, within 28 working days.

Local Resolution



*The Democratic Services Office at Social Services handles all requests for Independent Reviews for complaints concerning Social Workers.

Date

Address

Dear

Thank you for your letter of , received onabout I am sorry to hear of your dissatisfaction. The Trust takes complaints very seriously and values the feedback from your experience.

An investigation into your complaint will take place and, when this has been completed, the Chief Executive will write to you. This process usually takes up to four weeks, and you should therefore expect the Chief Executive to write to you by If it is likely to take longer you will receive a letter explaining the delay.

Please contact me on the above number if you wish to enquire about progress.

I enclose a leaflet which gives a brief explanation of the complaints procedure.

Yours sincerely

APPENDIX 4

Handling complaints face to face – key points

DOs	DON'Ts
<ul style="list-style-type: none"> Find a quiet place to talk uninterrupted Be Welcoming but serious 	<ul style="list-style-type: none"> Sit behind a big table or desk. If you need a table, use a low coffee table
<ul style="list-style-type: none"> Adopt an open relaxed position, respect each other's personal space 	<ul style="list-style-type: none"> Stand/sit too close, it could appear menacing
<ul style="list-style-type: none"> Stay calm. Keep breathing normally 	<ul style="list-style-type: none"> Stand/sit too far away, you could appear distant, inattentive
<ul style="list-style-type: none"> Be pleasant and courteous, no matter what 	<ul style="list-style-type: none"> Speak too loud or too fast
<ul style="list-style-type: none"> Be confident but not arrogant 	<ul style="list-style-type: none"> Patronise or be sarcastic
<ul style="list-style-type: none"> Keep your tone interested; not monotonous or dull 	<ul style="list-style-type: none"> Look at the ground, around the room or out of the window
<ul style="list-style-type: none"> Communicate slowly and clearly 	<ul style="list-style-type: none"> Fold your arms across your chest
<ul style="list-style-type: none"> Check it is OK to take notes and explain why you need them 	<ul style="list-style-type: none"> Doodle, fidget or fiddle with pens etc.
<ul style="list-style-type: none"> Look at the person but avoid a fixed stare 	<ul style="list-style-type: none"> Smile or grin when someone is saying something serious
<ul style="list-style-type: none"> Use a comfortable, direct gaze 	<ul style="list-style-type: none"> Stop them talking or interrupt
<ul style="list-style-type: none"> Allow them to talk 	<ul style="list-style-type: none"> Say it's not your fault
<ul style="list-style-type: none"> Be attentive: listen - actively 	<ul style="list-style-type: none"> Quote policies or blame other people
<ul style="list-style-type: none"> Show empathy – verbal and non-verbal 	<ul style="list-style-type: none"> Assume the other person is in the wrong. All complaints are valid even if complainants make them in an inappropriate way
<ul style="list-style-type: none"> Ask questions and take notes 	<ul style="list-style-type: none"> Use jargon, whether the person is likely to understand or not
<ul style="list-style-type: none"> Summarise and confirm 	<ul style="list-style-type: none"> Jump to conclusions
<ul style="list-style-type: none"> Gather your thoughts before replying with your version 	<ul style="list-style-type: none"> Lose your temper, it will only make matters worse
<ul style="list-style-type: none"> Apologise if we are at fault 	<ul style="list-style-type: none"> Get out of your depth. Refer to a more senior member of staff if necessary
<ul style="list-style-type: none"> Find out what they want 	<ul style="list-style-type: none"> Say something you will regret or something that will come back on you
<ul style="list-style-type: none"> Tell them what you propose to do, get their agreement that this will resolve their concerns 	<ul style="list-style-type: none"> Make promises you can't keep
<ul style="list-style-type: none"> Get support or advice as soon as possible if you are in difficulty 	<ul style="list-style-type: none"> Take the complaint personally or take the complaint home
<ul style="list-style-type: none"> Find a way of letting off steam afterwards 	
<ul style="list-style-type: none"> Contact afterwards to check if they are satisfied 	

GUIDANCE ON INVESTIGATING COMPLAINTS

The first step

- read the complaint thoroughly and, if necessary, clarify any unclear issues with the complainant
- Identify the main issues (using the attached form)
- Identify who or what is involved
- Delegate the right person to investigate
- Send relevant documentation to the investigating person. If necessary discuss it with them

The investigation

- Talk to the relevant person/s
- Obtain relevant notes
- Gain as much information as possible
- Explore differences of view
- Let the Complaints Manager know if you need assistance or if there is a delay
- Always let the staff involved know what is happening

Recording

- Always record any action taken, including telephone calls
- Check notes of meetings with those involved
- Ensure records of meetings and reports are dated and signed
- Ensure all reports or statements are legible

Meeting with complainants

It may be useful to meet with a complainant when:

- Clarification is required
- The situation is complex and explanations are needed
- The complainant remains dissatisfied with the reply

Final report and draft letter

- Ensure that all aspects of the complaint have been answered as openly as possible
- Acknowledge the feelings of the complainant
- Apologise whenever possible. It is appropriate to apologise for the distress caused to the patient/service user/carer, recognizing their perception of the situation. Remember that an apology is not an admission of liability
- Use plain English that is clear, unambiguous and not defensive
- Thank the complainant whenever possible
- Check the draft with those involved

Learning from the complainant

Make sure all those involved with the complaint have the opportunity to discuss it, if appropriate.

Are there any lessons to be learned?

- Training needs
- Changes in service provision
- Changes in policy
- Risk factors

FORMAT FOR INVESTIGATING COMPLAINTS
COMPLAINT No.

Date _____ A reply must be sent back by _____

Name of person making the complaint _____

Name of person investigating complaint _____

Report

Read through letter of complaint and highlight all points relevant to your department

POINT 1 – Outline first point below

What is the explanation/reason for this action/event?

How will you respond to this point?

What should be done to ensure this does not happen again?

Continue with the format for each identified point then write your report accordingly

GUIDELINES FOR STAFF ON PREPARATION OF STATEMENTS

1. INTRODUCTION

With an increasing number of complex queries and complaints, it is becoming more common for staff to be asked to provide statements as a result of a complaint/claim/untooward incident. When writing a statement, it is important to remember that, although the majority of statements will go no further, your statement may be copied to the complainant or used as evidence in defending a legal claim. Please remember, however, that the Trust indemnifies all its staff and will be responsible for any complaint and claim made.

2. PERSONAL INFORMATION

The statement should include:

- Your full name and address
- Your professional qualifications, grade and relevant experience
- Your current post
- The post held at the time of the incident.

3. CONTENT

DO'S

- Use chronological order.
- Stick to the facts. Make clear what part is from memory, what part from the notes and what part from your recollection of your standard practice at that time
- Identify other staff involved
- Avoid ambiguous statements
- Make it as simple as possible, explaining any difficult terms or abbreviations. It may be read by non-medical people.
- Avoid ambiguous statements.
- Make it as simple as possible, explaining any difficult terms or abbreviations. It may be read by non-medical people.
- Comment on any allegations, giving dates, times, locations and amounts.
- Aim to respond to the specific issues of concern (if responding to a patient complaint).
- Refer to policies/procedures/guidelines in use (if appropriate) and explain the reasons for deviating from these guidelines.
- Write in black ink/ biro only.

DONT'S

- Just regurgitate what is in the case notes.

- Speculate on what others were doing or thinking unless you know something as a fact.
- Give opinions on the care given or actions taken by other staff or blame other staff or departments
- Attempt to write the statement without access to all the medical records.
- Be hostile, rude or unnecessarily defensive to the complainant (remember that complaints may request sight of your statement, which they are entitled to).
- Be subject (e.g. this is indefensible).
- Relate conversations that you were told by someone else.
- Anticipate evidence of another witness or questions which may arise.
- Make reference to any solicitor's correspondence or statements of other witnesses.
- Use abbreviations

4. **ADVICE**

Please remember that you can seek advice from a number of sources:

- Care Group Manager
- Head of Profession
- Executive Directors
- Complaints & Health Records Manager
- Best Practice & Risk Manager
- Your Trade Union or professional organisation
- Corporate Services Manager

5. **CONCLUSION**

Your statement should conclude with the phrase:
 "The contents of this statement are true to the best of my knowledge".
 And the date and your signature.

You should retain a copy of your statement for your information.