
Management of Complaints, Service Concerns and Feedback Policy

Listening and Responding to Feedback Through a User Lens

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	Management of Complaints and Feedback through a user led vision
Document Type	<input type="checkbox"/> Policy
Reference Number	Solent NHST/Policy/ GO05
Version 1	1
Name of Approving Committees/Groups	Policy Steering Group, Clinical Executive Group
Operational Date	July 2021
Document Review Date June 2024	July 2024
Document Sponsor (Chief Nurse)	Chief Nurse
Document Manager (Experience of Care Lead)	Experience of Care Lead
Document developed in consultation with	NHS Complaints Standards Summary of Expectations Spring 2021, PALS and Complaints Team, Head of Risk and Litigation, Data Protection Officer & Head of Information and Governance, Head of Quality and Safety
Intranet Location	Business Zone > Policies, SOPs, and Clinical Guidelines
Website Location	FOI Publication Scheme
Keywords (for website/intranet uploading)	Complaints; Concerns; Compliments; Plaudits; PALS, Management of Complaints, Policy, GO05

Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	June 2021	Ophelia Matthias	Policy rewrite	

SUMMARY OF POLICY

This document outlines Solent NHS Trust's commitment to dealing with complaints about the services we provide. It also contains information about how we manage, respond to, and learn from complaints and feedback given about our services.

We are committed about meeting the requirements of the Local Authority Social Services and NHS England Complaints Policy (2017) and reflecting the recommendations from the Francis report (2013) and the 'Complaints Standards Framework' (PHSO, 2020).

Solent NHS Trust want to ensure that complaints are viewed through a user lens whereby all complaints are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. Ultimately, we want all service users to be able to say: 'I felt confident to speak up and making my complaint was simple. 'I felt listened to and understood.' 'I felt that my complaint made a difference.'

The policy further acknowledges the 'Complaints Standard Framework' (PHSO, 2020) and will reflect how Solent aims to:

- Promote a learning and improvement culture
- Positively seek feedback
- Being thorough and fair
- Give fair and accountable decisions

The policy will outline the expectations that patients, families and the community can expect when they raise a complaint with the Trust.

The policy will explain the different routes to giving feedback including Service Concerns, Advice and Signposting, Raising a Complaint, Professional Feedback and Member of Parliament feedback.

The complaints process will be detailed in an easy and clear format.

All of the legal requirements associated with raising a complaint will be documented in this policy.

Complaints that are excluded from this policy will also be listed.

A clear procedure on dealing with complaints that fall under the Habitual, Unreasonable and Persistent (HUP) complaints (formally described as Vexatious) can be found in this policy.

TABLE OF CONTENTS

Item		Page
1.	INTRODUCTION	5
2.	EXPECTATIONS FOR PATIENTS, FAMILIES AND COMMUNITES	5
3.	SCOPE	6
4.	DIFFERENT ROUTES TO TELL YOUR STORY	6
5.	COMPLAINT PROCEDURE STATEMENT	8
6.	STAYING INFORMED	8
7.	DEVELOPMENT OF ACTION PLANS	8
8.	LEARNING FROM COMPLAINTS AND RELECTION	8
9.	PROVISION OF REDRESS AND EX GRATIA PAYMENTS	9
10.	CONFIDENTIALITY AND RECORD KEEPING	10
11.	COMPLAINTS OR CONCERNS INVOLVING VULNERABLE ADULTS OR CHILDREN	10
12.	CLINICAL NEGLIGENCE, PERSONAL INGURY AND OTHER CLAIMS	10
13.	PROFESSIONAL INVESTIGATIONS	11
14.	COMPLAINTS EXCLUDED FROM THIS POLICY	12
15.	HABITUAL UNREASONABLE PERSISTENT COMPLAINT STATEMENT	13
16.	ROLES AND RESPONSIBILITIES	13
17.	EQUALITY IMPACT ASSESSMENT	15
18.	SUCCESS CRITERIA / MONITORING EFFECTIVENESS	15
19.	REVIEW	15
20.	REFERENCE LINKS TO RELEVANT POLICIES, DOCUMENTS OR STANDARD OPERATING PROCEDURES	15
	Appendix A Definitions	17
	Appendix B Complaints Procedure	18
	Appendix C Habitual Unreasonable Persistent Complaints SOP	19
	Appendix D Equality Impact Assessment	23

MANAGEMENT OF COMPLAINTS, SERVICE CONCERNS AND FEEDBACK POLICY

1. INTRODUCTION

- 1.1 Solent NHS Trust values feedback. We view all types of feedback, including complaints, as an opportunity to learn.
- 1.2 This document outlines our commitment to dealing with complaints about the service provided by Solent NHS Trust through a user lens. It also provides information about how we manage, respond to, and learn from complaints made about our services. It meets the requirements of the NHS England Complaints Policy (2017), conforms to the NHS Constitution, and adheres to the recommendations from the Francis report (2013) and reflects the 'Complaints Standards Framework' (PHSO, 2020).
- 1.3 This policy replaces all other policies and procedures that relate to Complaints, investigation and learning related to complaints that predate the publication and validation of this policy through the governance processes that exist in Solent NHS Trust.
- 1.4 Solent NHS Trust will treat complaints seriously and ensure that complaints, concerns, and issues raised by patients, relatives and carers are thoroughly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be clearly explained to the person who has complained by the investigating organisation.
- 1.5 This policy will clearly set out the expectations that people can expect to receive when they raise a complaint.
- 1.6 We want to ensure that anyone making a complaint feels that they have received the appropriate support that they require during the complaint process.

2. EXPECTATIONS FOR PATIENTS, FAMILIES AND COMMUNITIES

The following statements are the expectations that any person giving feedback can be assured of:

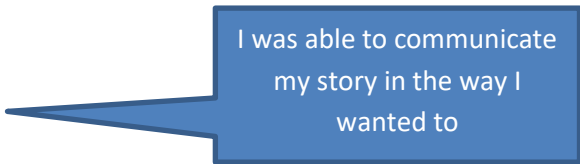
- 2.1 Know that we will use a user led lens to guide the way in which we handle raised complaints or concerns
- 2.2 Feel confident that your complaint or concern will be dealt with seriously and that the process will be simple
- 2.3 Know that we will always seek to offer additional support or signposting towards other agencies including advocacy services to enable people to feel well equipped when making a complaint

- 2.4 Understand that your complaint and concern will be thoroughly investigated and that you will be kept updated
- 2.5 Rest assured that you will be kept informed of the findings of the investigation in a timely manner
- 2.6 Have assurance that Solent NHS Trust will apply those lessons learnt and share best practice so that more people feel empowered to raise a complaint or concern if they choose to

3. SCOPE

- 3.1 This policy applies to all locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 3.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community, and our staff.
- 3.3 This policy will be reviewed and amended periodically in line with Solent NHS Trust governance processes. It will also be reviewed considering new learning, evidence, or legislation whether this occurs within Solent NHS Trust or elsewhere.
- 3.4 This policy promotes the use of people's experience and feedback to improve future quality of care and to create a culture that welcomes, receives, and acts upon feedback.
- 3.5 This policy supersedes all previous policies and procedures related to the handling of complaints from the date that is agreed.

4. DIFFERENT ROUTES TO TELL YOUR STORY



I was able to communicate my story in the way I wanted to


Service Concern

- 4.1 If a person raises an issue with a service or service line provided by Solent NHS Trust and would like a quick response and resolution, the issue can be dealt with as a service concern that will be resolved by the respective Service Leadership Team. The Head of Quality and Professions and the lead, identified by service, will be contacted, and advised of the concern raised by Patient Advice Liaison Service (PALS). The Trust has an agreed deadline of aiming to resolve internal service concerns within three days unless a different date is agreed with the person by the investigator. If a resolution is not achieved the person making a complaint will be asked

how they wish to proceed. The service will ensure that they communicate with the person any updates or outcome of the service concern. If the person who has raised the concern remains dissatisfied, further options will be discussed with them on how they wish to escalate their issue, (for example the complaints process).

Advice & Signposting

4.2 If a person needs to seek information but is unsure how to do this, the PALS and Complaints Team will explain the process and then signpost the person's enquiry to the correct service line. If the PALS handler requires additional information, they will support the person by asking the right questions to enable them to direct the enquiry to the appropriate service line. The PALS team are often the first point of contact and will use their professional curiosity to help resolve some of the early questions or concerns that callers may have. If the enquiry does not fall under Solent NHS Trust the PALS handler will direct the caller to the relevant person or organisation who will be able to help them. We want to ensure that we make it easy for everyone to be able to feedback confidently so that they can be able to say,



I felt that making my complaint was simple

Member Parliament Contacts

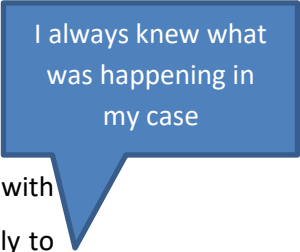
4.3 We can receive feedback from Members of Parliament (MP) who have been approached by their constituent. Depending on the enquiry, we will review the correspondence, and decide on the most appropriate process for resolving. This will either be via our complaints or service concern process, or as an advice and signposting. Not all contacts received from an MP office will need to be investigated formally by the Trust, the contact will still be registered by the team on Ulysses, the Trust's electronic complaints reporting system, and consent from the patient will be required to communicate and release information to their MP.

Professional Feedback

4.4 Professional Feedback, is feedback which is received from someone who is raising a complaint on behalf of someone else in their professional capacity. For example, a Social Worker or GP. The contact will be registered on the Trust's electronic complaints reporting system as Professional Feedback and can be responded to directly from the service line involved. Professional Feedback does not require a formal response from the Executive Team. If the feedback is sent anonymously via the Clinical Commissioning Group's Quasar system, we may need to establish if consent from the patient is required for us to be able to communicate and release information to the person who has complained on their behalf.

5. COMPLAINT PROCEDURE (see Appendix 3 page 20)

If a person wishes to make a formal complaint, we will ensure that they are supported and updated throughout and that the process will be explained clearly as set out in the procedure detailed in Appendix 3.




I always knew what was happening in my case

6. STAYING INFORMED

- 6.1 The PALS and Complaints team will ensure every complaint response is sent out with a patient satisfaction survey and the results are monitored and reported annually to Quality Improvement and Risk meeting (QIR) and the annual Experience of Care report and in addition consider quality improvements that can be made to the Trust process.
- 6.2 The Experience of Care Partnership will keep the person who has complained updated and offer support as needed.

7. DEVELOPMENT OF ACTION PLANS

- 7.1 Specific Measurable Attainable Relative Timely action plans from the complaint investigation should be developed and uploaded to the Trust's electronic reporting system. This applies to all complaints that are upheld or partially upheld.
- 7.2 The nominated service complaint lead is responsible for ensuring the action plans are completed. This person is identified by the Head of Quality and Professions when a complaint is raised.
- 7.3 The action plan will be monitored through the service line governance arrangements and on final completion the Complaints team notified that the action plan is complete.
- 7.4 The Complaints team will undertake a 6 monthly audit to provide assurance to the Board that action plans have been completed.
- 7.5 Where action plans have not been completed within agreed timescales, the Head of Quality and Professions for that service line will be requested to provide an update and date for completion.



I felt that my complaint had been handled fairly

8. LEARNING FROM COMPLAINTS AND REFLECTION

- 8.1 All feedback received is regarded as an opportunity to learn and improve services. This will be highlighted through the Learning from Experience panel and the Quarterly and Annual Experience of Care reports which are required at the Quality Improvement and Risk meeting.

- 8.2 Services can also share learning on the shared learning pages of the Quality and Governance team.
- 8.3 Service lines and the Complaints team are encouraged to use the Shared learning pages on SolNet.
- 8.4 All services will be required to update the learning section on Ulysses which is the Trust's electronic reporting system which is used to collate information on complaints, service concerns and feedback.
- 8.5 Where there is positive learning for the Trust, the services are encouraged to complete a Learning from Excellence report on the Trust's electronic reporting system

9. PROVISION OF REDRESS AND EX GRATIA PAYMENTS

This is normally a financial payment and gesture of goodwill offered when it is believed that the person receiving it has been treated unfairly and therefore deserves financial compensation

- 9.1 Financial redress will not be appropriate in many complaints, but the Trust will consider proportionate remedies for those who have incurred additional expenses, losses, damages or significant distress if the Trusts determines there was poor service or maladministration.
- 9.2 Any redress should be proportionate to any additional costs incurred and will need to comply with the appropriate Trust financial governance and be agreed by the service line. Each situation will be different and considered on its merits, there is no limit to the redress that may be requested, and legal advice may be required from the Trust insurers and/ or panel solicitors. Consideration will always be given to making use of the Trust insurance schemes first, and a decision to deviate from this for clinical service issues will need to be taken by the Chief Nurse. Aspects that may be considered include the relevant insurance aspects, policy excess, schedule of losses, process of claim and the impact this may have on the affected persons.
- 9.3 A decision to apply redress in non-clinical service issues (such as FM & Estates issues) will be taken by the relevant corporate service authoriser/ budget holder depending on the quantities involved. This is likely to be where the amounts claimed are less than the relevant insurance policy excess.
- 9.4 This does not include a request for compensation involving allegations of clinical negligence or personal injury where a claim is indicated as these would be considered through the legal process as per the requirements of the Trust insurers.

10. CONFIDENTIALITY AND RECORD KEEPING

- 10.1 Information about complaints and all the people involved is strictly confidential. Information is only disclosed to those with a demonstrable need to know and/or a legal right to access those records under the Data Protection Legislation.
- 10.2 All data will be processed in accordance with Trust policy.
- 10.3 Complaints records will be maintained separately and will not form part of a health record.
- 10.4 Exceptions to this will be those areas which are subject to the need to record any information that is strictly relevant to their health record.
- 10.5 Complaints must not affect treatment of patients/the person making a complaint and the person making a complaint or who is the subject of a complaint must not be discriminated against. Any identified discrimination will be managed according to Trust policies.
- 10.6 A complete documentary record will be maintained for each concern or complaint and recorded on Ulysses which is the name of the Trust's electronic complaints reporting system. This will include all written or verbal contacts with the person making a complaint, staff involved in the investigative process and all actions taken in investigating the complaint.
- 10.7 The complaint file is a confidential record and as such will be stored securely, and easily retrieved and understood in the event of further enquiry.
- 10.8 In accordance with the Records Management Policy, complaint files are kept and disposed of confidentially. Currently, complaint files are retained for 8 years.

11. CONCERNS AND COMPLAINTS INVOLVING A VULNERABLE ADULT OR CHILD

Where it is known that the complaint involves an adult or child who is vulnerable to harm the Head of Safeguarding and Executive lead for child protection or vulnerable adults will be informed and the most appropriate route of investigation agreed.

12. CLINICAL NEGLIGENCE, PERSONAL INJURY, AND OTHER CLAIMS

- 12.1 In circumstances where the person making a complaint indicates a clear intention to bring legal proceedings for clinical negligence, personal injury or other claim, the use of the Complaints Procedure is absolutely not precluded. The PALS and Complaints team will discuss the nature of the complaint with the Head of Risk and Litigation to determine whether progressing the complaint is appropriate in light of subsequent legal or judicial action.
- 12.2 If there is no legal reason why the complaint should not be investigated, the PALS and Complaints team will continue to support the process in accordance with Trust policy. Solent will always aim to reasonably investigate concerns regarding their services regardless of legal action associated with these.

12.3 In exceptional cases where there are legal reasons why a complaint should not be dealt with under this policy, the complaint investigation will cease, the person making a complaint advised of this fact and advised to ask their legal representative to contact the Head of Risk and Litigation. The Complaints team will continue to enable the investigation of any issues raised within the complaint that are not part of the claim.

13. PROFESSIONAL INVESTIGATIONS

13.1 Cases relating to the professional conduct of a member of Solent NHS Trust staff should not prevent a complaint being investigated. Where a complaint of conduct is found to be justified, an internal investigation will be undertaken as detailed in Improving & Managing Conduct Policy (Formerly Disciplinary Policy)

13.2 In such circumstances, the person making a complaint will be informed that an investigation will be undertaken but that the person will not be informed of the outcome of the investigation as the Trust has a duty to its staff to protect their confidential employment history.

13.3 Any other issues raised in the complaint which do not form part of the investigation may continue to be dealt with under this policy. The Chief Medical Officer, Chief Nurse or Chief Operating Officer will be informed as appropriate.

Coroner's Inquests

13.4 For complaints involving a death referred to the Coroner, the Quality and Safety team will lead and co-ordinate the investigation with oversight from the Head of Risk and Litigation and consideration from the safeguarding team. This ensures clear lines of communication and investigation for both clinicians and families. The PALS and Complaints team will advise the family that their concerns will be investigated in preparation for the Inquest hearing and that HM Coroner's Office (HMCO) will endeavour to include all concerns raised.

13.5 If appropriate, the PALS and Complaints team can support the continuation of investigating any issue raised within the complaint if entirely separate from the Quality and Safety investigation and this will be managed in line with this policy. The Family Liaison Manager (FLM) should be considered in these cases as a point of contact.

13.6 Following the inquest hearing, if there are any outstanding concerns that have not been addressed by coronial process, the PALS and Complaints team can continue to investigate under the NHS Complaints Regulations.

Allegations of Fraud or Corruption

13.7 Any complaint concerning possible allegations of fraud and corruption will be passed to the Trusts Counter Fraud Specialist to investigate in line with the Local Counter Fraud, Bribery and Corruption Policy. A decision will be made on case to case basis as to whether the complainant should be informed of counter fraud involvement. This will be on the basis that such disclosure could undermine the outcome of any criminal investigation.

Media Interest

13.8 In cases where the person making a complaint has already contacted the media, or expresses their intention to do so, the Head of Communications will be informed by the Experience of Care Lead and take appropriate action regarding Trust communication and media management. Normal investigation processes related to complaints should not be delayed or deferred in these cases.

14. CONCERNS OR COMPLAINTS EXCLUDED FROM THIS POLICY

14.1 The Trust is not required to consider all complaints. The Trust will consider each case individually. Where it is not appropriate for cases to be handled through the complaints process the Trust will notify the person making a complaint in writing of its decision and the reason for the decision as soon as reasonably practicable. Complaints that cannot be dealt with under this policy include:

- i. A complaint made by an employee about any matter relating to their employment.
- ii. A complaint which has previously been investigated under these or previous NHS Regulations.
- iii. A complaint which is made verbally and resolved to the complainant's satisfaction no later than the next working day.
- iv. A complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000. People raising a complaint that falls into this category should request the trust policy on **FOI How Does Someone Make a Freedom of Information Request**
- v. A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes

15. HABITUAL UNREASONABLE PERSISTENT (HUP) COMPLAINTS

Standing Operating Procedure (SOP)

We will always endeavour to support anyone who wishes to make a complaint or raise a concern. However, there are times when we may find ourselves spending a disproportionate amount of time trying to help a person who makes a Habitual, Unreasonable, or Persistent (HUP) complaint. The HUP SOP can be found in Appendix C.

16. ROLES & RESPONSIBILITIES

16.1 The Board is responsible for:

- Ensuring robust complaints handling, investigation and management systems are in place and that these are monitored and reviewed and compliant with external regulation
- Ensuring that complaints are reviewed, and recommendations/actions implemented that support our community, patients, and staff when complaints are raised
- Ensuring that data from complaints is analysed to identify themes and trends and appropriate action is taken and that systems are in place that ensure that learning from complaints is shared to prevent future repeat of issues.

16.2 **All staff** – should have an awareness of this policy and understand its impact on their area of work. Staff should be able to respond appropriately to the person making a complaint and endeavour to achieve an immediate resolution. If this is not possible, all staff have the responsibility to escalate the concern or complaint in accordance with this policy.

16.3 **Chief Executive** - has overall responsibility for concerns and complaints and fulfils the role of the responsible person under the Regulations. The Chief Executive or nominated members of the Executive Team will be responsible for signing complaint responses. The Nominated Persons are the Deputy Chief Executive Officer and Chief Finance Officer.

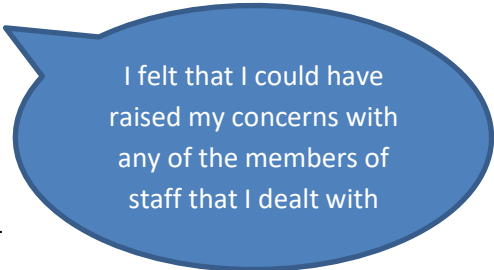
16.4 **Chief Nurse** - has executive responsibility within the Trust for concerns and complaints and will provide clinical sign off for responses and approval, prior to final approval by the Chief Executive or the nominated person. In addition, the Chief Nurse will review any complaint regarding nursing and/or Allied Health Professional care.

16.5 **Clinical Directors** – are responsible for implementation of the Complaints Policy within their directorate, ensuring that complaints are robustly investigated and reviewed. Clinical Directors, or a nominated individual, are responsible for checking and approving complaint responses relating to their service line/care group, prior to clinical sign off by the Chief Nurse.

16.6 **Head of Quality and Professions** – shares responsibility for the implementation of the Complaints Policy with Clinical Directors, and they coordinate the complaint investigations and responses by the individual service lines. This includes confirming who the complaint

investigators are; working with both the PALS and Complaints Team and the nominated investigators to provide responses within agreed timeframes.

- 16.7 **Complaint investigators** – will be independent of the direct clinical care of the patient concerned and will be the point of contact in the service for the person making the complaint. This includes ensuring that they are kept informed of progress with the investigation, booking meetings with the person making the complaint and keeping them informed if there are to be delays in response times. The investigator must ensure that the PALS and Complaints Team are kept informed of all communication with the person making a complaint enabling a comprehensive complaints file to be maintained. They are responsible for co-ordinating, obtaining, and collating comments from appropriate staff and drafting the response.
- 16.8 **PALS & Complaints Manager** – responsible for the management of the Complaints Process and ensuring compliance with both national and local reporting requirements.
- 16.9 **The PALS and Complaints Team** - are responsible for managing and coordinating the complaints process so that responses are provided within agreed timeframes. They ensure that complaints are recorded on the electronic complaints reporting system and will monitor the complaints process and update the database recording the outcome of complaints. They act as the focal point of contact for the person who is making the complaint, assisting them during the complaints process, and providing support to staff. The PALS team also have an additional function which is to provide support to service lines by helping to understand some of the early signs of dissatisfaction from initial conversations with Professional Curiosity. PALS can also be utilised to sign post colleagues to other people in the Trust who maybe help to resolve an issue.
- 16.10 **Experience of Care Lead** - is responsible for the leadership of the PALS and Complaints team and the Patient Experience team. The primary aim of the role is to ensure that the people using our services are given the opportunity to tell their story in the way in which they choose. This role enables the learning derived from feedback to be used to improve and shape our services. The function of the role allows early intervention meetings as and when required and supports the service lines with any bespoke support they require to ensure that they are delivering the highest standard of experience of care for all.
- 16.11 **Patient Experience Team** - are responsible for contact with people who use our service throughout their journey with Solent NHS Trust. They can be used as the initial follow up contact after a complaint and even during the process. Their main aim is to equip people with the opportunity and tools they require to enable them to be able to feedback in the way they choose.



I felt that I could have raised my concerns with any of the members of staff that I dealt with

17. EQUALITY IMPACT ASSESSMENT

A copy of the Equality Impact Assessment can be found in Appendix D.

No adverse impacts were identified as a consequence of the assessment.

18. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

18.1 The success criteria for this implementation and adherence to the policy will be that:

- All complaints and concerns are investigated and resolved within agreed timeframes with the person and Trust
- All complaints and service concerns will be managed using the Trust's electronic complaints reporting system
- The PALS and Complaints team will undertake a 6 monthly audit to verify the completion of action plans and provide subsequent assurance to the Board
- Any learning identified from complaints will be shared within service lines and Trust-wide where appropriate
- All Parliamentary Health Service Ombudsman (PHSO) cases will be reviewed at the Learning from Complaints panel
- Feedback from the person making a complaint will be reviewed, analysed, and where indicated improvements made to improve the process
- The PALS and Complaints team will ensure that the NHS regulations are adhered to and consider any future guidance relating to this which may impact on this policy.

19. REVIEW

This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.

20. REFERENCES TO OTHER DOCUMENTS

- NHS Complaints Standards Summary of Expectations, Spring 2021
- Trust policy: Being Open and Duty of Candour Policy
- Trust policy: RK10 Incident reporting Investigating and Learning Policy
- HR11 Resolution Policy v1- previously known as Grievance
- Local Counter Fraud, Bribery and Corruption Policy

- G027 Safeguarding Children, Young People and Adults at Risk Policy
- HR13 Improving and Managing Conduct Policy v1

Appendix A – DEFINITIONS

- **A complaint** is an expression of dissatisfaction about an act, omission or decision of Solent NHS Trust or its staff (this can be clinical or non-clinical) and can be made either verbally or in writing and which requires a response.
- **Service Concern:** an expression of dissatisfaction made to the Trust that can be resolved promptly by the service. If the person expressing their dissatisfaction is unsatisfied with the outcome, it can be escalated to a complaint. The Trust has an agreed deadline of three days for the internal resolution of service concerns. If a resolution is not achieved the person making a complaint will be asked how they wish to proceed.
- **Community:** refers to staff, patients, families, or members of the public who are involved in the community that is served by Solent NHS Trust and who have connection with the delivery of care provided by the Trust.
- **Person raising a concern or complaint:** this can be person/patient themselves or a representative where the person is:
- **A child:** (an individual who has not attained the age of 18). In the case of a child, we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child, and furthermore that the representative is making the complaint in the best interests of the child. For children over the age of 16 years this should involve the child's consent to share.
- **Has died:** in the case of a person who has died, the person raising the complaint must be the personal representative of the deceased. Solent NHS Trust needs to be satisfied that the person making the complaint is the personal representative. Where appropriate we may request evidence to substantiate the claim to have a right to the information.
- **Has physical or mental incapacity:** in the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves Solent NHS Trust will need to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.
- **Has given consent:** this could refer to a third party acting on the patients' behalf

Appendix B – COMPLAINT PROCEDURE

We welcome, and positively encourage, all forms of feedback to help us with improving service provision to people who access our services. We will actively provide support to enable anyone to be able to confidently feedback about the care or treatment they, or a family member, have received.

We ask that you provide feedback to the Trust as soon as an issue has arisen, or as soon as possible after this. We ask that all formal complaints are raised to the Trust within 12 months of the date of the matter occurring, or within 12 months of the date in which the matter came to the notice of the person making the complaint.

Should you complain after 12 months of the incident occurring, whilst we will consider your complaint, we are, unfortunately, not always able to address formal complaints raised after this date, as sometimes, we are unable to do so effectively and efficiently.

The Solent PALS & Complaints Service can address the following complaints:

- Feedback about services provided by Solent NHS Trust
- Multiagency complaints (more than one NHS provider, Commissioners, Local Authority, or third-party independent provider) we will work with the other relevant organisations in seeking resolution
- Complaints received via the Care Quality Commissioner (CQC)
- Complaints received from a Professional Body (should your GP or a Social Worker complain in their professional capacity on your behalf)
- Complaints received from a Member of Parliament (MP)

The Solent PALS & Complaints Service are unable to address the following complaints:

- A complaint made by an employee about any matter relating to their employment – this will need to be raised to Human Resources (HR)
- A complaint made by a person outside of the organisation regarding a Solent employee and their use of social media
- A formal complaint that has already been investigated via the formal investigation process and if you have previously been advised to contact the Parliamentary and Health Service Ombudsman
- A complaint about the formal process and procedures followed by Corporate Services - IG/HR/Finance
- You can make a complaint about any service provided by the Solent NHS Trust, and if your complaint involves other healthcare bodies (e.g., hospital trusts, GP surgery etc.) then with the patients consent we will contact the Trust mentioned in the complaint so we can respond jointly.
- If a complaint gets escalated to a Serious Investigation (SI) or a /High Risk Incident (HRI) – the complaint will be closed by PALS and the SI or HRI investigations will take the place of the formal complaints process

Appendix C – Habitual, Unreasonable Persistent Complaint (HUP) SOP

1 Introduction

This Standing Operating Procedure aims to establish the main characteristics which constitute a Habitual Unreasonable or Persistent Complaint HUP. It will also identify what process can be followed for dealing with complaints of this nature. It is important to note that the implementation of this procedure **does not** mean that care of the person, who is raising the complaint, will be withdrawn.

1.1 It is imperative to distinguish between people who make several complaints because they genuinely believe something has gone wrong, and people who are persisting for answers on a case **after** their questions have been answered and even **after** they have been advised to follow up their complaint with the Parliamentary Health Service Ombudsman (PHSO). It is important to remember that people who make a complaint may be frustrated, upset, or aggrieved and therefore it is important to consider the merits of the case, rather than the approach of the person.

1.2 Sometimes people who are unwell may contact the PALS and Complaints team on numerous occasions and they may exhibit behaviours and actions which are beyond their control. We are committed to ensuring that we continue to consider the care and the wellbeing of people that may be unwell especially if the nature of their complaint raises concerns about their mental and emotional wellbeing. The Experience of Care Team will ensure that they liaise with the relevant health professionals regarding how best to support the person and manage their complaint.

1.3 Even though someone has made, HUP complaints in the past, it cannot be assumed that the next complaint does not warrant a thorough investigation. Each complaint must be read and assessed individually and viewed via the vision of the person and only then should a decision be made, as to whether the complaint is habitual, unreasonable, persistent, or genuine and fair.

1.4 A person's complaint may be deemed to be a HUP if previous or current contact demonstrates that they have met **two** or **more** of the following criteria, all of which must be clearly documented at the time of them occurring to establish an evidence based trail:

2.0 The following criteria should help you identify a HUP complaint:

- 2.1 If another complaint is pursued and persistent about the same issues, despite the Trust's view that the complaints procedure has been thoroughly and fairly applied.
- 2.2 If the person making the complaint raises new issues that seem to prolong contact with the Trust, for the sake of it. Care must be taken not to overlook new issues, which are significantly different from the original complaint
- 2.3 If the person making the complaint is unwilling to accept documented evidence of treatment given as being factual e.g., medical records, nursing records or psychology and therapy records

- 2.4 If a person denies receiving an adequate response to their complaint even though correspondence specifically answering their concerns/questions has been supplied
- 2.5 If a person refuses to recognise and accept that facts can sometimes be difficult to verify once a long period of time has elapsed
- 2.6 Physical violence has been used or threatened towards staff at any time. This will cause personal contact with the person who has complained and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. *(All such incidents need to be documented and reported, as appropriate)*
- 2.7 The person who has complained has, harassed or been abusive, including racist, sexist, homophobic abuse, or verbally aggressive on more than one occasion towards staff dealing with their complaint.
- 2.8 In the course, of pursuing a complaint the person complaining has had an excessive number of contacts with the Trust, placing unreasonable demands on staff. Discretion is required to determine how many contacts constitute as excessive along with good judgement based on the specific circumstances of each individual case. Each contact must be recorded in writing, to be able to make a judgment that is evidence based.
- 2.9 If meetings or conversations are known to have been recorded electronically without the prior knowledge or consent of all parties involved. At the onset of an investigation, it may be necessary to highlight to the person who has raised the complaint about the unacceptability and potential illegality of such behaviour.
- 2.10 If the person raising a complaint makes defamatory remarks about staff or the Trust to the press.

3. Options for dealing with people who make HUP complaint

3.1 If the complaint has been identified as a HUP by consensus in the Complaint Team and with discussion with the Experience of Care Lead, in accordance with the above criteria, the Experience of Care Lead will discuss with the Chief Executive Officer (CEO) and Chief Nurse (CN). In the absence of the CEO or the CN the Chief Medical Officer (CMO) and Deputy Chief Executive Officer (DCEO) will deputise and decide the what action should be taken, and each case will be considered on its own merit.

3.2 Either the CEO, DCEO, CN, CMO will consider implementing an action from the list below and will then notify the person promptly and in writing, explaining the reason why the nature of their feedback has been classified as a HUP complaint.

3.3 The notification of this decision must also be copied promptly to those individuals already involved in an investigation or working with this person/family, with the necessary

information. A record must be kept, for future reference, of the reasons why the complaint has been classified as a HUP and the actions taken.

4. The CEO, DCEO, CN, CMO may decide to deal with HUP complaints in one of the following ways:

- 4.1 Once it is established that a person's complaint meets **two** or **more** of the criteria detailed in section 3, and following discussions with the: Experience of Care Lead, any of the following people; CEO, DCEO, CN, CMO should inform the person in writing that their complaint is to be classified as a HUP. The reasons as to why should be clearly explained in writing and signed off by any of the following people; CEO, DCEO, CN, CMO.
- 4.2 The Trust should always strive to resolve matters before invoking this procedure, and/or the sanctions detailed within it, by drawing up an agreement **with** the person. This arrangement should set out an agreed code of behaviour for all the parties involved, to allow the Trust to continue dealing with the complaint. If this agreement is breached consideration would then be given to implementing other actions as outlined below:
- 4.3 Decline further contact with the person, by telephone, fax, letter or electronically – or any combination of these – provided that **one** form of contact is maintained, albeit restricted.
- 4.4 Alternatively, further contact could be restricted to liaison through a third party, such as a professional advocate, the Trust's Family Liaison Manager or a staff member that already has a positive relationship with the person or family and is willing to undertake this role if there is no risk to them.
- 4.5 Inform the person/family that in extreme circumstances the Trust reserves the right to refer HUP complaints to the Trust's Legal Advisors Solicitor, legal department and/or, if appropriate, the police.
- 5.6 Temporarily suspend all contact with person who is complaining or investigation of a complaint, whilst seeking legal advice or guidance from the Clinical Commissioning Group (CCG), PHSO, Information Commissioning Office (ICO), Department of Health or other relevant agencies.

5. Withdrawing Habitual Unreasonable and Persistent Complaint status

5.1 Once the complaint has been reviewed and deemed a HUP, there needs to be a mechanism for withdrawing this status if necessary. For example, the status may be withdrawn if the said person or persons, involved in making a HUP complaint, subsequently demonstrate a more reasonable approach or if they submit a further complaint for which the usual complaints procedures would be appropriate.

5.2 Staff should have already used very careful judgement and discretion in recommending a HUP status. Similar judgement/discretion will be necessary when recommending that such status should be withdrawn.

5.3 Normal contact with the person will be reinstated and application of the NHS complaints procedure resumed once a review has been held with all of the people detailed in 4.1, including the Experience of Care Lead, and their approval has been given. The person or family should then be notified in writing of this decision. This does not withstand the procedure being invoked again in the future, should the same pattern of behaviours arise.

Appendix D – Equality Analysis and Equality Impact Assessment Statement

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity, and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Community Engagement/Experience of Care Partnership	
Title of Change:	Management of Complaints and Feedback through a service user lens	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To clearly explain how complaints, concerns and feedback will be managed through a service user lens	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	There has been seen by service users with learning disabilities.
Have you taken into consideration any regulations, professional standards?	Yes	NHS Complaints Standards Framework

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	N/A no negative impact identified		
Who will be responsible for monitoring and regular review of the document / policy?	The Review of this policy and EIA will be conducted by the Experience of Care Lead		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	<i>Ophelia Matthias</i>	Date:	03/06/2021
--------------------	-------------------------	-------	------------