

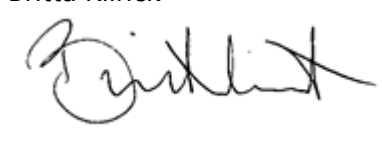
**Policy control document**

<b>Policy Title</b>	Complaints, Compliments & PALS Policy and Procedure
<b>Policy Number</b>	CORP 25
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Chair of Approving Committee: Britta Klinck



Signature:

Title: Chief Nurse  
Date: 19 December 2024

All policies are copy controlled. When a revision is issued previous versions will be withdrawn. An electronic copy of the current policy will be posted on the Trust Intranet.

## Change control

Number of pages (excluding appendices): 45
<p>August 2020 revisions -</p> <ul style="list-style-type: none"><li>• Appendix 4 summaries the key process elements of the policy on one page.</li><li>• Inclusions of recordings made by complainants or patients/services users.</li><li>• Inclusion of independent investigations in relation to responding and sharing learning.</li><li>• Inclusion of how to manage and escalate disputes in outcomes of investigations and escalation process.</li><li>• Updated IO flow chart (appendix 4)</li><li>• Updated expectation of training requirement for IOs</li><li>• Updated expectation of who creates the action plan following completion of an investigation.</li><li>• Update within appendix 7 relating to definition of demanding/repetitive and vexatious complainants.</li><li>• Inclusion of responsibilities about who needs to share information with named staff (appendix 3)</li><li>• Other minor amendments to the policy including the change in the name of a committee.</li></ul> <p>November 2020 revisions -</p> <ul style="list-style-type: none"><li>• Inclusion of the MP process flow chart (appendix 5).</li><li>• Additional reference to S75 agreements under multi-agency working – no change in practice.</li></ul> <p>June 2021 revisions -</p> <ul style="list-style-type: none"><li>• Inclusion of recording of meetings (audio and video)</li><li>• Complex Complaints or those involving multiple internal services.</li></ul> <p>December 2024</p> <p>Revision of whole policy in line with the NHS Complaints Standards.</p>
Any change to code or merging with other policies: N/A
<p>Consultation with:</p> <p>A number of the changes follow the implementation of the NHS complaints standards with involvement from staff and wider stakeholders.</p>

**Policy title**

Complaints, Compliments & PALS Policy

**Policy code**

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**Version 7**

**Date of approval – 19 December 2024**

## Purpose of policy

This policy sets out the framework for the management and resolution of complaints received about the services provided by Oxford Health NHS Foundation Trust. This document provides information about how we manage, respond to and learn from complaints that are made about our services.

The Trust is committed to responding promptly to all issues, concerns and complaints in an open, honest and sensitive way; ensuring that they are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. Service users/patients, carers and their representatives experience our services from a different perspective and can provide a valuable insight and enable the Trust to implement changes from lessons learnt as part of the organisation's commitment to continuous quality improvement.

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## Section 1: Introduction

This document outlines our commitment to dealing with concerns, complaints, MP queries and compliments about the services provided by Oxford Health NHS Foundation Trust (referred to as “the Trust”). It also provides information about how we manage, respond to and learn from complaints made about our services. When a complaint is first raised, we always consider the wellbeing of the patient and take immediate actions as required. Including considering if there are any safeguarding concerns or allegations and that the appropriate processes are followed.

The Trust aims to provide the highest possible quality of health care. However, it is recognised that there will be times when people using the Trust’s services and their relatives and carers may be dissatisfied with the treatment or services they have received. This document sets out how people may raise concerns and complaints and how staff should seek to resolve these. It also sets out how compliments and praise will be recorded.

The Patient Advice and Liaison Service (PALS) provides an opportunity for an early prompt resolution of complaints as they occur. This helps to reduce the need for patient’s/service users, relatives, carers and members of the public to seek a formal investigation into their complaints. Where appropriate, staff should seek assistance from PALS in resolving issues locally at service level.

The Complaints & PALS Department will provide guidance and clarification to staff where it is not easy to determine how a concern or complaint should be dealt with.

### Legal and policy framework

This document describes the policy and procedures for the Trust in responding to concerns and complaints. This procedure follows the relevant requirements in the Local Authority, Social Services and National Health Service Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations).

## Section 2: Accountability, roles and responsibilities

Overall responsibility and accountability for the management of complaints lies with the ‘Responsible person’ (as defined by the 2009 Regulations). In our organisation this is the Chief Executive. However, some elements of responsibility have been delegated to the Clinical/Service Directors in each Directorate. We have processes in place to make sure that the responsible person and relevant senior managers regularly review insight from the complaints we receive, alongside other forms of feedback on our care and service. They will make sure action is taken on learning arising from complaints so that improvements are made to our service.

They demonstrate this by:

- leading by example to improve the way we deal with compliments, feedback and complaints.
- understanding the obstacles people face when making a complaint to us and taking action to improve the experience by removing them.
- knowing and complying with all relevant legal requirements regarding complaints.
- making information available in a format that people find easy to understand.
- promoting information about independent complaints advocacy and advice services.
- making sure staff know when a complaint is a serious incident, or a safeguarding or legal issue and what must happen.

- making sure that there is a strong commitment to the duty of candour so there is a culture of being open and honest when something goes wrong.
- making sure we listen and learn from complaints and improve services when something goes wrong.

### Complaints management, roles and responsibilities

The Complaints Manager (as defined by the 2009 Regulation) is the Trust's Complaints & PALS Service Manager. They are responsible for managing this procedure and for overseeing the handling and consideration of any complaints we receive.

The 2009 Regulations allow us to delegate the relevant functions of the Responsible Person and Complaints Manager to our staff where appropriate. We do this to ensure we can provide an efficient and responsive service. The Trust has allotted specific responsibilities and accountabilities to individuals and groups of people. These are detailed in Appendix 1.

## Section 3: Identifying a complaint

A complaint is defined as "an expression of dissatisfaction made to an organisation where they have received services.... which requires a response." (Patients' Association, 2013, p4).

There is substantial evidence that shows the importance of listening to concerns as an early warning sign of issues in care and an opportunity to improve the quality of patient care.

The Trust will treat complaints seriously and ensure that complaints, concerns and issues raised by patients, relatives and carers are properly investigated in an unbiased, non-judgemental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be explained to the complainant by the Trust.

### Everyday conversations with our users

Our staff speak to people who use our service every day. This can often raise issues, requests for a service, questions or worries that our staff can help with immediately. We encourage people to discuss any issues they have with our staff, as we may be able to resolve matters to their satisfaction quickly and without the need for them to make a complaint.

### When people want to make a complaint

We recognise that we cannot always resolve issues as they arise and that sometimes people will want to make a complaint. The NHS Complaint Standards 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 and complaints

People may want to provide feedback instead of making a complaint. In line with Department of Health & Social Care's NHS Complaints Guidance people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction (as well as positive feedback) but is normally given without wanting to receive a response or make a complaint.

People do not have to use the term 'complaint'. We will use the language chosen by the patient, service user, or their representative, when they describe the issues they wish to raise

(for example, 'issue', 'concern', 'complaint', 'tell you about'). We will always speak to people to understand the issues they raise and how they would like us to consider them.

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 us:

- in person
- by telephone 0800 328 7971
- in writing Complaints & PALS Department, The Warneford Hospital, Warneford Lane, Headington, Oxford, OX3 7JX
- by email [PALS@oxfordhealth.nhs.uk](mailto:PALS@oxfordhealth.nhs.uk)
- Trust website [www.oxfordhealth.nhs.uk/support-advice/pals/compliments](http://www.oxfordhealth.nhs.uk/support-advice/pals/compliments) (complete the "raise a concern form")

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

#### Matters excluded from this policy

The following complaints will not be dealt with under the Local Authority Social Services and National Health Service Complaints (England) Regulations (2009):

- Any complaint made by a member of staff about any matter relating to his or her contract of employment or about the conduct of another member of staff. Such matters should be addressed through the relevant Human Resource policy.
- A complaint which relates to 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. Initially the Trust will aim to resolve concerns through local resolution. If this is not possible then the complaint should be referred to the Information Commissioner.
- A complaint about which the Trust is taking or is proposing to take disciplinary proceedings against the member of staff who is the subject of the complaint.
- A complaint about a medical doctor which is already subject to investigation under the MHPS policy?
- A complaint which necessitates referral to the professional regulatory bodies.
- A complaint which necessitates an independent inquiry into a serious incident under Section 84 of the NHS Act 1977.
- A complaint which has already been investigated in accordance with the NHS Complaints Regulations 2009.
- 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 etc) of the Superannuation Act 1972(a), or the administration of those schemes.

Investigation of other aspects of the complaint will only be undertaken if they do not, or will not, compromise or prejudice the concurrent investigation.

#### Section 4: Who can make a complaint

As set out in the 2009 Regulations, any person may make a complaint to us 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.

Where a complaint is made by a third party about a patient/service user's care e.g. by a relative, carer, friend, MP or advocate, written consent will be obtained from the patient/service user before any confidential information is disclosed to the complainant. Should the patient/service user not provide consent, or should the complainant not wish the Trust to approach the patient/service user for consent, then the complaint will usually be investigated. A written reply will be made to the complainant but will not contain any information which is confidential to the patient/service user.

In circumstances where the patient/service user expressly asks that the complaint is not investigated, then the complainant will be advised of this and the investigation terminated unless specific risk issues that warrant internal investigation have been identified. Any part of the complaint which directly relates to the complainant, for example, issues of communication, should continue to be investigated and a response made to the complainant.

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

If a complaint is brought on behalf of a child, we will need to be satisfied that there are reasonable grounds for a representative bringing the complaint rather than the child. If we are not satisfied, we will share our reasons with the representative in writing. If a complaint is made on behalf of a child over 13 years old who is 'Gillick competent' (i.e. of sufficient intelligence and maturity to consent to treatment), then their agreement should be obtained before responding to the complaint, if doing so will involve disclosing confidential patient information. If however a complaint is made on behalf of a child over the age of 13, who is not Gillick competent, then no authority from the child will be needed prior to responding to those with parental or guardian responsibility. This will be determined on a case-by-case basis.

If at any time we see 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. 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 the Parliamentary and Health Service Ombudsman if they are unhappy with our decision.

## **Section 5: Timescale for making a complaint**

Complaints must be made to us 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, we will consider it 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 we do not see a good reason for the delay or we think it is not possible to properly consider the complaint (or any part of it) we will write to 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.

## **Section 6: Complaints and other procedures**

We make sure staff who deal with complaints are properly supported and trained to identify when it may not be possible to achieve a relevant outcome through the complaint process on its own. When this happens, the staff member dealing with the complaint will inform the person making the complaint and give them information about any other process that may help address the issues and has the potential to provide the outcomes sought.

This can happen at any stage in the complaint handling process and may include identifying issues that could or should:

- trigger a patient safety investigation.
- 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. We will also signpost the individual to sources of specialist independent advice.

This will not prevent us from continuing to investigate the complaint. We will make sure that the person raising the complaint gets a complete and holistic response to all the issues raised. This includes 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.

## **Section 7: Confidentiality of complaints**

We will maintain confidentiality and protect privacy throughout the complaints process in accordance with UK General Protection Data Regulation and Data Protection 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.

The designated Caldicott Guardians are responsible for ensuring that confidentiality is maintained.

## **Section 8: Discrimination against anyone who raises concerns/complaints**

The Trust wishes to encourage feedback of its services. It is therefore imperative that anyone who makes a complaint (or whose carer or relative makes a complaint) is not discriminated against because of the complaint. Such behaviour from any member of staff will not be tolerated and appropriate disciplinary procedures will be implemented should the need arise. The Trust will ensure that patients, relatives, carers and members of the public are reassured that they will not be discriminated against as a result of raising a concern or complaint. Complainants will be advised of how they can raise concerns about any discrimination they believe they have experienced.

## **Section 9: 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 and other specialist independent advice services that operate nationally.

We will make sure that everybody who uses (or is impacted by) our services (and those that support them) 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. We will provide a range of ways to do this so that people can do this easily in a way that suits them. This includes providing access to our complaints process online.

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

### **What we do when we receive a complaint**

We want all people, patients, their family members and carers to have a good experience while they use our services. 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 Services 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 to deal with any complaints raised at first point of contact.

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

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

Appendix 4 provides a flowchart of how complaints are managed and Appendix 5 summarises how MP concerns are managed.

#### Grading of concerns and complaints

All concerns and complaints will be graded by the Complaints Manager based on severity of harm to patient using a national risk matrix (see appendix) and the level of complexity matrix detailed below which rates the level of case as follows; green = rapid resolution complaint, orange = low graded complaint or red = high graded complaint. The grading of each complaint is reviewed by a group of senior managers and clinicians. A copy of the Complaints Grading Matrix is attached as Appendix 6 to this document.

#### Complaints that can be resolved quickly

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

In keeping with the 2009 Regulations, if a complaint is made verbally (in person or over the phone) and resolved by the end of the next working day, it does not need go through the remainder of this procedure. For this to happen, we will confirm with the person making the complaint that they are satisfied we have resolved the issues for them. If we cannot resolve the complaint within that timescale, we will handle it in line with the rest of this procedure.

#### Acknowledging complaints

For all other complaints, we will acknowledge them (either verbally or in writing/email) within three working days. We will also discuss with the person making the complaint how we plan to respond to the complaint.

#### Focus on early resolution

When we receive a complaint, we are committed to making sure it is addressed and resolved at the earliest opportunity. Our 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.

When our staff believe that an early resolution may be possible, they are authorised to 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. Our 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.

#### If we can resolve a complaint

If we can answer or address the complaint early, and the person making the complaint is satisfied that this resolves the issues, our staff have the authority to provide a response on our behalf. This will often be done in person, over the telephone, or in writing (by email or letter) in line with the individual circumstances.

We will capture a summary of the complaint and how we resolved it and we will share that with the person making a complaint. This will make sure we build up a detailed picture of how each of the services we provide is doing and what people experience when they use these services. We will use this data to help us improve our services for others.

#### If we are not able to resolve a complaint

If we are unable to find an appropriate way to resolve the complaint to the satisfaction of the person making it, we will look at whether we need to take a closer look into the issues.

#### 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 (or Complaint Handler), 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. We will make sure staff involved in carrying out a closer look are properly trained to do so. We will also make sure they have:

- the appropriate level of authority and autonomy to carry out a fair investigation.
- the right resources, support and time in place to carry out the investigation, according to the work involved in each case.

Where possible, complaints will be looked at by someone who was not directly involved in the matters complained about. If this is not possible, we will explain to the person making the complaint the reasons why it was assigned to that person. This should address any perceived conflict of interest.

#### Clarifying the complaint and explaining the process

The staff member investigating the complaint will:

- engage with the person raising the complaint (preferably in a face-to-face meeting or by telephone) to make sure they fully understand and agree; the key issues to be looked at, how the person has been affected and 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 and 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, including; what evidence they will seek out and consider, who they will speak to, how they will decide if something has gone wrong or not, who will be responsible for the final response and how the response will be communicated.

### 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.

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.

Before sending a final written response to the complaint, the staff member carrying out the investigation will share and discuss (by telephone, in a meeting or in writing) the outcome of our investigation and the actions we intend to take, with key parties to the complaint. This will be decided on a case-by-case basis and will be based on the complexity of the issues and the identified impact. We will always consider any comments they receive before issuing a final written response.

### Providing a remedy

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.

In order to put things right, the following remedies may be appropriate:

- an acknowledgement, explanation and a meaningful apology for the error.
- reconsideration of a previous decision.
- expediting an action.
- waiving (or recompensing) a fee or penalty.
- issuing a payment or refund.
- changing policies and procedures to prevent the same mistake(s) happening again and to improve our service for others.

### The final written response

As soon as practical after the investigation is finished, the Complaints Manager will co-ordinate a written response. The Chief Executive has delegated the sign off of all complaints graded rapid resolution to the case handler or team/service manager, low to the Clinical Director/Service Director in the relevant Directorate. The Chief Executive will approve/sign off complaints graded high and responses to MPs. The Complaints Manager will send the final response to the person raising the complaint and any other interested parties. The response will include:

- Set out the issues the person has complained about and what they wanted to happen as a result of their complaint.
- Explain how we looked into the complaint.
- An explanation of how the complaint has been considered.
- Explain the outcome and if something went wrong (if something went wrong, includes details of the failings and any impact it had)
- Provide a meaningful apology, if appropriate.
- Explain how we will remedy the failing and how the Trust will learn from the complaint to improve services for other users.
- Set out the complainants right to refer their complaint to the Ombudsman.

### Response Times

There are no national set timescales for the resolution of complaints other than to state that NHS Trusts must send the complainant a written response, signed by the authorised person, as soon as reasonably practicable after completing the investigation. This should be within 6 months of the date the complaint was received or a longer period if agreed with the complainant. If a response is not sent within a 6-month timescale, then the Trust must notify the complainant in writing and explain the reason for the delay. The Trust should send the complainant a response as soon as reasonably practicable after this period.

However, the Trust recognises the importance of ensuring that complaints are responded to promptly and within a timescale which is appropriate to the complaint that has been raised. The table below summarises the response timescales.

Grading	Timescale	Authorised signatory
<p><b>Early Resolution (Concern)</b> (Everyday issues being raised that can be resolved there and then without the need for the person to make a complaints. This can include; a request for advice or an action, a need for an explanation to resolve confusion about what is happening or about a care of service issue or a concern about an error that may have been made).</p>	<p>72 hours</p>	<ul style="list-style-type: none"> <li>• Case Manager within the Complaints &amp; PALS Team</li> <li>• Relevant local team leadership i.e. ward/team manager, consultants, psychologist etc</li> <li>• Or equivalent or more senior to above.</li> </ul>

<b>Rapid Resolution Complaint</b> (Summary: Need to be quickly picked up by Directorates within 48 hours. Simple, non-complex issues. Can be picked up by the service the issues relate to).	15 working days	<ul style="list-style-type: none"> <li>• Case Manager within the Complaints &amp; PALS Team.</li> <li>• Team Manager/Deputy Team Manager.</li> <li>• or equivalent or more senior to above.</li> </ul>
<b>Low Level Complaint</b> (Summary: Several issues which require more in-depth consideration or discussion e.g. care or care planning, staff attitude, discharge planning. Investigated usually by someone external to the team(s) named in the complaint unless agreed with the Complaints Manager).	35 working days	<ul style="list-style-type: none"> <li>• Clinical Director/Service Director.</li> <li>• or equivalent or more senior to above.</li> </ul>
<b>High Level Complaint</b> (Summary: Complaints cases, or risk rated as orange/red or cases which have over 15 issues raised within complaint, or multi-agency complaints or the complaint involves more than three services within the organisation)	60 working days (within 6 months)	<ul style="list-style-type: none"> <li>• Chief Executive.</li> <li>• or the Chief Medical Officer, Chief Nursing Officer or Chief Operating Officer in the absence of the CEO.</li> </ul>

Any extensions to the timescales must be agreed with the relevant clinical/service director and the Complaints Manager.

### Support for staff

We will make sure all staff who look at complaints have the appropriate: training, resources, support and time to investigate and respond to complaints effectively. This includes how to manage challenging conversations and behaviour.

We will make sure staff specifically complained about 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 complained about 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.

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

### Referral to the Ombudsman

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.

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.

### Internal Investigations

The Trust must ensure that all investigations are fair, open and thorough. When senior managers allocate a complaint or MP concern for investigation, it is often not appropriate for the investigating officer to be from the same team as where the complaint is made about. However, in some circumstances it will be most appropriate for a member of the senior leadership team to investigate the complaint. The Complaint and PALS Service Manager will keep an overview to ensure the investigating officer has the appropriate skills and independence to carry out the investigation.

On rare occasions where there may be a dispute in the outcome of the investigation between the Directorate (service area and clinical director) and the investigating officer, this must be escalated to the Complaint and PALS Service Manager immediately. No further action will be taken until the outcome of the investigation has been appropriately reviewed. In the first instance the issue will be taken to the Weekly Clinical Review Meeting to identify who will review the investigation and outcome, to decide the next steps. The dispute will also be escalated to the Chief Nursing Officer or Chief Medical Officer.

#### External Investigations

On rare occasions the Trust will seek an external investigator. The Complaints & PALS Service Manager will be responsible for identifying an appropriate external investigator and agreeing Terms of Reference with the complainant, relevant Directorate and the external investigator. The Directorate will be responsible for the cost of the external investigation once completed.

The Trust will write to the complainant to share the outcome from the external investigation, ensuring that the findings of the investigation are clearly outlined, details of learning, where appropriate, are provided and that apologies are given for people's experiences or failures in the service. This should be completed within a reasonable timeframe and the complainant must be kept informed of progress. The Service Manager will be responsible for writing the complaint improvement plan (action plan) as required and this will be monitored by the Complaints and PALS Team.

#### Support for patients, carers and relatives (advocacy services)

All complainants are to be made aware of any appropriate advocacy services, who can support them through the process, as it is recognised that raising a concern or making a complaint is stressful and patients, carers and relatives sometimes need support through the process. Advocacy services will assist those complainants who find it difficult to make a complaint in writing; have special needs; require information in a different format (with reference to the Accessible Information Standard 2016) or find the experience daunting.

#### Complex complaints or those involving multiple internal services

Where complaints are received about multiple internal services or multiple investigations are happening, a case conference will be held at the beginning of the process with senior members of staff organised by the complaints case handler (including the Chief Nursing Officer or deputy) and repeated as required. This will also include either a panel or conference call to sign off the outcome of the investigation and share learning.

### **Section 10: 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.

This policy is also in line with the Section 75 agreements with the Local Authorities, where we are contracted to provide social care services; the Trust will lead on the investigation and respond to relevant complaints and will liaise with the Locality Authority if a joint response is required.

Where a complaint relates solely to another external organisation the Complaints Manager will, with the permission of the complainant (and patient), seek to forward the complaint onto the relevant person.

## **Section 11: Recording of meetings**

### **Recording of meetings (audio and video)**

A formal record of the meeting can be an audio or video recording. At the meeting, the Chair must also notify all attendees that recording will take place prior to the commencement of the recording. At the start of the recording, the chair must confirm the date of the meeting, the attendees, and the reason for the meeting. The recording must stop at the formal close of the meeting. Attendees who were not present at the start of the meeting must also be notified that recording is taking place. A copy of the recording must be shared with attendees within a reasonable timeframe.

Any recordings will be stored with the complaint file in a secure and restricted area managed by the Complaints & PALS Team.

### **Recordings made by complainants (or patient/service user)**

Complainants or patients/service users can share recordings made by either the complainant or patient/service user as part of their complaint. This information will form part of the complaints investigation and will be reviewed by the investigating officer. Further guidance can be sought from the Integrated Information Governance Policy (CORP 19).

## **Section 12: Monitoring, demonstrating learning and data recording**

We expect all staff to identify learning 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.

Complaints provide the Trust with an opportunity to identify when improvements to services and to individuals' practice need to be made and to identify and share good practice. Staff should be reassured that complaints are not about apportioning blame. Saying sorry is not an admission of legal liability and NHS Resolution will not withhold cover for a claim because an apology or explanation has been given. If members of staff have any queries, they should contact the Trust Solicitor and Risk Manager. Disciplinary action against staff will only be

instigated where staff have acted maliciously or have been grossly negligent in carrying out their duties.

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.

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

In keeping with the 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. Further details are provided below in the monitoring arrangements table.

### **Section 13: Complaining to the commissioner of our service**

Under section 7 of the 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. 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.

### **Section 14: Persistent and Unreasonable Contact**

There could be situations where an individual could be considered as habitually demanding, repetitive or vexatious.. Appendix 7 includes guidance and the procedure that should be followed when a complaints behaviour may be considered unacceptable or unreasonably persistent. Although members of staff are encouraged to respond in a professional and helpful manner to the needs of all complainants, occasionally nothing further can reasonably be done to assist the complainant or to solve their concerns. In certain circumstances, it may also be

appropriate for staff to involve the police (as per the procedure set out in the appendices to the Policy For Reporting And Learning From Incidents And Deaths, Including Serious Incidents at RMHS1) or for staff to summon assistance in accordance with the Policy on Reducing Restrictive Interventions (formerly the Prevention & Management of Violence and Aggression, CP29) which applies to incidents originating from members of the public, as well as from patients or service users.

## **Section 15: Management of concerns about flexible and agency workers**

Investigations of complaints involving flexible workers should be managed by the relevant Directorate where the "worker" was complained about. Complaints will be managed in accordance with the procedure set out in the Temporary Staffing Guide for Managers which is available on the intranet.

## **Section 16: Being Open & Duty of Candour**

The Trust is committed to the principle of openness and having open and honest communication with patient's/service users or with those that have parental responsibility. The commitment to openness extends to carers or relatives but only with the expressed consent and permission of the patient/service user to ensure the patient's rights are advocated and confidentiality adhered to.

From the end of November 2014 all Foundation Trusts are required to comply with the Duty of Candour and tell patients if their safety has been compromised and harm has been caused. The Trust will ensure that patients (and carers, if appropriate) receive a prompt apology for any incidents when this has occurred, whether a complaint has been made or information has been requested and ensure that lessons are learnt to prevent them from being repeated. Full details of the Duty of Candour are given in the Being Open Policy (CORP 24).

## **Section 17: Training Requirements**

Staff members who are undertaking investigations are required to attend the Trust's Investigating and Responding to Complaints course. A register of who has received the training is held by the Complaints and PALS Team.

Concerns and complaints awareness training is delivered as part of the Trust's Induction Training to ensure that all staff are aware of how to assist in the process of dealing with issues and concerns before they become a complaint.

The Complaints Manager should receive appropriate training. For example, a Diploma in Risk Management or the Institute of Healthcare Management's "Managing Complaints for Service Improvement" programme.

### **Other relevant policies**

Other relevant policies include;

- Policy for reporting and learning from incidents and deaths, including serious incidents (RMHS1)
- Being Open Policy (CORP 24)
- Integrated Information Governance Policy (CORP 19)
- Workplace Stress (OH4)

- Management in the Event of Sexual Allegations (CP07)
- Safeguarding Children (CP14)
- Safeguarding Vulnerable Adults (CP25)
- Reducing Restrictive Interventions (formerly the Prevention & Management of Violence and Aggression Policy, CP29)
- Legal Proceedings Policy and Procedures (CORP 17)
- Managing Allegations (against staff) (HR 33)
- Disciplinary policy (HR09)
- Procedure for handling concerns related to conduct, capability or health of medical and dental practitioners (HR 23)

## Monitoring and Evaluation

Criteria	Measurable	Lead person/group	Frequency	Reported to	Monitored by	Frequency
Systems in place to monitor the progress of active complaints.	Allocation and status of Complaints and MP queries; percentage responded within timescales, outcomes.	Complaints & PALS Service Manager	Weekly	Weekly Clinical Review Meeting  Service Directors	Executive Team	Weekly
System in place to monitor adherence to and effectiveness of policy.	Performance against standards; identification of themes; lessons learnt; referrals to Parliamentary Health Service Ombudsman.	Complaints & PALS Service Manager	Quarterly	Trust-wide Quality and Clinical Governance Meeting or equivalent	Quality Committee	Six-monthly
Quality of complaint investigations.	Number of Investigating Officers who have received training/refresher in the last 3 years.	Complaints & PALS Service Manager	Six-monthly	Trust-wide Quality and Clinical Governance Meeting or equivalent	Quality Committee	Six-monthly

An Annual Report of complaints handling, including performance, themes, trends, and learning must be prepared and presented to the Quality Committee. This report must meet the requirements set out in Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 SI 2009 309 paragraph 18 and is published.

For monitoring of Being Open, refer to the Being Open Policy.

For monitoring of support for staff, investigations, analysis and improvement, refer to the Policy for Reporting and Learning from Incidents and Deaths, Including Serious Incidents (RMHS1).

## **Appendices/Procedure notes**

1. Responsibilities and accountabilities of individuals
2. Standard Operational Procedure
3. Patient Advice & Liaison Service (PALS) Operating Procedures
4. Formal complaints process Flowchart
5. MP concerns process Flowchart
6. Matrix for Grading Concerns and Complaints
7. Persistent and Unreasonable Contact 8Concerns Recording Form
9. Equality Impact Assessment

## Responsibilities and accountabilities of individuals

### Responsible person

The Chief Executive is required to act as the “responsible person” under SI 2009 309. The responsible person is required to ensure compliance with the arrangements made under SI 2009 309 ensuring that action is taken, if necessary, in the light of the outcome of a complaint.

### “Complaints Manager”

Each Trust must have a designated person to manage the procedures for handling and considering complaints and to perform the functions of the “Complaints Manager” as set out in the Regulations (2009 309). The functions of the “Complaints Manager” may be performed by him/her or by any person authorised by the Trust to act on his/her behalf.

The designated “Complaints Manager” is the Complaints & PALS Service Manager. Specific responsibilities of the “Complaints Manager” (some of which may be delegated to the Complaints Service Lead, PALS Service Lead, Complaints & PALS Officers and others within the Complaints & PALS Department in the Trust) are to:

- Ensure that appropriate and relevant information about how to raise concerns and complaints is widely available and accessible for patients, relatives, carers and members of the public.
- Ensure all complaints and MP queries are dealt with appropriately in accordance with national and local policy and procedures and within required timescales.
- Acknowledge receipt of a person’s complaint either orally or in writing.
- Advise any person raising a formal complaint of their right to receive independent complaints advocacy support from their local advocacy services.
- Support complainants during the complaints process and ensure they understand the rationale and procedure for investigating complaints.
- Oversee the management of complaints.
- Maintain a database of complaints.
- Monitor the complaints handling process and timescales, alerting senior management of complaints that are “at risk” of breaching response time limits.
- Report complaints to the Executive Team and to the Board of Directors.
- Record and monitor action plans.
- Identify and regularly report common trends or patterns arising from complaints. Facilitate shared learning across the Trust for overall quality improvement, including publishing the outcome of a sample of complaints and the Trust’s learning each quarter.
- Refer the complaint to the relevant Directorate or individual for investigation.
- Support Investigating Officers in the handling and investigation of complaints.
- Ensure that the agreed method of resolution is appropriate to the severity of the complaint.
- Review all investigation reports, supporting documentation and draft responses to ensure that these are appropriate and cover all areas of complaint before submitting to the authorised signatory.
- Respond to all requests for information from the Parliamentary and Health Service Ombudsman (PHSO).
- Coordinate the Trust’s action plans arising from recommendations from the PHSO.
- Facilitate the Complaints Review Panels within the Trust and ensure Directorates involvement within the sessions.
- Provide training for staff on the complaint’s procedure and handling complaints.

- Review complaints procedure, policy and development within the Trust as necessary.

Further responsibilities of the “Complaints Manager” have been delegated to those staff identified as Investigating Officers:

### **Investigating Officers**

*Responsibilities are to:*

- Undertake an open, fair and thorough investigation into the concerns raised by the complainant.
- Contact the complainant at the beginning to ensure they understand the concerns, try to resolve these if possible and to agree an approach to address the complaint including a timescale to respond.
- It is an expectation that the IO will offer a telephone call or a meeting with the complainant.
- Take responsibility for resolving the complaint in the manner agreed with the complainant e.g. resolution meeting, investigation, review of care. Ensure that all relevant people are involved and consulted with as part of the investigation.
- Communicate with the complainant throughout the complaints handling process and ensure that at the onset of the investigation they try to contact the complainant to discuss the concerns they raised in more detail.
- Inform those staff (and their line manager) who have been complained about named in the complaint and of the complaint, explaining the process for handling the complaint. and giving them information about the complaint as it relates to them.
- Ensure that arrangements are in place for staff named in complaints to be appropriately supported.
- Share a summary of the relevant findings from the investigation with staff who are named in the complaint, those involved in the investigation or other relevant people e.g. the Team or Service Manager of the service.
- Consult with senior clinicians i.e. Clinical Director where the complaint involves medical staff or professionals allied to medicine.
- Keep accurate records, meeting notes, interview notes throughout the complaints handling process and ensure these are submitted to the Complaints & PALS Department, along with a full complaint’s investigation report.
- Draft the letter of response to the complainant alongside an investigation report.
- Share the investigation findings and draft letter of response with those named in the complaint, those involved in the investigation or other relevant people e.g. the Team or Service Manager of the service.
- Make recommendations for learning. The Service Manager is responsible for writing the complaint improvement plan (action plan).
- Ensure all those involved and named in the complaint have a copy of the final letter of response, this is likely to be via the team/ ward manager or equivalent.

### **Service Managers, Unit Managers, Ward Managers, Line Managers**

*Responsibilities are to:*

- Ensure that complaints and MP queries are dealt with and appropriately handled within required timescales. This includes timely allocation of new complaints within a week.
- Ensure that a copy of any written complaint is immediately forwarded to the Complaints & PALS Department.
- Identify lessons to be learned. Service Managers are responsible for writing the complaint improvement plan (action plan).
- Facilitate shared learning at a local level and across services and teams.

- Ensure that actions identified as a result of a complaint are implemented within required timescales.
- Ensure that members of staff are aware of and follow the policy and procedures.
- Ensure that appropriate support is provided to staff who are investigating complaints, acting as a witness or who have been complained about (see Staff Support Section below).
- Ensure that the relevant information leaflets and posters are made available within all patient/public areas.
- Ensure that members of staff have the necessary skills to manage and/or investigate complaints and have access to relevant training.

### **Clinical Directors/ Service Directors**

*Responsibilities are to:*

- Review, approve and sign all complaint and MP responses which fall within their delegated authority. Ensure that the complaints handling process and all documentation, including investigation reports and responses are appropriate, open and of a high quality.
- Ensure that those required to handle complaints are appropriately trained and can access relevant training.
- Ensure that lessons are learned, and action plans are implemented within agreed timescales.

### **Front-line Staff**

*Responsibilities are to:*

- Understand and adhere to the complaint's procedure.
- Listen to the complaint/concern and check that they have understood it.
- Take responsibility for resolving a concern/complaint or (if more appropriate) for referring the complaint to a more senior colleague.
- Resolve (where appropriate) the concern/complaint immediately in a way which is acceptable to the person raising the concern/complaint.
- Record and report oral complaints to the Complaints & PALS Department.
- Involve a senior colleague and/or the Complaints & PALS Department at the appropriate time.
- Remain polite, courteous and professional always.
- Offer an apology in recognition of a person's unsatisfactory experience.
- Share any written MP concerns with the Complaints & PALS Department to manage.

## **Complaints Process - Standard Operational Procedure**

Complaints are managed in line with the NHS Complaints Standards and full details can be found in the Concerns, Complaints & Compliments Policy and Procedure (CORP 25).

The aim of this SOP document is to:

Make clear the processes, procedures and responsibilities within the review of a complaint for Oxford Health NHS Foundation Trust. This will ensure that the review is carried out in line with current best practice and protocols, that all documentation is completed and retained so that it is available in case of review and legal action. The objectives are to:

- Outline the process, procedures requirements and outcomes of each stage and the individual or group responsibility.
- Ensure that the investigations are carried out in a timely manner.
- Ensure that individuals are aware of their roles, responsibilities and outcomes.
- The production of essential documentation, its distribution, filing and retention is clear, and that the complaint folder is complete and comprehensive.

The weekly complaints meetings will monitor all complaints progress and status, including preparedness for Directorate sign off. The Complaints & PALS Service will ensure new actions are added onto Ulysses and monitor outstanding actions, weekly.

### **Complaints Administration**

All documentation relating to a complaint is to be filed in the relevant complaints folder created on TEAMS specifically for that complaint under the relevant Ulysses case number. This will be created by the case handler within the team. It is essential that all documentation is included in the incident file as this will ensure that:

- The investigation is carried out in line with current best practice.
- There is a comprehensive picture of what has been undertaken.
- That the complaint can be simply and quickly taken over by an alternate handler if required.
- That all documentation is completed and retained so that it is available in case of review.

### **Welcoming complaints in a positive way**

All staff should openly welcome complaints so that they can identify and resolve issues quickly. Staff should make sure people are being listened to and treated with empathy, courtesy and respect. As an organisation we clearly publish how people can raise complaints in a range of ways that suits them and meets their specific needs. We also ensure that people who use our service are reassured that their care will not be compromised if they make a complaint and what they can do if they feel it has been. We ensure that we are responsive to the needs of each individual and make reasonable adjustments when required. We make sure that people know how to seek advice and support through either the Patient Advice and Liaison Service (PALS) or independent advocacy services.

### **Communication**

Good communication is essential to providing good and effective healthcare. The ability to listen, explain, and empathise can profoundly impact relationships with patients, their family and our colleagues, which in turn influences individuals and improves clinical quality and peoples experience of services.

Staff handling concerns and complaints must embrace an open and honest approach when communicating with complainants. Members of staff who are participating in an investigation into a complaint should ensure that they undertake a thorough, proportionate and balanced look into the issues raised in a complaint and give a fair and open response to answer the questions raised. Where appropriate, we should take responsibility when things have gone wrong or where a service has had an unfair impact on someone. We should look at how we can “put things right” and provide a meaningful and sincere apology, an explanation that openly reflects the impact on the people concerned and share the learning to improve services.

### **Handling concerns at a team level**

Many matters that cause concern to patients, relatives and carers can be dealt with immediately. Wherever possible, members of staff should seek to resolve a person’s concern promptly. This may involve the member of staff dealing with the problem themselves or finding someone more appropriate to help. A face-to-face conversation is often the most useful way of resolving such concerns. The Patient Advice and Liaison Service (PALS) can provide help and advice with the resolution of concerns being dealt with locally with teams.

Every day, staff interact with people who use (or are impacted by) your care and service. This means they often see and hear issues being raised that they can help with and resolve there and then, without the need for the person to make a complaint. This can include things like:

- a request for advice or an action
- a need for an explanation to resolve confusion about what is happening or about a care or service issue
- concern about an error that may have been made.

These are the sorts of everyday conversations that are not complaints. They are matters that can be sorted out immediately (or very quickly) and without the person becoming dissatisfied and deciding to make a complaint.

This is an important aspect of engaging with patients and service users and is the best, most cost-effective and time-efficient way to deal with issues before the person has an opportunity to become dissatisfied, and the issue becomes a complaint. Remember, though, that if you do not provide the action or explanation you promised, in the timescale discussed, then the issue can quite quickly become a complaint, so you should always deliver on what you say.

### **What is a complaint?**

The NHS Complaint Standards 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 you have made, and/or the standard of service you have provided.’

People do not have to use the word ‘complaint’ themselves. They may talk about ‘feedback’, ‘an issue’, or ‘a concern’, or they may say they want to ‘tell you about’ something. You should use and reflect the language chosen by the person. The term ‘complaint’ used in this guidance covers all the variations that people might use.

To identify whether something is a complaint, ask yourself:

- is the person asking for something or do they just need an explanation?

If the answer is ‘yes’ this is not a complaint.

- is the person clearly dissatisfied with something that has or has not happened to them?
- does the matter need to be looked into?
- do they require a response?

If the answer is 'yes' to these questions, this is a complaint.

If you are unsure about whether or not something is a complaint, consult the Complaints & PALS Department or you can simply ask the person if they are unhappy and if they would like you to look into the matter and provide a response.

### Handling complains through the Complaints & PALS Department

All complaints and MP casework are coordinated centrally by the Complaints & PALS team through the following procedures and in accordance with the SI 2009 309 regulations.

The content of new complaints is reviewed for immediate issues relating to risks/safeguarding issues by the Complaints and PALS Department and all low/high graded complaints are reported to the Weekly Clinical Review Meeting.

All complaints must be responded to by the relevant authorised signatory in writing within the timescale agreed with the complainant, unless an alternative approach i.e. a meeting, has been agreed with the complainant. Complaints must be acknowledged within 3 working days (usually by the Complaints & PALS Department) and complainants are advised of the free services provided by local advocacy services and contact details provided.

Where a complaint has been made on behalf of a patient, the Complaints & PALS Department will seek to obtain consent from the patient/service user regarding the disclosure of any confidential information, if agreed by the complainant. If the complainant does not wish for consent to be sought, an investigation will be completed but confidential information will not be shared.

Upon receipt, each complaint will be graded based on severity of harm to patient using a national risk matrix (see appendix) and the level of complexity matrix detailed below which rates the level of case as follows; green = rapid resolution complaint, orange = low graded complaint or red = high graded complaint.

Grading	Criteria
Early Resolution (concern)  <b>PURPLE</b>	<ul style="list-style-type: none"> <li>✓ Everyday issues being raised that can be resolved there and then without the need for the person to make a complaints.</li> <li>✓ This can include; a request for advice or an action, a need for an explanation to resolve confusion about what is happening or about a care of service issue or a concern about an error that may have been made.</li> </ul> <p><b>Timescale: Up to 72 hours</b></p>
Rapid Resolution Complaints  <b>GREEN</b>	<ul style="list-style-type: none"> <li>✓ Simple, non-complex issues.</li> <li>✓ Can be handled in liaison with the Ward/Team Manager.</li> <li>✓ Resolution likely to be achieved by telephone conversations, face to face contact and a written response can be sent from the case handler or team/service manager.</li> </ul> <p><b>Timescales: Up to 15 working days</b></p>

<p>Low Graded Complaints</p> <p><b>ORANGE</b></p>	<ul style="list-style-type: none"> <li>✓ Several issues which require more in-depth consideration or discussion e.g. care or care planning, staff attitude, discharge planning.</li> <li>✓ Investigated by someone external to the team(s) named in the complaint.</li> <li>✓ Signed off by the Clinical Director.</li> </ul> <p><b>Timescale: Up to 35 working days.</b></p>
<p>High Graded Complaints</p> <p><b>RED</b></p>	<ul style="list-style-type: none"> <li>✓ Multiple, complex or serious issues e.g. serious failings in care, assault or abuse, death or serious injury.</li> <li>✓ Multi-agency complaints.</li> <li>✓ Complaint relates to more than three different services within the organisation.</li> <li>✓ Patient Safety Incident Investigation.</li> <li>✓ Investigation completed by someone external to the team(s) named in the complaint.</li> <li>✓ Response to be sent from the Chief Executive.</li> </ul> <p><b>Timescale: Up to 60 working days (MUST be within 6 months)</b></p>

### Early Resolution (concern)

Every day, staff interact with people who use (or are impacted by) your care and service. This means they often see and hear issues being raised that they can help with and resolve there and then, without the need for the person to make a complaint. This can include things like:

- a request for advice or an action.
- a need for an explanation to resolve confusion about what is happening or about a care or service issue.
- concern about an error that may have been made.

These are the sorts of everyday conversations that are not complaints. They are matters that can be sorted out immediately (within 72 hours) and without the person becoming dissatisfied and deciding to make a complaint. The staff member dealing with this should ensure that they identify and share any immediate learning with the Complaints & PALS Department.

### Rapid Resolution Complaints

When we receive complaints, we want to be committed to making sure that we address and resolve these at the earliest opportunity. We want staff to feel empowered to act, address and resolve the issues raised and to “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 deals with these. Rapid Resolution complaints can be resolved in person or over the telephone. We should be aiming to deal with these within 15 working days, by having direct contacts with those raising concerns and ensuring that we are learning quickly from people’s experiences of our services. However, they will need to be followed up in writing (this can be sent via email or letter, depending on the person’s preference) setting out; how their complaint has been considered, the conclusion reached, the outcome and proposed actions.

#### How to resolve a complaint early

When trying to resolve a complaint early, you should:

- Listen to make sure you understand the problems or issues.
- Ask about the impact this is having and how it feels.

- Ask what they would like to happen to put things right.
- Acknowledge the complaint and discuss how you will look into the matter and how long you think that will take.

Once you have looked the matter:

- Explain what happened and why, if you can.
- If nothing has gone wrong, provide reassurances and an explanation.
- If something has gone wrong, give a meaningful apology.
- Carry out actions to put things right, if you can, or with the support of others.
- If you can't put things right, explain why and what you can do instead.

If something has gone wrong, capture any learning to share with colleagues and improve service for others.

If staff consider that the issues cannot be resolved quickly through Rapid Resolution, we will need to take a closer look into the matters raised through a low-level complaint investigation. It is important that these cases are identified quickly, so that we do not delay the start of these investigations.

At the end of Rapid Resolution Complaints, complainants will be given the opportunity to refer their complaint to the Parliamentary Health Service Ombudsman (PHSO) if they remain unhappy with the outcome and the Trust feels that local resolution has been exhausted. Further guidance documentation can be sought from the Complaints & PALS Department.

### **Low and High Graded Complaints**

All new low/high graded complaints will be sent via email to the relevant Directorate for allocation to a suitable person to take a closer look at the issues raised, known as the "investigating officer". This must be someone external to the team complained about, as set out in the Trust's policy, unless there are exceptional reasons, which must be agreed with the Complaints Manager). It is essential that complaints are allocated promptly (within 3 working days) as delays cause significant delays in the completion of a timely investigation. Delays are reported on a weekly basis to the Weekly Clinical Review Meeting.

Once an investigating officer has been appointed, they must try to contact the complainant within 3 working days. The purpose of the initial discussion is to:

- Fully understand and agree the main issues to be considered, what impact the issue has had and the outcomes the person wants before you carry out your investigation.
- Understand the preferred method of communication and if any reasonable adjustments you need to make.
- Explain how you intend to carry out the investigation i.e. how you will gather evidence, what evidence you will consider, who you will speak to, how you will determine whether something has gone wrong or not.

If the complainant does not wish to have a discussion or you have not been able to talk to them, you should immediately continue with your investigation and seek advice from the Complaints & PALS Department. It is important to note that some complainants may not wish to engage further during the investigation, or they may wish to communicate in a different manner i.e. via email.

The investigating officer will need to plan their investigation (i.e. what happened, what should have happened, what evidence needs to be reviewed and who do you need to speak to) ensuring that they are

working towards the set timescales. The Investigating Officer should ensure that staff who are involved in the complaint are appropriately supported (by the staff member's line manager/supervisor, the Complaints Manager, another Trust manager or where a complaint is particularly stressful, the Staff Support Service) and treated with respect and kindness.

In undertaking an investigation, the Investigating Officer will consult with all those who are named in the complaint or who the complaint relates to. Comments from these individuals should be sought in writing or through telephone/face to face contact. They should be advised of the details of the complaint that relate to them in advance of discussions. This may or may not involve giving them a full copy of the complaint letter. A record of the discussion should be shared with the person to ensure that it is accurate. The Investigating Officer must share the findings of their investigation with those involved in the complaint (staff interviewed/manager of the service area) for any comments prior to the submission of the paperwork (investigation report and draft letter of response).

The Investigating Officer should submit all their records and the relevant documentation within the agreed timescales. Where an investigation has been undertaken a formal written report, which details the process of the investigation, their findings, conclusions and recommendations must be submitted. All documents must be submitted using the Trust's templates (available on the intranet or from the Complaints & PALS Department). The Investigating Officer will prepare a draft letter of response to the complainant on behalf of the authorised signatory. The investigation papers must be approved by the relevant service manager/head of service before they are submitted to the Complaints & PALS Department.

Whilst the investigating officer will be responsible for making recommendations, the relevant member of staff from the senior leadership team is responsible for reviewing the recommendations and creating an action plan. The Complaints & PALS Department will circulate a copy of the final action plan to all those named within it and will monitor the implementation of the action plans.

Where the Investigating Officer is unable to meet the original timescale, they should request an extension from the case handler within the Complaints & PALS Department, which must be approved by the relevant clinical director, before the complainant is contacted. Clear rationale for this request will be required, as extensions should only be sought in exceptional situations.

The case handler from the Complaints & PALS Department will review the complaints papers ensuring that the complaint has been appropriately addressed and forward to the authorised signatory for comment and signing.

### **Final Response Letter**

The regulations SI 2009 309 set out a requirement that as soon as reasonably practicable after completing the investigation, the "responsible person" must send the complainant a written response which includes:

- Set out the issues the person has complained about and what they wanted to happen as a result of their complaint.
- Explain how we looked into the complaint.
- An explanation of how the complaint has been considered.
- Explain the outcome and if something went wrong (if something went wrong, includes details of the failings and any impact it had).
- Provide a meaningful apology, if appropriate.
- Explain how we will remedy the failing and how the Trust will learn from the complaint to improve services for other users.
- Set out the complainants right to refer their complaint to the Ombudsman.

## **Conciliation**

Conciliation and mediation can be a valuable method of resolving complaints. An impartial mediator can help both parties to reach an acceptable conclusion. It can also help to re-establish a good relationship with a person who is unhappy. Mediation is particularly useful when there is a risk of communication breaking down. The mediator can help both parties express their frustration or anger without affecting progress towards an effective solution.

The Trust will consider the appropriateness of independent conciliation or mediation as a possible way of resolving a complaint. The complainant and member(s) of staff involved must both agree to this process. The Trust will decide to use independent conciliators/mediators when needed.

## **The Parliamentary Health Service Ombudsman (PHSO)**

Complainants have the right to refer their complaint to the PHSO once they have exhausted the Trust's complaints procedures. The Complaints & PALS Service Manager is responsible for responding to all requests for information and action from the PHSO.

The Complaints & PALS Department will acknowledge receipt of any communication from the PHSO and will advise the relevant clinical director of a new referral (the clinical director is responsible for sharing the report more widely). The Complaints & PALS Department will prepare all relevant documents (this may include a photocopy of the health records and the complaints file) and will provide this to the PHSO within an agreed timescale. The Complaints & PALS Department will circulate the outcome of the review and any accompanying report to the relevant clinical director and will work with the Directorate to complete any recommendations as a result of the PHSO findings which could include a letter of apology, financial payment and an action plan to address failings. The outcome of PHSO investigation will be reported to the Weekly Clinical Governance Meeting.

## **Support for staff mentioned in a complaint**

The Trust is committed to creating a positive culture of dignity and respect supporting our staff in their wellbeing and ability/confidence in speaking up to raise concerns, as well as developing our managers to have a supportive, inclusive, and compassionate style. Restorative Just and Learning Culture (RJLC) (as part of Civility & Respect) is a culture change programme, promoting a psychologically safe environment to better support staff when things go wrong and to encourage learning from incidents and complaints. Healthcare is a complex environment that is inherent with risk and potential for things to 'not go as planned'. RJLC recognises that humans are fallible and can make mistakes and errors without the intent to cause harm, with a focus on what is responsible instead of who is responsible.

It is essential that all members of staff who are involved or named in a complaint receive appropriate support. Each Directorate has a responsibility to provide support to staff involved in a complaint investigation. The level and extent of support required will be dependent on each case and everyone's identified needs. The investigating officer will be responsible for ensuring that members of staff named in a complaint, along with their line manager, are advised of the complaint in a timely manner. Investigating officers must be sensitive towards members of staff, as this can be a stressful time. They should share a copy of the complaint, or relevant sections of the complaint with the member of staff in advance of discussions, to allow the staff member time to prepare. Investigating officers should offer staff the opportunity to be accompanied when talking to the investigating officer. Once the investigation has been completed, the investigating officer must share the outcomes from the investigation, alongside the draft letter of response with any relevant staff for their comments. If a member of staff disagrees with the outcome of a complaint's investigation, they should raise this with the Complaints & PALS Service Manager, who is responsible for sharing these concerns more widely with relevant senior staff within Directorates.

### **Further Guidance**

Further guidance for staff on how to manage concerns and complaints is included in the attached appendices. Staff are encouraged to seek additional advice or support from the Complaints & PALS Department telephone 01865 902173. The Complaints & PALS Department can be consulted throughout this process for further advice and guidance. Written guidance is also available on the intranet.

Claire Price, Complaints & PALS Service Manager  
EmailPALS@oxfordhealth.nhs.uk

## **Patient Advice and Liaison Service (PALS) Operational Procedures**

### **Introduction**

Chapter 10 of the NHS Plan, 2000, sets out the Government's aim to create a patient centred NHS to ensure that patients/service users have a greater say in their care and how the NHS works. Within the NHS Plan, 2000, was a commitment from the Government to establish Patient Advice and Liaison Services within each Trust by April 2002.

The Department of Health 2002 document "Supporting the Implementation of the Patient Advice & Liaison Service: A resource pack" set out the aims and objectives of PALS and how services should be provided.

This document should be read in conjunction with the Concerns, Complaints & Compliments Policy.

### **Aim**

The Patient Advice and Liaison Service is a free and confidential service which aims to:

- Provide information and advice.
- Offer support to staff in resolving concerns locally within services.
- Listen to comments, compliments and suggestions.
- Provide support in making a complaint.
- Assist people in contacting voluntary organisations, support groups and advocacy services.

### **Availability and Accessibility**

PALS can be accessed by patients, relatives, carers and friends of patients, members of the public, staff and students.

The service can be accessed by the following means by telephone (including a Freephone service), letter and email, attending a PALS Surgery and pre-arranged meeting at a Trust site and the online form.

The service is available by telephone Monday to Friday between 9.30am and 4.30pm. An answerphone service is in operation when the service is closed or if PALS members of staff are unavailable during office opening hours.

PALS surgeries are available at various locations across Buckinghamshire, Oxfordshire & BaNES, Swindon and Wiltshire. Further details are available from the Complaints & PALS Department.

### **Duties and Responsibilities**

Complaints & PALS Service Manager: Is the senior manager responsible for service provision and development. Also responsible for:

- Ensuring that appropriate and relevant information about how to raise concerns and access PALS is widely available and accessible for patients, relatives, carers and members of the public.
- Ensuring that the service is available at the advertised times.
- Ensuring all contacts to PALS are dealt with confidentially and in a timely manner.
- Ensuring that a database of all PALS contacts is kept.
- Ensuring that learning occurs as a result of PALS contacts and appropriate actions taken.

- Identifying common trends or patterns arising from complaints. Facilitate shared learning across the Trust for overall quality improvement.
- Reviewing PALS procedures and service documents as required.
- Ensuring that PALS staff receive appropriate line-management supervision and support
- Ensuring the health and safety of PALS staff.

PALS Lead and PALS Officers and responsible for:

- Dealing with enquiries made to the PALS Offices, liaising with staff, external agencies and other identified persons as appropriate.
- Providing a timely response to enquiries.
- Ensuring confidentiality is maintained in accordance with Trust Policy.
- Undertaking their duties in a way which ensures their health and safety and that of others, carrying out risk assessments as required.
- Keeping accurate and up-to-date records of all enquiries and actions taken.
- Reporting cases to the Complaints & PALS Service Manager as required.
- Providing written reports to the Complaint & PALS Service Manager when requested.
- Identifying learning and appropriate actions as a result of issues raised with PALS.

All Trust staff are responsible for:

- Resolving concerns and responding to enquiries as they arise in a timely and sensitive manner.
- Referring persons to PALS where necessary.
- Responding to requests from PALS for assistance in resolving an enquiry.
- Taking action to improve services where appropriate.

### **Core Functions of PALS**

- To be an identifiable and accessible service to patients, their relatives, carers, friends and to members of the public.
- To provide on the spot help whenever possible, negotiating immediate solutions and ensuring speedy resolution of concerns and problems.
- To listen and provide relevant information, advice and support to help resolve concerns quickly and efficiently.
- To liaise with staff, other professionals, external organisations, other PALS staff to facilitate a resolution. To refer clients of PALS, where appropriate, to independent advice and advocacy support from local and national agencies.
- To provide accurate information to patients, their relatives, carers and friends and to members of the public.
- To submit regular anonymised reports to identified Committees within the Trust as directed by the Committees.
- To identify learning from PALS contacts and to share this information with Directorates to ensure Trust-wide learning.
- To operate within a local PALS network to ensure a seamless service for PALS clients.

### **Core Standards**

- PALS is identifiable and accessible to the community served by the Trust.
- PALS is a free and confidential service.
- All clients of PALS will be given information about the options available to them for the resolution of their issue, concern or complaint.
- PALS will enable people to access information about the Trust's services, local and national health and social care services, external voluntary agencies and other services as required.

- PALS will acknowledge receipt of an enquiry within two working days (Monday to Friday). PALS will aim to achieve resolution of an enquiry within 10 working days. Where this is not possible, PALS will keep the client informed of progress.
- PALS plays a key role in bringing about service improvements across the Trust as a result of people's experiences.
- PALS staff are appropriately trained and competent to provide the services specified.

### **Confidentiality**

PALS is a confidential service. All PALS staff are required to maintain a person's confidentiality in accordance with the Trust's Confidentiality Policy. PALS staff must actively seek the consent of the client before sharing information about the enquiry with any person outside of the service. Consent should always be sought from the patient/service user before sharing any personal and confidential information.

### **Sharing information with clinical staff**

PALS staff must ensure that they always share concerns raised about patients care or members of staffs practice in a timely manner, to ensure that these concerns can be addressed quickly. In some instances, initially you may feel it appropriate to approach the member of staff's line manager directly. It is important to ensure that all cases are carefully followed-up and that local resolution has been completed. If the enquirer remains unhappy, further advice must be provided about the next steps which can be taken. For complex cases, further advice should be sought from the Complaints & PALS Department.

### **Record keeping and storage of information**

PALS staff will keep an electronic record of all PALS contacts. These records will only be made available to staff working within PALS unless advised to the contrary by the Complaints & PALS Service Manager. All records will be held in a secure place to ensure confidentiality is maintained.

### **Discrimination**

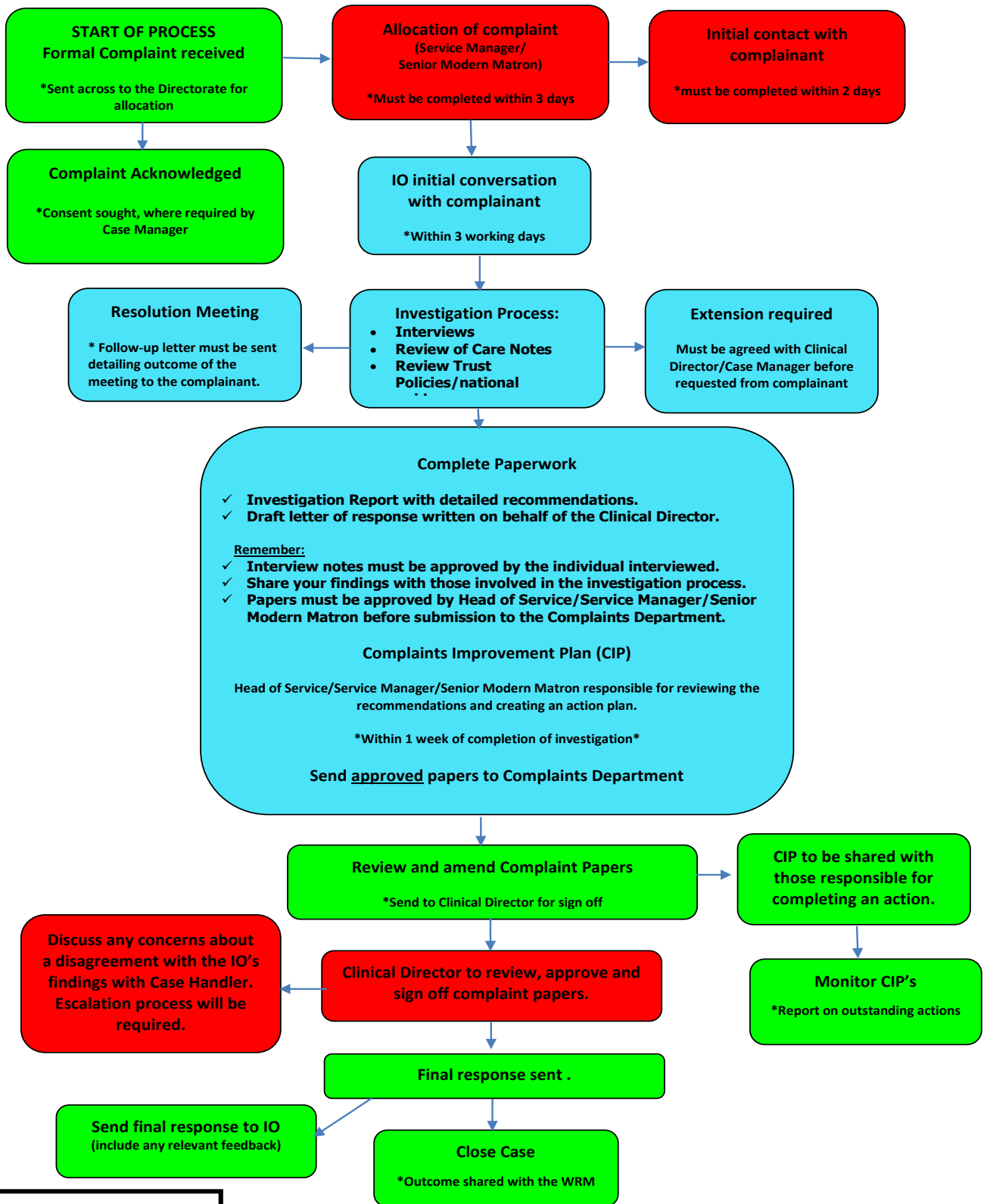
The Complaint & PALS Service Manager will seek to ensure that any person accessing PALS is not discriminated against as a result of their enquiry. Clients of PALS will be encouraged to report any discrimination to the Complaints & PALS Service Manager. The Complaints & PALS Service Manager will take immediate action upon notification of any act of discrimination.

### **Further Guidance**

Further information and guidance in relation to PALS can be obtained from the PALS Offices, PALS Lead or the Complaints & PALS Service Manager. Email: [PALS@oxfordhealth.nhs.uk](mailto:PALS@oxfordhealth.nhs.uk)

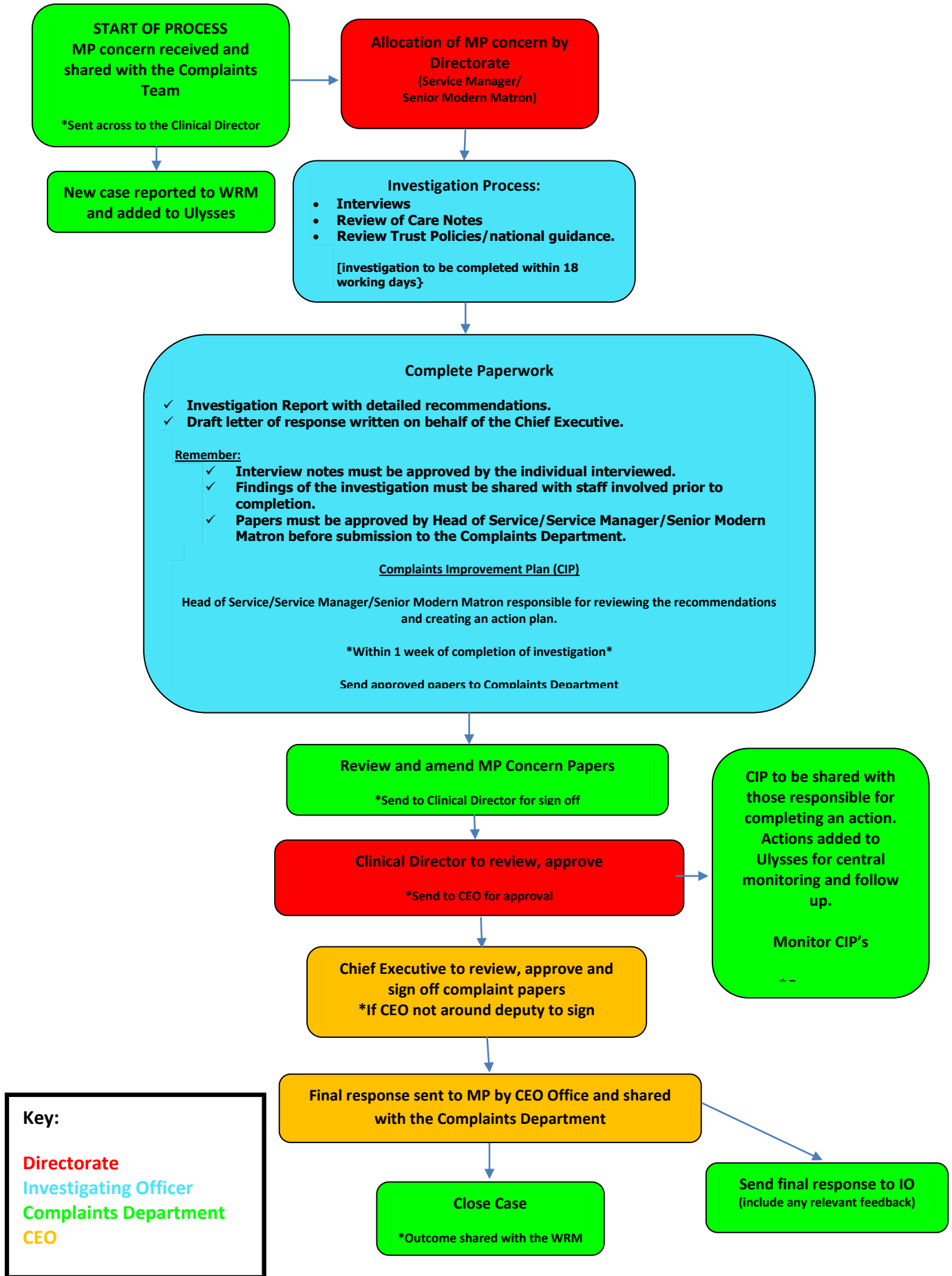
## Formal Complaints Process

### Formal Complaints Process (Low/High Graded Complaints)



**Key:**  
 Directorate  
 Investigating Officer  
 Complaints Department  
 (\*Case Handler)

**MP Concern Process Overseen by the PALS and Complaints Team**



### Matrix for grading of complaints

#### Step One: Assess the severity of the issue

Severity	Description
1 Negligible	Minor dissatisfaction, no impact or risk to care
2 Minor	Unsatisfactory experience or service not directly related to care or unsatisfactory experience related to care but usually a single resolvable issue. Minimal impact and relative minimal risk to provision of care or the service. No potential for litigation or media involvement.
3 Moderate	Service or experience below reasonable expectations in several ways but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation or media involvement.
4 Major	Significant issues regarding standards of care, quality of care and safeguarding or denial of rights. Issues with clear quality management or risk management issues that may cause lasting problems and so require investigation. Possibility of adverse publicity or litigation.
5 Catastrophic	Serious issues that may cause long-term damage, such as grossly substandard care, serious injury or death. Will require immediate and detailed investigation. May involve serious safety issues. A high probability of litigation and adverse publicity.

#### Step Two: Decide how likely the issue is to recur

Likelihood	Description
1 Rare	Isolated one-off issue, slight or vague connection to service provision.
2 Unlikely	Unusual but may have happened before.
3 Possible	Happens from time to time but not frequently or regularly.
4 Likely	Will probably occur several times a year.
5 Almost Certain	Recurring and frequent, predictable.

#### Step Three: Categorise the risk and grade the complaint

Likelihood score	Likelihood				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
<b>5 Catastrophic</b>	5	10	15	20	25
<b>4 Major</b>	4	8	12	16	20
<b>3 Moderate</b>	3	6	9	12	15
<b>2 Minor</b>	2	4	6	8	10
<b>1 Negligible</b>	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

## Procedure for managing Persistent and Unreasonable Contact

Habitually demanding, repetitive or vexatious complainants, and/or people who exhibit habitually demanding, repetitive or vexatious behaviours represent a particular challenge in the resolution of complaints. Handling such people or complainants could place a strain on time and resources and cause unacceptable stress for staff, who may need support in difficult situations. The majority of people who come into contact with staff employed by the Trust do not display such behaviour. This procedure is for the minority who do.

In certain circumstances (for example as per points 6 and 7 below), it may also be appropriate for staff to involve the police (as per the procedure set out in the appendices to the Policy For Reporting And Learning From Incidents And Deaths, Including Serious Incidents at RMHS1) or for staff to summon assistance in accordance with the Policy on Reducing Restrictive Interventions (formerly the Prevention & Management of Violence and Aggression) at CP29 which applies to incidents originating from members of the public as well as from patients or service users.

The procedure outlined in this document will be used after reasonable measures have been taken to try to resolve issues locally including through the NHS complaints procedure. Judgement and discretion must be used in applying the criteria to identify such behaviour and in deciding on the action to take in each individual case.

The procedure will be implemented following careful consideration by the Complaints & PALS Service Manager with the authorisation of the Chief Executive and any relevant Director (or their deputies).

### Purpose of procedure

To identify situations where someone might be considered to fall into these categories and establish a procedure to protect staff from the nuisance, abuse and threatened or actual harm, which may be caused by such behaviour.

### Definition

A complainant, or others coming into contact with the Trust, may act out of character. They may show signs of vexatious behaviour for several reasons and may be unaware that their attitude/behaviour is causing unnecessary distress to others. Unacceptable behaviour that continues through several contacts however should be considered against this procedure.

One definition of vexatious behaviour is to harass, distress, annoy, tease, cause trouble, agitate, disturb, or pursue issues excessively. Behaviour exhibited by a person (**and/or anyone acting on their behalf**) may be deemed to be habitually demanding, repetitive or vexatious where previous or current contact with them shows that they meet any of the following criteria:

*Theme: no reasonable end in sight*

1. **Persisting in pursuing a complaint** where the NHS complaints procedure has been fully and properly implemented and exhausted, but no appeal has been made to the Parliamentary Health Service Ombudsman.
2. **Seeking to prolong contact** by continually raising further concerns or questions upon receipt of a response or changing the substance of a complaint whilst it is being dealt with. Please note that care must be taken not to discard new issues which are significantly different from the original issues. These might need to be addressed as separate issues.

3. **Unwilling to accept documented evidence** by denying receipt of an adequate response, in spite of correspondence specifically answering their questions.

*Theme: focus (can be shifting or the opposite - unwavering)*

4. **Does not clearly identify the precise problem** despite reasonable efforts of Trust staff and, where appropriate, advocacy services to help them specify their concerns, and/or where the concerns are not within the remit of the Trust to investigate.
5. **Focuses on a matter to an extent which is out of proportion to its significance** and continues to focus on this point.

*Theme: threatening behaviour*

6. **Has threatened or used actual physical violence towards staff or their families or associates.** This will, of itself, cause personal contact with the person and/or their representatives to be discontinued and the issue will, thereafter, only be pursued through written communication. Such incidents should also be documented and reported, as appropriate, to the police.
7. **Has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their issue or their families or associates.** Staff should recognise that people may sometimes act out of character at times of stress, anxiety or illness and should make reasonable allowances for this. However, such incidents should also be documented and may be reported, as appropriate, to the police; if the police and the Crown Prosecution Service decide not to prosecute then the Trust may, at its discretion, offer its staff the option to consider commencement of a private prosecution or other appropriate civil action, such as an injunction, and the Trust may, at its discretion, provide its staff with appropriate support in taking such action.
8. **Has threatened to or made defamatory comments** about staff to the press or on social media.

*Theme: unreasonable behaviour*

9. Has had, in the course of addressing an issue, an **excessive number of contacts with the Trust**, placing unreasonable demands on staff time or resources (a contact may be in person, or by telephone, letter or e-mail). Judgement must be used in determining what is an "excessive number" of contacts and this will be based on or the specific circumstances of each individual case.
10. **Does not adhere to previously agreed communication plans**, codes of behaviour or other contact agreements with the Trust.
11. **Displays unreasonable demands or expectations** and fails to accept that these may be unreasonable (i.e. insists on responses being provided more urgently than is reasonable or normally recognised practice).

The context and history of the complaint or behaviour should be considered when considering the above criteria. An individual complaint or behaviour may not be habitually demanding, repetitive or vexatious in isolation but in context may form part of a wider pattern of habitually demanding, repetitive or vexatious behaviour.

This context may extend to others/third parties acting on behalf of a person or, if the person has not been named, in relation to circumstances and issues which can be associated with a person where they have behaved in accordance with the above criteria. A person/third parties acting on behalf of another or their issues is/are not exempted from this procedure.

## Decision-making, involvement, and information sharing

Where people have been identified as exhibiting habitually demanding, repetitive or vexatious behaviour in accordance with the above criteria, the Chief Executive, the relevant Director, and the Complaints & PALS Service Manager (or their deputies), will decide what action to take. The Chief Executive (or deputy) will then implement the action and will notify such individuals, in writing, of the action that has been taken and the reasons for it.

Names of individuals who have been classified as habitually demanding, repetitive or vexatious will also be communicated by the Complaints & PALS team to the office of the Director of Corporate Affairs & Company Secretary as this may affect the suitability of the individual(s) to become or remain a member or a Governor of the Trust under the terms of the Constitution.

If appropriate, notifications under this procedure may be copied for the information of others involved e.g. General Practitioner, an advocacy service, and Members of Parliament. A record will be kept of the reasons why someone has been classified as habitually demanding, repetitive or vexatious.

Sharing of information will be appropriate and in accordance with the Integrated Information Governance Policy at CORP 09 and the terms of legislation such as the General Data Protection Regulation, as may be in force from time to time. The Trust will process personal data in accordance with a valid lawful basis (or bases, if applicable and appropriate) including, but not limited to relevant legal obligations; a task in the public interest or for the Trust's official functions; or for other legitimate interests.

## Options for dealing with habitually demanding, repetitive or vexatious complainants and/or habitually demanding, repetitive or vexatious behaviour.

Depending upon the circumstances, some, all, or a combination of options may be explored with an individual but in each case the Trust will communicate to the individual the action which is being taken and the reason(s) why. In certain circumstances, depending upon the context or history of the complaint or behaviour (for example if an individual continues to exhibit threatening, abusive, or unreasonable behaviour), then the Trust may proceed directly to a final written notice.

### *Written warning*

Once it has been determined that an individual meets the criteria above, it may be appropriate to inform them in writing that if such conduct continues then they **may be** classified as habitually demanding, repetitive or vexatious. The letter should state which elements of their behaviour this relates to and be accompanied by a copy of this procedure. If people are using the NHS complaints procedure, they should also be advised to seek advice e.g. from their local advocacy provider in presenting their complaint.

### *Agreed communication plan, contact agreement or code of behaviour*

It may sometimes be appropriate to try to manage or resolve matters by drawing up a signed agreement with the person, which sets out a code of behaviour for the parties involved, if the Trust is to continue communication or to process a complaint, for example:

- restricting contact to one or two individuals within the Trust and/or through a third party such as a local advocacy provider; or
- restricting the method of communication i.e. in writing only.

### *Final written notice*

However, where the Trust has responded fully to the points raised by the person, or by the person whose issues they are representing, and has tried to resolve the issues, without success, and continuing contact on the matter would serve no useful purpose then the individual will be notified by the Chief Executive (or deputy) that: they have been classified as habitually demanding, repetitive or vexatious, in accordance with

this procedure; contact with them is at an end; and further contact will not be answered.

Depending upon the circumstances, which may be unique in each case, ending contact in this way or trying to manage contact by one of the means set out above (such as an agreed communication plan) does not necessarily mean that an individual is being, or would be, denied medical treatment. However, the Trust may arrange for medical treatment to be through an alternative provider or may suggest an alternative provider, liaising, as may be appropriate, with an individual's referring GP or other primary care services or other services.

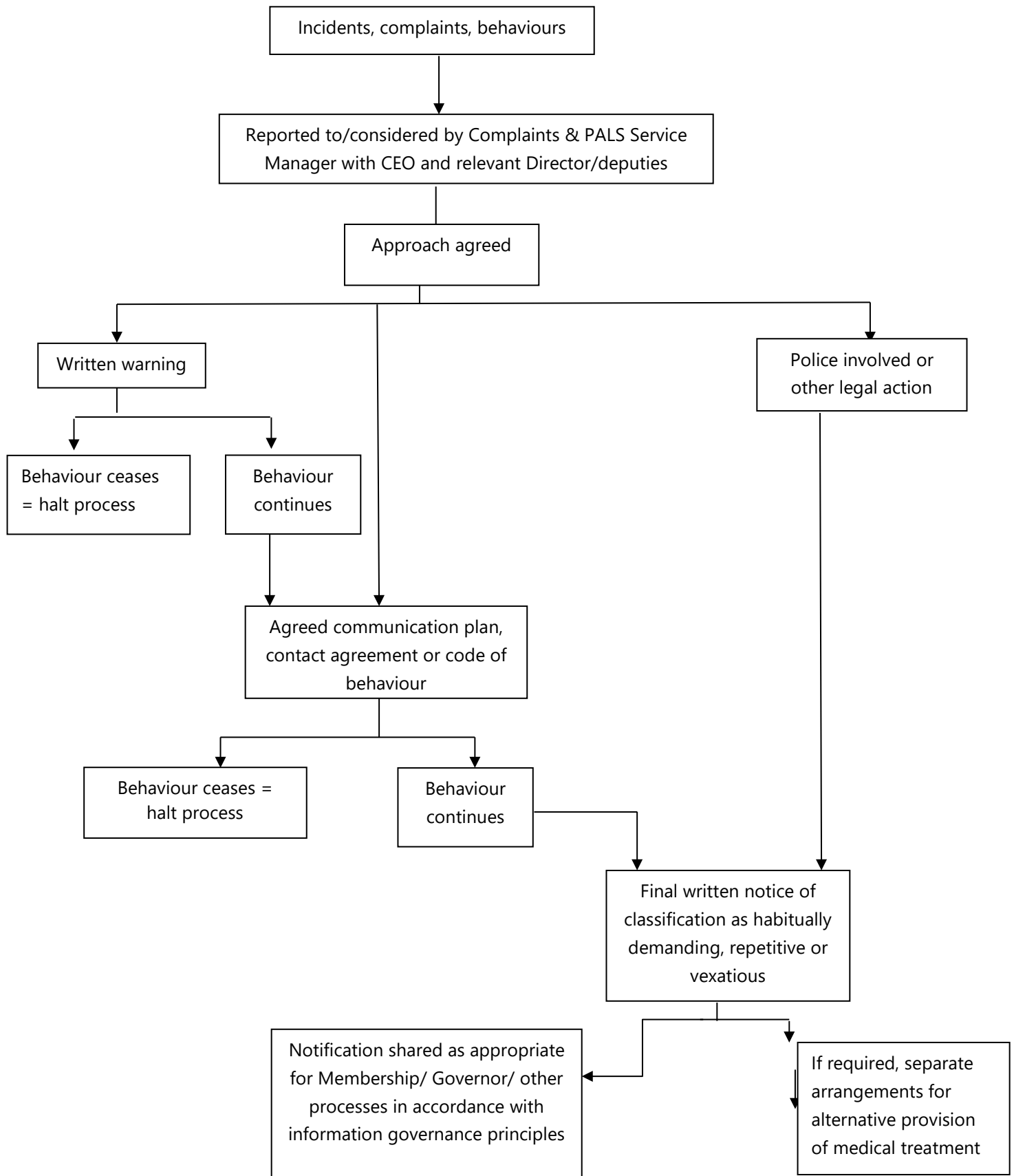
#### **Withdrawing habitual or vexatious status**

Where people have been classified as habitually demanding, repetitive or vexatious, there needs to be a mechanism for withdrawing this status if, for example, they submit a further complaint for which the normal complaints procedures would be appropriate. Where it appears to be appropriate to withdraw "habitually demanding, repetitive or vexatious" behaviour status, even if only for a specific duration or consideration of a specific matter, then the approval of the Chief Executive and relevant Director (or their deputies) will be required. Subject to this approval and any relevant terms, contact with the person will be resumed.

#### **Freedom of Information Act 2000**

Where a Freedom of Information Act request is made by a complainant or person who has been designated as habitually demanding, repetitive or vexatious, the Trust may, in assessing whether that individual request is a vexatious request, consider the habitually demanding, repetitive or vexatious complainants/behaviour if it considers this to be relevant. In doing so, the Trust will also follow the Information Commissioner's guidance on vexatious requests.

**Example process flow chart for dealing with habitually demanding, repetitive or vexatious behaviour**  
(individual cases may vary)



Equality Impact Assessment	
<b>Service Area: Complaints &amp; PALS</b>	<b>Date: 27 February 2024</b>
<b>Title of policy, strategy or service:</b> <b>Concerns, Complaints, Compliments Policy, and Procedure</b>	
<b>Short description of policy, strategy or service:</b>  Oxford Health NHS Foundation Trust aims to provide the highest possible quality of health care. However, there will be times when people using the Trust's services and their relatives and carers, may at times be dissatisfied with the treatment of services which they have received. The policy sets out how people may raise concerns and complaints and how staff should seek to resolve these. The policy also sets out how Trust records compliments and praise.  The Patient/service user Advice & Liaison Service (PALS) provides an opportunity for the early resolution of concerns as they occur. This informal resolution helps to reduce the need for patients, relatives and carers to seek resolution through the Trust's formal complaints procedure. The key objective of this policy is for staff to resolve concerns promptly and fully at an appropriate level. Wherever possible, and where the "complainant" is agreeable, resolution should initially be sought at team level.  The Complaints & PALS Department should provide patients, relatives, carers and members of the public with clear options about how they may raise concerns and complaints. To ensure that all staff are aware of the options available to patients, their relatives and carers for raising concerns and complaints. Additionally, to ensure that all staff are appropriately trained to respond to concerns and complaints. To ensure sure that concerns and complaints are dealt with openly and as promptly as possible. To ensure that the Trust learns from concerns and complaints and that improvement plans are implemented and to ensure that concerns and complaints play a key role in informing service and quality improvements.	
<b>What is the likely positive or negative impact on people in the following groups?</b>	
<i>Older or younger people:</i> This policy covers services across the Trust. Therefore, there should not be a negative impact.	
<i>People with disabilities:</i> This policy covers services across the Trust. Therefore, there should not be a negative impact.	
<i>People from different ethnic/cultural backgrounds (including those who do not speak English as a first language):</i> Initially people from ethnic backgrounds with possible language barriers may experience negative impact, although the Complaints & PALS team have links with translators and advocates able to assist in using the service.	
<i>Men, women or transgender people:</i>	

<p>This policy covers services across the Trust and is accessible to all service users, carers, relatives and members of the public. Therefore, there should not be a negative impact.</p>
<p><i>People with different religious beliefs or no religious beliefs:</i>  This policy covers services across the Trust and is accessible to all service users, carers, relatives and members of the public. Therefore, there should not be a negative impact.</p>
<p><i>Gay, lesbian, bisexual or heterosexual people:</i>  This policy covers services across the Trust and is accessible to all service users, carers, relatives and members of the public. Therefore, there should not be a negative impact.</p>
<p><i>People from a different socio-economic background:</i>  This policy covers services across the Trust and is accessible to all service users, carers, relatives and members of the public. Therefore, there should not be a negative impact.</p>
<p><i>People from a different socio-economic background:</i>  This policy covers services across the Trust and is accessible to all service users, carers, relatives and members of the public. Therefore, there should not be a negative impact.</p>
<p><b>Evidence</b></p>
<p><i>What is the evidence for your answers above?</i>  The policy is accessible to all service users and their relatives/carers which is evidenced through the previous concerns and complaints we have received.</p>
<p><i>What does available research say?</i> N/A</p>
<p><i>What further research would be needed to fill the gaps in understanding the potential difficulties or known effects of the policy?</i> N/A</p>
<p><i>Have you thought about consulting/researching this gap? What would you need?</i> N/A</p>
<p><i>Does the policy need a Full Equality Impact Assessment?</i> No  Considering the anticipated neutral impact of this policy, it is not felt necessary to pursue a further, more detailed assessment. Impact of the policy will be monitored over time through the Caring Committee and Complaint Review Panels.</p>