

PROTOCOL FOR HANDLING COMPLAINTS

CHAILEY HERITAGE FOUNDATION

(SCFT AND CHF)

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| PURPOSE OF THE DOCUMENT: | To provide a framework for dealing with complaints involving more than one of the participating organisations to ensure that complainants receive a seamless, effective service and a positive patient experience. | |
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PROTOCOL FOR HANDLING COMPLAINTS
CHAILEY HERITAGE FOUNDATION
(SCFT AND CHF)

1. Introduction

1.1 Sussex Community NHS Foundation Trust and Chailey Heritage Foundation are committed to high standards in the management of complaints, which are fundamental to ensuring that service users and patients who complain to either of the above healthcare providers are provided with a prompt, systematic and consistent approach.

2. Aim

2.1 To provide a framework for dealing with complaints involving more than one of the participating organisations to ensure that complainants receive a seamless, effective service.

3. Why is a Protocol necessary?

3.1 In a complicated service environment, the more general benefits of a joint-organisation protocol will be measured in terms of:

- reduction of confusion for service users and patients about how complaints will be dealt with, and by whom;
- clarity about the respective roles and responsibilities of organisations; and
- Enhancement of inter-organisation co-operation.

3.2 This protocol seeks to clarify responsibilities across the organisations and to set out a framework for inter-organisation collaboration in the handling of complaints to ensure:

- a single consistent and agreed contact point for complainants;
- regular and effective liaison and communication between Complaints Managers¹; and
- that learning points arising from complaints, covering more than one body, are identified and addressed by each organisation.

4. The Role of the Complaints Manager

¹ Within SCFT it is Complaints Manager, within CHF, it is an admin role – Complaints Co-ordinator

4.1 For each signatory organisation, the designated Complaints Manager is responsible for co-ordinating whatever actions are required or implied by this protocol.

4.2 To co-operate with other Complaints Managers from external agencies where required and to agree who will take the lead role in inter-organisational complaints.

4.3 To clarify to whom any request for collaboration under this protocol should be addressed when either designated Complaints Manager is absent (through leave, illness etc).

4.4 In the unlikely event that Complaints Managers are unable to reach agreement about any matter covered by this protocol, they should each refer the matter promptly to the relevant Directors/Senior Managers in their respective organisations for resolution.

4.5 To ensure and coordinate, where necessary, any learning points from the complaint are communicated and addressed.

5. Factors to Determine the Lead Organisation

5.1 The following factors should be taken into account when determining which organisation will take the lead role with any inter-organisational complaint:

- The organisation that originally receives the complaint (should the seriousness and number of complaints prove roughly equivalent);
- If a disproportionate number of the issues in the complaint relate to one organisation compared to the other organisation(s);
- If the complainant has a clear preference for which organisation takes the lead;
- The organisations can agree separately from the above should other factors be pertinent. For example, if this impacts on the individual organisation's governance arrangements.

6. Process

6.1 A flowchart, which outlines the process to be used when dealing with inter-organisational complaints, can be found in Appendix II.

6.2 It is desirable, where possible, for all responses to be provided to the complainant as a composite, or at least to be delivered within a single cover. The Complaints Managers will need to co-operate closely for this purpose, in agreement with the complainant.

7. Complainant's consent to the sharing of information between agencies

7.1 Nothing in this protocol removes the obligation to ensure that information relating to individual service users and patients is protected in line with the requirements of current Data Legislation, Caldicott principles and the confidentiality

policies of each signatory organisation. It is for this reason that the complainant's consent must always be sought before information relating to the complaint is passed between organisations. Moreover, the complainant is entitled to a full explanation of why his/her consent is being sought.

7.2 Consent to the passing on or sharing of information under this protocol should be obtained, in writing (see Appendix I), wherever possible. Where this is not possible, the complainant's verbal consent should be recorded and logged.

7.3 If the complainant withholds consent to the complaint being passed to the other organisation, the Complaints Manager of the organisation receiving the complaint will seek to engage with him/her to resolve any issues or concerns about remit and responsibility and offer any liaison which could contribute to the resolution of the matter of concern. The complainant should be reminded of his/her entitlement to contact the other organisation direct.

7.4 The only circumstances in which a complainant's lack of consent could be overridden would arise if the complaint included information which needed to be passed on in accordance with Safeguarding Children or Safeguarding of Adults procedures or if there exist other service user safety issues. In such cases, the complainant would be entitled to a full written explanation as to the organisation's Duty of Care and its obligation to pass on the information.

7.5 Attached to this protocol is Appendix I which records the written consent of complainants for their case records to be disclosed for the purpose of complaints investigations.

7.6 Close co-operation between Complaints Managers will be crucial in ensuring that confidential case-file information is shared appropriately, and that the necessary safeguards are put in place. Information exchanged under this protocol must be used solely for the purpose for which it was obtained.

8. Complaint risk assessment

8.1 It will be the responsibility of the lead organisation to ensure that an assessment is undertaken in order to determine the seriousness / urgency of the complaint. This assessment will require communication with personnel in all affected organisations. Contact is to be made via the relevant complaints service.

8.2 The individual professional remains accountable within his / her relevant organisation for the information pertaining to the initial assessment.

8.3 When direct contact is made with the complainant then it is the responsibility of the individual undertaking the investigation to be satisfied with the information pertaining to the initial assessment and make necessary arrangements in response to any factors identified.

8.4 When a complaint may be shared, the lead organisation will confirm to the complainant a named person, address and telephone number to identify where each part of the complaint is being investigated. This letter will also confirm registration of the complaint and will be copied to other organisations involved in the complaint.

9. Learning from complaints

9.1 All complaints services are fully committed to facilitating organisational learning and development through complaints resolution. Resolving the individual complaint is only part of the process.

9.2 Taking positive steps to identify communication, procedural, operational or strategic issues within and across each agency is a vital role in ensuring a relevant and positive complaints service.

9.3 To achieve this aim, all complaints services will together undertake a review of joint complaints including consideration of action taken and improvements in practices. As a minimum these will take place on a quarterly basis at the Partnership Strategy Group meetings.

9.4 The lead partner, at the end of the process, should where possible and if appropriate, send a questionnaire to the complainant to gain feedback on the process.

9.5 All complaints services will use the process of at least quarterly and annual reporting to support effective communication between organisations and share learning. These will include any findings and recommendations that have an inter-organisational impact.

9.6 Complaints activity will be reported separately by the complaints services in accordance with their own agreed procedures.

10.00 Independent Advocacy Services

Attention should be drawn to the independent advocacy services available in the area, which provide support for those wishing to make a complaint about their NHS care or treatment. For East Sussex residents, this service is provided by SEAP PO Box 375, Hastings, TN34 9HU Tel: 0300 343 5709 Web: www.seap.org.uk.

For West Sussex residents, this service is provided by Central and South Citizens Advice Bureau (CAB). Their telephone number is 0844 4771171. Alternatively, you can contact the NHS Independent Health Complaint Advocacy helpline on: 0300 012 0122 or send an email to: enquiries@healthwatchwestsussex.co.uk.

For Brighton and Hove residents, this service is provided by POhWER. You can contact them by telephone on: 0300 456 2370 or by email at: pohwer@pohwer.net. They also have a website at: www.pohwer.net.

11.00 Failure to resolve the Complaint

Every effort will be made to resolve complaints directly with people who raise concerns. If, however, despite all efforts to resolve matters locally a complainant remains unhappy with the response provided, the complainant is advised to proceed to the second stage of the NHS Complaints Procedure by asking the Parliamentary and Health Service Ombudsman, who is independent of the Trust, to review the complaint. The Ombudsman would normally expect complaints to be referred to him/her within 12 months of the events complained about. However, he/she does have some discretion to consider complaints received outside of that time limit but would need to have good reason to do so. The Ombudsman can be contacted by telephone on 0345 015 4033, by email at phso.enquiries@ombudsman.org.uk, by completing an online form available via their website at www.ombudsman.org.uk or in writing to them at:

Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Appendix I

Statement of Consent for the Disclosure of Personal Records

Complainant's Name: _____

Complainant's Address: _____

Telephone Number: _____

I hereby give my consent for the organisations listed below to share any relevant information in order to complete the investigation into my complaint. I understand that this is likely to include disclosure of my personal records.

_____ (Organisation)

_____ (Organisation)

This will assist the investigation of my joint-organisation complaint, which is being coordinated by:

_____ (Name of Complaints
Manager)

of

_____ (Organisation)

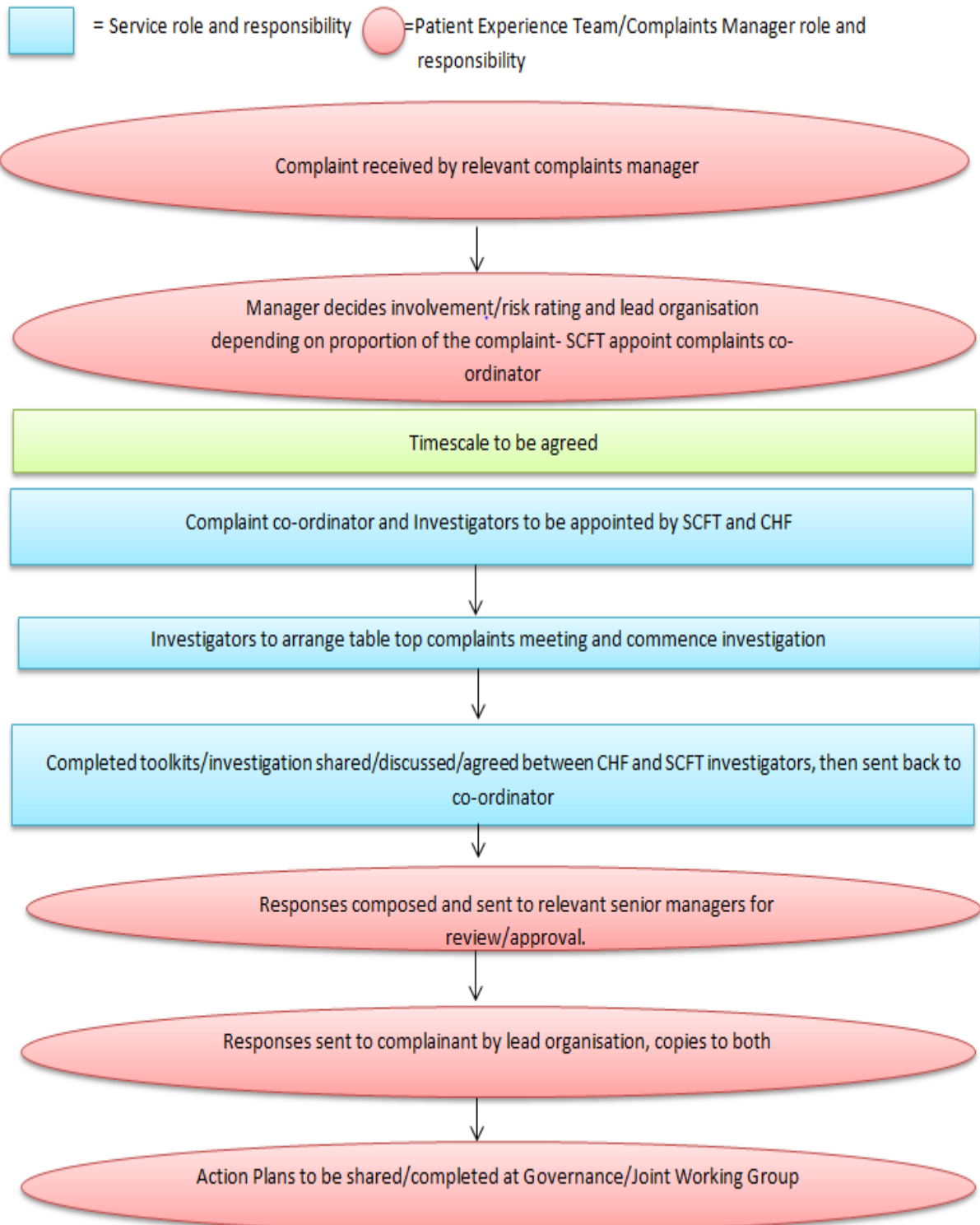
The reason for and the implication of this have been explained to me by the above named Complaints Manager. I understand that information exchanged as agreed by me must be used solely for the purpose for which it was obtained.

Signed: _____

Date: _____

Once completed, please return this Consent form to

Chailey Complaint Management Flow Chart



Complaint Investigation Toolkit

| Key Information | |
|------------------------------------|--|
| Complainant's Name | |
| Patient's Name | |
| Service/Team/Staff Member involved | |
| Complaint Investigator | |
| Senior Manager | |
| Complaint Handler | |
| Date Complaint Received | |
| Date investigation to be completed | |
| Risk Rating Level | |
| Datix Ref Number | |

Notes for Investigator

1. Response Times

This toolkit is due back to the complaint handler by the date above. This allows time for the investigation to be reviewed and a letter of response to be drafted. As the investigator, you will be asked to review the draft response to ensure it accurately reflects your investigation findings.

The expectation is that 100% of complaints are responded to within the set timeframes. If you are unable to complete this within the time, please inform your

manager and copy in the Complaint Handler. Your manager will make the decision on how to proceed.

2. Principles of Investigation

- impartial and fair
- accurate and complete
- supported by evidence
- proportionate to the complaint
- in line with local procedures, national guidance and relevant legal framework
- completed before any conclusions are drawn

Please contact the Complaint Handler for advice and support at any time during the investigation process.

3. Potential Risks/Unsafe Practices

If as a result of investigating, you identify unsafe practices which could potentially cause harm, or if there is a serious breach of professional conduct, you must contact the Senior Manager immediately and notify the Complaint Handler.

4. Complaint File

Please complete the checklist at the end of this document to confirm the evidence you have drawn on to support your findings and conclusions. Copies of evidence should be sent to the Complaint Handler, together with this completed toolkit. **Medical records may be required but should not be sent unless requested by the complaint handler.**

Please include details of the staff involved in the patient's care at the time of the complaint.

This information will form part of the complaint file which we have a statutory duty to maintain. This file may be requested under a Subject Access Request or by the Parliamentary & Health Service Ombudsman.

5. Patient's Medical Record

Copies of the complaint, letter of response and the investigation documentation should not be kept within the patient's medical record.

6. Completing this Toolkit

Please write in plain English. Avoid jargon. If clinical terms are used, please explain what they mean in plain English.

7. Issues to Investigate

The complaint has been reviewed and the issues to be investigated are summarised below. As the investigator you may identify further issues when you review the complaint correspondence, following any discussion you may have with the complainant or during the course of the investigation. Please include these in this toolkit.

Please ensure you read the letter of complaint prior to investigation

Background Information

Please provide some context to SCFT's involvement with the patient, for example what service is provided, why, dates of SCFT's involvement.

Issue 1

a) Summary of issue raised

b) Findings/ Evidence – *Please share any good practice with staff member as well as discussing any concerns*

c) Judgment and reason for judgment (for this aspect of the complaint only)

Complaint Upheld Complaint Partly Upheld Complaint Not Upheld

Reason

Reason

Reason

Please record Learning & Action on Appendix 1

Issue 2

a) Summary of issue raised

b) Findings/ Evidence – *Please share any good practice with staff member as well as discussing any concerns*

c) Judgment and reason for judgment (for this aspect of the complaint only)

Complaint Upheld

Complaint Partly Upheld

Complaint Not Upheld

Reason

Reason

Reason

Please record Learning & Action on Appendix 1

Issue 3

a) Summary of issue raised

b) Findings/ Evidence – *Please share any good practice with staff member as well as discussing any concerns*

| | | |
|--|--|---|
| c) Judgment and reason for judgment (for this aspect of the complaint only) | | |
| Complaint Upheld <input type="checkbox"/> | Complaint Partly Upheld <input type="checkbox"/> | Complaint Not Upheld <input type="checkbox"/> |
| Reason | Reason | Reason |
| Please record Learning & Action on Appendix 1 | | |

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|---|
| Complainant's Requested Outcomes |
| Where the complainant has been explicit about the outcomes they are looking for, please comment on whether or not these are achievable or justified: |
| |
| |
| |

| Please list below the staff members involved with the complaint and the investigation | | |
|--|-----------|--------------|
| Name | Job Title | How involved |
| | | |
| | | |
| | | |

Checklist – Please provided the following documents (if appropriate) with the completed toolkit

| | |
|---|----------|
| Staff Comments | YES / NO |
| Relevant Medical records (if requested by complaint handler) | YES / NO |
| Policies & Procedures | YES / NO |
| File notes/correspondence | YES / NO |

Appendix 1 - Action Plan for Complaints

Investigator - Please record all learning, actions, who will undertake the actions and within what timescale. The Complaints Team will enter this information on Datix & send your action plan to all those responsible for completing the actions listed.

Staff Member allocated to complete Learning & Action – Please complete the action within the timescale below. Evidence of completion should be uploaded, saved in Datix and the action closed. Please note overdue actions/evidence will be highlighted at the Trust Wide Clinical Governance Group.

| Issues (to be completed by Complaints Team) | Learning relates to:- | What needs to happen? | Who is responsible for completing the action? | When will this happen? | How will learning & action be shared? | How will you evidence that actions are complete |
|---|-----------------------|---|---|------------------------|---|---|
| E.g Patient was not informed of assessment process, so felt there were long delays and did not attend appointment with all relevant medical information | Documentation | 1.Create an information leaflet for patients/ carers & family | A.Smith, Team Lead | 26/03/2019 | 1.Inform staff at team meeting 2.Note in Meeting minutes | 1. leaflet produced 2.Meeting minutes |

| | | | | | | |
|----|-----------------|--|--|-----------------------------|--|--|
| 1. | Choose an item. | | | Click here to enter a date. | | |
| 2. | Choose an item. | | | Click here to enter a date. | | |
| 3. | Choose an item. | | | Click here to enter a date. | | |
| 4. | Choose an item. | | | Click here to enter a date. | | |
| 5. | Choose an item. | | | Click here to enter a date. | | |

NB This information will be retained by the Complaints Team for the applicable retention period. Please note this information is disclosable with the appropriate consent.

Please return the completed toolkit & action plan to the Complaints Handler. The Complaints Handler will draft a letter of response based on your findings. The letter will be sent to you for initial review. You must make sure it reflects your findings and judgements accurately. It will then be sent for approval to the Deputy Area Director/Medical Director.

THANK YOU FOR YOUR CONTRIBUTION TO THIS PROCESS