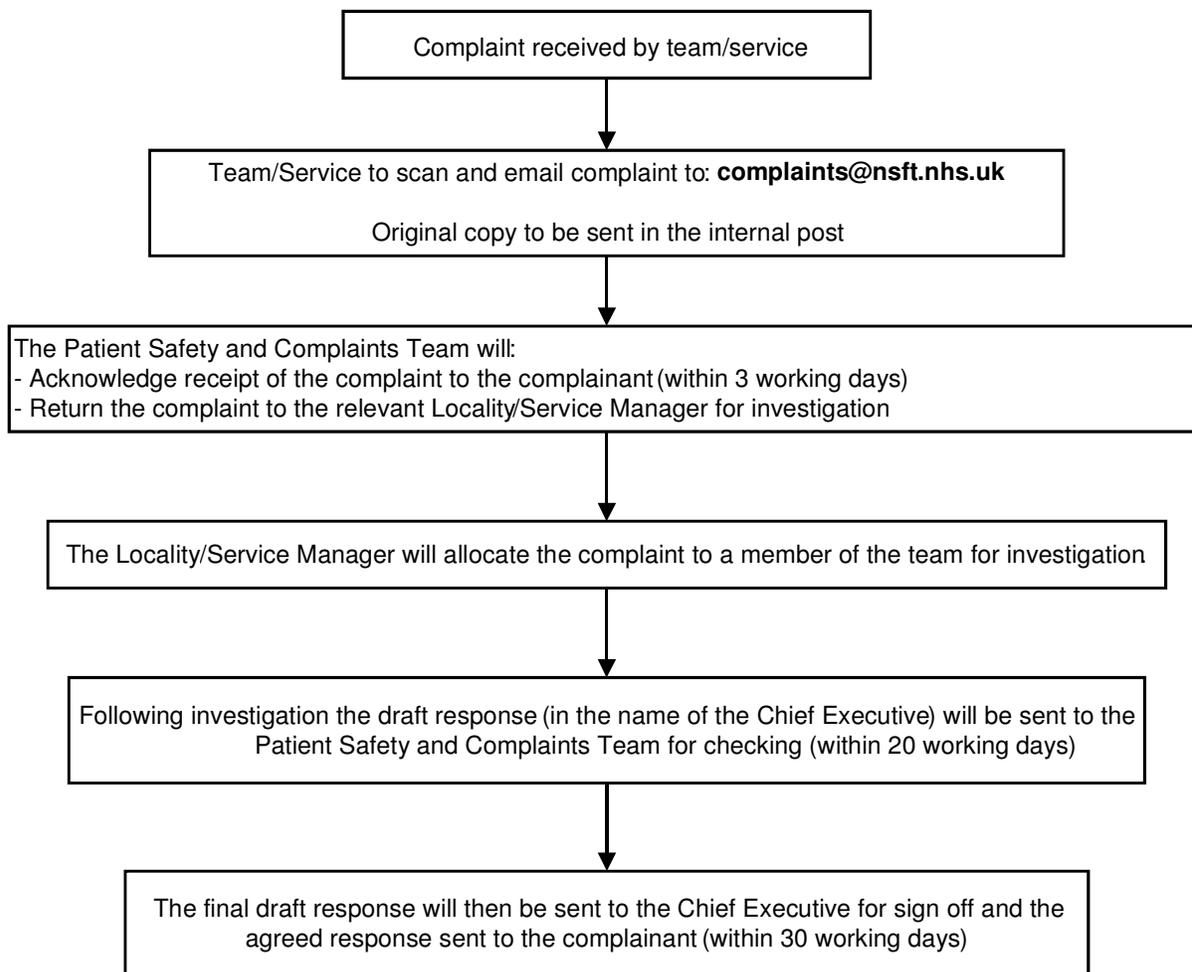


Title:	<b>Complaints and Compliments</b>
Purpose:	Staff will follow Trust procedures for investigating and responding to complaints
Introduction	<p>Complaints are a valuable form of feedback, they play an important role in the Trust's Clinical Governance and Risk Management strategies in maintaining and improving the quality of service provided.</p> <p>The Trust aims to respond in a positive and timely manner to all complaints received in an open and inclusive way and to work with other agencies in order to provide an integrated response to concerns received.</p> <p>The procedure is designed to be used by service users, carers, relatives and the general public and meets the requirements within <i>The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009</i> and supports the good practice identified within the Parliamentary and Health Service Ombudsman <i>Principles for Remedy, Principles of Good Administration and Principles of Good Complaint Handling</i> documents.</p> <p>For staff complaints of a personal nature see the Trust's Grievance Procedure. For staff complaints about treatment of service users see the Public Interest Disclosure Policy also known as the Whistle blowing Policy. Complaints arising from the Trust's failure to comply with the Freedom of Information Act 2000 are not included in this procedure.</p>
Approved By & Date:	Clinical Effectiveness & Policy Group – Chair, June 2016
For Use By (Area/Staff):	All Trust staff
Reference No:	Q42
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## Review and Amendment Log

Version Number	Reasons for Development/Review	Date	Description of Change(s)
03	Review following local internal and stakeholder feedback alongside consideration of national documents <i>Hard Truths</i> (2013) and <i>A review of the NHS Hospital Complaints System</i> (2013)	May 2014	Change in the procedure for managing complaints.
04	Review following Mock CQC Inspection Report	May 2016	Minor changes only following mock CQC inspection feedback. Reformatting

## Complaints Process – Summary Flowchart



**NB:** For guidance on responding to verbal complaints see Section 7.0 Receipt of a Complaint

## Contents

1.0	Definitions	3
2.0	Duties, Roles and Responsibilities	4
3.0	Who can Complain	5
4.0	How to Complain	5
5.0	Support to Complain	5
6.0	Time Limits	6
7.0	Receipt of a Complaint	6
8.0	Assessing/Analysing the Complaint	6
9.0	Investigation	7
10.0	Response to Complainants	7
11.0	Parliamentary and Health Service Ombudsman	8
12.0	Complaints about the Actions of Staff	9
13.0	Complaints/Concerns/Queries addressed to the Chief Executive from Members of Parliament	9
14.0	Complaints Relating to other Authorities/Joint Complaints	9
15.0	Record Keeping	9
16.0	Learning/Management Action	10
17.0	Quality and Monitoring	10
18.0	Requests for Access to Health Records and Complaints File	10
19.0	Legal Action	10
20.0	Persistent Complainants	10
21.0	Training Needs	11
22.0	Compliments and Suggestions	11
23.0	Contact Received with Clinical Significance	11
	Supporting Information and Monitoring Statement	12
Appendices		
1	Procedure for Responding to Persistent Complainants	13

**'Help us to Help You. How to complain, make suggestions or compliment us' – information leaflet available from PALS and clinical areas. An EasyRead version is also available via PALS**

## 1.0 Definitions

**Complaint:** - Any expression of dissatisfaction that needs a response

**Investigating Officer:** - Senior managers (usually Clinical Team Leader/equivalent or higher position) who have received appropriate training and investigate complaints as and when required to do so.

## 2.0 Duties, Roles and Responsibilities

### Chief Executive

- Has ultimate responsibility for complaints management,
- Will approve and sign response letters to complaints. In their absence this is delegated to the Chief Executive's deputy,
- Authorises the Patient Safety & Complaints Lead to act on their behalf in matters relating to complaints,
- Devolves professional leadership for complaints management and performance to the Director of Nursing, Quality and Patient Safety.

### Trust Board (with delegated authority to Quality Governance Committee)

- To receive information on Complaints activity and use alongside other indicators in decision making.

### Director of Nursing, Quality and Patient Safety

- Responsible to the Chief Executive for complaints management and monitoring,
- Reports information on complaints to the Trust board.

### Patient Safety & Complaints Lead and Complaints Manager

- Day-to-day management of the complaints processes, including Completing investigations into complaints,
- Managing the complaints policy, system and process development including complaints training,
- Providing statistical information to allow qualitative and quantitative analysis,
- Discussing issues relating to patient safety from complaints with the Deputy Director and Director of Nursing and Patient Safety,
- Communicating with the Care Quality Commission (CQC) and Health Service Ombudsman,
- Providing support when needed with investigating complaints.

### Locality Managers, Service Managers, Modern Matrons and Ward Managers

- Making sure the complaints policy is implemented and investigations follow this policy,
- Making sure that complaints leaflets and information are available in clinical areas,
- Making sure that monthly complaints received logs are maintained and a copy, including nil returns, is sent on the first working day of the subsequent month to the Complaints Department,
- Supporting staff allocated to investigate a complaint,
- Informing members of their team if a complaint has been made against them,
- Offering support to staff who have been complained about or who are involved in the investigation of a complaint. Record support offered in their personnel file,
- Making sure that learning/management actions identified from complaints are implemented.
- If the risk posed by the complaint is significant it may be placed on the local/Trust Risk Register.

### All Trust staff

- Be aware of this policy and how to help a person to make a complaint.
- Reporting complaints where they are unable to deal with informally.

**NB:** It is important for staff to cooperate with any investigation that arises from a complaint in accordance with contractual obligations and in order to support this policy and NHS regulations. This does not affect the right for representation during this process.

### **3.0 Who Can Complain**

A complaint may be made by a current or former service user, a service user's family member/carer or any person who is affected by or likely to be affected by the action or decision of Norfolk & Suffolk NHS Foundation Trust (NSFT) that is the subject of the complaint.

If unable to complain themselves then someone else, usually a relative or close friend, can complain for them. This may be needed in cases when the service user for example has died, is a child, is physically incapacitated or lacks capacity, or has requested a representative to act on their behalf. The complainant though must, in the judgment of the Patient Safety and Complaints Lead, have an identifiable interest in the welfare of the person affected. Written and signed consent would be needed from the person affected before the Trust can share information.

The representative of a child must be a parent, guardian or other adult who has care of the child. If the child is in the care of a local authority or voluntary organisation, the representative must be a person authorised by the local authority or voluntary organisation.

Complaints received anonymously will be assessed and investigated if there are potential or identified risks to patient safety or others.

### **4.0 How to Complain**

It is best if the complainant can complain directly to the service they receive care from if they feel confident enough to do so. This can help to get a quicker resolution to the complaint. Some people though may not feel confident enough to do this or the circumstances of the complaint may mean it is not appropriate.

There are a number of ways a person may complain

- To the management of or anyone in the team (in person, by telephone, letter or email)
- To the Patient Safety & Complaints Team (in person, by telephone, letter or email)
- To the Chief Executive or Chair (by telephone, letter or email)
- With the assistance of PALS (Patients' Advisory and Liaison Service)
- With the assistance of NHS Complaints Advocacy Service
- With the assistance of other local advocacy service- may be signposted by PALS

### **5.0 Support to Complain**

People should be given reasonable support to make a complaint. The Patient Safety & Complaints team will work to provide supportive means to register a complaint if needed.

NSFT must ensure that there is adequate publicity of its complaints procedure: who to complain to, what the process is and what support they can get, through leaflets the Trust Website <http://www.nsft.nhs.uk/> and direct from Trust staff.

INTRAN can support is available to service users who may not have English as their first language.

Information leaflets and posters on the NHS Complaints Advocacy Service, Patients' Advice and Liaison Service (PALS) and any local advocacy services need to be available and accessible to service users.

The NHS Complaints Advocacy Service can give people support if they have a complaint regarding their National Health Service treatment.

The Patients' Advice and Liaison Service (PALS) can:

- Provide on the spot help –to negotiate immediate solutions or speedy resolutions of problems,
- Help access appropriate advice and advocacy support from local and national sources,
- Support staff at all levels within the Trust to develop a responsive culture.

Advise service users detained under the Mental Health Act 1983 on admission, or as soon as possible of their right to complain to the Care Quality Commission.

## 6.0 Time Limits

The time limit for making a complaint is **12 months**;

- from the date on which the matter which is the subject of the complaint occurred; **OR**
- from the date on which the subject of the complaint came to the notice of the complainant.

If after this period, the Patient Safety and Complaints Lead may investigate it if they are of the opinion;

- The complainant had good reasons for not making the complaint within that period; **AND**
- It is still possible to investigate the complaint effectively and efficiently.

Any decision to not investigate will be agreed with the Director of Nursing, Quality and Patient Safety.

## 7.0 Receipt of a Complaint

Complaints should be dealt with as near as possible to the point of service delivery. This is to resolve the complaint as quickly as possible with least distress to the complainant and to make effective change where required.

All complainants will be told that their concern will be treated with appropriate confidence and sensitivity and that making a complaint will not affect the service user's care. Staff should maintain open communication with complainants throughout the complaints process.

**If a complaint is made verbally** the receiving service is encouraged to try to provide resolution within one working day. If resolved to the satisfaction of the complainant by the next working day no further action or formal recording is needed. For those that need to continue, a written record of the complaint should be made and a copy sent to the complainant to check its accuracy before progressing to the next stage. Discretion should be applied to progress the complaint to investigation without delay there is a need for immediate action (i.e. risk to patient etc).

The Patient Safety & Complaints Team manages the receipt and acknowledgement of complaints. Complaints received at service points or Trust headquarters must be scanned and emailed to the Patient Safety & Complaints Team, and a hard copy sent in the internal post. Acknowledgement must be made either verbally or in writing within three working days. This will include an offer to discuss their complaint further and when a written response is to be expected.

## 8.0 Assessing/Analysing the Complaint

The Patient Safety & Complaints Team assess each complaint. The Safeguarding team will receive a copy of the complaint to screen for concerns that may warrant intervention under Safeguarding processes.

Most complaints will be investigated by the locality and service named within the complaint. This helps address concerns at a local level enabling proportionate, timely and effective responses. The Patient Safety & Complaints Team will send the complaint to the Locality Manager for allocation to an investigating officer.

For complaints that register issues regarding serious adverse events, long term damage, grossly substandard care, professional misconduct or abuse; an unexpected death, high concern for the safety/welfare of the service user; high probability of litigation and/or attracting media attention

An investigating manager outside of the locality concerned could be identified if there are issues regarding serious adverse events, long term damage, grossly substandard care, professional misconduct or abuse, unexpected death of a service user, high concern for the safety/welfare of the service user or a high probability of litigation or media attention. Consideration will be given whether this meets the criteria of Q11 Serious Incidents Requiring Investigation and/or Q06 Duty of Candour.

## 9.0 Investigation

It is the Trust's aim that complaints shall be responded to within 30 working days. Individual circumstances may affect the time required to provide a full response. It is the responsibility of the investigating officer to make sure the expected timeframe of completion is communicated to the complainant via the Patient Safety & Complaints Team.

There is no one way of investigating a complaint, the following may be necessary and/or helpful.

- Meeting with the complainant to discuss complaint and/or outcomes
- Reading the health record
- Requesting statements from staff
- Interviewing staff
- Checking other records
- Requesting Independent Expert Opinion
- Discussing with staff

The Investigating Officer will analyse and evaluate all the evidence collected, testing the evidence so that conclusions are based on an analysis of the facts and what can reasonably be inferred from them. They may need to compare evidence about the care or service complained about with established nationally recognised standards for care.

If there are any concerns which may require involvement of the police, professional regulatory bodies, the coroner or safeguarding agencies, seek advice from the Patient Safety & Complaints Team.

Communication between the investigating officer and the complainant is important to;

- Let them know who will be dealing with complaint,
- Check if they require support with their complaint for any reason,
- Check aspects of the complaint,
- Confirm their expectations for a resolution,
- Agree the method and actions for investigation gaining consent where appropriate,
- Agree the period of regular contact through the complaint process,
- Make sure they understand the whole complaints process from beginning to Ombudsman stage.

## 10.0 Response to Complainants

All written responses to a complaint should:

- Be comprehensive with all aspects of the complaint addressed directly,
- Be honest in content and respectful in tone,
- Use language that a person might reasonably be expected to understand,
- Outline how the investigation was done and its conclusions,

- Provide appropriate redress through one or more of the following;
  - an explanation of the events complained about
  - an acknowledgement of dissatisfaction and an apology if appropriate
  - an account of actions taken/planned to improve things and/or reduce the risk it happening again, where appropriate with an offer to remain in contact with information about progress
  - reimbursement of expenses or losses
  - other financial recompense

The complaint investigator must prepare a draft response letter in the name of the Chief Executive. This is then sent to the Patient Safety & Complaints Team to check:

- Accuracy (i.e. name, address details)
- The response addresses all the points the complaint raised
- Appropriate conclusions are made including apology and accountability
- Actions taken to remedy the complaint and lessons learnt
- The letter is written in an empathetic manner, without assumptions and defensive bias

Once the investigation complete the Patient Safety & Complaints Team will decide whether a complaint is upheld, partially upheld or not upheld and record the decision on the complaints database (Datix).

**Upheld:** Where the available evidence leads to the conclusion the matter complained about more likely than not occurred (The standard of proof is that an event probably occurred).

**Not Upheld:** Where the available evidence leads to the conclusion the matter complained about more likely than not did not occur.

**Partially upheld:** Where some but not all of a number of the complaints issues are upheld.

The Patient Safety & Complaints Team will present the complaint and draft letter for the Chief Executive's consideration and signature.

The Patient Safety & Complaints Lead will review any complaint that passes six months without a response.

If the complainant requests a hold on proceedings, the Locality Manager, Patient Safety & Complaints Team and other identified staff will review the investigation. Where a suspension is agreed, if the complainant has not requested recommencement after two months the investigation will be closed. If the complainant wishes to complain about the same circumstances later, this would be a new complaint which would be dependent upon the complaint being within the NHS Regulations time limits.

In accordance with the Ombudsman's *Principles of Remedy*, financial redress may form part of the response to a complaint. Consideration will be made on an individual basis. For these specific considerations, the Trust Secretary or Legal Services Manager and/or the Head of Risk Management and Security may be consulted.

## 11.0 Parliamentary and Health Service Ombudsman

The complaint response letter will advise complainants of their right to refer their case to the Parliamentary and Health Service Ombudsman. They may request the Trust look at the investigation again and take further action, or they may conduct a review and recommend ways to settle it. They may suggest ways for the Trust to improve or to change the way it works so it can prevent similar complaints in the future.

## 12.0 Complaints about the Actions of Staff

The Patient Safety & Complaints Lead will send a copy of the complaint and the Trust's response to any staff member identified as the subject of a complaint through their line manager. Locality and Service Managers are responsible for supporting staff where a complaint has been made against them.

Evidence that indicates possible staff misconduct must be provided to the staff member's line manager to consider use of disciplinary procedures. If so, the complainant is to be informed in writing that this part of the complaint will be dealt with under the Staff Disciplinary Procedure.

## 13.0 Complaints/Concerns/Queries addressed to the Chief Executive from Members of Parliament

The Patient Safety & complaints team will;

- Acknowledge the complaint on behalf of the Chief Executive,
- Request information and/or a draft response from the appropriate Locality or Service Manager,
- Quality check the draft response prior to the Chief Executives signature,
- Aim to provide a response within 30 working days.

## 14.0 Complaints relating to other Authorities/Joint Complaints

### Complaints relating in part to a Local Authority

- The Patient Safety & Complaints Team will ask the complainant whether they wish the detail of the complaint to be sent to the Local Authority. If so the Patient Safety & Complaints Team will do this as soon as is practicable, and advise the complainant which aspects of the complaint have been referred.
- The Patient Safety & Complaints Team and the relevant Local Authority Complaints Manager must work together to ensure all aspects of the complaint are responded to.

### Complaints made to the Trust relating only to a Local Authority

- The Patient Safety & Complaints Team will ask the complainant if they wish the Trust to send the complaint to the local authority, and if so refer the case as soon as is reasonably practical.

### Complaints that cover multiple NHS organisations

The Trust will co-operate in:

- The coordination of the handling of the complaint,
- Ensuring the complainant receives a coordinated response to the complaint,
- Providing relevant information as reasonably requested by the other body,
- Attending or ensuring representation at any meeting reasonably required.

## 15.0 Record Keeping

Investigating Managers **must** ensure that further copies of documents **are not** retained within individual departments in order that the requirements of the Data Protection Act 1998 can be met.

Information relating to a complaint should not be filed in the service user's health record unless there is an item of clinical importance.

Should there be a need to make a record relating to a complaint, which does not have clinical importance, the staff member is to consider writing a file note. The file note is to be given to the line manager who will attach it to the complaint file or forward it to the Patient Safety & Complaints Team.

Complaint Files should be retained for ten years from the date a complaint was completed.

The Patient Safety & Complaints Team will centrally record and analyse all complaints using the Datix computer software package. Data on the number of complaints, categories and outcomes is available upon request from the Patient Safety & Complaints Team.

Quarterly and annual report on complaints will be submitted to the Quality Governance Committee. This report will provide a breakdown of the complaints received according to locality/service, with an analysis (qualitative and quantitative using the Trust Template provided) of any presenting trends. The report will identify how NSFT is performing against the target response timescale of 30 working days. The report will highlight key learning/management actions that have resulted from complaints and those complaints that are under review by the Parliamentary & Health Service Ombudsman.

## **16.0 Learning/ Management Actions**

If any learning or management action is identified during the course of the complaint investigation that is specific to a Service/Team it is expected the Service/Team manager will implement this.

The Patient Safety & Complaints Team will support wider sharing of learning or management action that may prevent a recurrence of the same problem and/or improve the quality of patient care this learning. This can be through a range of means including Patient Safety newsletter, operational forums e.g. Nursing Leadership Forum, key learning points poster or training opportunities. Learning requiring planning and consideration will be reported to the Quality Governance Committee for direction.

Where a complaint response identifies further actions as part of learning or remedy, the Patient Safety & Complaints Team will coordinate a further response to the complainant to confirm that action has been completed.

## **17.0 Quality and Monitoring**

To aid monitoring of the complaints process the Trust's response letter will refer the complainant to the Trust's website to complete a short survey on their experience of the Trust's handling of the complaint. This survey is available in paper form upon request.

The Quality Governance Committee will regularly monitor complaints activity, including trends in complaints received and how quickly complaints are responded to.

## **18.0 Requests for access to Health Records and Complaints File**

Requests for access to a health record or complaint file are to be referred to the Compliance team.

## **19.0 Legal Action**

It will not be assumed a complainant who has used a solicitor to make a complaint has decided to take formal legal action. When the Trust has written notification formal legal action has been instigated, an assessment and decision on the Trust's next actions will be taken with the Legal Services Department.

## **20.0 Persistent Complainants**

Regrettably, from time to time, it is necessary to categorise a person as a persistent complainant. The procedure to be followed in these cases is attached as Appendix 1.

## 21.0 Training needs

TOPIC	STAFF GROUP	HOW	BY WHO
Awareness of complaints procedure and personal actions relating to role in attending to a complaint.	All staff	E learning for all new staff Individual reading of policy	e-learning programme Individual
How to contact Complaints Manager	All staff	Workplace Induction for all new staff	e-learning programme
How to conduct complaints investigations and responses	Managers	Complaints Investigator training. On as required basis.	Patient Safety & Complaints Team
Any new relevant information regarding complaints	All relevant staff	Via the Trust intranet Via Locality/Service managers Direct to specific staff group via email, letter.	Patient Safety & Complaints Team

## 22.0 Compliments and Suggestions

Compliments and Suggestions provide valuable feedback on how people receive the Trust's services.

People may write directly to the service area. In order to capture this positive feedback centrally, where a service receives a compliment or suggestion they need to:

- Forward a copy to the Communications Department. Communications Department will select items for use in Trust publications.
- Forward a copy to PALS who will record the compliment or suggestion using its reporting system.

Where the Complaints Department receives a compliment or suggestion it will be acknowledged and forwarded to the relevant service, the Communications Department and PALS.

Data on the number of Compliments and Suggestions received will be included in the scheduled Service User Experience report to the Quality Governance Committee.

## 23.0 Contact received which has Clinical Significance

On occasion communication may be received by the Patient Safety & Complaints Team that has immediate clinical significance. For example, a complainant may make contact threatening to harm them self or others, or the communication suggests a deterioration in mental state.

The Patient Safety & Complaints Team will make reasonable efforts to contact the complainant's care team directly or through the locality/services management structure.

Where frequent communication is received by the Patient Safety & Complaints Team, which has ongoing clinical significance, arrangement is to be made with the teams involved that these are copied to them for information. The Patient Safety & Complaints Team will inform the complainant of this in writing (unless there is clinical need not to). The Patient Safety & Complaints Team and the clinical team should review the arrangement at a minimum of six monthly intervals.

**Supporting Information**

<b>With reference to:</b>	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Department of Health- Listening, Responding, Improving: A guide to better customer care 2009 Parliamentary and Health Service Ombudsman- Principles for Remedy, Principles of Good Administration and Principles of Good Complaint Handling The Health and Social Care Act 2008-Department of Health NHSLA Risk Management Standards 2012/13
<b>Associated trust policies and documents</b>	Q11: Serious Incidents Requiring Investigation Q15: Corporate Induction Q18: Risk Management Strategy and Policy Q19: Stress Management Q22: Claims Handling Q43: Patients Advice and Liaison Service HRP004: Harassment and Bullying at Work HRP015: Grievance Policy
<b>Written by:</b>	Michael Lozano, Patient Safety & Complaints Lead
<b>Reviewed by:</b>	Michael Lozano, Patient Safety & Complaints Lead Jon Punt, Complaints Manager
<b>In consultation with:</b>	Kevin Germany – Senior Governance Practitioner

**Monitoring Statement:**

<b>Aspects of the policy to be monitored</b>	<b>Monitoring method</b>	<b>Individual/Team responsible for monitoring</b>	<b>Frequency</b>	<b>Findings: Group/ Committee that will receive the findings/monitoring report</b>	<b>Action: Group/Committee responsible for ensuring actions are completed</b>
Does the organisation acknowledge and respond to complaints in the stated timeframes.	Audit of complaints Ongoing monitoring and management of complaints	Patient Safety & Complaints Lead	Quarterly	Reported to Quality Governance Committee (QGC)	Patient Safety & Complaints Lead and Operational Managers involved in each complaint.
Does the organisation apply the processes described to support proportionate response to complaints.	Quality check stage of the process	Patient Safety & Complaints Team	For all complaints	Evidence with complaint process recorded on Datix	Record of completed complaints details in QGC report.
Qualitative and Quantitative analysis provided to QGC	Audit of Complaints reports as identified within the audit Terms of Reference	Clinical Audit team or internal audit	Bi annually	Reported to QGC	Audit and risk committee

## PROCEDURE FOR RESPONDING TO PERSISTENT COMPLAINANTS

### Introduction

The Trust is committed to taking all reasonable and proportionate actions to support a resolution to a complaint. This includes meeting with complainants and/or providing a number of written responses to a concern. There are occasions where a complainant has difficulty accepting the Trust's response to their complaint with the action of them making frequent contact on the same subject. In such instances it is important the complainant is addressed with respect and compassion, reminded of their right to request review of the Trust's response via the Parliamentary and Health Service Ombudsman. The difficulty in resolving such complaints satisfactorily potentially puts a strain on staff resource, particularly when there is no further action that can reasonably be considered.

The best interests of the service user are often not served by a persisting complaints process, in many cases impairing the quality of care that can be provided by the appropriate Clinical Team.

### Purpose of this Procedure

This procedure should only be used as a last resort and after all reasonable and proportionate measures have been taken to assist complainant resolution.

The agreement to categorise a complainant as persistent will follow the convening of a panel that will consist of the following membership (at least three members to be quorate):

- Chief Executive or nominated deputy
- Patient Safety & Complaints Lead
- Director of Nursing, Patient Safety & Quality
- Medical Director
- Non Executive Director

The panel may seek advice from any source it deems appropriate (on a case by case basis).

### Criteria for definition of a persistent complainant

Complainants (and/or anyone acting on their behalf) will only be deemed a persistent complainant when previous or current contact shows they meet two or more of the following criteria:

- Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted.
- Change the substance of the complaints or continually raise new issues or seek to prolong contact by repeatedly raising further concerns or questions upon receipt of a response or whilst the complaint is still being addressed. (Care must be taken not to discard new issues that are significantly different from the original complaint. These must be assessed on their individual merit and may need to be addressed separately).

- Refuses to accept validated documentary evidence of treatment given as being factual e.g. drug records, medical records, nursing notes.
- Do not clearly identify the precise issues they wish to have investigated, despite reasonable efforts by Trust staff and others (e.g. PALs service) to help them specify their concerns.
- Maintains a disproportionate focus on a “minor” aspect of a complaint after discussion with staff, to the extent that it becomes out of proportion to its significance within the complaint as a whole. (defining “minor” can be subjective judgement, and must be used with caution in applying the criteria).
- Having in the course of pursuing their concerns, had an excessive number of contacts with the Trust by telephone, letter or fax. Staff should be instructed to keep a clear record of the number of contacts to demonstrate their “excessive” nature. These records should be submitted to the Patient Safety & Complaints Team to facilitate central record keeping and a consistent knowledge base.
- Display unreasonable demands or expectations and fail to accept these may be unreasonable e.g. insist on immediate responses from senior staff when they are not available and this has been explained, and they have been given assurances about when contact will be made.
- Refuses to accept that different perceptions of incidents can occur, and verification of the facts can be impossible when a long period of time has elapsed.
- Have threatened or used actual physical violence. All such cases must be reported via an Incident Form in accordance with Trust policy.
- Have harassed or been personally abusive or verbally aggressive towards staff dealing with them. All cases must be reported on an Incident Form in accordance with Trust policy.
- Seeks repeated contact with the Trust through a range of people and refuses to use a single contact point.

## **Consideration of Persistent Complainer Status**

The panel will receive a report from the Patient Safety & Complaints Lead outlining what has already happened in terms of receiving and investigating complaints so far.

Where the complainant is a service user of the Trust the Consultant/Responsible Clinician will provide a report to the panel which includes:

- Details of the person’s clinical condition
- Whether the patient’s condition is influencing the tendency to make complaints
- The clinical needs of the patient
- Difficulties being experienced by the clinical team in delivering care

Upon this information the panel will consider whether to apply persistent complainer status.

## **Actions once status applied**

A response plan will be agreed. This will include a letter to the complainant outlining the following:

- Clarifying the position the complaint has reached
- Setting parameters for a code of behaviour
- Advising the complainant of the lines of communication and
- Future arrangements (e.g. name of contact person, number of calls per week to be allowed)
- Advising the complainant, where applicable, that further correspondence will be acknowledged but not answered
- Where appropriate reaffirm the arrangements for continued clinical care

Where the complainant is a service user of the Trust the Supervising Consultant or Responsible Clinician will carry out a care plan review to ensure the service user's clinical needs continue to be met.

It must be emphasised the classification of persistent complainant does not mean new issues having no connection with the original complaint or dispute will not be investigated and responded to via the Complaints Procedure. New complaints should be assessed individually.

All staff who are likely to have contact with the persistent complainant should be familiar with the required actions

## **Review of the Status**

At a six month interval a review of the persistent complainer status will be undertaken. If the complainant has made reasonable and proportionate efforts to respect the Trust's response plan, responsive amendment to the plan may be made including the removal of persistent complainer status.

If required the first six month review will set a timetable for subsequent review, not exceeding periods of 12 months.

It is expected that this procedure will not be used often or regularly.

The number of people registered with this status will be included within the complaints report provided to the Service Governance Committee.

Records of all decisions will be available upon request to relevant stakeholders e.g. Commissioning and regulatory bodies.