An Organisation-Wide Policy for 4Cs
(Complaints, concerns, compliments and comments)

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<tr>
<th>Status (Draft/ Ratified):</th>
<th>Ratified</th>
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<tr>
<td>Date ratified:</td>
<td>12/08/2015</td>
</tr>
<tr>
<td>Version:</td>
<td>2.9</td>
</tr>
<tr>
<td>Ratifying Board:</td>
<td>Executive Committee for Quality and Risk</td>
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<td>Approved Sponsor Group:</td>
<td>Patient Experience Committee</td>
</tr>
<tr>
<td>Type of Procedural Document</td>
<td>Policy</td>
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<tr>
<td>Owner:</td>
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<td>Owner’s job title:</td>
<td>Chief Nurse</td>
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<td>Author’s job title:</td>
<td>Patient Safety and Risk Lead</td>
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<tr>
<td>Equality Analysis completion date:</td>
<td>09/06/2015</td>
</tr>
<tr>
<td>Date issue:</td>
<td>12/08/2015</td>
</tr>
<tr>
<td>Review date:</td>
<td>31/08/2018</td>
</tr>
<tr>
<td>Replaces:</td>
<td>An Organisation-Wide Policy for the Management of Complaints version 2.8</td>
</tr>
<tr>
<td>Unique Document Number:</td>
<td>2015/028</td>
</tr>
</tbody>
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Executive summary

Surrey and Sussex Healthcare NHS Trust (SASH) is committed to improving the quality and experience of care. All feedback; positive or negative, from patients, carers and the public is actively solicited by the Trust and viewed as a positive means of enhancing the quality of services through early detection and resolution of problems. Competent handling of comments, concerns, compliments and complaints (collectively known as the 4Cs) contributes to this process.

The purpose of this policy is to ensure an open, fair and accessible process for handling any of the 4Cs that are received about NHS care provided by SASH. The policy defines the 4Cs and outlines staff roles and responsibilities for ensuring they are acted upon.

Implementation of this policy contributes towards compliance with the following National Health Service Litigation Authority (NHSLA) risk management standards, Standard 3 Criterion 9, Standard 5 Criterions 3, 5, 6 and 7.

Equality statement

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the Trust Procedural Documents Coordinator and the Equality and Diversity Lead.
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1. Rationale

1.1. Purpose

The purpose of this policy is to provide an open, fair and accessible process for handling comments, concerns, compliments and complaints received about NHS care provided by Surrey and Sussex Healthcare NHS Trust (SASH). The policy defines the 4Cs and outlines staff roles and responsibilities for ensuring they are acted upon.

SASH is committed to improving the quality and experience of care. All feedback positive or negative, from patients, carers and the public is welcomed and actively used to inform service improvement at every level. Competent handling of comments, concerns, compliments and complaints (known as the 4Cs) contributes to this process.

This policy and its procedures are written in consideration with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (and follow the guidance entitled ‘Listening, responding, improving: A Guide to Better Customer Care’ issued by the Department of Health (Reference 11215) to support implementation of the Regulations), the NHS Constitution, and the principles set by the Parliamentary and Health Service Ombudsman (PHSO), who is responsible for investigating NHS complaints which have not been resolved locally.

The policy and procedures are designed to be accessible and allow for people to feedback in a variety of ways including by telephone, in person, in writing or by email and from Trust surveys. It also aims for a considered and prompt response to be provided in all cases. If making a complaint or raising a concern, service users and carers need to feel confident that it will not result in any reduction or loss in service. Complaints and concerns should be treated positively and, where possible, leave service users and carers feeling satisfied with the way their complaint or concern has been handled and confident that the Trust has learnt from their experience. Information is treated in a confidential manner and complaint records are held separately to medical records.

The Trust acknowledges staff strive to ensure quality care at all times, however, it accepts that mistakes and misunderstandings can occur despite everyone’s best efforts. When they do it is therefore important to reflect quickly on the events that have occurred and improve the services to prevent future problems.
The procedures that support the implementation of the policy can be found in the Datixweb Complaints User Manual. This includes the process for responding to concerns and complaints of patients and their relatives and carers. Additional information to assist staff can be found on the Intranet.

1.2. Objectives

This policy aims to deliver a positive outcome for patients or carers who have registered any of the 4Cs and, in particular, concerns and complaints.

In order to achieve a positive outcome SASH will:
- ensure that processes to register 4Cs are fair and accessible for all;
- use information from the 4Cs to improve its services;
- ensure that rights to confidentiality and privacy are respected; and
- support staff who may be the subject of a complaint.

SASH will provide each complainant the opportunity to:
- Be offered the opportunity to discuss their complaint and its management, including the response period. The complaint will be investigated in the manner appropriate to resolving it speedily and efficiently;
- To be informed, as far as is reasonable practicable, on the progress of the investigation whilst it is undertaken;
- Have a written response following the investigation;
- Be offered the opportunity to meet with appropriate staff to discuss their complaint.

2. Scope

2.1. Compliance

Implementation of this policy contributes towards compliance with the National Health Service Litigation Authority (NHSLA) risk management standards, Standard 3 Criterion 9, Standard 5 Criterion 3, 5, 6 and 7.

The Surrey & Sussex Healthcare NHS Trust (SASH) Trust Board will ensure that there is an explicit policy and procedure for the handling of complaints. The Board will also ensure that there is appropriate expertise and resources available to enable its responsibilities to be effectively discharged. This responsibility is delegated to the Chief Nurse, who is required to provide the necessary assurances and reports to the Board in accordance with the regulations.
Every individual undertaking work on behalf of the Trust is required to cooperate fully in the handling and investigation of concerns and complaints.

The complainant must always be informed of the next appropriate step in the procedure if he or she remains dissatisfied, and of the assistance that is available to them. Patients have a right to complain and the fact that a patient or their advocate has made a complaint will not affect the patient’s care.

2.2. Accessibility

The complaints process will be well publicised in ways which will reach all service users. All staff will be made aware of its content and their own responsibilities. The Trust will ensure that complainants are made aware that advice and support through the complaints process is available from independent complaints advocacy services.

SASH is committed to equal opportunities. No patient or any other person involved in the investigation and resolution of a concern or complaint will receive an unfair treatment on the grounds of age, colour, ethnicity or national origins, religious and political beliefs, gender, marital status, sexual orientation, disability or trade union membership. The complaints received by the Trust will be monitored in line with equality scheme requirements to ensure it is not disadvantaging anyone.

2.3. Exclusions to the 4Cs policy

This policy outlines how the 4Cs can be registered by patients, service users or their representatives. SASH staff may seek advice from the Complaints Manager about how to address or process any of the 4Cs. The following issues do not fall within this policy’s remit:

- a complaint received from a local authority, another NHS body, primary care provider or independent provider
- a complaint by an employee of a local authority or NHS body about any matter relating to that employment
- a complaint which is made verbally and resolved to the individual’s satisfaction no later than the next working day after which the complaint was made.
A complaint, the subject of which, is the same as that of a complaint that has previously been made and resolved in accordance with the above statement

- a complaint the subject matter of which has previously been investigated under any of the complaints regulations
- a complaint the subject matter of which is being or has been investigated by a Health Service Commissioner under the 1993 Act
- a complaint arising out of the alleged failure by the Trust to comply with a request for information under the Freedom of Information Act 2000
- a complaint which relates to any scheme established under section 10 and/or section 24 of the Superannuation Act 1972

Where the Trust judges a complaint or concern to fall into one or more of the above categories, it will not consider the issue as a complaint and must, as soon as reasonably practicable, notify the individual in writing of its decision and the reasons for this decision.

### 3. Process

#### 3.1. Definitions

The principles of the 4Cs have been adopted as described by the Department of Health. These are:

**Complaint** – A complaint is an expression of dissatisfaction received from a patient, carer or service user about any aspect of SASH service. Complaints require a formal written response from the Chief Executive or nominated deputy.

**Comment** – Comments are made either verbally or in writing to any staff member of the Trust. They can be statements expressing a personal opinion or attitude, or can be a judgemental commentary. There is no expectation from the person making the comment that action is required.

**Concern** – A concern can be an issue that the individual would prefer be dealt with as an informal enquiry or via local resolution with the relevant service provider. For minor concerns the Trust Patient Advice and Liaison Service (PALS) provide a mechanism by they can be resolved quickly through immediate action or by providing advice and information (such as signposting the person to further sources of help and support). Concerns that are graded as moderate or
above will be forwarded to the Patient Experience Co-ordinator to be resolved by the Division. Minor concerns will be resolved by PALS.

**Compliment** – As expression of gratitude as a result of services provided to a service user, relative, carer or member of the public.

### 3.2. Case Grading Table

All complaints and concerns will be graded according to the Case Grading Table at appendix 1. Individuals raising a complaint or concern will be given the option to have their issue resolved as a complaint or a concern.

### 3.3. Persons who can make a complaint

A complaint can be made by the service user. A complaint can also be made by a service user’s relative or carer, or representative in the following circumstances:

- If the service user or carer has granted consent for the representative to act on their behalf.
- When the service user concerned has died;
- If the service user concerned is under the age of 18;
- If the service user is unable to make a complaint due to physical incapacity of lack of capacity within the terms of the Mental Capacity Act 2005

In the case of a patient who has died or who lacks capacity, the representative must be a relative or other person who, in the opinion of the Complaints Department, has, or has had, sufficient interest in his or her welfare or is suitable to act as a representative.

In the case of a child the representative must be a parent, guardian or other adult person who has care of the child, or who has the consent of such a person. Where 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.

To ensure the Trust maintains confidentiality and abides by the Data Protection Act, where consent is to be obtained, the Complaints Department will send forms to the individual to obtain authorisation from the patient. If authorisation has not been received by the time the response is ready, a reminder is sent to the individual by the Complaints Manager restating why it is required and asking for it
to be returned. If it is not returned the response will not be sent out and the complaint will be closed.

Any complaints made by solicitors on a patient’s behalf, whether written or oral, must be referred to the Complaints Department, who will take a view on whether the complaints procedure is appropriate or whether the complaint constitutes a claim for negligence. Negligence claims are referred to the Trust Legal Department.

3.4. Listening to comments and concerns from patients, carers or service users

It is a Trust priority that concerns and complaints are resolved as quickly and as efficiently as possible. In the first instance, and in most cases, a frontline member of staff or the departmental manager will do this through an immediate informal response. This is in order to resolve the complaint or concern at the point of contact with the service where possible. If resolution has not been achieved at the point of contact, staff may wish to contact the Patient Advice and Liaison Service (PALS), who are able to support patients in their liaison with staff to resolve a concern informally within an agreed timescale. It is the role of PALS to offer assistance to individuals experiencing difficulties in resolving a concern which is not complicated, and can be resolved quickly with appropriate intervention. PALS will facilitate a resolution which is appropriate and acceptable to the individual within the guidance laid down in this policy. If an individual requires a formal response from the Trust PALS will refer the individual to the Complaints Department.

The individual must always be informed of the next appropriate step in the procedure if he or she remains dissatisfied, and of the assistance that is available to them. Patients have a right to raise a concern or complaint and the fact that a patient or their advocate has made a complaint will not affect the patient’s care. Literature is available and displayed for their use, and that of the general public, throughout the Trust to assist them in this process. All staff should know where to refer anyone wishing to raise a concern or to make a complaint. This literature and information can also be obtained from the Trust’s Complaints Department and PALS.

3.5. Procedures and actions to follow

Please refer to the Datix Complaints user manual for a detailed explanation of the process to follow.
3.5.1. Compliments

This is positive feedback received either in writing (often in the form of a thank you card) or verbally about SASH services. Compliments include expressions of praise, admiration, or congratulation.

It is important that compliments are recorded in Datixweb so that a full and complete picture of how SASH services are viewed is included in reports to the Patient Experience sub-committee and ultimately the Trust Board.

Compliments should be collated by each service and uploaded onto Datixweb. Compliments should only be counted once i.e. a thank you card and a box of chocolates would count as a single compliment. Compliments received via the Your Care Matters and the Friends and Family Test must also be included.

3.5.2. Comments

Comments are reviewed and used to inform the patient experience strategy at Divisional and Trust level.

3.5.3. Concerns

When a concern is raised all members of staff should endeavour to resolve the matter at the time, with support from their line manager if required. If a solution cannot be found and where the patient or service user does not wish to make a formal complaint, they may wish to seek support from the Patient Advice and Liaison Service (PALS). PALS will score the concern using the consequence matrix see appendix 1.

For all minor concerns PALS will aim to resolve the concern within 2 working days. Where Divisional input is required the concern will be passed onto the appropriate Division, at which point the Division will take responsibility for responding to the enquirer. If the enquirer is not satisfied with the outcome they will be given the information to make a formal complaint.

Where the concern has been graded as a moderate or higher on the grading table the case will be passed immediately to the Divisional Patient Experience Coordinators. In exceptional cases where the moderate concern is considered urgent or if requested by the patient PALS will work with Divisional staff to promote faster resolution or satisfy patient wishes.
However the responsibility for investigation and identifying actions and lessons learnt remains with the Divisions. The timescales for responding to a verbal or written concern graded moderate or above is the same as for a complaint. In this situation the individual has expressed a preference that the issue is dealt through local resolution with the relevant team rather than the formal complaints process. It is important that the method of response by the Division should be appropriate to the nature of the incident, agreed with the individual and documented accordingly. The Patient Experience Coordinators will ensure that any actions and outcomes are appropriately documented in Datixweb.

If the individual wishes to pursue the matter as a formal complaint they should be advised to contact the Complaints Department. Complainants can be supported through this process by the Independent Complaints Advocacy Service details of which can be supplied by PALS or the Complaints Team.

An individual may wish to raise concerns in writing. Both written concerns and complaints received directly by operational staff should be passed immediately to the Complaints Team to be logged on Datixweb. All complainants will be offered the choice of having their complaint dealt with as a concern or a complaint.

3.5.4. Complaints

The Trust will provide a flexible and responsive complaints system which focuses on the specific needs of the individual and seeks to reach a speedy resolution that satisfies the best interests of the individual.

The Complaints Administrator will log the complaint on Datixweb attaching all the relevant documentation. The complaint will be acknowledged verbally or in writing within three working days of receipt. It will then be passed to the Patient Experience Coordinator for the relevant Division who will oversee the complaint investigation and ensure that a comprehensive response to the individual is drafted on behalf of the Chief Executive which will include any actions and outcomes which are to be made. The response must:

- Be made within the agreed timescale;
- Answer every point raised, preferably in the same order as cited in the complaint;
• Identify and/or explain discrepancies or deviations from what should have been provided, what was actually provided and confirm the impact on the patient’s experience because of the difference;
• Incorporate what changes will be made, where relevant, and how this will be undertaken to reduce the potential for a recurrence;
• Where appropriate include an offer of a meeting with relevant staff.

Openness and honesty is paramount. The response should be drafted in plain, straightforward language avoiding medical or technical terminology unless this is specifically requested or is essential. If it has to be used an explanation in lay terms should also be given. On occasions, following discussion with the relevant parties, the option of obtaining independent professional advice may also be offered to assist in the local resolution process. The draft will be checked by the Complaints Manager and prepared for signing off.

The signed off letter will, if necessary be translated, transcribed and/or otherwise formatted in an alternative format to meet the needs of the individual.

It is essential that Divisions monitor the timeliness of the investigation process in order to monitor their response times. The Complaints Review Group will oversee this.

Where complaints involve a number of Divisions the Complaints Manager will propose the appropriate Division to coordinate a response. It will be the responsibility of that Division to obtain the relevant information from other Divisions within the given time period. This also applies where external agencies are involved. The maximum response time for these complaints is longer to account for the additional complexity.

3.6. Timescales for complaints

All complaints must be acknowledged within three working days. The 2009 government regulations allow the Trust to negotiate a timescale with the individual; however SASH will use the following guidelines unless there are reasonable circumstances which delay the investigation:

• Single division complaint – maximum response time of 25 working days
• Cross divisional complaint – maximum response time of 35 working days
Multi-agency complaint – maximum response time of 45 working days (Is there a South of England multi-agency Complaints Management Procedure)

There may be exceptions to this timescales such as:

- Where agreement has been reached with the individual that due to the complexity of the complaint an in-depth investigation is required.
- Where the notes required are with the coroner, off site or unavailable for other reasons out of the investigator’s control.
- Where key members of staff are on leave or have left the Trust and will need to be contacted for a statement.
- If disciplinary proceedings are taking place.
- When safeguarding or other investigations are taking place.
- Where the timeliness of a responses may be deemed insensitive or inappropriate e.g. over Christmas period or a significant anniversary.

In these cases Investigating Managers must contact the Divisional Patient Experience Coordinators to inform them of the revised timeframes and Datixweb updated accordingly.

### 3.7. Upholding complaints

The Trust is required to review each complaint and decide whether the complaint is upheld, not upheld or partially upheld. This is a Divisional decision and is based on whether any or all of a complaint is considered to be well founded. The Ombudsman adopts this principle in their adjudications. This information is submitted annually as part of the KO41 data collection process to the Health and Social Care Information Centre on written complaints.

### 3.8. Time limit for making a complaint

Normally a complaint should be made within twelve months from the incident that caused the problem or within twelve months of the date of discovery of the problem, although the Complaints Department, following discussion with the relevant Directorate, has discretion to extend these time limits using the following criteria:

- The individual had good reasons for not making the complaint within that period;
• Notwithstanding the time elapsed it is still possible to investigate the complaint effectively and efficiently;
• There is a possibility the treatment provided could become the subject of a legal claim for which longer timescales are applicable.

3.9. Training and support

Being implicated in a complaint or concern can be distressing to the member/s of staff concerned. Therefore line managers have a duty to support staff in those circumstances. Staff can also approach the Complaints Manager for advice on the process and additional support. “Guidance for Investigating and Responding to a Complaint, Concern and/or Feedback” can be found at appendix 2. Staff who are the subject of a complaint must have the opportunity to see the relevant information contained with the complaint and in the final response letter.

3.10. Serious Incidents

If a complaint or concern is also a serious incident there would normally be no need to produce two separate reports, the root cause analysis used should cover all aspects of the investigation. However, if the complaint has other issues unrelated to the incident then this will need to be answered separately. In such instances the Patient Safety and Risk Lead will agree the boundaries of the investigation to ensure it is comprehensive and answers all aspects of both the complaint and the incident.

3.11. Being Open and Duty of Candour

The importance of being open when we communicate with patients and relatives following any incident was emphasised in the document ‘Making Amends’ published be the Department of Health in 2003 and the NPSA document ‘Saying Sorry When Things Go Wrong – Being Open’ (2009). Surrey & Sussex Healthcare NHS Trust (SASH) is therefore committed to ensuring that this philosophy is underpinned in any replies provided to complainants in response to a complaint. In addition, it is the commitment of SASH to be proactive in contacting the patient and/or relative to provide an explanation of any remedial action that has or will be taken to reduce the risks of similar incidents occurring in the future in accordance with our contractual duty of candour.
3.12. Principles for Remedy

It is the aim of SASH to investigate complaints with transparency and learn from the experiences of patients and relatives when they have received an unsatisfactory service.

The Trust’s process of managing complaints is consistent with the Principles of Good Administration, Principles of Good Complaint Handling and Principles for Remedy, published by the Parliamentary and Health Service Ombudsman, which the Department of Health fully endorses. These documents are available from the Ombudsman’s website: (www.ombudsman.org.uk)

3.12.1. The provision of redress and ex-gratia payments:

Remedying injustice or hardship is a key feature of the Ombudsman’s Principles for Remedy suggesting that where there has been maladministration or poor service the Trust should restore the complainant to the position they would have been in had the maladministration or poor service not occurred.

- Non-financial remedies that may be provided under the Complaints Procedure include:
  - Written explanation or apology
  - Invitation to meet
  - Reassurance that the Trust’s services have been reviewed to identify opportunities to improve.

- Financial redress will not be appropriate in every case but the Trust will consider proportionate remedies for those complainants who have incurred additional expenses as a result of poor service or maladministration.

- This does not include a request for compensation involving allegations of clinical negligence or personal injury where a claim is indicated. Legal claims are managed by our Legal Services Department.

3.13. NHS Complaints advocacy

NHS complaints advocacy has a statutory role in helping complainants at each stage of the process. The service is independent of the NHS, free and confidential. The purpose of the service is to:
advise people how to complain;
• support people through the formal complaints process;
• provide information on who to complain to;
• provide support when drafting complaints correspondence;
• provide representation or support at complaints meetings.

NHS complaints advocacy will be particularly helpful when the person making the complaint is in need of extra support.

Under the Mental Capacity Act 2005, the Independent Mental Capacity Advocacy Service (IMCA) undertakes a role of advocate for patients who lack mental capacity. Complainants may also receive support from other specialist advocacy services or from the local Citizens Advice Bureau (CAB).

Complainants can also obtain information about the complaint process from NHS website at www.nhs.uk/choiceintheNHS/rightsandpledges/complaints.

All staff who are responsible for the management of complaints should be aware of the local advocacy services available and ensure that complainants are directed to these services when a need for support has been identified, or is requested.

3.14. Habitual or unreasonable complainants

A small minority of people will take up a disproportionate amount of staff time and resources dealing with an individual’s perceived problem even when explanations have been given and all reasonable attempts have been made to resolve their concerns. These cases can cause undue stress to staff and staff members are advised to refer to appendix 3 which offers guidance on the handling of habitual and/or unreasonable (vexatious) complainants.

3.15. Reopening complaints

Once the individual has received the Trust's response to a complaint further or outstanding issues should be raised within a reasonable time – a guideline is 12 months from receipt of the final letter, though it very much depends on individual circumstances. In such cases, the complaint file is reopened and further investigation will take place to ensure that the Trust has addressed all of the issues raised and a further response is sent to the individual with the findings. In some cases a second opinion or clinical advice will be sought. The Trust will
endeavour to resolve re-opened complaints through local resolution however once it is considered by the Trust this is completed the individual is advised of their right to refer their case to the PHSO.

3.16. Parliamentary and Health Service Ombudsman (PHSO)

If an individual remains dissatisfied with the response provided by the Trust, they have the right to refer their complaint to the PHSO, which is the second stage of the NHS Complaints Procedure. The remit of the PHSO is to assess complaint cases where local resolution has been unsuccessful and if they are satisfied that local resolution is completed they will review the complaint and decide whether or not they will undertake their own investigation.

Following a PHSO investigation a report on the findings will be sent to the Trust. If the complaint is upheld recommendations will be made to the Trust which may include changes in practice, service and financial redress. The Chief Executive will respond on behalf of the Trust to confirm the action the Trust will take as a result of the PHSO recommendations.

3.17. Diversity monitoring

The Trust is required to collect ethnicity information for monitoring and evaluating the service it provides. Provision of this information is optional.

3.18. Retention of complaints files

Divisional teams should ensure that in all cases, 4Cs correspondence which contains patient identifiable and confidential information should be stored in a secure cabinet which is locked and that information and files are only shared in the groups/directorates on a need to know basis.

Requests for copies of files by individuals must be made in writing to the Data Protection Officer, clearly stating the reason for the request.

Complaints files are disclosable should a legal claim be made to the Trust following the outcome of a complaint.

Complaint files will be shared with the PHSO on request.
Complaint files will be kept for 8 years from completion of action before being destroyed in accordance with the Trusts Retention of Records Policy.

3.19. Monitoring the complaints process

The formal complaints process will be audited, including surveying samples of users in order to continually review and improve the experience of people undergoing the complaints process.

3.20. Shared learning

Lessons learnt will be shared with all frontline staff through the Share Learning in Practice (SLIP) newsletter.

Any lessons learnt from complaints which relate to patient safety will be escalated to the Patient Safety sub-committee by the Complaints Manager.

4. Responsibilities

4.1 The Chief Executive is the Board member with overall responsibility for complaints handling issues and either they or their nominated deputy(ies) will sign formal responses to complainants.

4.2 The Chief Nurse is responsible for ensuring that detailed procedures are developed, agreed and implemented throughout the Trust and are monitored as appropriate. The Chief Nurse will ensure that the central database (Datixweb) of complaints is maintained and that performance is monitored and reports made to the Trust Board and others as required.

4.3 The Divisional Chief Nurses have delegated responsibility on behalf of the Trust, for complaints investigations and drafting of the written response for signature by the Chief Executive, or a designated Trust Board Executive. They will oversee the management of the 4C process is followed within their division. They will provide support where required.

The Divisional Chief nurses will ensure that the Division has a mechanism by which actions arising from a complaint or concern are implemented and the outcome is fed back to the staff involved. They will ensure that trends and
themes are reported to the Patient Experience sub-committee and Divisional Governance Meeting.

4.4 **The Complaints Manager** is responsible for overseeing the handling of the 4Cs, including the complaints processes. Duties include:

- maintaining an accurate log of all 4Cs received;
- reading all written complaints and summary transcripts of verbal complaints in order to liaise with Divisional Patient Experience Coordinators;
- liaising with external organisations where a joint complaint has been received;
- aggregating the 4Cs data for ad hoc reports;
- providing quarterly reports of data, quantitative and qualitative analysis for the Trust Board via the Patient Experience Committee and onward to the Safety and Quality Committee of the Board;
- following up relevant action plans to ensure actions are taken;
- supporting individuals and staff during the processing of concerns and complaints;
- leading the process of ensuring that there is both local and organisational learning from complaints; communicating this information with services and demonstrating improvements in service delivery, sharing lessons learnt from complaints;
- regularly review the 4Cs process and policy to ensure it is fit for purpose;
- The escalation to the Patient Safety & Risk Lead of any adverse incidents identified by feedback received as part of the 4C process.

4.5 **The Complaints Administrator** will process 4C feedback information daily from written correspondence, telephone calls and feedback logged by staff and patients directly onto Datixweb. They will acknowledge all formal complaints within three working days of receipt into the Trust.

4.6 **The Divisional Patient Experience Coordinators** will be responsible for the day to day management of the 4C process within their Division. They will manage and support the Division’s part of the complaints handling process in liaison with others concerned, e.g. the identified investigating manager/clinician. They will ensure that an appropriate investigation into each complaint or moderate/major concern is conducted. In the case of complaints they will support the production of a draft written response to be submitted to the complaints department.
4.7 **The Investigator** is responsible for co-ordinating the investigation process ensuring the issues and concerns raised are addressed, and for producing a response letter for internal quality checking. They will provide updates on any investigations as and when required by the Patient Experience Coordinators. They will ensure that there is a written record of all communication between individuals, staff (including interviewees and witnesses) identifying date, time and method of communication. They will store all working files pertaining to the investigation securely and are responsible for ensuring that the Patient Experience Coordinators is provided with all communication relating to the investigation. All files will be uploaded onto Datixweb by the Patient Experience Co-ordinator.

4.8 **PALS** is a source of information and feedback for the Trust and act as a catalyst for change and improvement in the provision of services. PALS will monitor minor concerns and proactively assist patient and visitor with advice and information. Where themes or gaps in service become apparent these will be escalated through the Patient Experience sub-committee.

### 5. Compliance Monitoring arrangements

#### 5.1 Monitoring policy implementation

The effectiveness of the Policy is monitored by performance against national standards for acknowledging and responding (in writing) to complaints and through monitoring of action plans arising from individual complaints by the relevant Management Board (Divisional or Trust). Standards for the resolution of complaints will be set in accordance with the statutory regulations.

#### 5.2 Database maintenance

The Trust's Complaints Department will maintain a database (DATIX) of all formal complaints. Each complaint will be checked against Cerner to monitor equality schemes.

#### 5.3 Reporting

Each Division will provide a quantitative and qualitative analysis of patient feedback using the 4C process each month. The report will include:

- Number of new complaints received
- % of new complaints acknowledged within 3 working days
- Number of reopened complaints
- Number of complaints responded to
- % breakdown of complaints upheld or partially upheld
- Number of new Ombudsman complaints
- Top 5 categories for complaints
- Analysis of complaints response times
- Number of concerns, reported by consequence score
- PALS advice and information requests by category
- Number of compliments

The data for this report will be collated by each Division and reported to their Divisional Governance Meeting. These reports and their exceptions will be discussed at the Patient Experience sub-committee.

The Complaints Manager will produce a quarterly report detailing the aggregated analysis for complaints, comments, concerns and compliments which will be presented to the Patient Experience Committee and the Safety and Quality Committee.

The Complaints Manager will produce an annual report describing the Trust’s performance in the management of complaints, comments, concerns and compliments.

The Complaints Manager is responsible for the K041 (A) return on an annual basis. The central return will be compiled from data within Datixweb and returned to the Department of Health.

**The Complaints Review Group (CRG)** is chaired by the Chief Nurse and meets every two weeks to monitor the quality and timeliness of responses to patients, carers and service users. This group will ensure that actions plans are robust and that lessons learnt are disseminated across the Trust. The CRG will escalate any concerns to the Patient Experience sub-committee.

**The Patient Experience Committee (PEC)** is chaired by the Chief Nurse. This group will discuss themes and trends and pull together all aspects of patient feedback received by the Trust. This will include patient surveys, the Patient Opinion website, NHS Choices, Your Care Matters and the Friends and Family results.
5.4. Satisfaction questionnaires

Following the Trust’s written response, complainants will be invited to complete a satisfaction questionnaire. The complaints evaluation survey will also request information regarding equalities. The annual audit will be undertaken by the Complaints Manager and the findings of this audit will be reported to the Trust Board via the Patient Experience Committee.

Re-opened complaints will be evaluated to analyse whether issues were not resolved satisfactorily, or whether new issues/concerns have arisen. Information from this will also inform the quarterly report to the Patient Experience Committee and Divisions.

5.5. Consultation and communication with stakeholders

• The key internal stakeholders for the purpose of this policy are the staff, specialities, Divisions, Trust Board and its Safety and Quality Committee.
• The key external stakeholders are the patients and local community of SASH.
• This policy was circulated for consultation purposes and the feedback received was incorporated into the final document.

5.6. Approval and ratification

This policy has been ratified as suitable for implementation across the Trust by the Executive Committee for Quality and Risk.

5.7. Review and revision

This policy will be reviewed in line with the Trust Policy on Management and Development of Procedural Documents; the standard length of time for review is three years.

However, changes within the organisation affecting this process, together with any changes in legislation or the requirements of external regulators/accreditation organisations may prompt the need for revision before the 3 year natural expiry date.
5.8. Dissemination and implementation

The Trust process for dissemination of policies will be followed as described in the Organisation Wide Policy for the Management and Development of Procedural Documents.

This includes:

- posting on the dedicated Policies and Procedures page of the Intranet
- notification to all staff of the new policy on the next available E-Bulletin

5.9. Archiving

The policy will be held in the Trust database, known as the library and archived in line with the arrangements in the Organisation wide Policy for the Management and Development of Procedural Documents.

Working copies will be available on request from the Policy Co-ordinator by contacting the dedicated mailbox trustpolicies@sash.nhs.uk.

6. Training to ensure compliance with this policy

The Trust will provide awareness training in the complaints procedure and associated communication skills on request. It will be the responsibility of managers to ensure that new staff are aware of this policy and that existing staff are assessed regularly with a view to updating their knowledge and skills.

7. References and associated documents

References

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<th>Organisation</th>
<th>Author</th>
<th>Date of Publication</th>
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<td>2009</td>
<td>The Local authority Social Services and National Health Service Complaints (England) Regulations</td>
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<td>Department of Health</td>
<td>2009</td>
<td>Guidance: Listening, Responding, Improving – A guide to better customer care</td>
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<td>Department of Health</td>
<td>2009</td>
<td>Tackling Concerns Locally</td>
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<td>National Audit Office</td>
<td>2008</td>
<td>Feeding Back? Learning from complaints handling in health and social care</td>
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<td>Parliamentary and Health Service Ombudsman (PHSO)</td>
<td>2009</td>
<td>Principles of Good Complaints Handling</td>
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<td>Mental Capacity Act</td>
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<td>Data Protection Act</td>
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<td>Equality Act 2010 Section 149 Public sector equality duty</td>
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<td></td>
<td>2012</td>
<td>NHS Patient Experience Framework (Feb 2012)</td>
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<td>National Patient Safety Agency</td>
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<td>“Being Open” framework</td>
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<td>Duty of Candour Regulations</td>
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## 8. Document Control

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<td>Further amendments post Healthcare Governance Committee</td>
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<td>Integrated Risk Lead, Linda Parsons and Complaints Manager Sally Hasler</td>
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<td>Head of Integrated Governance and Quality, Sharon Gardner-Blatch, Complaints Managers, Sandra Stirzaker and Sally Hasler</td>
<td>Amendments to reflect approved protocol for managing complaints between organisations.</td>
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<td>Author</td>
<td>Role</td>
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<tr>
<td>2.9 June 2015</td>
<td>Katharine Horner</td>
<td>Patient Safety &amp; Risk Lead</td>
<td>Amendments to reflect the move to Datixweb and the 4Cs principle of complaint management</td>
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Quality managing complaints between organisations and national guidance
## Appendices

### Appendix 1 – Establishing the Consequence Score for Complaints, Comments and Concerns

This scoring will be commenced at first contact to ensure appropriate processes are followed. It may need to be recalculated as the investigation is underway.

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<th>Moderate</th>
<th>Major</th>
<th>Extreme</th>
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<td>Minor effect on care / no abuse</td>
<td>Significant effect on care, loss of trust / minor verbal abuse / non-intentional manual mishandling</td>
<td>Patient frightened, insulted, loss of trust / significant verbal abuse / harmful physical mishandling</td>
<td>Self-discharge or transfer to another hospital, lost trust in organisation / intentional harmful abuse</td>
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<td><strong>Admission, discharge, transport</strong></td>
<td>Minor inconvenience to patient / delays</td>
<td>Inconvenience to patients, time off work, travel expenses / significant delays</td>
<td>Severe adverse effects to patients health and well being</td>
<td>Life endangering delays or mismanagement</td>
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<td><strong>Appointments / Tests</strong></td>
<td>Some difficulties and inconvenience to patient - readily resolvable</td>
<td>Significant effect on health / delays / time off work, travel expenses</td>
<td>Severe effects to health or well-being / unacceptable delays</td>
<td>Life endangered due to delays / errors</td>
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<td><strong>Patient Care and Treatment</strong></td>
<td>Unsatisfactory patient experience readily resolvable / no or minimum harm</td>
<td>Mismanagement of patient care / wrong procedures or not followed / moderate harm or delays</td>
<td>Serious mismanagement of patient care / major harm</td>
<td>Totally unsatisfactory patient experience / life endangered / death</td>
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<td><strong>Adverse publicity / reputation</strong></td>
<td>Rumours / Local media short term</td>
<td>Local media long term</td>
<td>National media less than 3 days</td>
<td>National media greater than 3 days / political involvement</td>
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<td><strong>Communication / information (written / verbal)</strong></td>
<td>Minor uncertainty or lack of clarity - readily resolvable</td>
<td>No understanding of treatment or differing information / pt feels ignored</td>
<td>Patient feels they have been intentionally mislead</td>
<td>Unacceptable leading to a course of clinical action without consent</td>
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<td><strong>Consent to treatment</strong></td>
<td>Hurried consent but generally understood / minor concern but proper procedure followed</td>
<td>Poor quality of consent, patient uncertain of risks / benefits</td>
<td>Very poor quality of consent process, no understanding of risks / benefits</td>
<td>Procedure without consent / patient felt pressurised or that they could not refuse</td>
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<td><strong>Openness &amp; Complaints handling</strong></td>
<td>Partially satisfactory - readily resolvable</td>
<td>Complaint not handled / answered properly / significant concerns re openness</td>
<td>Very poor in all aspects / loss of trust / patient feels issues being hidden</td>
<td>Extremely poor / Patient convinced of a “cover up”, MP / media involvement</td>
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<td><strong>Privacy and dignity / Patient status, discrimination</strong></td>
<td><strong>Non-significant / patient embarrassed - readily resolvable</strong></td>
<td><strong>Significant lack of privacy and dignity; significant part of the patient’s complaint</strong></td>
<td><strong>Serious lack of respect for privacy and dignity / clear evidence of discrimination</strong></td>
<td><strong>Unacceptable / Severe adverse effects of discrimination on health and well being</strong></td>
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<td>-------------------------------------------------------------</td>
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<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Patient property</strong></td>
<td><strong>Unsatisfactory but readily resolvable, minimum loss</strong></td>
<td><strong>Significant – some loss of property; not properly recorded</strong></td>
<td><strong>Serious – most of property lost, mishandled, not recorded</strong></td>
<td><strong>No records of property, lost property cannot be found</strong></td>
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<td><strong>Personal records / Confidentiality</strong></td>
<td><strong>Correct procedure questioned / Unsatisfactory but readily resolvable</strong></td>
<td><strong>Significant errors in records / breach of confidentiality</strong></td>
<td><strong>Serious breaches of trust policy or confidentiality (e.g. via social media)</strong></td>
<td><strong>Trust policy on records breached as well as national legislation</strong></td>
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<td><strong>Mortuary &amp; post mortem arrangements</strong></td>
<td><strong>Unsatisfactory but readily resolvable</strong></td>
<td><strong>A significant part of the patient’s complaint</strong></td>
<td><strong>Serious effect on bereaved family, loss of dignity of the deceased</strong></td>
<td><strong>Unacceptable – wrong deceased patient / wrong relatives</strong></td>
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<tr>
<td><strong>Hotel services including food</strong></td>
<td><strong>Unsatisfactory but readily resolvable</strong></td>
<td><strong>A significant part of the patient’s complaint</strong></td>
<td><strong>Very poor</strong></td>
<td><strong>Totally unsatisfactory</strong></td>
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Appendix 2: Guidance for Investigating and Responding to a Complaint, Concern and/or Feedback

These guidelines are intended to assist any individual who has been asked to investigate a complaint, concern or prepare a written statement and response in reply.

Investigating

- The Divisional Patient Experience Coordinators will co-ordinate the investigation of the complaint under the Divisional operational procedures in place in line with the 4Cs Policy.
- In order to successfully resolve a complaint or concern, a thorough and complete investigation must be taken.
- Read the letter of complaint and any supporting information at least twice and where appropriate review case notes before deciding who you need to speak to.
- If you are uncertain which aspects of the investigation are your responsibility, ensure that you check this with the Patient Experience Team.
- Unless there is a good reason not to, ensure that staff who are being asked for information see the complaint letter. This will be your request in context and help you in getting as much relevant information as possible.
- Approach the investigation by thinking what you would like to know if you had made this complaint about your own care or the care of one of your relatives.
- Establish all the facts (i.e. what happened, what should have happened and what is the difference between these two things?). If it is not possible to answer all the questions say why.
- Complete all complaint investigation documentation including all relevant evidence.
- Do not be defensive, openness and honest will help to ensure the best outcome for everyone as quickly as possible.

Responding

- Tell the story (what happened and why)
- The response should be factual detailing events and any subsequent actions clearly as possible.
- The response must answer all aspects of the complaint and/or concerns
- When referring to other people, state clearly their full names and designations.
- Refer to relevant other documents (e.g. Policies, assessment and procedures etc.)
• Avoid jargon and shorthand. If medical terminology must be used, provide explanations and translations.
• Dates and time should always be referred to in full (e.g. 07:30 hours on Friday 03 January 2015, not 7.30 on 03/01)
• The response must make sense. Present a coherent explanation of events, if this cannot be done then the investigation has not concluded.
• Include details of the investigation outcome; an explanation of planned action must be included. Where appropriate an apology must be given for any identified shortfalls.

Before submitting your investigation findings check that it
• Answers all the questions and explains things in a way that can be easily understood by a non-medical person;
• Provides an appropriate apology;
• Tells the individual how we are going to put things right.

Remember
• Never place copies of complaint investigation documents in a patient’s records
• Respond by the timescale that has been given to you
• If you need further help or support preparing a response please contact the Complaints Team for advice
Appendix 3: Guidance for the handling of Habitual or Unreasonable Complainants

1. Introduction
These guidelines identify situations where a complainant is considered to be habitual or unreasonable and provide staff with a strategy to handle these situations.

These guidelines must only be used as a last resort and after all reasonable measures have been taken to try to resolve the complaint in accordance with local resolution under the NHS Complaints Procedure.

2. Local Resolution (NHS Complaints Procedure)
Complaints about the services provided by Surrey and Sussex Healthcare NHS Trust are processed in accordance with the local resolution stage of the NHS Complaints Procedure, which is summarised below:
- Acknowledgement letter sent out within 3 days of receipt of the written complaints.
- Acknowledgement may also occur through e-mail and on the telephone.
- Complaints Team forward complaint to Division(s) to undertake an investigation.
- Complaints Team to receive the outcome of the Divisional investigation within allocated timescale.
- Within 25-60 working days of receipt of the complaint the Complaints Team will approve a final response for the Chief Executive to sign.
- Complainant is provided information about what to do if they remain dissatisfied with the Trust response.

The Trust responds fully to all complaints and ensures that:
- The Patient and Service User Feedback Policy is adhered to rigorously.
- Complainants are given the opportunity to exhaust local resolution.
- Complainants are provided with information on further action that can be initiated should they remain dissatisfied e.g. Parliamentary and Health Service Ombudsman.

The above steps ensure that the rights of complainants are safeguarded and that there is a consistent approach to all complaints, reducing the risk of the Trust’s handling of the complaint being criticised by external agencies.
3. When Local Resolution Fails
There will be occasions when complainants remain dissatisfied with the response they receive and in such circumstances can request the Parliamentary and Health Service Ombudsman to undertake and independent review of their concerns.

4. Definition of a Habitual or Vexatious Complainant
All Trust staff endeavour to respond with patience and sympathy to the needs of complainants. However, there are times when a complainant will remain dissatisfied with the outcome of local resolution and nothing further can reasonably be done by the Trust to assist or rectify a real or perceived problem. A small number of complainants who remain dissatisfied with the Trust response to their complaint will persist to voice their dissatisfaction verbally or in writing and inevitably absorb a disproportionate amount of NHS time and resources.

It is accepted that a person making a complaint is usually already distressed because of the event/s leading to the complaint itself and therefore may act out of character. The Trust recognises that everyone is unique, some people may find it difficult to communicate, some may be aggressive, have mental health problems, have social or emotional problems, or be lonely or lack support. Staff should be sensitive to these circumstances and make allowances for types of behaviour that may be unreasonable or out-of-character.

It is difficult to give a definite description of a vexatious complainant. There is no particular feature of vexatious behaviour, and most types of behaviour may be understandable in certain circumstances. However, a person may be indicative of being a habitual or vexatious complainant when they meet one or more of the following criteria:

- Persistent in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted;
- Changing the substance of a complaint or continually raising new issues to seek to prolong contact by continually questioning receipt of a response whilst the complaint is being addressed. Care must be taken not to discard new issues, which are significantly different from the original complaint and may need to be addressed as a separate complaint;
- Unwillingness of the complainant to accept documented evidence of treatment given as being factual, accept that facts can be difficult to verify if a long period of time has elapsed or denial of receipt of an adequate response despite the response specifically answering their questions;
- Identification of the specific issues the complainant wants investigating being unclear despite reasonable efforts by Trust staff and where appropriate, the
involvement of advocacy services (e.g. SEAP) to help the complainant identify their concerns and/or where the concerns identified are not within the remit of the Trust to investigate;

- Threatened physical violence or actual violence against staff;
- Harassment, personal abuse or verbal aggression towards staff dealing with the complaint;
- Meetings or face-to-face/telephone conversations tape recorded by the complainant without the prior knowledge or consent of the other parties involved;
- Unreasonable demands/expectations made and failure to accept these may be unreasonable;
- Complete unwillingness by the Complainant to comply with the NHS Complaints Procedure and determination to proceed with their own agenda;
- Complainants who do not fall within any of the above categories may nevertheless be considered to be habitual or vexatious depending on the circumstances and with the discretion of the Trust.

5. How to deal with Habitual or Vexatious Complainants

When a complainant is categorised as habitual and/or vexatious in terms of the above criteria, any action to be taken will be determined by the Complaints Manager. Action should be specifically targeted to try to assist the individual and staff involved. The action that might be taken could be one or more of the following:

- Draw up a signed “agreement” with the complainant which sets out a code of behaviour for the parties involved, if the Trust is to continue to process the complaint. If the agreement is then contravened, other action may be considered;
- Decline contact with the complainant either in person, by telephone, by fax, by letter, by e-mail or any combination of these, provided that one form of contact is maintained, alternatively restrict contact to a third party;
- Notify the complainant in writing that the Chief Executive (or Deputy) has responded fully to the points raised and has tried to resolve the complaint; and that there is nothing to add and continuing contact on the matter would serve no real purpose. The complainant should also be notified that the correspondence is at an end and that further correspondence will be acknowledged but not answered;
- Inform the complainant that in extreme circumstances the Trust reserves the right to pass unreasonable or vexatious complaints to its solicitors; and/or
• Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from the NHS Management Executive, or other relevant agency.

The Chief Executive (or Deputy) will implement the agreed action and will notify the complainant in writing of the reasons why they have been classified as habitual and/or vexatious, and of the action to be taken.

6. Withdrawing Habitual or Vexatious Status
Having deemed a complainant habitual and/or vexatious, this status may be withdrawn by the Chief Executive (or Deputy). This should be exercised with discretion where, for example, the complainant demonstrates a more reasonable approach or if they later submit a further, new complaint for which the normal complaints procedure would appear to be appropriate. If following discussion with the Chief Executive approval is granted for withdrawal of the status, normal contact with the complainant and the NHS Complaints procedure can be resumed. A letter from the Chief Executive (or Deputy) will be sent to the complainant informing them that the normal procedure has resumed and their habitual or vexatious status has been withdrawn.
Appendix 4  Equality Analysis (EqA)

By completing this document in full you will have gathered evidence to ensure, documentation, service design, delivery and organisational decisions have due regard for the Equality Act 2010. This will also provide evidence to support the Public Sector Equality Duty.

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<td>Briefly describe its aims and objectives:</td>
<td>The purpose of this policy is to provide an open, fair and accessible process for handling comments, concerns, compliments and complaints received about NHS care provided by Surrey and Sussex Healthcare NHS Trust (SASH). The policy defines the 4Cs and outlines staff roles and responsibilities for ensuring they are acted upon.</td>
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<td>Fiona Allsop</td>
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<td>Target audience (including staff or patients affected)</td>
<td>This policy applies to all individuals employed by the Trust including contractors, volunteers, students, locum and agency staff and staff employed on honorary contracts.</td>
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<td>SASH</td>
<td>9/6/15</td>
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