

Complaints and Feedback Policy (N-047)

Document Type:	Policy
Document Reference:	N-047
Version Number:	8.0
Author (name & job title)	Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production David Napier, Complaints and Feedback Manager
Executive Director (name & job title):	Dr Kwame Fofie, Executive Medical Director
Name of approving body:	EMT
Date of approval:	25 March 2025
Date Ratified at Trust Board	26 March 2025
Next Full Review date:	March 2028

Policies should be accessed via the Trust intranet to ensure the current version is used

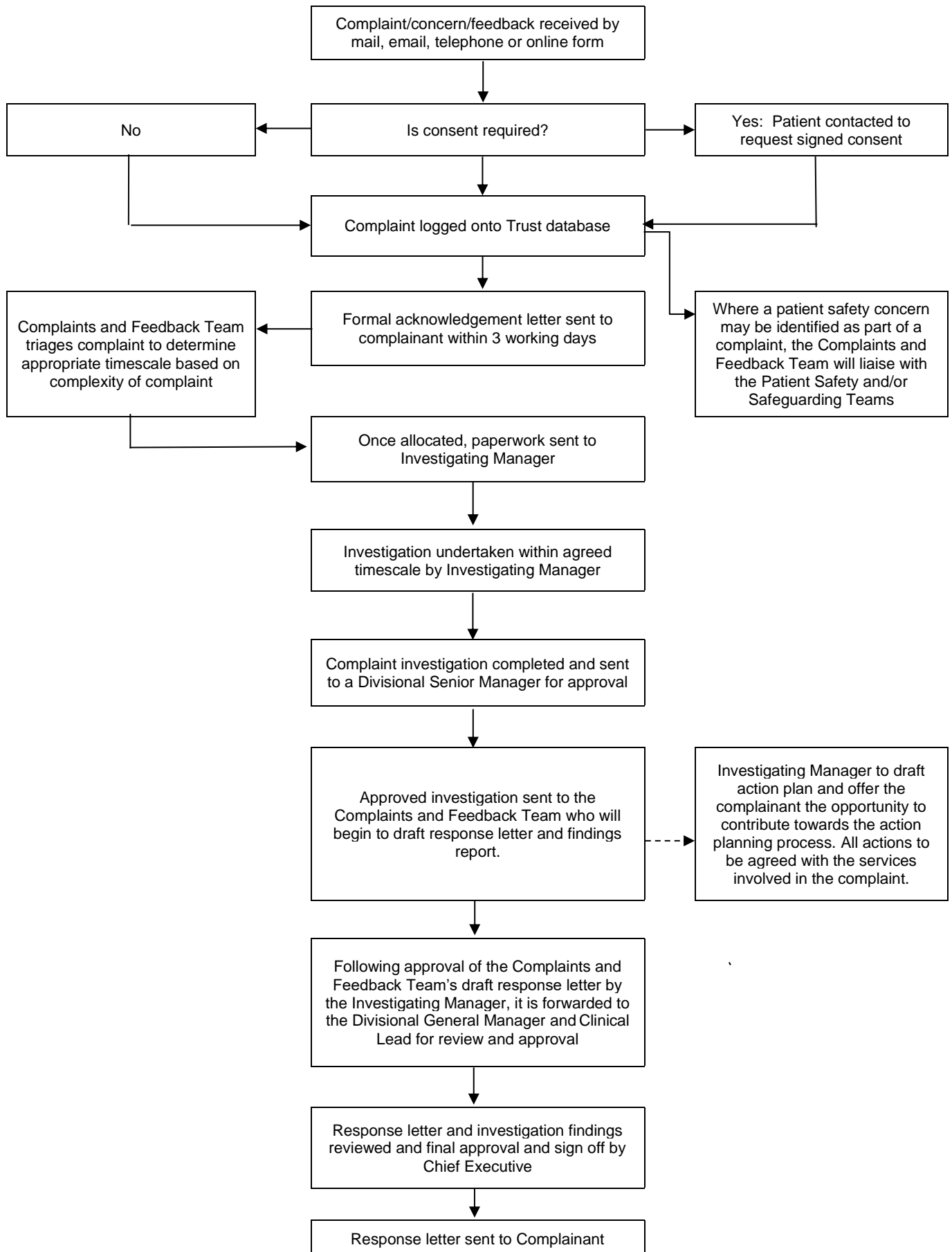
Table of Contents

How to Deal with a Concern / Complaint	3
Complaints and Feedback Team – Formal Complaint Process Pathway.....	4
1. Policy Statement	5
2. Scope	5
3. Definitions	5
4. Duties and Responsibilities	5
5. Procedures relating to the policy.....	6
6. Training	9
7. Dissemination and Implementation.....	9
8. Monitoring and Compliance	9
9. References / Related Trust Documents.....	10
Appendix 1 – Complaints and Feedback Procedure.....	11
Appendix 2 – Procedure for Handling Habitual and/or Persistent Complainants and/or Habitually Demanding or Vexatious Behaviour.....	20
Appendix 3 – Procedure for Undertaking Joint Formal Complaint Investigations with Local Authority Social Services.....	24
Appendix 4 – Compliments, Comments & Complaints Poster	25
Appendix 5 – Document Control Sheet	26
Appendix 6 – Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit.....	28

How to Deal with a Concern / Complaint



Complaints and Feedback Team – Formal Complaint Process Pathway



1. Policy Statement

This policy and procedure identifies the process of making, managing and responding to a complaint, raising a concern, or giving feedback to the Trust. It highlights the roles and responsibilities of those involved in dealing with complaints and feedback. It is written in line with the relevant national guidance and legislation. It aims to contribute to and embed the Trust's wider culture of learning for improvement and continuous quality improvement.

2. Scope

The policy applies to all groups of staff and anyone using the Trust's services.

A complaint/concern (informal complaint) can be made or feedback can be given by:

- A person who receives or has received services from the Trust; or a person who is affected, or likely to be affected, by the action, omission or decision of the Trust which is the subject of the complaint.
- Someone acting on behalf of the patient may make a complaint, with the patient's written consent. (e.g., an advocate, relative, Member of Parliament).
- Parents or legal guardians of children.
- Someone acting on behalf of a patient who is unable to represent his or her own interests, provided this does not conflict with the patient's right to confidentiality or a previously expressed wish of the patient.
- Members of the public who may have contact with Trust services and/or staff.

3. Definitions

- The Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009
- Statutory Instrument 2009 No: 1768
- Listening, responding, improving – a guide to better customer care
- Parliamentary and Health Service Ombudsman; February 2009; Principles of Good Complaint Handling
- Parliamentary and Health Service Ombudsman; February 2009; Principles for Remedy
- Parliamentary and Health Service Ombudsman; February 2009; Principles of Good Administration
- Parliamentary and Health Service Ombudsman; December 2022; NHS Complaints Standards – Summary of Expectations

Related Trust documents

- Risk Management Strategy
- Patient and Carer Experience Five Year Forward Plan 2023-28
- Being Humber Behavioural Framework
- Complaints and Feedback staff guide
- Complaints and Feedback "We want to hear your views" leaflet
- 'How to make a formal complaint' leaflet

4. Duties and Responsibilities

Chief Executive is responsible for ensuring that an effective and appropriate complaints system exists.

Executive Medical Director is the director responsible for the operational delivery of the described complaints system, supported in the delivery by the Chief Executive.

Assistant Director of Patient and Carer Experience and Co-production is the responsible senior manager who oversees the complaint process and has specific responsibilities as detailed in the job description.

Divisional General Managers/Divisional Clinical Leads/Service Managers/Senior Clinical Leads are responsible for ensuring that complaints received are disseminated to appropriate management teams; there is a thorough investigation which is then forwarded to the Complaints and Feedback Team for a response letter to be compiled covering all issues. They are also responsible for providing approval and assurance for all formal complaint responses on behalf of their respective divisions.

Complaints and Feedback Manager is responsible for the day-to-day operational and strategic management of the Complaints and Feedback Team and processes, ensuring that complaints and feedback are responded to in a timely manner (refer to Appendix 3).

Complaints and Feedback Team

The Complaints and Feedback Team will undertake a central role in communicating with the complainant, ensuring an investigation is initiated by the division in which the complaint originated, and that the response is comprehensive and compliant with the expected standard for the response letter. The Assistant Director of Patient and Carer Experience and Co-production is made aware of any problems in meeting the plan to resolve the complaint.

The Complaints and Feedback Team is responsible for the collection of data in relation to complaints and for entering the data onto the Trust's database.

People and Organisational Development Team

The People and Organisational Development Team are a team of professionals who are responsible for providing specialist advice and guidance in terms of employment law and employment related concerns raised via complaints.

All Trust staff

All staff are responsible for the effective implementation of the policy. This includes:

- Cooperating fully with the investigation of each complaint and ensuring that any staff for which they have responsibility respond to investigations in a timely and appropriate manner.
- Ensuring that action is taken, and an action plan implemented following any complaint which gives rise to the need for wider scale implementation of change.
- Ensuring that any lessons learned, arising from the complaint, are used to improve future service delivery.
- Aiming to ensure that complaints are responded to within the agreed timescale
- Releasing staff for relevant training events.

All staff have a role to play in resolving issues locally by ensuring: -

- Any issues raised are dealt with courteously and efficiently.
- Good quality records are maintained
- Any issues raised outside of an individual's remit are referred on to the most appropriate manager.
- Any issues are responded to in accordance with trauma informed approaches and using the appropriate care model/language

5. Procedures relating to the policy

The Trust will ensure that procedures are in place for managing formal complaints and feedback contacts. The Trust welcomes complaints in a positive way in line with the NHS

Complaints Standards and:

- recognises them as important insight into how to improve services.
- creates a positive experience by making it easy for service users to make a complaint.
- gives colleagues the freedom to resolve issues quickly and to everyone's satisfaction.

Complaints or feedback can be made verbally, in writing or electronically and will be acknowledged within three working days. This will be done in writing and is undertaken by the Complaints and Feedback Team. The team will try to accommodate any requests received for reasonable adjustments in terms of how people may wish to make a complaint in the first instance.

Complaints or feedback can be made by a third party (e.g., relative, advocate, MP); however, signed consent is required on the Trust's consent form. This will be sent to the patient/complainant by the Complaints and Feedback Team. The timescales for the complaint will not commence until the signed consent form is received. Where there is a query around consent, the Trust's Caldicott Guardian will review the case and provide guidance to the Complaints and Feedback Team.

Independent advocacy groups can facilitate the fair and thorough management of a complaint. Organisations such as Cloverleaf and VoiceAbility will offer advice and support to anyone who wishes to make a complaint relating to healthcare. They can:

- Help the person understand the complaints process
- Support the person to make a complaint in writing
- Keep in touch with the person about progress with their complaint
- Attend complaints meetings with the person
- Help the person understand the outcome of their complaint
- Help people take their complaint further if they are not happy with the result

Under this policy, the Trust advocates the following processes:

- **Local resolution** - by the staff within the team, unit or ward, or referred to a senior person within the service area
- **Informal complaint** - via the informal Complaints Process
- **Formal complaint** - using the NHS Complaints Procedure

For **local resolution**, a patient, service user or carer has a concern about the service being offered and/or received. The staff member who has been approached should consider whether they are the right person to respond to the issue(s) raised, and to pass concerns to the local team manager for discussion if appropriate. Patients would be at all times reassured that discussing their concerns would not affect any of their future care provided by the service in question. Staff should address the concerns in an open and professional manner, and try to resolve them at local level. They should also make sure to confirm with the person that they are happy that the issue has been satisfactorily resolved. The team manager should keep a local record of these complaints and these should be discussed during professional review procedures with their teams and service management.

An **informal complaint** is where a patient, service user or carer does not feel able or willing to discuss their concerns at a local level, or they are not satisfied with the outcome of the local discussion regarding their concern and feel that a different person should take a look at the situation to help find a satisfactory resolution. This process will typically be used where the issues raised can be dealt with quickly and efficiently by the service involved and a swift resolution reached for the person(s) affected.

The Complaints and Feedback Team will send the complaint to an appropriate senior

manager/and or clinical lead within the relevant division to request that the person be contacted to discuss the complaint within 3-5 working days. The Complaints and Feedback Team will provide advice and guidance to the service(s) involved to help resolve the issue where able. As with local resolution, the member of staff handling the complaint should ensure at the conclusion of their discussions with the person that they have confirmed they are satisfied with the outcome and/or they wish to close the complaint. The Complaints and Feedback Team are provided with details of the resolution by the service and the complaint is closed.

A **formal complaint** is where a patient, service user or carer does not wish for their issue to be resolved at either local or informal level, or they do not feel their issue has been resolved at either level, and they decide that they would like a formal investigation into the issues raised. This must then be progressed through the NHS Formal Complaints procedure. This procedure is also activated if a complaint is received by the Complaints and Feedback Team and it is deemed appropriate for formal investigation following triage by the team.

A formal complaint will normally be any of the following:

- any complaint from a regulatory body such as the Care Quality Commission (CQC), Integrated Care Boards (ICBs) and/or the Parliamentary and Health Service Ombudsman (PHSO);
- any complaint in which the issues raised are or have been subject to a patient safety investigation by the Trust.
- any complaint in which the issues raised are complex or involve multiple concerns/services;
- any complaint involving safeguarding;
- any complaint where the person making the complaint specifically requests a formal approach or refuses an informal approach.

For formal feedback or complaints, a letter or email will be sent acknowledging the complaint. The complainant will be advised of the steps that will be taken to investigate their complaint including speaking with the staff involved and accessing their medical records for the purposes of investigation, for which they will be given the opportunity to decline consent if preferred. A leaflet will be included in each letter advising the complainant of the complaint process, sources of support (e.g., independent advocates) and details of the Parliamentary and Health Service Ombudsman's review process.

Once the timeframe for the method of resolution has been acknowledged with the complainant, the Trust will aim to achieve this unless exceptional circumstances prevail. If the timescale cannot be achieved, the investigating manager must inform the Complaints and Feedback Team who will inform the complainant of the delay and when they may expect to receive the final response.

For both formal and informal complaints, once the complaint has been closed, complainants will be sent a survey where they are given the opportunity to feed back on how they felt their complaint was handled. This will be provided in a variety of formats.

Copies of correspondence related to formal and informal complaints will not be placed on the patient or service user's medical records; all complaint records and information must be held on the Trust's risk management database.

The Trust will be thorough and fair when looking into complaints in line with the NHS Complaints Standards and:

- give an open and honest answer as quickly as possible, considering the complexity of the issues
- make sure service users who make complaints, and colleagues directly involved in the issues, have their say and are kept updated when they carry out this work

- make sure service users can see what colleagues are doing to look into the issues in a fair and objective way, based on the facts.

Please refer to Appendix 3 which highlights the procedure to support the complaints and feedback process.

6. Training

The Complaints and Feedback Team offer a package of training which covers the Trust policy, process and guidance on investigating and responding to complaints.

- Complaints Awareness Training – this session is aimed at all Trust staff and explains the different types of complaint; the different ways in which patients and carers can make a complaint; an overview of the formal investigation process and how this works; and the importance of local resolution.
- Complaints Investigation and Resolution Training – the session is aimed at those staff who may be responsible for either leading on or supporting a formal complaint investigation, and explains the complete process from start to finish, including guidance on what a good investigation looks like.

Training needs for staff are identified via annual appraisal/supervision and can be delivered on a 1:1 or group basis.

7. Dissemination and Implementation

This policy will be disseminated by the method described in the Document Control Policy (C-003).

Implementation of this policy is the responsibility of all staff working in the Trust and monitoring of the implementation of this policy will be through internal audit processes.

The implementation of this policy requires no additional financial resource.

8. Monitoring and Compliance

There are designated groups and committees with operational responsibility for oversight and monitoring of the complaints process. The Senior Operational Management Team reviews the number of ongoing complaints and cases of specific concern are discussed if required.

Complaints and compliments are included in the monthly Integrated Board Report (IBR) under strategic goal 6 that goes to the public Board.

The Quality Committee receives information on complaints through the Quality Performance Report.

At a divisional level, governance meetings are held within each division and complaints should be included as a standard agenda item for these meetings. The learning from complaints should be incorporated on the agenda and discussed within these meetings.

Complaints and feedback are reported in the Patient and Carer Experience Annual Report (including Complaints and Feedback) and is discussed, approved and ratified through the Trust governance structures and published on the Trust website as required by statutory regulation.

The Trust monitors and reports on the number of services who have no complaints recorded against them over a 6- and 12-month period. Work is undertaken with the identified services and through Trustwide training to ensure that patients, service users, carers and staff are aware of the process and how to make a complaint or raise a concern if they wish to do so.

9. References / Related Trust Documents

- Caldicott and Data Protection Policy N-027
- Information Governance Policy N-008
- Information Sharing with Carers and Significant Others SOP 16-007
- Issuing Warning Letters Due to Violent and Aggressive Behaviour SOP 20-022
- Patient Safety Incident Response Policy N-075
- Engaging and Involving Patients, Families and Staff Following a Patient Safety Incident Policy N-074
- Duty of Candour Policy and Procedure N-053
- Disciplinary Policy HR-006
- Performance Improvement Policy HR-041

Appendix 1 – Complaints and Feedback Procedure

1. Timescales for Response

The Trust will investigate the complaint in a manner proportionate to the nature of the issues it raises, aim to resolve it speedily and efficiently and, during the investigation, keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation and any delays. The Trust will aim to resolve most formal complaints within 40 working days from the date of receipt or from the date consent is received (if required). Should this take longer, for example where there are very complex cases or if information is needed from external third parties, the Trust will aim to investigate these complaints within 60 working days. The focus will be on quality, open candid investigations and responses which sometimes may necessitate a longer time period.

Following investigation, the complainant must be sent a written response signed by the Chief Executive and in their absence, responses will be signed off by the Chief Operating Officer or an executive director.

The normal time limit whereby people can raise their complaint is 12 months; however, the Trust will give consideration to responding to complaints outside of this time frame if it is felt there is a reasonable chance of being able to investigate and respond.

Should the complainant be dissatisfied with the response to the complaint, they should contact the Complaints and Feedback Team who will discuss and agree a way forward with the division and inform the complainant accordingly.

2. Safeguarding

Where there are safeguarding issues related to the complaint this should be reviewed and discussed with the Safeguarding Team. The team will give advice on whether a concern needs to be raised to the local authority and whether there are actions required from a safeguarding perspective. The team will also advise on protection planning and risk management for the adult or child at risk.

Please refer to the following policies for further information and guidance.

- Safeguarding Adults Policy N-024
- Safeguarding Children Policy N-045
- Managing Concerns Against People in a Position of Trust (PIPOT) (N-004)

3. Process for ensuring patients or their relatives/carers are not disadvantaged or treated differently as a result of a complaint

Every assistance will be given to individuals who wish to make a complaint, including the provision of interpreter services or any other service or body which may serve to enhance the communication of the complaint to the Trust.

Please refer to the link below regarding the Accessible Information Standard

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

Patients must be supported in expressing their concerns and must not be led to believe either directly or indirectly, that they may be disadvantaged because they have made a complaint. Making a complaint/raising a concern should not mean that a patient/complainant will receive less help or that things will be made difficult for them.

Everyone can expect to be treated fairly and equally regardless of gender, sexual orientation, age, race, religion/belief, marriage, civil partnership or disability.

Within the acknowledgement letter the complainant will be advised that the Trust does not expect any patient to be treated differently as a result of making a complaint and explaining that no record of the complaint will be held in their medical records. The complainant is asked to inform the Complaints and Feedback Manager if they feel this has occurred, and the manager will then alert the appropriate senior managers within the Trust.

4. Duty of Candour Requirements

The regulations for duty of candour require all providers who are registered with the CQC, both healthcare and adult social care, to be open and transparent with service users about their care and treatment when harm appears to have been caused, or may have resulted from an incident. From November 2014 the regulations also imposed a more specific and detailed duty of candour on all providers where any harm to a service user from their care or treatment is above a certain harm threshold. The Trust will offer meaningful apologies and transparent explanations for any relevant concerns that may be identified during the making or the handling of a complaint, and will make clear that an apology does not mean acceptance of legal liability.

Where it comes to light following a concern or complaint that a patient has been exposed to moderate harm and above, the manager/lead clinician leading the complaint will inform the Patient Safety Team who will be responsible for ensuring that the patient and their relatives are informed.

The Trust's Duty of Candour policy must be utilised, and actions meet the requirements under Duty of Candour. The requirements are also outlined in more detail in the incident reporting and incident and complaints investigation policy.

The Trust will publish staff names in formal complaint responses only where those staff have already been identified by the complainant or where there is an identified utility in doing so; names will not be published routinely in accordance with use of the systems-based methodology under the Patient Safety Incident Response Framework (PSIRF).

Please refer to the following policies for further information and guidance:

- Duty of Candour Policy and Procedure N-053
- Patient Safety Incident Response Policy N-075
- Engaging and Involving Patients, Families and Staff Following a Patient Safety Incident Policy N-074

5. Joint Agency Handling of Complaints

Where complaints received by the Trust also relate to other NHS and/or local authority organisations, as per the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009, the Trust will co-operate with the relevant organisations to resolve these complaints and will agree with the complainant whether they wish to receive one response from all agencies involved or if they would prefer to receive individual responses from each organisation. The patient's consent will be obtained to share relevant information for the purposes of investigating and responding to the complaint, making clear that this may include sharing extracts from their health and social care records.

Please refer to Appendix 5 which details the procedure for handling joint formal complaint investigations with local authority social services.

6. Risk Management of Complaints Received

Each complaint will be triaged and graded by the Complaints and Feedback Team based on the level of known harm; all complaints that are deemed to be high risk will be passed to the Divisional General Managers and Divisional Clinical Leads. This will determine the level of investigation required and whether any additional actions need to be taken. It will also contribute to the Trust's body of feedback evidence for service improvement.

In cases where moderate harm or above has been deemed to have occurred, the complaint will be shared with the Executive Director of Nursing, Allied Health and Social Care Professionals and the Executive Medical Director in order to determine whether the issues of complaint should be progressed under a patient safety investigation or internal review process. In such circumstances, the complaint may be discussed at the Clinical Risk Management Group to determine the correct way forward.

Where an internal investigation may already be in progress regarding the events of a complaint, in most cases the Complaints and Feedback Team will write to the complainant to explain that the complaint process will be superseded and that their issues of complaint will be passed to the incident investigation team to be considered as part of the existing process. The investigator will contact the complainant to discuss their issues of complaint with a view to incorporating these into the investigation; this will be done in accordance with the policy 'Engaging and Involving Patients, Families and Staff Following a Patient Safety Incident Policy (N-074)'.

Following the conclusion of a patient safety investigation, if patients and families are not happy with the feedback received from the Trust and wish to raise further issues, they should be directed to the Complaints and Feedback Team who will progress these issues as a new formal complaint.

In exceptional circumstances, a complaint may be considered to be so serious that all or part of the investigation of the complaint needs to be undertaken with the assistance of external agencies such as independent clinical advisers or legal advisers. If such a complaint is received, the Executive Medical Director will usually determine the reporting requirements, determine which agencies are to be involved and coordinate the utilisation of the external body in the complaint process. Complainants will be informed of the process.

7. When the Complainant is not the Patient

Every complaint will be dealt with on a case-by-case basis. If the complainant is not the patient and the complaint is about the care of the patient, written consent is needed unless it is confirmed by the clinical team that the patient lacks capacity, in which case the complaint will be investigated under best interest. Reasonable adjustments and assistance will be made by the services and the Complaints and Feedback Team wherever possible to accommodate patients, service users, families and carers who may have difficulty providing written consent.

On occasion, a patient may have fluctuating capacity; in such cases the complaint will be placed 'on hold' until the patient is able to consent or decline consent to have the complaint investigated. If consent is not given by the patient with capacity, the Complaints and Feedback Team will pass the issues raised to the relevant clinical team(s) to ensure that the team is aware of the issues being raised so they can take account of the issues in the delivery of their care to the patient.

The Complaints and Feedback Team will also consider in these cases whether any issues that have been raised relate solely to the complainant themselves, and may be investigated and responded to via the formal complaint process without providing the personal confidential information of any other individuals involved. If a complainant does not have right of access to the personal information of the person affected, consideration should be given to asking whether there is another person who does have this right of access who could make the complaint instead; if so, that person could appoint the original person complaining to continue progressing the complaint on their behalf as a representative.

The Trust welcomes complaints from children and young people. However, if the complaint is raised by a parent or guardian about a young person aged 13 and over, the young person must be assessed for Gillick competence and where Gillick competence is established, signed consent will be requested from the young person. If the child is not deemed to be Gillick competent, the complaint will be managed with the parent or guardian under guidance from the clinical team involved in the young person's care.

The Complaints and Feedback Team issue a standard form to the person affected requesting two forms of consent: one to investigate and respond to the issues of complaint via the complaints process, and one to use the issues highlighted for wider investigative processes within the Trust. The investigation will only commence when consent is received either through the person affected agreeing to the complaint being investigated and reported back to the complainant or through the best interest process. If any concerns are raised regarding the authenticity of the consent provided, the Complaints and Feedback Team will liaise with the service involved and the Information Governance Team. The team will also seek guidance from the Trust's Caldicott Guardian where deemed appropriate.

Where a complaint is made on behalf of a deceased person, duty of confidentiality to our patients and service users continues following their death; authority to make complaints on behalf of a deceased person is held under law by the patient's 'personal representative' or the legal executor of their estate. However, if someone has a potential claim arising from the person's death, e.g. family and/or friends named in the will, they may also be entitled to access the person's information, and this will be considered on a case-by-case basis. If the complainant is not the person's personal representative or someone with legal access to their records, the Trust may investigate the complaint but respond in general terms only without releasing any personal confidential information to the complainant.

If the Trust believes that a third party or personal representative making a complaint is not acting in the best interests of the person affected, consideration will be given as to whether work on the complaint should be halted. If this decision is taken, the complainant will be notified of this in writing and informed that if they are unhappy with the decision, they can complain to the Parliamentary and Health Service Ombudsman.

8. Listening to Loved Ones, Family Members and Carers

Whilst the duty of consent must be applied, the Trust must also ensure it listens to and responds to concerns raised by families and carers of patients. Guidance should always be sought from the General Manager or Divisional Clinical Lead if there are concerns which require investigation where consent either has not been received or has not been possible to obtain.

9. When the complainant requests access to health care records

Some complainants request access to healthcare records in the context of their complaint. Should such a request be made, the Complaints and Feedback Team will send a Subject Access Request Form to the complainant.

10. Role of the Investigating Manager and Process of Investigation

For each complaint, an investigating manager will be identified. This will normally be an experienced manager or clinician who has experience in the management of complaints.

The investigating manager may delegate all or part of the investigation to a suitably qualified and/or experienced colleague but will retain overall responsibility for the quality and content of the investigation and complaint response.

An investigation will be overseen by the investigating manager and may involve collecting verbal or written statements from staff (provided they are employed by the organisation at the time of the investigation), and examination of the relevant documentation including medical records and other sources of evidence. All staff involved in an investigation should be issued with a copy of the booklet 'Navigating Difficult Events at Work' for support. It is important that data is collected systematically, recorded at an appropriate professional standard, and filed according to a logical system. The data used in the investigation of a complaint is always requested when the Ombudsman undertakes a second stage independent review.

Once the investigation has been completed the investigating manager should send the completed paperwork to the Service Manager/Modern Matron/Service Clinical Lead for review to ensure the investigation is complete. Following review and approval, the completed investigation paperwork should be sent to the Complaints and Feedback Team for a draft letter and investigation findings to be produced.

Once the complaint response is completed, the investigating manager will ensure that any action and learning is progressed and developed and shared with the relevant staff.

11. Meeting a Complainant

At the very beginning of the investigation, the Investigating Manager must contact the complainant to arrange an initial meeting with them; this is to ensure they have an opportunity to discuss their issues in more depth and what they are looking for from making a complaint, and also to ensure that their voice informs the investigation and the final response. It must be documented clearly in the investigation paperwork as to whether this meeting has taken place; if the complainant does not respond or cannot be reached after reasonable attempts have been made, this must also be made clear and the reasons given.

Staff need to ensure that the complainant has been offered an appropriate venue for the meeting (virtual, telephone or face to face) in addition to an appropriate time and setting, and that they are advised they can bring a friend, relative or advocate for support. The meeting will then normally form part of or be incorporated into the investigation findings report for the complaint (refer to the policy 'Engaging with Patients and Families Following a Patient Safety Incident').

When the investigation has concluded, the Investigating Manager should also arrange a telephone call or meeting to share their initial findings with the complainant prior to the release of the final response letter, provided they are able and/or it is appropriate to do so.

12. Complaints relating to workforce issues

Complaints that are related to or which result in the need for further investigation into workforce matters, e.g. employee conduct or performance, will be passed to the People and Organisational Development Team to progress. In the case of complex queries, advice should be sought from the Deputy Director of People and Organisational Development, who will direct the matter accordingly.

13. Complaints giving rise to issues which are the concern of other agencies

Occasionally, concerns may arise from complaints which need to be referred to other agencies, e.g. the police, professional regulatory bodies, the coroner, or the child or safeguarding adult protection structures. In such cases, the advice of the Executive Medical Director should be sought.

14. Complaints about the Freedom of Information Act 2000 or the Data Protection Act 2018

Complaints received from the Information Commissioner's Office (ICO) about the operation of the Freedom of Information Act 2000 and the Data Protection Act 2018 will be logged and progressed by the Complaints and Feedback Team on an appropriate basis. The team will work with the Information Governance Team and the services involved as necessary to deliver a timely response.

15. Responding to the complainant and concluding the complaint process

The Trust will give fair and accountable responses in line with the NHS Complaint Standards that:

- set out what happened and whether mistakes were made
- fairly reflect the experiences of everyone involved
- clearly set out how the organisation is accountable
- give colleagues the confidence and freedom to offer fair remedies to put things right
- take action to make sure any learning is identified and used to improve services.

The Complaints and Feedback Manager will produce a draft letter of response, on behalf of the Chief Executive, in sufficient time to meet the response deadline. This will be written on behalf of the Chief Executive and is reviewed and signed off by the Chief Executive or their deputy.

The response will indicate what action the complainant can take if not satisfied. It will respond to all of the issues raised by the complainant and will offer an apology other than where not appropriate. It will also describe how the complaint has been considered, what conclusions have been reached and what actions, if any, have or will be taken as a result.

The draft final response is reviewed and approved by the both the General Manager and the Divisional Clinical Lead, and then passed to the Chief Executive for review, approval and sign off. Context dependent, further review and approval may be required from Corporate Services, for example Safeguarding or Legal Services.

The response letter will inform the complainant that if they are dissatisfied with their response, they should contact the Complaints and Feedback Team within one month of the date of their response letter, or the complaint will be considered to be closed.

16. Defining Outcomes

When a formal complaint investigation is concluded, we consider and apply the following criteria to define the outcome:

Upheld	Complaints in which the investigation found that the service(s) could have acted differently for all or the majority of issues raised.
Partly Upheld	Complaints in which the investigation found that the service(s) could have acted differently for at least one of the issues raised.
Complaints in which the investigation found that the service(s) had acted appropriately or could not have done anything differently.	

The complaint outcome will be given to the complainant in accordance with the trauma informed care approach, and the Complaints and Feedback Team will work with the investigator and the services involved to give due consideration where a more person-centred approach may be required in addition to a formal written response.

17. Closure of Complaints

It may not be possible to resolve a complaint where the complainant's expectations of the outcome are unrealistic, or a matter of opinion and complaints should only be re-opened where evidence can be provided that the original issues raised have not been addressed. In this case the complaint is referred to as a 'second investigation' and should be investigated as soon as possible and the investigation and letter should follow the process flow as for the original complaint.

18. Learning from Complaints

The Trust is strongly committed to organisational learning and each complaint provides opportunities for organisational learning to occur. The Trust promotes a learning culture in line with the NHS Complaints Standards by supporting the whole organisation to:

- See complaints as an opportunity to develop and improve its services and people
- Set clear expectations to embed an open, non-defensive approach to learning from complaints
- Regularly talk to its managers, leaders and service users about what it has learnt from complaints and how it has used learning to improve services for everyone
- Give colleagues the support and training they need to deliver best practice in handling complaints.

Each Investigating Manager produces an action plan for each formal complaint following completion of the investigation in order to improve the service and avoid repetitions of the incidents giving rise to the complaint. If no actions are identified, a nil return is submitted. All complainants will be offered the opportunity to contribute to the action planning process alongside the Investigating Manager.

All actions from upheld and partly upheld complaints are added to an action tracker for each division to provide assurance that relevant actions are being taken to address the issues identified and lessons are learned from the feedback. This process also ensures that evidence is provided to the Complaints and Feedback Team to confirm the actions have been completed. Once all actions relating to a complaint are completed and signed off, each division holds responsibility for tracking and monitoring the impact of these actions to measure evidence of long-term change.

19. Requests for Compensation

All requests for compensation and losses will be considered in accordance with the:

- NHS Finance Manual
- PHSO Principles of Redress
- Civil Litigation Protocols that are in place

All requests for compensation must be discussed with and considered by the Assistant Director of Patient and Carer Experience and Co-production or a nominated deputy and be in line with Standing Financial Instructions.

20. Complainants who are not satisfied by the Trust's procedure

Occasionally a situation may arise where, despite every effort made by the Trust, the complainant remains dissatisfied and continues to be dissatisfied. The complainant will be sent a letter from the Chief Executive informing them of their right to request an independent review from the Ombudsman and that no further action will be taken by the Trust on their complaint.

21. Habitual and Persistent Complainants

The Chief Executive, in consultation with the relevant senior managers, may deem a complainant to be “habitual and persistent”, that is, a complainant who does not intend that their complaint should ever be resolved and is pursuing the complaint for other reasons. In such cases, the Trust will respond to the complainant according to the Procedure for Handling Habitual and/or Persistent Complainants and/or Habitually Demanding or Vexatious Behaviour (Appendix 4).

In the majority of cases, the Chief Executive will write to the complainant informing them of this decision, and that no further action will be taken by the Trust on their complaint, but reiterating the alternatives open to the complainant.

The Complaints and Feedback Team will keep a record of all habitual and persistent complainants and share the names with the Foundation Trust Membership Office, since such complainants are not allowed to hold membership of the Foundation Trust.

22. Parliamentary and Health Service Ombudsman Investigations

A complainant who remains dissatisfied has the right to request an independent review of their case by the Parliamentary and Health Service Ombudsman. This advice is contained in the complaints leaflet given to all persons making a formal complaint and is enclosed with the acknowledgement letter to all complainants.

The Trust will provide every assistance to the Ombudsman, and in particular will ensure that all requested information is provided within stated deadlines and that all the principles of redress are considered.

23. Complaints regarding the use of the Mental Health Act (MHA) 1983

The CQC can investigate complaints on behalf of any patient who may have a concern about the use of the Mental Health Act. There are two ways they can do this:

- The early resolution process – this is designed to provide people detained under the MHA with a swift, person-centred response to their complaints where possible, and is used for concerns where it would be possible for the Trust to either resolve the issue OR share an action plan within 24 hours explaining how the issues will be resolved and when.
- The Mental Health Act formal complaint process – a complaint will be sent to the Trust for formal investigation and response, normally within 25 working days, and relates to larger, more complex complaints that have normally been investigated and responded to already by the Trust.

Patients can only make a Mental Health Act complaint to the CQC if they are either currently detained in hospital, on a Community Treatment Order, or in the case of a formal complaint only, subject to a guardianship.

The Complaints and Feedback Team are responsible for processing and monitoring all Mental Health Act formal complaints that are sent to the Trust in the first instance, and any formal investigations will be undertaken through the Trust’s own processes and procedures.

Please refer to the below guidance regarding complaints about the Mental Health Act:

<https://www.cqc.org.uk/contact-us/how-complain/complain-about-use-mental-health-act>

24. Management and Storage of Complaints Files

A complaint file has the same status as any other created by a healthcare organisation and is thus a confidential record.

The Trust will therefore at all times provide facilities for the storage of complaints files (either hard copy or electronic) which enable complaints files to;

- be easily located by appropriately authorised individuals
- be retained safely, without danger of damage or corruption, and in a complete state
- be easily retrieved and understood, in the event of further inquiry
- contain relevant items such as statements or investigation notes, or to clearly identify where such materials are located
- be kept for ten years from the date upon which the complaint was completed
- be disposed of confidentially when they have expired and
- be kept separately from the healthcare record – similarly, the healthcare record should contain no material from or reference to a complaint or its investigation.

The Trust will ensure that its management and storage of complaints files is consistent with any relevant guidance which may apply. All complaints will be logged on the Trust risk management database.

Should any material relating to a complaint be discovered in a health care record, it will be removed and reconciled with the complaint file.

The person misfiling the material will be reminded of Trust policy if they can be identified.

Appendix 2 – Procedure for Handling Habitual and/or Persistent Complainants and/or Habitually Demanding or Vexatious Behaviour

1. INTRODUCTION

Habitually demanding or vexatious complainants, and/or people who exhibit habitually demanding or vexatious behaviour, are an increasing problem for NHS staff. Handling such people or complainants could place a strain on time and resources and cause unacceptable stress for staff, who may need support in difficult situations. The following procedures set out the Trust's policy in dealing with such people or complainants. It must be stressed that the vast majority of people who do come into contact with staff employed by Humber Teaching NHS Foundation Trust do not display such behaviour. This procedure is for the small minority who do. Execution of this procedure would only take place in exceptional circumstances.

Habitual and/or persistent complainants can also be individuals who decline to engage with the NHS complaints procedure but contact the Complaints and Feedback Team a disproportionate amount of time.

Whilst staff are trained to respond to the needs of all complainants, there are times when there is nothing further that can be reasonably done to assist them or rectify a real or perceived problem. At this point any Trust may wish to review the situation and at times withdraw from ongoing debate.

For some mental health patients, this ongoing linkage can exacerbate their mental health condition and encourage deterioration of their illness. However, allowances should be made for patients suffering from serious and enduring mental illness and appropriate clinical advice should be obtained before this procedure is invoked for such patients.

The Trust is committed to understanding and responding to complaints in a caring and compassionate way, in line with the values of our Being Humber Behavioural Framework; we will always work to ensure that the process we use is based on seeking to understand the needs of the person and that we have considered all reasonable options to achieve the best possible outcome for the person making the complaint.

2. PROCEDURE

The following procedure has been identified to support staff where there is a view that a difficult situation should not continue.

2.1 Purpose of Procedure

To identify situations where someone might be considered to fall into these categories and establish a procedure whereby, they can be treated equitably and fairly.

To protect staff from the nuisance, abuse and threatened or actual harm, which may be caused by such behaviour.

2.2 STAGE 1 – Determining who is a habitual and/or persistent complainant and/or habitually demanding or exhibiting vexatious behaviour

Definition of a habitual and/or persistent complainant – “someone who continually contacts the complaints department with a request to review a regular complaint issue. This may also include rude and abusive behaviour or language during contact with Trust staff”. To support this decision, staff should assess two key considerations:

- The Complaints and Feedback Manager and Assistant Director of Patient and Carer Experience and Co-production should initiate a review of the complaint file and ensure that the complaints procedure has been correctly implemented as far as possible and that no element of the complaint has been overlooked or inadequately addressed.

- Through the review there should be an obvious stage where the complaint and responses have become repetitive, habitual and/or persistent. Judgement and discretion should be applied to the criteria in the review of the individual case. There should be evidence available to demonstrate the habitual and persistent nature of the complaint.
- Where the complainant is a patient or a carer within Trust services, the Complaints and Feedback Manager and/or Assistant Director of Patient and Carer Experience and Co-production should arrange a meeting with the relevant division/service area regarding any further clinical provision or alternative ways to support the complainant that may be offered to help resolve the issues of complaint.
- If the review concludes that reasonable steps have been taken to resolve the complaint, it should then be discussed with the medical director who has responsibility for the complaints function.
- The next stage should only be implemented following careful consideration and discussion and authorisation by the Chief Executive (or deputy in his/her absence).

Definition of habitually demanding or exhibiting vexatious behaviour:

- to harass, distress, annoy, tease, cause trouble, agitate, disturb or pursue issues excessively.
- has threatened or used actual physical violence towards staff or their families or associates. This will, of itself, cause personal contact with the person and/or their representatives to be discontinued and the issue will, thereafter, only be pursued through written communication.
- has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their issue or their families or associates. However, staff must recognise that people may sometimes act out of character at times of stress, anxiety or illness and should make reasonable allowances for this.
- has had, in the course of addressing an issue, an excessive number of contacts with the Trust, placing unreasonable demands on staff time or resources. (A contact may be in person, or by telephone, letter, fax or e-mail.) Judgement must be used in determining what is an "excessive number" of contacts and this will be based on the specific circumstances of each individual case.
- has electronically recorded meetings or face to face/telephone conversations without the prior knowledge or consent of the other parties involved.
- displays unreasonable demands or expectations and fails to accept that these may be unreasonable (e.g., insists on responses to enquiries being provided more urgently than is reasonable or normally recognised practice).

2.3 STAGE 2 – Options for dealing with habitual and/or persistent complainants and/or habitually demanding or exhibiting vexatious behaviour

Where complainants/individuals have been identified as habitual, vexatious and/or persistent in accordance with the above criteria, the chief executive (or deputy in his/her absence) will determine what action to take. The chief executive (or deputy) will implement such action and notify complainants/individuals in writing of the reasons why they have been classified as habitual, vexatious and/or persistent and the action to be taken. This notification may be copied for the information of others already involved in the complaint e.g., practitioners, advocates, Integrated Care Boards and Members of Parliament. A record must be kept for future reference of the reasons why a complainant has been classified as habitual and/or persistent.

The Chief Executive (or deputy) may decide to deal with complainants/individuals in one or more of the following ways:

- Try to resolve matters before invoking this procedure, by drawing up a signed agreement with the complainant (and if appropriate involving the relevant clinician/team in a two-way agreement) which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms are contravened, consideration would then be given to implementing other action as indicated in this section.
- Once it is clear that the individual meets **one** of the criteria for being classed as habitual/persistent, it may be appropriate to inform them in writing that they may be classified as habitual/persistent/vexatious; copy this procedure to them and advise them to take account of the criteria in any further dealings with the Trust.

- Decline contact with the individual either in person, by telephone, fax, letter, email, or any combination of these, provided that one form of contact known to the individual is maintained, or alternatively to restrict contact to liaison through a third party. (If staff are to withdraw from a telephone conversation with an individual an appropriate statement will be available for use at such times.)
- Notify the complainant in writing that the Chief Executive has responded fully to the points raised; has tried to resolve the complaint; that there is nothing more to add, and that continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- Inform the individual that, in appropriate circumstances, the Trust reserves the right to pass unreasonable or persistent complaints/behaviour to its solicitors.
- Temporarily suspend all contact with the individual or investigation of a complaint whilst seeking legal advice or guidance.

Once any of the above have been invoked, a robust plan to support all Trust staff who may be impacted by the decision should be agreed and implemented by the Complaints and Feedback Team and the services involved.

2.4 STAGE 3 – Withdrawing habitual, vexatious and/or persistent status

Once individuals have been determined as habitual, vexatious and/or persistent, there needs to be a mechanism for withdrawing this status at a later date if, for example, the individual subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate.

Staff should previously have used discretion in recommending habitual, vexatious and/or persistent status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate.

Where this appears to be the case, discussions will be held with the Chief Executive (or their deputy). Subject to their approval, normal contact with the complainants and application of the NHS Complaints Procedure will then resume.

2.5 FREEDOM OF INFORMATION ACT 2000

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

3. LISTENING TO CARERS

Whilst the duty of consent must be applied, the Trust must also ensure it listens to and responds to concerns raised by family and carers of patients to protect them from harm. Guidance should always be sought from the division if there are concerns which require investigation where consent is not possible/received.

4. REVIEW OF PROCEDURE

This procedure will be reviewed and revised as and when appropriate.

5. DEFINITION OF HABITUAL AND/OR PERSISTENT COMPLAINANT

A complainant and/or anyone acting on their behalf may be deemed to be habitual and/or persistent complainant where previous or current contact with them shows that they meet two or more of the following criteria. Where complainants:

- Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted.
- Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon 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. These may need to be addressed as separate complaints.)
- Are unwilling to accept documented evidence of treatment given as being factual, e.g., drug records, computer records and nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their question or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of the Trust staff and, where appropriate, independent advocates to help them specify their concerns and/or where the concerns identified are not within the remit of the Trust to investigate.
- Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what a 'trivial matter' is can be subjective and careful judgement must be used in applying this criterion.)
- If, during the process of complaining, threatened or actual physical violence is used towards staff or their families or associates at any time, reference should be made to the Use of Force Policy (OP-004).
- Have, in the course of addressing a registered complaint, an excessive number of contacts with the Trust thus placing unreasonable demands on staff. (Contact may be in person or by telephone, letter, email or fax. Discretion must be used in determining the precise number of 'excessive contacts' applicable under this section.)
- Show signs of vexatious behaviour for several reasons and may be unaware that their attitude/behaviour is causing unnecessary distress to others. Unacceptable behaviour that continues through several contacts, however, should be considered against this policy.
- Are known to have recorded meetings or face-to-face/telephone conversations without prior knowledge and consent of other parties involved.
- Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (e.g., insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised).

Appendix 3 – Procedure for Undertaking Joint Formal Complaint Investigations with Local Authority Social Services

Joint complaints process – Adult Community Mental Health Teams and Local Authority Social Services

This joint process relates to the Adult Community Mental Health Teams (CMHTs) in Hull and East Riding; however, it is based on and compliant with the legislation (Appendix 1) relevant to **all services Health/Local Authority**.

Complaint received – by either organisation in relation to Hull/East Riding Adult CMHTs:

- 1) Complaint shared with partner agency (Complaints and Customer Relations Teams to liaise) once appropriate consent to share has been obtained – discussion re: the elements of complaint to determine.
 - Lead Agency
 - Whether a joint complaint investigation?
 - Single Agency complaint
 - Allocation of investigative officer
 - Determine timescales
 - Communication frequency.

The above discussion will be recorded by each organisation to evidence the rationale around the decision-making process in considering the formal complaint and responsibilities/actions for each organisation.

- 2) Once agreement reached, to follow complaints process relevant to each organisation; interviews, evidence etc. Expectation that each organisation will contribute to elements of the formal complaint relevant to them, it will be the responsibility of the lead agency to co-ordinate the formal response from the respective partner organisation.
- 3) Draft report complete – liaison between Complaints and Customer Relations Teams.
- 4) Adjudication process relevant to Lead Agency
- 5) All comms, report letters etc. to both partners for record
- 6) Recommendations and identified 'Lessons Learned' to be implemented by each organisation. Progress of all recommendations to be noted by both partners for 'completeness'.
- 7) Complaint Closed – recorded by both partners on respective filing systems.



Humber Teaching
NHS Foundation Trust

Compliments, Comments & Complaints

If you have any compliments, concerns, comments, or complaints about the care you are receiving please speak to a member of staff.

Alternatively, if you wish to speak to someone who is independent of the team providing your care, please contact:

Help and support available when making a complaint



01482 303930



hnf-tr.complaints@nhs.net

You can also write to:
Complaints and Feedback Team
Trust Headquarters, Willerby Hill,
Beverley Road, Willerby, HU10 6FE

**Free and confidential advice is
available from Cloverleaf Advocacy:**



0300 012 4212



NHScomplaints@cloverleaf-advocacy.co.uk

Scan to fill out our online form



**Caring, Learning
& Growing Together**

Appendix 5 – Document Control Sheet

This document control sheet, when presented for approval/ratification must be completed in full to provide assurance. The master copy of the document is to be held by the Policy Management Team.

Document Type	Policy		
Document Purpose	The purpose of this policy is to inform on the process for making, managing and responding to a complaint, raising a concern, or giving feedback to the Trust.		
Consultation:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates -</i>	15/10/24 to 31/10/24	Corporate staff consultation via email sent to Trust services: Patient Safety, Legal Services and Information Governance, Safeguarding, Mental Health Legislation, Communications.	
	01/11/24 to 18/11/24	Clinical staff consultation via email sent to all Divisional General Managers and Divisional Clinical Leads, and discussed at Divisional Clinical Leads meeting.	
	21/11/24 – Patient Safety Partners Workshop followed by consultation with Patient Safety Partners from 28/11/24 to 11/12/24	Patients, service users and carers consultation via email sent to Trust patient and carer engagement groups, and discussed at Patient Safety Partners Forum.	
	19/12/24 to 08/01/25 – consultation with patient, service user and carer groups		
	15/10/24 to 31/10/24	Corporate staff consultation via email sent to Trust services: Patient Safety, Legal Services and Information Governance, Safeguarding, Mental Health Legislation, Communications.	
Approving Body:	EMT	Date of Approval:	25 March 2025
Date of Board Ratification:	26 March 2025		
Training Impact Analysis:	None [x]	Minor []	Significant []
Financial Impact Analysis:	None [x]	Minor []	Significant []
Capacity Impact Analysis:	None [x]	Minor []	Significant []
Equality and Health Inequalities Impact Assessment (EHIA) undertaken?	Yes [x]	No []	N/A [] Rationale:

Document Change History:			
Version Number	Type of Change (full/interim review, minor or significant change(s))	Date	Details of Change and approving group or Executive Director (if very minor changes as per the document control policy)
5.00	Review	Nov 10	Reviewed for NHSLA compliance
5.01	Review	Mar 11	Minor changes
5.02	Review	July 16	Reviewed minor changes <ul style="list-style-type: none"> Remove point 10 from Appendix 1 regarding conciliation as no longer applicable Added communication and Duty of Candour to procedures section 5 Added CQC regulation
6.00	Major review	Jan 17	Amended following QPaS review. Further amendments following consultation
7.00	Review	Jan 18	Full review and update Approved at Quality Committee 1 Aug-2018 and ratified at Trust Board Sept-18

7.01	Minor amendment	April 19	Minor amendment Approved Quality Committee 3 Apr-19
7.02	Minor amendment	Mar 20	Minor amendment to Appendix 3 (items 7 and 8) and operational structure terminology changes Approved QPaS 5 March 2020
7.03	Minor amendment	Oct 20	Minor amendment to process and Appendix 2 to highlight the informal complaints process (formerly PALS) Approved at QPaS Nov-20
7.04	Major review including minor amendments	Nov 21	Review to include minor amendments. <ul style="list-style-type: none"> Minor enhancement to the section 5 (Procedures Relating to the Policy) Minor enhancement to section 9 (Training and Support) Minor amendment to section 10 (Reference to Supporting Documentation) Minor enhancement to section 11 (Monitoring Compliance) Minor addition to Appendix 3, item 11 (Complaints and Feedback Procedure to include virtual meetings with a complainant) Approved at QPaS 27 January 2022
7.05	Minor amendment prior to full review	May 24	Addition to Appendix 3 (Item 22, Complaints regarding the use of the Mental Health Act (MHA) 1983). Minor amendment to section 10 and Appendix 1 to reference policies relating to the Patient Safety Incident Response Framework (PSIRF) Approved at QPaS 16 May 2024
7.06	Minor amendment	Jun 24	Minor amendment to Appendix 3, Item 1 (Timescales for Response). Approved by Director Sign-off (Kwame Fofie – 13 June 2024).
8.00	Major review	Jan 25	Full review and amendments to all 9 sections. Additional appendices added as follows: <ul style="list-style-type: none"> Appendix 5 - Procedure for Undertaking Joint Formal Complaint Investigations with Local Authority Social Services Appendix 6 – Compliments, Comments & Complaints Poster Appendix 7 – ‘How To Make A Formal Complaint’ Leaflet Approved at QPaS Jan 25 – further minor amendments requested: <ul style="list-style-type: none"> Formal Complaint Process Pathway flowchart Section 3 (Definitions) Section 6 (Training) Appendix 1 (Complaints and Feedback Procedure) Appendix 2 (Procedure for Handling Habitual and/or Persistent Complainants and/or Habitually Demanding or Vexatious Behaviour) Appendix 5 (Document Control Sheet) Appendix 6 (Equality and Health Inequalities Impact Assessment (EHIA) Toolkit) Approved at ODG Feb 25 – further minor amendments requested: <ul style="list-style-type: none"> Formal Complaint Process Pathway Flowchart Section 4 (Duties and Responsibilities) Section 9 (References / Related Trust Documents) Appendix 1 (Complaints and Feedback Procedure) Approved at EMT Mar 25 – further minor amendment requested: <ul style="list-style-type: none"> Appendix 1 (Complaints and Feedback Procedure) Formal ratification received at Trust Board 26 March 2025

Appendix 6 – Equality and Health Inequalities Impact Assessment (EHIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document of Process or Service Name: Complaints and Feedback Policy (N-047)
2. EHIA Reviewer (name, job title, base and contact details): David Napier, Complaints and Feedback Manager, Trust Headquarters d.napier@nhs.net Tracy Oxley, Complaints and Feedback Officer, Trust Headquarters tracyoxley@nhs.net
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service

This main aim of this policy is to inform on the process for making, managing and responding to a complaint, raising a concern, or giving feedback to the Trust.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma

Equality Target Groups This toolkit asks services to consider the impact on people with protected characteristics under the Equality Act 2010 as well as the impact on additional groups who may be at risk of experiencing inequalities in access, outcomes and experiences of health and care.	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Positive = evidence of positive impact Neutral = little or no evidence of concern (Green) Moderate negative = some evidence of concern (Amber) High negative = significant evidence of concern (Red)	How have you arrived at the equality impact score? <ul style="list-style-type: none"> • who have you consulted with? • what have they said? • what information or data have you used? • where are the gaps in your analysis? • how will your document/process or service promote equality and diversity good practice?
--	--	--

Equality Target Group	Definitions (Source: Equality and Human Rights Commission, 2024)	Equality Impact Score	Evidence to support Equality Impact Score
Age	A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).	Neutral	This policy is consistent in its approach regardless of age.
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	Neutral	This policy is consistent in its approach regardless of disability. Reasonable adjustments will be made where necessary to support the complainant. The policy proactively promotes access to advocacy and this approach will help people from these groups who may need additional support to benefit from the complaints procedure.
Sex	Man/Male, Woman/Female.	Neutral	This policy is consistent in its approach regardless of sex.

Marriage/Civil Partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples.	Neutral	This policy is consistent in its approach regardless of marital status.
Pregnancy / Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a person unfavourably because they are breastfeeding.	Neutral	This policy is consistent in its approach regardless of maternity status.
Race	A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.	Neutral	This policy is consistent in its approach regardless of race. Particular sensitivity should be applied if the complaint relates to racist or discriminatory practice.
Religion or Belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	Neutral	This policy is consistent in its approach regardless of religion or belief.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	Neutral	This policy is consistent in its approach regardless of sexual orientation. Particular sensitivity should be applied if the complaint relates to discriminatory practice.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Neutral	This policy is consistent in its approach regardless of the person's gender identity. Particular sensitivity should be applied if the complaint relates to discriminatory practice.
Poverty	People on welfare benefits, unemployed/low-income, fuel poverty, migrants with no recourse to public funds	Neutral	This policy is consistent in its approach regardless of income or living standards.
Literacy	Low literacy levels, including includes poor understanding of health and health services (health literacy) as well as poor written language skills	Moderate negative	Easy read literature is available regarding the formal complaint process; however, more literature may be needed to support those with lower literacy levels to understand the broader complaints process.

People with English as an additional language	People who may have limited understanding and/or ability to communicate in written or spoken English	Neutral	This policy is consistent in its approach regardless of the person's first or second language. It is acknowledged that for any complainant whose first language is not English, as information needs to be provided and understood, staff will follow the Trust interpretation procedure.
Digital exclusion	People who can't or don't want to use digital technology due to cost, access to connectivity or devices, digital skills or lack of confidence or trust in digital systems	Neutral	This policy is consistent in its approach regardless of digital skills or access. People can make complaints verbally or in writing as well as electronically.
Inclusion health groups	People who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes:	Neutral	This policy is consistent in its approach regardless of inclusion health group. Taking a trauma informed approach to handling complaints will support people from this group, many of whom will have histories of complex trauma. The policy proactively promotes access to advocacy and this approach will help people from these groups who may need additional support to benefit from the complaints procedure.
	<ul style="list-style-type: none"> • People who experience homelessness 	Neutral	This policy is consistent in its approach regardless of housing status.
	<ul style="list-style-type: none"> • Drug and alcohol dependence 	Neutral	This policy is consistent in its approach regardless of drug/alcohol dependence.
	<ul style="list-style-type: none"> • Vulnerable migrants 	Neutral	This policy is consistent in its approach regardless of the person's country of origin/migration status.
	<ul style="list-style-type: none"> • Gypsy, Roma and Traveller communities 	Neutral	This policy is consistent in its approach regardless of ethnic background or community.
	<ul style="list-style-type: none"> • Sex workers 	Neutral	This policy is consistent in its approach regardless of the person's occupation.
	<ul style="list-style-type: none"> • People in contact with the justice system 	Neutral	This policy is consistent in its approach regardless of the person's contact with the justice system.
	<ul style="list-style-type: none"> • Victims of modern slavery 	Neutral	This policy is consistent in its approach regardless of the person's experience with modern slavery.
Rurality	People who live in remote or rural locations who may have poor access to services.	Neutral	This policy is consistent in its approach regardless of geographical location.

Coastal communities	People who live in coastal communities which may experience unemployment, low educational attainment, poor social mobility, poor health outcomes and poorer access to services.	Neutral	This policy is consistent in its approach regardless of geographical location.
Carers	Carers and families of patients and service users, including unpaid carers and paid carers	Positive	Where the complainant is not the patient or service user and the complaint cannot be progressed due to lack of consent, their views will still be shared with the services involved for feedback and potential further action if required.
Looked after children	A child or young person who is being cared for by their local authority. They might be living in a children's home, or with foster parents, or in some other family arrangement.	Neutral	This policy is consistent in its approach regardless of parent/carer status. The policy proactively promotes access to advocacy and this approach will help people from these groups who may need additional support to benefit from the complaints procedure.
Veterans	Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.	Neutral	This policy is consistent in its approach regardless of veteran status.
Neurodivergence	People with alternative thinking styles such as autism, attention deficit hyperactivity disorder, dyslexia, developmental co-ordination disorder (dyspraxia), dyscalculia.	Neutral	This policy is consistent in its approach regardless of the person's neurodivergent status. Reasonable adjustments will be made where necessary to support the complainant. The policy proactively promotes access to advocacy and this approach will help people from these groups who may need additional support to benefit from the complaints procedure.
Other	Any other groups not specified in this toolkit who may be positively or negatively impacted	Neutral	This policy is consistent in its approach for almost all equality target groups.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above.	
All individuals raising a complaint or concern are responded to in the same way regardless of their protected characteristic or health inequality. It is acknowledged that there may be a small gap around literacy; however, wherever reasonable adjustments or additional needs are identified from a person or a group, the policy allows the Trust flexibility to ensure that a complaint can be made with as few barriers or restrictions as possible.	
EIA Review: David Napier, Complaints and Feedback Manager Tracy Oxley, Complaints and Feedback Officer	
Date Completed: 7 January 2025	Signature: D Napier T Oxley