



## CONCERNS AND COMPLAINTS POLICY

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## **1 INTRODUCTION**

This policy aims to ensure that concerns and complaints are handled thoroughly without delay and with the aim of satisfying the complainant whilst being fair and open with all those involved.

South Tyneside Foundation Trust (STFT) and City Hospitals Sunderland (CHS) recognise that there is a need to view complaints positively as a valuable contribution to the development of better quality healthcare by improving services. The Trusts are therefore committed to identifying lessons learned from complaints so that services may be improved.

## **2 PURPOSE & SCOPE**

To describe the Trusts' approach to managing concerns and complaints in accordance with national guidance.

The policy explains the means by which a patient or their representative can raise a concern or complaint and the responsibilities of staff to whom the complaint is addressed. It also outlines the action to be taken by the departments involved and offers guidance on good practice at each stage of the process.

Where the consequences of failures to patients, families and carers are significant, cases may be investigated as serious incidents.

## **3 DUTIES**

### **3.1 Chief Executive**

The Chief Executive (CE) has overall responsibility for the handling of concerns and complaints in STFT and CHSFT. In accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) it is the CE's duty to sign off all complaints, or identify an appropriate individual to do so in their absence.

### **3.2 Executive Director of Nursing and Patient Experience**

The Executive Director of Nursing and Patient Experience has designated responsibility for ensuring compliance with the arrangements set out in this policy. Specifically where complainants have been identified as prolific or vexatious, the Executive Director of Nursing and Patient Experience (or deputy) will determine what action to take. The Executive Director of Nursing and Patient Experience will also review complaint responses prior to approval by the CE.

### **3.4 Help & Advice Service Manager (HAAS) / Complaints Team Case Manager**

The HAAS/Case Manager is responsible for coordinating the investigation of each individual complaint or concern raised. The HAAS/Case Manager should liaise with Directorate Managers/Department Directors/Business Managers/Clinical Leads to ensure that complaints are managed in a timely way and escalate to the Executive Director of Nursing and Patient Experience when there is concern about the investigation process.

The HAAS/Case Manager is responsible for the standard and accuracy of data documented in the Ulysses or Datix reporting systems and for ensuring that the investigation report received from the Directorate Manager/Department Director/Business Manager/Clinical Lead addresses the issues raised by the complainant, that the draft response is received within agreed timescales and that the actions and learning are adequately recorded.

The HAAS/Case Manager will ensure that complainants are sent a letter acknowledging the complaint wherever possible within one working day (and not more than three working days) of receiving the complaint. The letter will confirm that the complainant will be contacted by telephone within three working days of receipt of the complaint to discuss the issues and to determine the method and agree timescales for communication.

If there is a delay in the agreed timescales for response, the HAAS/Case Manager will be responsible for communicating details of the delay to the complainant.

The HAAS/Case Manager will also provide reports to the Patient Carer and Public Experience Group and the Patient Carer and Public Experience Committee on compliance with this policy and analysis of trends and themes from investigation reports.

### **3.5 Directorate Managers (DMs)/Directors of Departments/ Business Managers (BMs)/Clinical Leads**

DMs/Directors of Departments/BMs/Clinical Leads are responsible for ensuring local investigation of a concern or complaint and for ensuring that the complainant is contacted by telephone within three working days of the request to investigate. The DM/Directors of Department/BM/Clinical Lead are responsible for agreeing with the complainant the timescale for completion of the investigation and sending a response. They are responsible for ensuring that complaints are fully investigated and that responses are drafted within the agreed timescales (**Appendix 1 and 2**) and in accordance with the NHS Complaints Procedure.

The Trusts aim to respond in writing to complaints wherever possible within 20 but not more than 40 working days of receipt of a complaint. In the event of the Trusts being unable to respond within 40 working days, the DM/Director of Department/BM/Clinical Lead (or designated deputy) will contact the complainant to agree a revised response time.

Commissioning the lead investigator, agreeing and implementing actions as a result of an investigation and sharing the learning, including recording the outcome on the database is the responsibility of the DM/Director of Department/BM/Clinical Lead.

### **3.6 All Trust staff/employees (including locum, agency staff, honorary contract holders, contractors and volunteers)**

All staff coming into contact with members of the public must be aware of the Concerns and Complaints Policy and know how to seek local resolution and

advise members of the public how to make a complaint. New staff upon induction will be informed of the Concerns and Complaints Policy.

#### 4 DEFINITION OF TERMS

For the purpose of this policy the following definitions apply:

**Complaint** – an expression of dissatisfaction, either verbal or written, that requires a response, usually the response will be written.

**Concern** – a concern is an informal issue raised by a service user or on a service user's behalf that does not usually require a written response.

**Datix** - an electronic data recording system used at STFT.

**Independent Complaints Advocacy (ICA)** - an independent nationally agreed service, delivered at regional level from which individuals may request assistance to progress a complaint.

**Independent Review** – the second stage of the NHS Complaints Procedure, managed by the Parliamentary and Health Service Ombudsman (PHSO).

**Local Resolution** - the first stage of the NHS Complaints Procedure, managed locally by individual NHS organisations. The requirement is to investigate and respond to complaints about the services and where requested, arrange a meeting with the complainant. Resolution may be reached at this stage.

**NHS Complaints Procedure** – the agreed procedure by which NHS organisations manage and respond to complaints.

**Parliamentary and Health Service Ombudsman (PHSO)** - an independent government body, which considers complaints which have not been resolved at the first stage of the NHS Complaints Procedure.

**Prolific and/or Vexatious Complaints** – see Appendix 9 for criteria and management.

**Ulysses** – an electronic data recording system used at CHSFT.

#### 5. PROCEDURE FOR LISTENING AND RESPONDING TO CONCERNS AND COMPLAINTS

The procedure for managing, investigating and learning from formal complaints can be found at **Appendix 1** and the process is summarised at **Appendix 2**. Concerns raised verbally should be recorded on the form found at **Appendix 3** and sent to the HAAS/Case Manager or recorded as a new concern directly onto the Datix/Ulysses system.

## **5.1 Time Limit for Making a Complaint**

Formal complaints must be received within 12 months of the date on which the incident/episode of care occurred or within 12 months of the date on which the incident came to the complainant's attention. Complaints received after the 12 month period will not usually be investigated, except in exceptional circumstances and with the approval of the Executive Director of Nursing and Patient Experience.

## **5.2 Who Can Make a Complaint?**

Complainants will generally be users of services provided by STFT or CHSFT, however, other persons may complain on their behalf. They will only be accepted as suitable representatives at the discretion of the HAAS/Case Manager or Parliamentary Health Service Ombudsman (at the independent review stage), who may decide to nominate another person to act on the patient's behalf. The Trusts have information leaflets which should be offered to anyone who needs support in raising a concern or complaint (**Appendix 4**).

## **5.3 Consent and Confidentiality**

The HAAS/Case Manager must be satisfied that where a patient is capable, complaints are being made with their knowledge and written consent (**Appendix 5**). Patient confidentiality must be respected in addition to any known wishes expressed by the patient that information should not be disclosed to anyone else. Where there is concern about mental capacity then guidance should be sought from the Safeguarding Team.

Where a complaint involves more than one organisation then the patient must give consent for their records to be accessed by the other organisations involved with the investigation (**Appendix 5**).

## **5.4 Investigating Complaints**

To ensure consistency of approach and in order to achieve a thorough understanding of the facts around a complaint, the investigating officer should complete their report utilising the template at **Appendix 6**. Witness statements should be collated using the template at **Appendix 7**. Following investigation the response letter should be collated using the template at **Appendix 8**.

## **5.5 Concerns Involving More Than One Organisation**

Where complaints involve more than one organisation, the HAAS/Case Manager is responsible for ensuring appropriate authority is sought from the patient prior to sharing the complaint with the other organisations involved. A joint response will then be sought and the complainant advised accordingly.

## **5.6 Support from the Independent Complaints Advocacy (ICA) and Members of Parliament (MPs)**

The ICA has a role in assisting patients in making a complaint where they so wish and a patient may ask the ICA or other representative to help present the complaint in writing or to accompany them to meetings with Trust staff. Whilst the ICA and MPs cannot raise complaints themselves, they may forward complaints to the Trust on behalf of patients. In such circumstances, a copy of the response, following written confirmation by the patient to release this information, will then be sent to the ICA or the MP.

## **5.7 Complaints Relating to Fertility Services**

Where complaints relate to fertility services, the complainant must be advised of their right to contact the Human Fertilisation and Embryology Authority.

## **5.8 Interpreter/Translation Requirements**

Any patient requiring language or signing support must be offered the services of an interpreter/communication aids to ensure that effective communication takes place. Family members of complainants must not be used as interpreters.

## **5.9 Discrimination**

The Trust respects an individual's human rights, equality, and the right not to be discriminated against. Any case of suspected discrimination as a result of making a complaint should be reported to the Executive Director of Nursing and Patient Experience.

## **5.10 Being Open**

Being Open principles require that the Trusts are open and transparent in all dealings with people who use their services and that they acknowledge when things have gone wrong and apologise.

## **5.11 Prolific and/or Vexatious Complaints**

The process for recognising and managing prolific and vexatious complainants can be found in **Appendix 9**.

## **5.12 External Independent Investigations**

The Trusts recognise the need to have arrangements in place for a complaint to be investigated independently or for some level of independent scrutiny in order for a satisfactory resolution to be achieved, although it is unlikely to be utilised frequently. See **Appendix 10** for more information.

## 6. MONITORING COMPLIANCE and EFFECTIVENESS

AREA FOR MONITORING	METHOD	FREQUENCY	RESPONSIBILITY	MONITORING/ ASSURANCE GROUP	LEAD FOR DEVELOPMENT OF ACTION PLAN	GROUP RESPONSIBLE FOR MONITORING ACTION PLAN
Number of complaints and concerns received	Ulysses and Datix Databases	Monthly	HAAS/Case Manager	Patient, Carer and Public Experience Group	Deputy/Assistant Director of Nursing	Patient, Carer and Public Experience Committee
Adherence to response timescales	Audit	Monthly	HAAS/Case Manager	Patient, Carer and Public Experience Group	Deputy/Assistant Director of Nursing	Patient, Carer and Public Experience Committee
Trends of category of complaints by Directorate	Ulysses and Datix Databases	Quarterly	HAAS/Case Manager	Patient, Carer and Public Experience Group	Deputy/Assistant Director of Nursing	Patient, Carer and Public Experience Committee
Compliance with NHS England and Parliamentary and Health Service Ombudsman regulations and Care Quality Commission Standards	Annual Complaints Report	Annually	HAAS/Case Manager	Board of Directors	Deputy/Assistant Director of Nursing	Patient, Carer and Public Experience Committee

## 7 DISSEMINATION, IMPLEMENTATION AND TRAINING

This policy is available to all staff via the Trust intranet site and was disseminated via Team Brief.

Implementation and adherence will be monitored by the joint Patient, Carer and Public Experience Committee and actions to ensure adherence and effective learning from complaints will be monitored by the joint Patient, Carer and Public Experience Group.

Training in complaints handling and management is provided at induction and in the Customer Care Training programme.

## **8 CONSULTATION, REVIEW AND APPROVAL/RATIFICATION**

This policy has been consulted upon with relevant stakeholders including:

Executive Director of Nursing and Patient Experience

Directorate Managers

Head of Corporate Risk

Senior Nursing Team

Patient Safety and Patient Experience Team

Directorate and Department Managers

HAAS/Customer Services Team

This policy was approved by the Trusts' Executive Committee prior to ratification by Joint Policy Committee. It will be reviewed within 3 years.

## **9 REFERENCES**

Care Quality Commission (2014) Complaints matter.

Clwyd & Hart (2013) A Review of the NHS Hospitals Complaints System; putting patients back in the picture.

NHS England (2017) Complaints Policy.

Parliamentary and Health Service Ombudsman (2009) Principles of Good Complaints Handling.

The Data Protection Act (1998).

The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009).

## **10 ASSOCIATED DOCUMENTS**

CHS Incident Reporting Policy

CHS Investigating and Learning from Incidents Policy

STFT Incident Reporting Policy

STFT Investigating and Learning from Incidents Policy

## **Procedure for listening and responding to concerns and complaints**

### **Concerns/Complaints Handling/Local Resolution**

All staff should initially deal with any concern/complaint rapidly and in an informal but sensitive manner (on the spot resolution) to prevent escalation. If they are personally unable to resolve the issues, then they must escalate the concern to a senior member of staff. The objective of local resolution is to investigate and respond to complaints, either by meeting with the individual and/or writing to explain what has been or will be done to address the concern. The root cause of the complaint should be identified with an aim of satisfying the complainant whilst being fair to staff. Complainants should feel that their issues have been taken seriously and that they have been listened to and an apology has been offered.

### **Managing Informal Complaints**

Every effort must be made to provide an immediate, verbal response to any concern raised and if action has been taken, or is to be taken to address the concern, that should be explained to the patient. Staff should always offer an apology for any distress or anxiety caused, recognising that an apology is not an admission of guilt but an expression of sincere regret that something is perceived to have gone wrong.

Where patients ask to speak to someone of more seniority in order to express their concerns, they must be referred to the appropriate Matron or Directorate/Department Manager.

Where a patient is unhappy with the immediate explanation offered or action taken, they should be advised to contact the HAAS/Customer Services Team for additional support, or if necessary provided with information on the complaints process.

### **Formal Complaints**

Formal complaints can be made verbally (by telephone or in person) or in writing either by email or post.

- On receipt of a formal complaint the HAAS/Customer Care Team will ensure that checks have been made to ascertain whether there has been an adverse event report associated with the complaint. If an unreported adverse event is highlighted by the complainant, then the HAAS/Customer Care Team will complete an incident form via Datix/Ulysses. When advising the local team of receipt of the complaint, the HAAS/Customer Care Team must also advise them that an unreported incident has been identified and an incident form recently submitted.
- If a complaint is made verbally, then the HAAS/Customer Care Manager must ensure that a record is made of the issues to be addressed and that this is then sent to the complainant to confirm accuracy and authorise.

- If a complaint is made by email, the HAAS/Customer Care Team must acknowledge receipt by email, follow up in writing, and obtain signature of authorisation.
- If a written complaint is received in any other area of the Trust, a copy must be sent to the HAAS/Customer Care Team within 24 hours of receipt.
- When a complaint is received which involves a patient who is deceased checks will be made to ascertain whether there is a Coroner's investigation or inquest scheduled and if so the HAAS/Customer Care Team will liaise with the Risk and Inquest Manager.
- An acknowledgement letter will be sent to the complainant with a copy of the Trust Information Leaflet by the HAAS/Customer Care Team.

The DM/Department Director/BM/Clinical Lead is responsible for ensuring the complainant is contacted within three working days of receipt of the complaint to discuss the concerns raised and to confirm that they will be investigated. The DM will also negotiate and agree with the complainant a time for completion of the investigation and receipt of written response of findings and associated actions. The DM/Department Director/BM/Clinical Lead may offer to meet the complainant at any time during the process in an attempt to resolve the complaint. The HAAS/Customer Care Team will arrange the meeting. Written notes or an audio CD recording (with the participants' consent) of the meeting will be provided by the HAAS/Customer Care Team following CE approval, to the complainant within 10 working days of the meeting taking place.

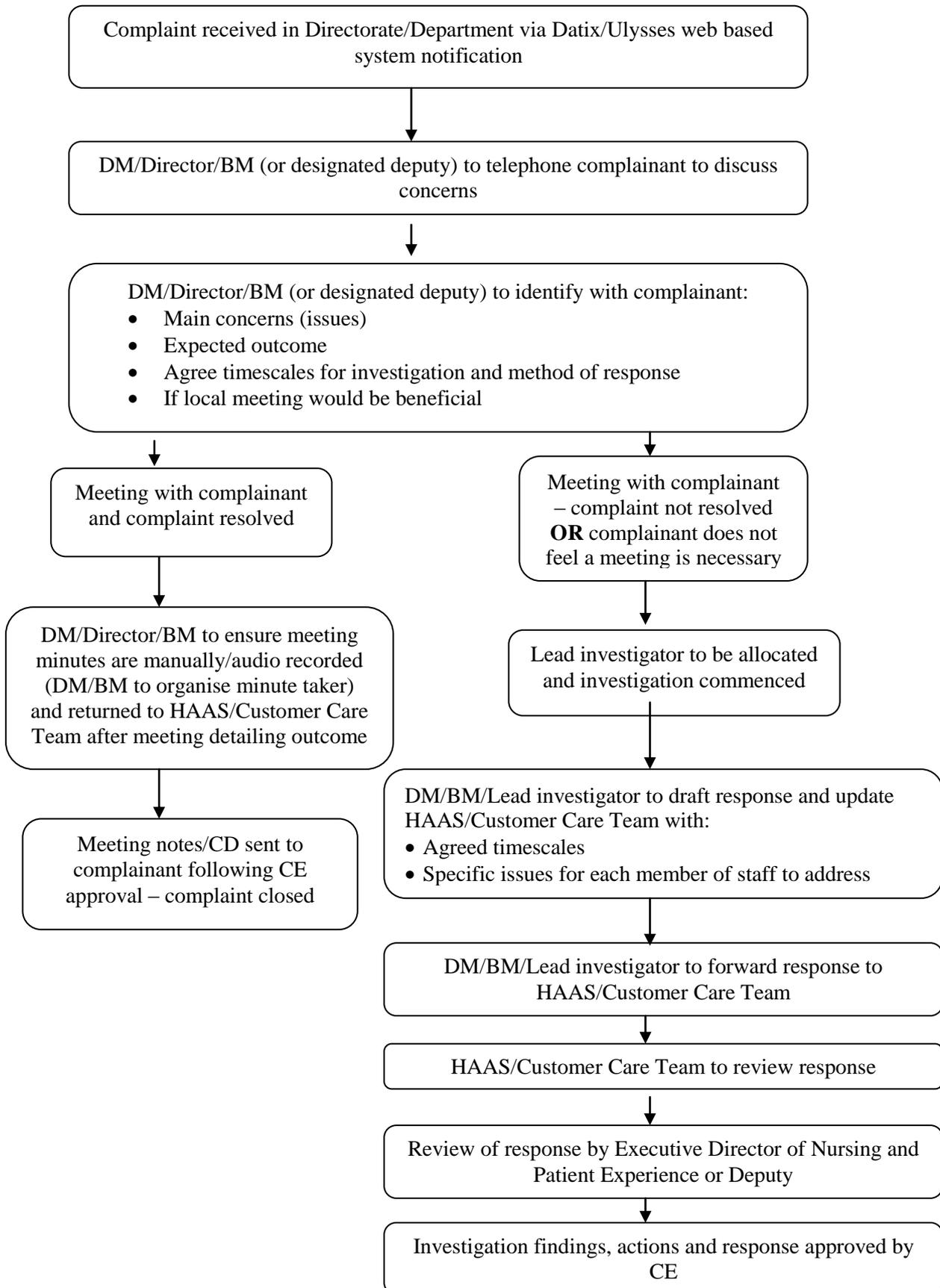
- Any response to a complaint which refers to matters of clinical judgement must be agreed with the clinician concerned and the draft must be approved by the Clinical Director.
- The HAAS/Customer Care Manager may, at any time, make arrangements for conciliation, mediation or other assistance for the purpose of resolving the complaint.
- Where a complaint spans more than one directorate, the HAAS/Customer Care Team will determine the lead directorate which will be responsible for collating all information and preparing the draft complaint response. The lead directorate is responsible for contacting the complainant to offer them the opportunity to discuss how their complaint will be handled and agree a timescale for completion.
- All draft responses must be forwarded to the HAAS/Customer Care Team prior to final approval and signature by the CE.
- Complainants may choose to follow an independent investigation process as all complainants have a right to contact external agencies including Independent Complaints Advocacy, Parliamentary and Health Service Ombudsman, Healthwatch and the Care Quality Commission.

## **Concerns/Complaints Raised Against Staff**

When an allegation is made against a member of staff, the HAAS/Customer Care Team will immediately inform the DM/Department Director/BM who will complete an incident form and contact HR for advice. Staff members must be informed of any concern or complaint made about their conduct or behaviour. Where members of staff are named in complaints they will be asked to provide a statement in response to the complaint. The named members of staff will also receive a draft of the written response and expected actions, prior to the response being sent to the complainant.

Staff must be advised by their manager of their right to seek the help and advice of their professional association or trade union before commenting on a complaint and be informed that a representative of their organisation or a friend may accompany them when being interviewed regarding the complaint. Confidentiality should be assured so that complaints made against members of staff are known only to the staff involved and those investigating the complaint. Complaints which are upheld and which implicate staff will be shared with line managers to inform the professional revalidation and appraisal process.

## Summary process for handling concerns (flow chart)



## Record of concerns raised verbally/informally

Date:	Time:
Details taken by – name/designation:	
Name, address, telephone number of person raising concern:	
Name/Subject of concern if different to above:	
Is patient (if not complainant) aware of concern?	
Details of concern:	
Action taken:	
Lesson learned/to be shared:	
Date resolved:	
Name of line manager who has received a copy of the concern Name: _____ Date: _____	
Date copy of concern sent to the HAAS/Case Manager. Date: _____	

## Information leaflets

The leaflet providing information relating to how to make a complaint for South Tyneside Foundation Trust '*Listening, acting and improving (public information leaflet)*' can be accessed via the following link

<http://intranet/intranet/Departments/complaints/complaints.aspx>

The leaflet providing information relating to how to make a complaint for City Hospitals Sunderland Foundation Trust "*Information Leaflet – Help & Advice Service*" can be accessed via the following link

<http://chsintranet/corporate-functions/nursing-and-quality/patient-experience-team/leaflets/>

# Consent Form

## **PATIENT'S AUTHORISATION TO PROCEED WITH INVESTIGATION INTO CONCERNS RAISED AS A FORMAL COMPLAINT**

I, **(patient's name)** of **(patient's address)**, request that: **(complainant's name)**, of **(complainant's address)**, assists me in putting forward my concerns relating to City Hospitals Sunderland NHS Foundation Trust/South Tyneside NHS Foundation Trust **(delete as appropriate)**, and I also give permission for other NHS Trusts and relevant organisations to be contacted and the concerns shared in order that a full written reply can be provided.

I hereby agree that the Trust may send a full response to the above named person and that such action will not constitute any breach of confidentiality concerning myself, or the subject of these concerns.

**Signed** .....

**Date** .....

**Contact telephone number** .....



**Root causes:**

**Conclusions and summary:**

**Incidental learning** *(additional problems identified during the investigation which may not have contributed to this concern but from which we can learn)*

**Recommendations and action plan:**

**Arrangements for sharing the learning:**

## Witness statement template

**Name of witness:**

**Occupation:**

**Department:**

**Complaint case reference number:**

**Statement written by** *(include name and designation):*

**Statement:**

*Include only facts but address each point which has been made by the complainant.*

This statement is true to the best of my knowledge. I understand that my signed statement may be used as part of an inquest, incident or complaint investigation.

Signature:

Date

## Response letter template

KWB.....(Complete the reference with the initials of the Case Manager and the complaint number)

Date .....( Ensure the date is entered fully e.g. 31 January 2018)

Name .....(Check the correct title and correct name & spelling of name)

Address.....(Ensure that the address is correct)

Dear .....

Further to our letter of (insert the date of the acknowledgement letter), our investigation of the concerns you raised about the treatment you received (insert what the complaint was about eg. when you attended the Accident & Emergency Department (A&E) on 12 December 2017), has been completed and I am now able to reply fully to you.

May I convey my sincere apologies to you for any aspect of our services that you were dissatisfied with.

You raised a number of specific concerns as follows:

(Enter each issue in bold then provide the answer to it immediately below) e.g

**1. You were concerned about the length of time taken before you were etc .....**

I am sorry that you were unhappy at the length of time you waited. Unfortunately this happened etc.....

After all issues have been listed and fully addressed the end paragraph should give contact details in the event that this response has not satisfied the complainant eg:

If you have any additional concerns or would like to discuss anything further with us, please do not hesitate to contact insert the number of the relevant DM/Department Director at either Sunderland or South Tyneside.

Yours sincerely,

Ken Bremner  
Chief Executive

## **Prolific and/or vexatious complaints**

Complainants (and/or anyone acting on their behalf) may be deemed to be prolific or vexatious where previous or current contact with them shows that they meet two or more of the following criteria and that all reasonable measures have unreservedly been taken to resolve their complaint:

- The complainant insists on pursuing a complaint despite the NHS complaints procedure being fully and properly implemented and exhausted
- The complainant changes the substance of a complaint, continually raises new issues or seeks to prolong the investigation 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 any new issues that are significantly different from the original complaint; these may need to be addressed as separate complaints).
- The complainant is unwilling to accept documented evidence of treatment given as being factual (for example nursing/medical records), or denies receipt of an adequate response in spite of correspondence specifically answering their questions, or does not accept that facts can be difficult to verify when a long period of time has elapsed
- The complainant does not clearly identify the precise issues they wish to be investigated, despite reasonable efforts by Trust staff (and where appropriate the ICA) to help them specify concerns
- Where the concerns identified are not within the remit of the Trust
- In the course of addressing a formal complaint, the complainant has had an excessive number of contacts with the Trust, placing unreasonable demands on staff
- The complainant has harassed, been abusive or verbally aggressive on more than one occasion towards Trust staff dealing with their complaint (it is important to recognise that complainants may at times act out of character at times of stress, anxiety or distress and reasonable allowances should be made for this)
- The complainant is known to have recorded meetings or face to face/telephone conversations without the prior knowledge and consent of other parties concerned
- The complainant focuses on a matter to an extent that is out of proportion to its significance and continues to focus on this point
- The complainant displays unreasonable demands and fails to accept that these are unreasonable.

### **Managing Prolific and/or Vexatious Complaints**

Where complainants have been identified by the HAAS/ Customer Care Team as prolific or vexatious, the Executive Director of Nursing and Patient Experience will determine what action to take. The complainant will be notified in writing of the reasons

why they have been identified as prolific or vexatious and of any action that is to be taken. A record must be kept of the reasons why a complainant has been identified as prolific or vexatious. In some cases, it may be appropriate at this point to suggest that the complainant seeks advice in pursuing their complaint, for example, through the ICA or the Ombudsman, and that the Trust declines contact with the complainant either in person, by telephone, email or any combination of these, provided that one form of contact is maintained. Alternatively, it could be arranged to restrict contact and to liaise through a third party.

The Executive Director of Nursing and Patient Experience may decide to deal with complaints in one or more of the following ways to try and resolve matters before invoking this part of the policy:

- Drawing up a signed “agreement” with the complainant, setting out a code of behaviour for all parties involved if the Trust is to continue processing the complaint.
- Notifying the complainant in writing that the CEO has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add or investigate and that continuing contact on the matter will serve no useful purpose.
- Informing the complainant that the Trust reserves the right to pass unreasonable or vexatious complaints to the Trust solicitors who may choose to take further action
- Temporarily suspending all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance.

### **Withdrawing Prolific or Vexatious Status**

If complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate, the Executive Director of Nursing and Patient Experience may decide to resume the investigation into the complaint.

## **Process for consideration of external review**

The Trusts may commission an external investigation to review care or a service. This could be in relation to a complaint, claim or incident which highlights significant concerns.

The review will usually be carried out by experts from an organisation external to STFT and CHSFT. The aim of commissioning such reviews is to obtain an expert, independent view so that Trusts can learn from any identified areas for improvement. An external investigation can be used as a means of assessing whether a provider's account of an incident has been fairly presented to give credit to the findings and assurance that lessons will be learnt to prevent recurrence, or it can be used to obtain an objective assessment of the nature and causes of an incident irrespective of whether or not any investigative work has been or is to be undertaken by the service provider.

### **When to conduct an external review**

An Executive Director will commission an external investigation/ review of care or of a service and will agree the Terms of Reference. In the case of clinical concerns, the Director of Nursing and Patient Experience or the Medical Director will commission the external review and determine the review team.

External reviews and investigations are required where the integrity of the internal investigation and its findings are likely to be challenged or where it will be difficult for an organisation to conduct a proportionate and objective investigation internally due to the size of organisation or the individuals or number of organisations involved. Independent investigations avoid conflicts of interest and should be considered if such conflicts exist or are perceived to exist.

On completion of an external review, the Executive Director who commissioned the external review will report this to the Executive Directors Group and/or Trust Board and will communicate the findings to the relevant division for actions and lessons learned.

### **Complaints of a Criminal Nature**

The complaints procedure is not intended to investigate matters of a serious criminal nature e.g. accusations of sexual or physical abuse or serious theft. In such circumstances the concern should be reported to a member of the Executive Team to determine the correct course of action, which may involve direct referral to the Police or other authority.