

Dear Sir/Madam

Thank you for your Freedom of Information request concerning patient feedback handling. The Trust can provide the following information:

1. How are complaints, compliments and feedback handled at the Trust? This data might be obtained by means such as email, phone, letter, piece of paper in a hospital reception etc. etc. Is there a central place where this data is collated?

Answer: Informal complaints, compliments and feedback from patients are recorded on the PALS module of DATIX. It is then reported to the relevant manager to feedback to the member of staff/team. As it is on DATIX it also appears on the CLIP report.
COMPLAINTS: Complaint handling is as per Complaint Leaflet and Complaint Policy (both attached) Complaint Policy is currently under review and likely to change later this year once Board has approved the changes.

2. Does your Trust employ dedicated staff for this purpose? If so how many?

Answer: The Trust does not employ dedicated staff for this as it is part of the PALS remit. There are 2 PALS officers.
COMPLAINTS: There are 2 Complaints Officers, 1 (of the 2) splits time handling Complaints & assisting Legal Services Manager.

3. Is this data handled on site or is it subcontracted/held-off site?

Answer: The data is handled on site.

4. Are complaints and feedback collated and then reported to authorised people, such as the Trusts board or senior managers?

Answer: Please refer to the answer to the first question.

5. Who is in charge of complaints and feedback, if anyone?

Answer: At executive level it is Sheila Adams, Chief Nurse. At Patient Experience level it is Margaret Howat, Head of Patient Experience.

6. Is there a standard procedure to follow if complaints and feedback data is obtained?

Answer: COMPLAINTS: The complaints handling is standard but the replies vary - it might be a letter of apology & explanation, or a pt (or group of pts) might be invited in for a meeting or a mixture of both, i.e. letter incorporating invitation for a meeting.

There is no standard method of feeding back to staff level about complaints:

- sometimes the issue is addressed at ward meetings,
- sometimes via recommendations (if the complaint was also an Incident)

7. What are the operational costs to the Trust for complaints and feedback, excluding redress (staff costs, computer and software costs, storage costs, legal costs, search costs, report compilation costs, maintenance and any other considerations)?

Answer: The Trust does not separately identify these costs so are not able to provide data being requested.

8. Could you please supply your most recent annual complaint volume figures and the preceding 3 year volumes please?

Answer: This can be obtained from the annual report.

(2011/12-starting on page-17)

http://www.homerton.nhs.uk/media/121299/homerton_annual_report_2011-12_final.pdf

(2012/13-starting on page 20)

http://www.homerton.nhs.uk/media/121291/hom_areport_27june.pdf

As the 2013/14- annual report has not been published-these are the figures

9. Do you capture and measure concern data separately?

Answer: If pt and/or family have written to us or Chief Executive we usually handle as a Complaint so that the data is captured that way

If you have any queries about this response please contact the information governance manager at foi@homerton.nhs.uk , in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email www.informationcommissioner.gov.uk to take them further.

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Yours sincerely

James Cook
Information Governance Administrator

Mike Dunne
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Complaints & Concerns Policy

Author(s)	Jennie Negus. Deputy Chief Nurse
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1. Summary

1.1. The 2006 white paper 'Our Health, Our Care, Our Say', made a commitment to implement a single complaints procedure across health and social care. In April 2009 a new two-stage complaints process; 'Listening, Responding, Improving: a guide to better customer care' replaced the existing system. The aim is to make complaints handling comprehensive, accessible and patient-focused, using local resolution to respond flexibly and quickly to individual cases. The new system gives both providers and commissioners responsibilities and there is a role for PALS and Independent Complaints Advocacy Service (ICAS). The new Care Quality Commission (CQC) does not have a direct complaints handling function but requires service providers to prove they investigate complaints effectively.

2. Introduction

2.1. The NHS Constitution states:

- 2.1.1. That patients have the right to have any complaint about NHS services dealt with efficiently and to have it properly investigated. That patients have the right to know the outcome of any investigations.
- 2.1.2. The NHS commits to ensure patients are treated with courtesy and receive appropriate support throughout the handling of the complaint and the fact that they complained will not adversely affect future treatment.
- 2.1.3. When mistakes happen they will be acknowledged, an apology will be given explaining what went wrong and issues put right quickly and effectively.

2.2. The new two-step (local and national) process applies to:

- 2.2.1. All NHS bodies, including PCT's and Strategic Health Authorities, all statutory providers of NHS care, including Foundation Trusts.
- 2.2.2. Voluntary and Independent sector organizations that provide services under contract to the NHS.
- 2.2.3. Local authorities that provide adult social services.
- 2.2.4. All these should work together to ensure coordinated handling and to provide the complainant with a single response that represents each organisations final response.
- 2.2.5. Timescales have changed and people now have 12 months from an incident to make a complaint or 12 months from being aware of the incident. Previously this was 6 months.

2.3. The Trust key principles are:

- 2.3.1. That all patients and public can feel 'safe' when making a complaint; that they can be assured that they will not be penalized in any way as a result of their complaint.
- 2.3.2. Responsiveness, quality enhancement, accessibility, impartiality, honesty, confidentiality, simplicity, speed and accountability.
- 2.3.3. The aim is to 'get it right', be customer focused, be open and accountable, act fairly and proportionately, put things right and seek continuous improvement.

3. Scope

- 3.1. This policy applies to all employees of the Trust in all locations including the Non-Executive Directors, temporary employees, locums and contracted staff'. This policy has been updated to include Community Health Services staff joining the organisation in April 2011.

4. Roles and Responsibilities

- 4.1. The Chief Executive is responsible for signing off all complaints.
- 4.2. The Chief Nurse / Director of Governance has the delegated responsibility for complaints from the Chief Executive and is responsible for systems, process and governance relating to complaints and feedback. The Deputy Chief Nurse is the operational lead responsible for day to day management of complaints, ensuring principles and policy achieved.
- 4.3. The Medical Director is the executive lead for clinical and medical concerns raised in complaints.
- 4.4. The Complaints officer is the administrative lead, responsible for receiving enquiries, maintaining database, typing and tracking of acknowledgements and responses.
- 4.5. The Response Leads: Divisional Heads of Nursing / Midwifery, General Managers and Clinical Directors across the divisions are the response leads for complaints, which involves coordinating investigations and responses and cascading and implementing improvement plans. A summary of complaints/concerns are collated and shared to the relevant committee
- 4.6. All staff hold the responsibility to be caring and understanding; to listen and assist and to apologise for complainants' situations, see what can be done to resolve the complaint immediately or escalate to a senior manager as required.
- 4.7. PALS officers are responsible for facilitating responses to enquiries and supporting patients and public in resolving their concerns. In the event that a resolution cannot be found the PALS officer will escalate to the complaints department.
- 4.8. The Complaints, Litigation, Incidents and PALS (CLIP) Committee is responsible for reviewing all complaints, litigation, incidents and PALS queries. The committee is chaired by the Chief Nurse or nominated deputy and has representation from the relevant corporate areas in the Trust and the clinical divisions. The Committee will identify any emerging themes and identify appropriate actions to be taken.

5. Categorising and risk assessing complaints.

- 5.1. Complaints have traditionally been termed either 'formal' or 'informal'. In an attempt to gain a better understanding of the response required, themes, means of resolution and learning achieved the Trust will follow a risk analysis process to categorise complaints. Whilst all complaints are to be taken seriously proportionality is to be borne in mind.
- 5.2. On receipt of a complaint to either the PALS or Complaints Department a risk analysis of the potential seriousness and consequences will be undertaken. This matrix identifies the category of complaint in relation to risk and the likelihood of recurrence. The Trust is familiar with this type of tool and it will provide consistency of process.
- 5.3. The PALS staff, Complaints Officer and Deputy Chief Nurse will be responsible for undertaking the initial risk assessment and the level of response will be directed by the assessment outcome.

5.3.1. How serious is the issue?

Seriousness	Description
Low	<p>Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care.</p> <p>OR</p> <p>Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.</p>
Medium	<p>Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.</p>
High	<p>Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.</p> <p>OR</p> <p>Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.</p>

5.3.2 How likely is the issue to recur?

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

5.3.3 Categorise the risk

Seriousness	Likelihood of recurrence				
	Rare	Unlikely	Possible	Likely	Almost certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	

5.3.4

EXAMPLES OF DIFFERENT TYPES OF INCIDENTS

Low	(simple, non-complex issues)	<p>Delayed or cancelled appointments.</p> <p>Event resulting in minor harm (eg cut, strain).</p> <p>Loss of property.</p> <p>Lack of cleanliness.</p> <p>Transport problems.</p> <p>Single failure to meet care needs (eg missed call-back bell).</p> <p>Medical records missing.</p>
Moderate	(several issues relating to a short period of care)	<p>Event resulting in moderate harm (eg fracture).</p> <p>Delayed discharge.</p> <p>Failure to meet care needs.</p> <p>Miscommunication or misinformation.</p> <p>Medical errors.</p> <p>Incorrect treatment.</p> <p>Staff attitude or communication.</p>
High	(multiple issues relating to a longer period of care, often involving more than one organisation or individual)	<p>See moderate list.</p> <p>Event resulting in serious harm (eg damage to internal organs).</p>
Extreme	(multiple issues relating to serious failures, causing serious harm)	<p>Events resulting in serious harm or death.</p> <p>Gross professional misconduct.</p> <p>Abuse or neglect.</p> <p>Criminal offence (eg assault).</p>

- 5.4 Whilst all complaints are to be taken seriously an extreme risk complaint should trigger:
- Immediate Executive Lead notification.
 - Immediate actioning of risk mitigation.
 - Investigation as per Serious Untoward Incident Policy.

5.5 A situation may arise whereby a complaint is raised concurrently with Safeguarding concerns. Safeguarding concerns will take precedence and a complaint may be placed in abeyance until such procedures have concluded. This decision will be made by the Complaints Department.

6. Process for managing complaints

6.1. Timescales

6.1.1. The key national timescales are:

- Quick resolution – 1 day
- Resolve or confirm complaint – 3 days
- Resolution or investigation – within 6 months

6.1.2 To ensure complaints are resolved swiftly the following local timescales will apply:

Statutory timescales	Actions	Local timescales
1 day	Resolve immediately if possible.	1 day
3 days	<ul style="list-style-type: none"> ▪ Acknowledge receipt. ▪ Undertake risk assessment 	3 days
6 months	<ul style="list-style-type: none"> ▪ Agree complaints plan ▪ Resolve using conciliation, mediation, investigation, review panel or other methods. 	3 – 10 days 25 days or agree longer with complainant.

6.2. Complaints received in writing (including by e-mail):

- 6.2.1. If the complainant is acting on behalf of someone else then consent must be obtained from the patient themselves. A letter will be sent the next working day explaining the situation and asking for consent to respond to the complainant. A consent form (**Appendix 3**) will be enclosed. Where consent is required the target dates will not start to be measured until this has been received.
- 6.2.2. Where a patient is unable to give consent the next of kin will be consulted if required.
- 6.2.3. A 'complaint plan' is to be agreed with the complainant once the complaint is received; either an internal investigation and written response or invitation to meet to discuss and resolve.
- 6.2.4. A letter of acknowledgement will be sent to the complainant within 2 working days of receipt of their complaint (or receipt of consent from person involved). This will outline the next steps to be taken and discuss their complaint plan. The letter (**Appendix 4**) advises the complainant that the complaints officer will call and discuss the preferred option, or alternatively they may call the complaints department themselves.
- 6.2.5. The complaint will be logged onto the DATIX system and complaints department spreadsheet database and a reference number allocated. This information can be accessed by relevant managers wishing to track action and outcomes against complaints.
- 6.2.6. A file will be created for the complaint to hold all correspondence and information.

6.3. Investigation & written response:

- 6.3.1 The following information will be recorded on the front of the complaint file and known as the 'Complaint Front Sheet':
 - Reference Number.
 - Date received.
 - Complaint plan agreed (e.g. meeting or written response and target completion date).
 - Executive lead for sign off; this will be coordinated by the Deputy Chief Nurse in liaison with the Chief Nurse / Director of Governance.
 - Response lead (e.g. Head of Nursing / Midwifery or Clinical Director).
 - Date draft response due (as per agreed complaint plan or 15 working days)
 - Date final response due (as per agreed complaint plan or 25 working days).
- 6.3.2 The complaint letter and complaint front sheet will then be scanned and e-mailed to the relevant response and executive leads. Where required the patients medical records will be requested and provided by the complaints officer.
- 6.3.3 The response lead will either take the role of investigative lead for the complaint or delegate to a relevant service manager to undertake the necessary enquiry, collect statements, comments and remedial action.

- 6.3.4 On receipt of required information the response lead will complete a draft response will be sent to the complaints officer within the target timeframe agreed in the complaint plan or 15 working days.
- 6.3.5 The draft response will then be forwarded to the relevant executive lead for review and sign off in accordance with the target date or by day 15, as detailed on the Complaints Front Sheet.
- 6.3.6 Responses must detail lessons learned and actions to be taken as a result of the complainant / patient experience. The complaints officer will upload these actions into DATIX to allow tracking and reporting.
- 6.3.7 Following their review the executive lead will, (at approximately day 20), forward the final version to the response lead and to key staff involved to allow comment prior to dispatch.
- 6.3.8 The completed response will be sent to the complainant within 25 working days of receipt or the date agreed in the complaint plan.
- 6.3.9 Although the regulations state that response and resolution should be within a 'reasonable timescale' there is no formal target set. However the Trust will endeavour thorough and swift sign off and has decided to retain the 25 working days target unless negotiated otherwise with the complainant. The objective is to assist patients to have an efficient and satisfactory outcome to their complaint and not have the situation dragging. Where delays are incurred or anticipated due to the complexity of the investigation or staff being away a holding letter will be sent to the complainant explaining the reason for delay.
- 6.3.10 Where a delay has been negotiated with the complainant (e.g. to schedule a meeting or because a key member of staff is on leave) the executive lead may decide whether to 'stop the clock' on the real time spreadsheet.
- 6.3.11 The final response will be copied to the response lead to use in feedback and improvement processes.

6.4. Meeting

- 6.4.1 If the complainant has chosen to have a meeting this will be coordinated by the complaints officer.
- 6.4.2 A date will be mutually agreed that gives the divisional lead at least 10 days to gather the relevant information to have available at the meeting.
- 6.4.3 The complaint letter and Complaint Front Sheet will then be scanned and e-mailed to the relevant response and executive leads. Where required the patients medical records will be requested and provided by the complaints officer.
- 6.4.4 The response lead will either take the role of investigative lead for the complaint or delegate to a relevant service manager to undertake the necessary enquiry, collect statements, comments and remedial action. and to have all relevant information available in time for the meeting.
- 6.4.5 The meeting will be chaired either by the response lead, Deputy Chief Nurse or Executive Lead and notes will be taken by the complaints officer. Other attendees will be decided by the response lead.

- 6.4.6 Where necessary assistance will be provided to support the complainant and a friend or relative or independent support they may wish to accompany them, in attending the hospital for the meeting. Meetings will be held in the Education Centre or Trust Offices.
- 6.4.7 Within 5 working days after the meeting the chair will draft a letter to the complainant outlining the key points discussed in the meeting and actions agreed. This will be sent to the Executive Lead for final sign off.

6.5 Telephone complaints (see 'Getting it right first time').

- 6.5.1 Telephone calls received to main switchboard will first be directed to the PALS service for initial assessment. The PALS office is open from 09.00 to 17.00 Monday to Friday and if PALS staff are unable to answer the phone immediately will pick up phone messages regularly during the day.
- 6.5.2 The PALS staff will identify with the caller whether immediate action can be taken to resolve the issue or whether to refer to the complaints department.
- 6.5.3 Those calls able to be dealt with by the PALS service will follow their normal procedures and also be logged on DATIX. These steps include:
 - 6.5.4 Acting as an intermediary, seeking information, clarification or resolution and calling the complainant back. All staff are expected to respond promptly to such enquiries to assist PALS staff in affecting a swift and satisfactory resolution for the complainant.
 - 6.5.5 Forwarding the call to a relevant member of staff for action or resolution, e.g. matron, senior nurse, doctor.
 - 6.5.6 Call received out of office hours will first be transferred to the Clinical Site Manager on Bleep 117, who will identify with the caller whether immediate action can be taken to resolve the issue or whether to refer to the complaints department. In the case of the latter the Clinical Site Manager will take the complainants details and e-mail the Complaints Officer.
 - 6.5.7 Those calls transferred to the complaints department will be listened to and noted and the next steps explained to the complainant. The Complaints Officer will offer to take the callers number and call them back, or to arrange a face to face or telephone discussion with a relevant manager.
 - 6.5.8 The Complaints Officer will, either by e-mail or letter write to the complainant outlining the key points of the discussion and formally acknowledging the complaint.
 - 6.5.9 In the absence of the Complaints Officer, Trust Offices secretariat are to forward the call or the contact details to either the relevant Divisional Senior Nurse, Clinical Director or the Deputy Chief Nurse.

6.6 Complaints in person.

- 6.6.1 A patient (or person acting on their behalf) may attend the hospital and state they wish to make a complaint.
- 6.6.2 If they present to Main Reception they are to be guided to the PALS office, if it is open, where staff will help them. If the PALS office is closed then the Clinical Site Manager will be called who will either attempt to resolve the issue or contact the most suitable person to do so.

- 6.6.3 If the patient (or person acting on their behalf) present to a ward or department the person in charge will try and resolve immediately.
- 6.6.4 If local resolution is not possible at either the PALS office or on the ward or department a more senior manager will be called. This could be the Matron, Divisional Senior Nurse, Clinical Director or General Manager. If no-one is available the Complaints Officer may come to meet with them to take the details of the complaint and ensure follow up as soon as possible.

6.7 Informal complaints via PALS

- 6.7.1 The PALS service aims to:
- Provide information and support to patients, their families and carers.
 - Listen to concerns, queries, suggestions or views.
 - Help to sort out problems on behalf of patients, their families and carers.
 - Learn from experience about what the hospital gets right and where there is a need for improvement.
- 6.7.2 Patients and public who attend, call or e-mail the PALS office with a complaint will be assisted to first achieve a swift resolution. This may be immediate through sorting out a problem or obtaining information for them or it may take a little time such as the need to contact a consultant's secretary or see a specific member of staff.
- 6.7.3 PALS staff will agree with the complainant a reasonable time frame for them to resolve their concern.
- 6.7.4 If necessary the complaint may be escalated to the formal route.

6.8 Complaints resolved locally within services, wards or departments

- 6.8.1 Many issues are raised directly with staff and managers during the normal course of interactions with the patients, their families and carers and these may be either verbally or in writing. It is always best that issues and concerns are resolved and recorded locally. Such recording is important for completeness and monitoring purposes.
- 6.8.2 Service, ward and departmental managers are required to keep a record of minor / informal complaints that have been actioned and resolved. This is to ensure that any themes that require assistance or support to minimise recurrence can be evidenced.
- 6.8.3 A template for logging local these complaints is provided in Appendix 9.
- 6.8.4 Service, ward and departmental managers are required to report on their informal complaints as part of the quality performance reports.
- 6.8.5 A prompt, considerate and proportionate response will boost patient and public experience and promote goodwill and confidence in the Trust. Where appropriate it is good practice to follow up verbal responses in writing detailing the issues and agreements and giving information about the formal complaints process should the person wish to take the matter further.

7.0 Protocol for handling of joint complaints

7.1 There will be occasions when a complaint spans more than one organisation for example PCT (e.g. GP's, dentists, social services). The Trust will liaise directly with other statutory organisations where appropriate and coordinate responses in order to affect a prompt and complete response for the complainant. Should this not be possible then the complaints officer will discuss this with the complainant and assist or direct them to where further assistance can be obtained.

8.0 Role of the Parliamentary Ombudsman & independent advisers

8.1 If everything possible has been done by the Trust to resolve a complaint and the complainant is still not satisfied then they have the right to ask the Health Ombudsman to review the matter or the Trust may seek an independent observer to review and arbitrate.

8.1 The Ombudsman can be contacted by:

8.1.1 visiting: www.ombudsman.org.uk

8.1.2 calling the helpline on: 0345 015 4033 (Mon – Fri 08.30 to 17.30)

8.1.3 e-mailing: enquiries@ombudsman.org.uk

8.1.4 writing to: The Parliamentary and Health Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

8.1.5 After assessing that the complaint is within their jurisdiction the Ombudsman will first check that everything has been done to resolve the issue locally. If they feel more can be done they will refer the issue back to the organisation.

8.1.6 Before taking the matter on the Ombudsman will consider several factors: What has gone wrong, what injustice has been caused and what is the likelihood of achieving a worthwhile outcome?

8.1.7 If the Ombudsman believes there is a case to answer they will instruct the organisation to put things right.

8.1.8 Independent review by an external expert adviser may be sought by the Trust. This decision will be made by the Chief Executive.

9 Dealing with unreasonable complainant behaviour and unreasonably persistent complaints.

9.1 **Definition:** It is important to differentiate between 'persistent' complainants and 'unreasonably persistent' complainants. Arguably, some people are 'persistent' on the entirely reasonable basis that they feel the Trust has not dealt with their complaint properly and are not prepared to leave the matter there.

9.2 Unreasonable and unreasonably persistent complainants may have justified complaints or grievances but be pursuing them in inappropriate ways, or they may be intent on pursuing complaints which appear to have no substance or which have already been investigated and determined. Their contacts with authorities may be amicable but still place very heavy demands on staff time, or they may be very emotionally charged and distressing for all involved.

9.3 Raising legitimate queries or criticisms of a complaints procedure as it progresses, for example if agreed timescales are not met, should not in itself lead to someone being regarded as an unreasonably persistent complainant. Similarly, the fact that a complainant is unhappy with the outcome of a complaint and seeks to challenge it once, or more than once, should not necessarily cause him or her to be labelled unreasonably persistent.

9.4 Sometimes the situation between the Trust and a complainant can escalate and the behaviour moves from being unreasonable and unreasonably persistent to behaviour which is unacceptable, for example, abusive, offensive or threatening. Such complainants are in a very small minority, but unfortunately not unheard of. In the event of such behaviour the Trust will consider sanctions in accordance with the Violence & Aggression Policy and may in extreme case consider legal action.

9.5 Examples of unreasonable behaviour

- Refusing to co-operate with the complaints investigation process while still wishing their complaint to be resolved.
- Refusing to accept that issues are not within the remit of a complaints procedure despite having been provided with information about the procedure's scope.
- Insisting on the complaint being dealt with in ways which are incompatible with the complaints procedure or with good practice.
- Making what appear to be groundless complaints about the staff dealing with the complaints, and seeking to have them replaced.
- Changing the basis of the complaint as the investigation proceeds and/or denying statements he or she made at an earlier stage.
- Introducing trivial or irrelevant new information which the complainant expects to be taken into account and commented on, or raising large numbers of detailed but unimportant questions and insisting they are all fully answered.
- Electronically recording meetings and conversations without the prior knowledge and consent of the other persons involved.
- Adopting a 'scattergun' approach: pursuing a complaint or complaints with the authority and, at the same time, with a Member of Parliament/a councillor/ independent auditor/the Standards Board/local police/solicitors/the Ombudsman.
- Making unnecessarily excessive demands on the time and resources of staff whilst a complaint is being looked into, by for example excessive contact and expecting immediate responses.
- Submitting repeat complaints, after complaints processes have been completed, essentially about the same issues, with additions/variations which the complainant insists make these 'new' complaints which should be put through the full complaints procedure.
- Refusing to accept the decision – repeatedly arguing the point and complaining about the decision.
- Combinations of some or all of these.

9.6 In the event that unreasonable behaviour is experienced the Complaints Officer, Deputy Chief Nurse, Chief Nurse / Director of Governance and Chief Executive will meet and review the case. This group will determine:

- That the complaint is being or has been investigated properly and policy followed;
- That any decision reached on it is the right one;
- That communications with the complainant have been adequate;
- That the complainant is not now providing any significant new information that might affect the Trust's view on the complaint.

10 Making Improvements as a result of a Concern or Complaint

- 10.1 Complaints/concerns can be a mechanism for identifying where improvements in service provision are necessary. When used this way they are a positive tool for promoting organizational and individual learning, thereby reducing risk to patients, staff and the organisation.
- 10.2 Divisional Quality/Governance Forums: These forums are responsible for identifying and reviewing complaints, claims, incidents and PALS queries that represent a risk to safety within the divisions. They also act to drive and encourage learning from the above and promote improvements in practice. They will also implement and monitor appropriate risk reduction measures.
- 10.3 All complaints/concerns are discussed at the CLIP meeting and areas for further action and improvement/s are identified.
- 10.4 Cumulative complaints and PALS information will be included in reports to the relevant committee and any lessons learnt are captured with the aim of making improvements and reducing the number of future complaints.

11 Training and awareness

- 11.1 Training will encourage, empower and support staff to take an individualised and person centred approach to complaints.
- 11.2 This policy will be available on the Trust intranet and internet sites.
- 11.3 Training will be included within induction training and through in-house customer care training courses.

12 Review

- 12.1 This policy will be reviewed in 3 years time unless changes indicate otherwise.

13 Monitoring/Audit

- 13.1 Compliance with this policy will be monitored and audited as follows:
- 13.2 Weekly review meetings between complaints officer, operational lead and divisional senior nurses.
- 13.3 Fortnightly executive review meetings (Chief Executive, Chief & Deputy Chief Nurse, Medical Director and Complaints Officer).
- 13.4 Reports to Board of Directors, Council of Governors, Patient & Public Involvement Group.

14 Sources of Evidence; References / Bibliography

- 14.1 Department of Health 2009: A guide to better customer care. (including advice sheets; investigating complaints, joint working on complaints and investigating serious complaints.
- 14.2 Guidance note on 'unreasonably persistent complainants' and 'unreasonable complainant behaviour' Local Government Ombudsman. April 2009.

Appendix 1: Consultation

Initial consultation:

Chief Executive
Chief Nurse / Director of Governance
Medical Director
Legal Adviser
Complaints Officer
PALS Officers
Deputy Directors
Divisional Heads of Nursing
Head of Midwifery
Clinical Directors
General Managers
Assistant General Managers
Matrons, sisters & charge nurses
Clinical Site Managers

Second consultation:

Governors
PPI group
LINKs
Senior nurses / sisters / charge nurses

Appendix 2: - Equalities Impact Assessment

This checklist should be completed for all new Corporate Policies and procedures to understand their potential impact on equalities and assure equality in service delivery and employment.

Policy/Service Name:	Complaints policy
Author:	Jennie Negus
Role:	Deputy Director of Nursing
Directorate:	Corporate
Date	March 2011

Equalities Impact Assessment Question	Yes	No	Comment
1. How does the attached policy/service fit into the trusts overall aims?			Core policy for dealing with complaints, being responsive, open, honest & accountable.
2. How will the policy/service be implemented?			Through corporate induction, customer care training and direct working with divisional complaints leads.
3. What outcomes are intended by implementing the policy/delivering the service?			Dynamic, efficient & thorough approach to managing complaints.
4. How will the above outcomes be measured?			Via complaints monitoring group.
5. Who are they key stakeholders in respect of this policy/service and how have they been involved?			Staff: circulated for consultation. Patients: circulated to governors, PPI & LINKs for consultation.
6. Does this policy/service impact on other policies or services and is that impact understood?		No	Not aware
7. Does this policy/service impact on other agencies and is that impact understood?	Yes		Joint protocol agreed.
8. Is there any data on the policy or service that will help inform the EqIA?	Yes		DATIX data available.
9. Are there are information gaps, and how will they be addressed/what additional information is required?		No	
Equalities Impact Assessment Question	Yes	No	Comment

10. Does the policy or service development have an adverse impact on any particular group?		No	
11. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?		No	
12. Where an adverse impact has been identified can changes be made to minimise it?		N / A	
13. Is the policy directly or indirectly discriminatory, and can the latter be justified?		No	
14. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?	Yes		The new regulations are designed to encourage more people to complain and feedback about their care and treatment who would not have done so before.

EQUALITIES IMPACT ASSESSMENT FOR POLICIES AND PROCEDURES

2. If any of the questions are answered 'yes', then the proposed policy is likely to be relevant to the Trust's responsibilities under the equalities duties. Please provide the ratifying committee with information on why 'yes' answers were given and whether or not this is justifiable for clinical reasons. The author should consult with the Director of HR & Environment to develop a more detailed assessment of the Policy's impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.
3. A copy of the completed form should be submitted to the ratifying committee when submitting the document for ratification. The Committee will inform you if they perceive the Impact to be sufficient that a more detailed assessment is required. In this instance, the result of this impact assessment and any further work should be summarised in the body of the Policy and support will be given to ensure that the policy promotes equality.

Appendix 3: consent form

Complainant Representative Consent

Please complete and sign the details below if you wish someone to make a complaint on your behalf.

YOUR DETAILS

Full name.....

Address.....

.....Postcode.....

Telephone number.....e-mail (if available).....

YOUR REPRESENTATIVES DETAILS

Please state the relationship, e.g. relation, friend.....

Full name.....

Address.....

.....Postcode.....

Telephone number.....e-mail (if available).....

I hereby authorise (name of person).....to act on my behalf and to receive any and all such information as is relevant to my complaint. I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint, and only disclosed to those people who have a need to know it in order to investigate the complaint.

Your signature.....

Date.....

Appendix 4: acknowledgement letter

STRICTLY CONFIDENTIAL

Name
Address

Date
Ref

Dear

Re: your letter of complaint

I write to acknowledge receipt of your letter dated and received in this office on

I appreciate that you will not have made this complaint lightly and thank you for bringing your concerns to our attention.

As a Trust we are keen to address and resolve your concerns on a personal level; quickly and thoroughly and to do so it would be helpful if I could briefly discuss the best way forward with you.

I would like to agree a plan and timeframe with you and as such would be grateful if you could call me on the above number Monday to Friday between 09.30 and 18.30 or if you prefer, by e-mail to: ruby.daly@homerton.nhs.uk . This should only take a few minutes of your time but will help us to manage your complaint in a more personal way. I will also try and call you in the next two or three days.

In the meantime I have started the process for investigating your complaint and I would like to reassure you that this will continue in the event that we are unable to discuss in more detail.

Please do not hesitate to contact me if I can be of further assistance and I look forward to speaking with you.

Yours sincerely

Ruby Daly.
Complaints Officer

c.c. Complaints file ref:.....

Appendix 5: guide to investigating complaints

Role of the investigator

The role of the investigator is to ascertain the facts relating to the complaint, assess the evidence, report the findings and make recommendations. As an investigator you should aim to be impartial and examine the facts logically.

Be clear about what you are investigating

The following questions can help you define the investigation:

- a) What should have been provided; what was expected?
- b) What was provided, what actually happened?
- c) Is there a difference between a) and b)?
- d) If the answer to c) is yes, why?
- e) If the answer to c) is no, why does the complainant think otherwise?
- f) What was the impact of d)?
- g) What should be done to put it right?
- h) What should be done to prevent a recurrence?

Understand from the complainant's perspective

It is a good idea to talk to the complainant as a conversation can often help depth of understanding from the complainants' perspective; that is, the gap between what happened and what should have happened. It can also provide an opportunity to clarify what they would like to see happen and to manage any unrealistic expectations. It is hoped that setting an individual complaints plan soon after receipt of the complaint will assist with this aspect.

- Gather your background information; from the complainant and from within the service.
- What sources of evidence do you have? Documentary, interviews etc.
- What policies or legal requirements need to be considered? Such as guidelines, code of conduct etc.
- Consider using Root Cause Analysis tools if the situation is complex or of high risk.
- Pinpoint areas of disagreement; where there is contention there are usually three choices:
 - a) To uphold the view of one party because this is clearly supported by evidence.
 - b) To request additional information to explore the matter further.
 - c) To decide that the available evidence will never be conclusive.

Conclusions

To develop a conclusion it is a good idea to run through the questions used to define the investigation. Think about failures that have led to the complaint; such as

- Human error or inappropriate behaviour
- Poor application of resources e.g. too late, incomplete, insufficient prioritisation.
- Procedural or administrative problems.

Appendix 6: response letter template

STRICTLY CONFIDENTIAL

Name
Address

Date
Ref

Dear

I am sorry that you had cause to complain about the care you have received here at Homerton and that your experience was not more positive. I would like to thank you for bringing your concerns to our attention. I understand that you will not have made this complaint lightly, and I will try to address the concerns you have raised.

Key points to include:

- 1. Reference to complaints plan agreed (i.e. written response, meeting)*
- 2. Response to each key point of the complaint following the investigation / meeting.*
- 3. Actions agreed, recommendations implemented to improve services as a result of the complaint.*

I hope that my response answers your concerns. A meeting with staff is often a valuable way to discuss any further concerns you may have. If you would like to consider this, it would be helpful if you can inform me of the points you are concerned about.

Yours sincerely

Chief Executive

c.c. Complaints file ref:.....
Response Lead
Relevant staff.

Appendix 7: holding letter template

STRICTLY CONFIDENTIAL

Name
Address

Date
Ref

Dear

Re: complaint investigation

I write to apologise and explain that there has been an unanticipated delay in completing the investigation and response to your complaint. This is due to.....

I have discussed this with (response lead)..... and they have indicated that the process should be completed by.....

Please once again accept my apologies and do not hesitate to contact me if I can help in any way in the meantime.

Yours sincerely

Ruby Daly.
Complaints Officer

c.c. Complaints file ref:.....

Appendix 8: Getting it right first time; a guide to managing complaints verbally or face to face.

When something goes wrong often all the affected person wants to know is how it happened, that you are sorry and that steps will be taken to prevent it from happening again. The initial contact a person who is unhappy has with the Trust is key. It is crucial to obtain all the information that will allow you to assess someone's concerns correctly and resolve them quickly if you can and build a good relationship with them. Often the reason people give for being unhappy about how their complaint has been handled is poor communication by services.

Things to remember to do when someone says they are unhappy:

1. Listen; let the person tell their story in their own time.
2. Understand it through their eyes.
3. Ask the person how they would like to be addressed, for example: Mr, Mrs., Ms or by their first name.
4. If someone has called offer to call them back and also give them the chance to discuss their concern face to face.
5. Ask them how they wish to be kept informed about how their complaint is being dealt with; by phone, letter, e-mail or perhaps through a third party such as an advocate or support service.
 - a. If they say by phone ask them for times that are convenient to call and check that they are happy for messages to be left on an answer machine if they have one.
 - b. If they say by post make sure they are happy to receive correspondence at the address they have given.
6. Check if the person has any disabilities that you need to take account of such as being a wheelchair user or whether they are on a medication that may make them drowsy.
7. Discuss the best location at which to meet – it may be for example that they do not want to meet on a ward or in a specific department.
8. Make the person aware that they can have an advocate to support them through the complaints process, even at the first meeting.
9. Systematically go through the reasons within the complaint, it is important to understand why they are dissatisfied.
10. Ask them what they would like to happen as a result of the complaint. For example; an apology, new appointment, reimbursement of cost for lost belongings, compensation etc.
11. Tell them at the outset if their expectations are not feasible or are unrealistic.
12. Agree a plan of action including when and how the complainant will hear back from you.
13. If the matter can be resolved quickly without further investigation then do so, so long as the complainant is happy and there is no risk or impact upon other patients or staff.
14. For a complaint on behalf of a patient remember to check with the patient that consent is provided.
15. Remember to give the complainant contact details for the complaints department or the manager who will be dealing with the complaint.

Patient & Public Rights

The NHS Constitution states that any individual has the right to:

- Have any complaint they make about NHS services dealt with efficiently and have it properly investigated.
- Know the outcome of any investigation into their complaint.
- Take their complaint to the Independent health Service Ombudsman if they are not satisfied with the way the NHS has dealt with their complaint.
- Make a claim for a judicial review if they feel they have been directly affected by any unlawful act or decision by an NHS body.
- Receive compensation where they have been harmed by negligent treatment.

Appendix 9: Logging 'informal' complaints

This spreadsheet will be maintained by the ward sisters / department manager and used to provide quarterly data to the Complaints Monitoring Group.

Division	
Ward / department	

Name	Hosp number	Date	Main theme	Immediate action taken / by whom	Lessons learnt	Signature

Appendix 10 - Policy Submission Form

Policy Submission Form

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

1	Details of policy	
1.1	Title of Policy:	Complaints Policy
1.2	Lead Executive Director	Chief Nurse and Director of Governance
1.3	Author/Title	Jennie Negus. Deputy Chief Nurse
1.4	Lead Sub Committee	Quality Improvement Committee
1.5	Reason for Policy	New regulations and integration of community health services
1.6	Who does policy affect?	All staff / all patients
1.7	Are national guidelines/codes of practice incorporated?	Yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
2	Information Collation	
2.1	Where was Policy information obtained from?	Existing policy, national publications
3	Policy Management	
3.1	Is there a requirement for a new or revised management structure if the policy is implemented?	No
3.2	If YES attach a copy to this form	
3.3	If NO explain why	Structures in place
4	Consultation Process	
4.1	Was there internal/external consultation?	Yes
4.2	List groups/Persons involved	Governors, PPI Forum, LINKs forum
4.3	Have internal/external comments been duly considered?	Yes
4.4	Date approved by relevant Sub-committee	

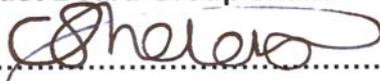
4.5	Signature of Sub committee chair	
5	Implementation	
5.1	How and to whom will the policy be distributed?	All staff, via intranet
5.2	If there are implementation requirements such as training please detail?	Primarily in practice led by the complaints manager and Deputy Director of Nursing. Corporate induction needs to be changed to incorporate changes.
5.3	What is the cost of implementation and how will this be funded?	Cost neutral
6	Monitoring	
6.1	List the key performance indicators e.g. core standards	C14
6.2	How will this be monitored and/or audited?	DATIX data, complaint monitoring group.
6.3	Frequency of monitoring/audit	Quarterly.

Date policy approved by Trust Policy Group:

28/03/2011

.....

Signature of Trust Board Group chair:



.....

Here to help you

Patient Advice and Liaison Service (PALS) Complaints Service

Dịch Vụ Tư Vấn Và Liên Lạc
Dịch Vụ Khiếu Nại
Tại đây giúp đỡ bạn

Zespół ds. kontaktów z pacjentami (PALS)
Wydział ds. Skarg
Służymy pomocą

পেশান্ট এডভাইস এন্ড লিয়াসো সার্ভিস (পালস)
কমপ্লেইন্টস সার্ভিস

আমরা এখানে আছি আপনাদের সাহায্য করার জন্যে
৪টি ভাষা - তুর্কী, বাংলা, ভিয়েতনামী ও পোলিশ

Hasta Danışma ve İrtibat Servisi (PALS)
Şikayetler Servisi
Burada size yardım etmek için

You can get an easy read guide
from our website or please ask for
a copy from the PALS office.

Easy
Read

This leaflet provides information about:

- **Patient Advice and Liaison Service (PALS)**
- **Complaints Service**

If you have a concern about your care or the care of your relative or friend, you can discuss this with a senior member of staff on the ward, clinic or department.

If you would rather talk to someone independent of the ward / clinic / department, you can raise any concerns or make comments through the Trust's Patient Advice and Liaison Service.

How PALS can help you

PALS staff can:

- help resolve problems and concerns that you, your relative and carers may have
- provide confidential, on-the-spot advice, support and information
- listen to your concerns, suggestions or queries to hear what the Trust gets right, what it gets wrong and what could be improved
- guide you through the different services available within the NHS.

We can put you in touch with other people who may be able to help you. We can also give you details of organisations, such as voluntary organisations, community groups or independent advocacy.

How to contact PALS

The service is based in the main entrance of the hospital. To speak to a member of the service, staff are available Monday - Friday 9am - 5pm. Voicemail messages can be left outside these times. Please see the back page for contact details.

How the Complaints Service can help you

If you are not able to resolve your concern with a member of the team caring for you or with PALS, you can make a formal complaint.

If you need help or support to make your complaint, you can contact the Independent Complaints Advocacy Service (ICAS).

The contact details for both the Complaints Service and ICAS can be found on the back page.

In accordance with the NHS complaints procedure you should inform the Trust of your complaint within one year of when you first became aware of the problem. If it is more than a year ago, the Trust may still be able to help you and try to address your concerns.

All complaints are brought to the attention of the Chief Executive, Chief Nurse or Medical Director.

- Your complaint will be acknowledged within three working days of receipt.
- We aim to respond within 25 working days and let you know the outcome of the investigation.

- If we are having difficulty meeting the deadline, we will contact you to let you know and to provide a timescale of how long the investigation is likely to take.
- Should you feel there are aspects of your complaint that have not been adequately addressed in the Trust's reply, please get in touch with the Complaints Service. The team will look into any outstanding issues so that a resolution may be found.
- If you are not satisfied with the final outcome of the investigation, the Parliamentary and Health Service Ombudsman (PHSO) may be able to help by reviewing your case independently.
- You can pick up an information leaflet about the PHSO from the information centre at the main entrance to the hospital, your local health centre or you can contact the PHSO helpline on 0345 015 4033 or email phso.enquiries@ombudsman.org.uk.

Tờ rơi này cung cấp những thông tin về:

- **Dịch vụ tư vấn và liên lạc (PALS)**

- **Dịch vụ khiếu nại**

Nếu bạn có lo lắng gì về sự chăm sóc thân nhân hoặc bạn bè của bạn, bạn có thể thảo luận việc này với nhân viên cao cấp của phòng điều trị, trạm xã hoặc khoa

Nếu bạn không muốn nói chuyện với những ai độc lập của phòng điều trị/trạm xã/khoa, bạn có thể nêu lên mối quan tâm hoặc ý kiến gì thông qua Dịch Vụ Tư Vấn Và Liên Lạc.

PALS có thể giúp gì cho bạn

Nhân viên PALS có thể:

- Giúp giải quyết những vấn đề và quan tâm mà bạn, thân nhân của bạn và người chăm sóc có thể có
- Cung cấp bảo mật, tư vấn tại chỗ, hỗ trợ và thông tin
- Lắng nghe mối quan tâm của bạn, gợi ý hoặc truy vấn để lắng nghe sở y tế làm gì đúng và những gì cần được cải thiện
- Hướng dẫn bạn thông qua các dịch vụ có sẵn của bộ y tế

Chúng tôi có thể liên hệ với những người khác có thể giúp bạn. Chúng tôi cũng cho bạn những chi tiết của các tổ chức, như các tổ chức tình nguyện, nhóm cộng đồng hoặc tư vấn độc lập.

Pals Liên Hệ Như Thế Nào

Dịch vụ đặt tại cửa chính của bệnh viện. Để nói với một thành viên của dịch vụ, nhân viên có mặt từ thứ hai đến thứ sáu, 9 giờ sáng đến 5 giờ chiều. Có thể để lại tin nhắn bằng lời thoại ngoài giờ làm việc này. Hãy xem trang cuối để rõ chi tiết.

Dịch vụ khiếu nại có thể giúp bạn như thế nào

Nếu bạn không thể giải quyết được mối quan tâm của bạn với thành viên của tổ chăm sóc bạn hoặc với PALS, bạn có thể khiếu nại chính thức.

Nếu bạn cần giúp đỡ hoặc hỗ trợ để xin khiếu nại của bạn, bạn có thể liên hệ Dịch Vụ Tư Vấn Khiếu Nại Độc Lập (ICAS).

Chi tiết liên danh cho cả hai dịch vụ khiếu nại và (ICAS) có thể tìm thấy ở trang cuối.

Để theo thủ tục khiếu nại bộ y tế bạn cần thông báo cho sở y tế trong vòng một năm sau khi bạn nhận thấy có vấn đề nảy sinh. Nếu sự việc xảy ra cách hơn một năm trước, sở y tế vẫn có thể giúp bạn và cố gắng giải quyết mối quan tâm của bạn.

Tất cả khiếu nại phải được sự quan tâm của giám đốc điều hành, y tá trưởng hoặc giám đốc y khoa.

- Khiếu nại của bạn sẽ được xác nhận trong vòng ba ngày nhận được.
- Chúng tôi đặt mục tiêu trả lời trong 25 ngày và cho bạn biết kết quả điều tra.

- Nếu chúng tôi gặp khó khăn thực hiện đúng thời hạn, chúng tôi sẽ liên hệ với bạn để cho bạn biết và cho biết khoảng thời gian bao lâu có thể tiến hành điều tra.
- Nếu bạn cảm thấy khiếu nại của bạn có những khía cạnh chưa được giải quyết đầy đủ trong giải đáp của sở y tế, xin vui lòng liên hệ với dịch vụ khiếu nại. Tổ sẽ xem xét bất kỳ vấn đề nào tồn đọng để có thể tìm thấy một giải pháp.
- Nếu bạn không hài lòng với kết quả cuối cùng của cuộc điều tra, Thanh Tra Quốc Hội Và Dịch Vụ Y Tế (PHSO) có thể có thể giúp đỡ bằng cách xem xét trường hợp của bạn một cách độc lập.
- Bạn có thể lấy một tờ rơi thông tin về PHSO tại các trung tâm thông tin ở cửa chính của bệnh viện, trung tâm y tế hoặc bạn có thể liên hệ với PHSO đường dây giúp đỡ 0845 015 4033 hoặc email phso.enquiries@ombudsmann.org.uk.

Niniejsza ulotka zawiera informacje o:

- **Zespole ds. kontaktów z pacjentami (PALS)**
- **Wydziale ds. Skarg**

Osoby niepokojące się o swoją opiekę lub opiekę nad swoim krewnym lub znajomym mogą porozmawiać ze starszym specjalistą na oddziale, w klinice lub wydziale.

Aby porozmawiać z kimś niezwiązanym z oddziałem / kliniką / wydziałem można zgłosić swoje obawy lub uwagi do Zespołu ds. kontaktów z pacjentami (PALS).

Jak PALS może pomóc

Pracownicy Zespołu PALS mogą:

- pomóc rozwiązać problemy i rozwiać obawy pacjentów, ich krewnych i opiekunów
- służyć na miejscu poufną radą, wsparciem lub informacją
- wysłuchać obaw, sugestii lub pytań co dobrze funkcjonuje, co nie działa i co należałoby usprawnić
- poinformować o różnych usługach oferowanych przez NHS

Możemy udzielić informacji i skontaktować z innymi osobami, które mogą pomóc. Możemy również przekazać dane różnych organizacji, np. organizacji charytatywnych, grup społecznych lub niezależnych doradców.

Jak się z nami skontaktować:

Nasze biuro znajduje się przy głównym wejściu do szpitala. Biuro otwarte jest w godzinach 9–17, od poniedziałku do piątku. Po godzinach urzędowania można zostawić wiadomość na automatycznej sekretarce. Dane kontaktowe znajdują się na ostatniej stronie ulotki.

Jak Wydział ds. Skarg może pomóc

Osoby nie mogące rozwiązać swoich obaw po rozmowie z członkiem personelu opiekującym się nimi lub pracownikiem PALS mogą złożyć oficjalną skargę.

Osoby potrzebujące pomocy lub wsparcia w złożeniu skargi mogą skontaktować się z niezależnym rzecznikiem ICAS.

Dane kontaktowe Wydziału ds. Skarg i ICAS można znaleźć na ostatniej stronie ulotki.

Zgodnie z procedurami NHS dotyczącymi skarg osoba składająca skargę musi poinformować Fundusz w przeciągu roku od kiedy zorientowała się o istnieniu problemu. Jeśli miało to miejsce więcej niż rok temu Fundusz może w dalszym ciągu być w stanie udzielić pomocy i zająć się wątpliwościami.

- Osoba składająca skargę otrzyma potwierdzenie jej otrzymania w przeciągu trzech dni roboczych od jej otrzymania.
- Celem jest odpowiedź na skargę w przeciągu 25 dni roboczych i poinformowanie o wynikach dochodzenia.

- W przypadku problemów z dotrzymaniem powyższego terminu skontaktujemy się z osobą składającą skargę i poinformujemy o postępach oraz podamy przewidywany termin ukończenia dochodzenia.
- Osoby uważające, że pewne aspekty ich skargi nie zostały odpowiednio zbadane w odpowiedzi na skargę mogą skontaktować się z Wydziałem ds. Skarg. Pracownicy Wydziału rozpatrzą wszelkie nierozwiązane kwestie, aby można było znaleźć rozwiązanie.
- Osoby niezadowolone z końcowych wyników dochodzenia mogą zwrócić się z prośbą o niezależne rozpatrzenie sprawy do Rzecznika Praw Obywatelskich ds. Służby Zdrowia (PHSO).
- Ulotkę zawierającą informacje o PHSO można otrzymać w centrum informacyjnym znajdującym się przy głównym wejściu do szpitala, w miejscowej przychodni lub kontaktując się z infolinią PHSO pod numerem 0845 015 4033 lub wysyłając email na adres phso.enquiries@ombudsman.org.uk

যেসব বিষয়ে এই লিফলেট আপনাকে তথ্য দিবে সেগুলো হলো:

- পেশান্ট এডভাইস এন্ড লিয়াসো সার্ভিস (পালস্)
- কমপ্লেইন্টস সার্ভিস (অভিযোগ সেবা)

আপনাকে অথবা আপনার আত্মীয়কে বা আপনার বন্ধুকে যে যতড়ব-সেবা দেয়া হচ্ছে সে সম্পর্কে আপনার যদি কোনো দুঃশ্চিন্তা বা প্রশড়ব থাকে

তাহলে বিষয়টি নিয়ে আপনি ওয়ার্ড, ক্লিনিক অথবা ডিপার্টমেন্টের উপরের পদে থাকা স্টাফ সদস্যদের সাথে কথা বলতে পারবেন।

এসব না করে এর বদলে আপনি যদি ওয়ার্ড / ক্লিনিক / ডিপার্টমেন্টের ভেতর আলাদা কারোর সাথে কথা বলতে চান, তাহলে ট্রাষ্ট'স পেশান্ট

এডভাইস এন্ড লিয়াসো সার্ভিসের মাধ্যমে আপনি আপনার যে কোনো দুঃশ্চিন্তার কথা বলতে পারবেন অথবা মন্তব্য জানাতে পারবেন।

পালস্ আপনাকে কিভাবে সাহায্য করতে পারে

পালস্ সদস্যরা যা করতে পারেন তা হলো:

- আপনি, আপনার আত্মীয় এবং কেয়ারার যে সমস্যা ও দুঃশ্চিন্তার মাঝে পড়েছেন সেগুলোর সমাধানে আপনাদের সাহায্য করা
- গোপনীয় ও দ্রুততার সাথে পরামর্শ প্রদান এবং সমর্থন ও উপদেশ দেয়া
- ট্রাষ্ট কি ঠিক করছে, কি ভুল করছে এবং কিভাবে ট্রাষ্টের কাজের আরো উন্নড়বতি করা যায় তার জন্যে আপনার সমস্যা, উপদেশ ও প্রশড়ব শোনা
- এন.এইচ.এসে নানান রকমের যেসব সার্ভিস বা সেবা পাওয়া যায় সেসব পেতে আপনাকে সাহায্য করার জন্যে শুরু থেকে শেষ পর্যন্ত আপনার পাশে থাকা

যেসব লোকজন আপনাকে সাহায্য করতে পারেন তাদের সাথে আমরা আপনার যোগাযোগের ব্যবস্থা করবো। আপনাকে আমরা সাহায্যকারী সংগঠনের বিস্তারিত জানাতে পারি, যেমন, স্বেচ্ছাসেবী সংগঠন, কমিউনিটি গ্রুপ অথবা স্বাধীন এডভোকেসি (নিরপেক্ষ পরামর্শ-সেবাদানকারী প্রতিষ্ঠান)।

কিভাবে পালস্ যোগাযোগ করতে হবে

যে সেবা পালস্ প্রদান করে থাকে তা হাসপাতালের প্রধান টোকর জায়গাকে কেন্দ্র করেই গড়ে উঠেছে। সার্ভিসের সদস্যদের সাথে কথা বলার জন্যে স্টাফদের আপনি পাবেন সোমবার - শুক্রবার, সকাল ৯টা - বিকেল ৫টার মধ্যে। এই সময়ের বাইরে ভয়েসমেইল ব্যবহার করে আপনি খবর রাখতে পারেন। যোগাযোগের সম্পূর্ণ ঠিকানার জন্যে অনুগ্রহ করে পেছনের পাতা দেখুন।

কমপ্লেইন্টস সার্ভিস (অভিযোগ সেবা) আপনাকে কিভাবে সাহায্য করতে পারে

দলের যে সদস্য আপনার ব্যাপারটি দেখছেন তার সাথে অথবা পালসের সাথে যদি আপনি আপনার সমস্যার সমাধান করতে না পারেন,

তাহলে আপনি পাকাপোক্ত অভিযোগ করতে পারেন।

অভিযোগ দায়ের করার জন্যে আপনার যদি সাহায্য অথবা সমর্থনের প্রয়োজন হয়, তাহলে আপনি ইন্ডিপেন্ডেন্ট কমপ্লেইন্টস এডভোকেসি সার্ভিসে (আইকাস) যোগাযোগ করতে পারেন।

কমপ্লেইন্টস সার্ভিস এবং আইকাস দুটোরই যোগাযোগের পুরো ঠিকানা পাওয়া যাবে পেছনের পাতায়।

এন.এইচ.এসে অভিযোগ দায়ের করার নিয়ম অনুযায়ী আপনি সমস্যা সম্পর্কে প্রমবার জানার এক বছরের মধ্যে ট্রাষ্টকে আপনার অভিযোগ

সম্পর্কে জানাতে হবে। ঘটনাটি যদি এক বছর আগেও ঘটে থাকে তাহলেও ট্রাষ্ট হয়তো আপনাকে সাহায্য করতে পারবে এবং আপনার

সমস্যাগুলো নিয়ে কাজ করতে পারবে।

সমস্ত অভিযোগ চীফ এক্সিকিউটিভ, চীফ নার্স অথবা মেডিকেল ডিরেক্টরের নজরে আনা হয়।

• অভিযোগ পাওয়ার তিন কার্য দিবসের (ওয়ার্কিং ডে) মধ্যে তা গ্রহণ করে আপনাকে জানানো হবে।

• আমাদের লক্ষ্য হলো ২৫ কার্য দিবসের মধ্যে কাজ শুরু করা এবং তদন্তের ফলাফল আপনাদের জানানো।

• যে নির্দিষ্ট সময়সীমা বেঁধে দেয়া হয়েছে তা পূরণ করতে যেয়ে আমরা যদি অসুবিধা বোধ করি তাহলে সে বিষয়ে আপনাকে জানাতে

আমরা আপনার সাথে যোগাযোগ করবো এবং তদন্ত শেষ হতে আর কত বেশী সময় লাগার সম্ভাবনা রয়েছে তা আপনাকে নির্দিষ্ট করে বলবো।

• আপনি যদি মনে করেন যে ট্রাষ্ট আপনাকে যে উত্তর দিয়েছে তাতে আপনার অভিযোগের কিছুকিছু দিকের প্রতি যথেষ্ট গুরুত্ব দেয়া হয়নি

তাহলে আপনি অনুগ্রহ করে কমপ্লেইন্ট সার্ভিসের সাথে যোগাযোগ করবেন। কোনো বিষয় বাদ পড়ে থাকলে তার সমাধান খুঁজে পেতে দলটি কাজ করবে।

• তদন্তের সর্বশেষ ফলাফল সম্পর্কে আপনি যদি সন্তুষ্ট না হন তাহলে আপনার কেইসটি আবার পরীক্ষা করে দেখার আলাদা ব্যবস্থা করে

পার্লামেন্টারী এন্ড হেলথ সার্ভিস ওম্বুডসম্যান (পি.এইচ.এস.ও) আপনাকে সাহায্য করতে পারে।

• হাসপাতালের প্রধান ঢোকর জায়গা অথবা আপনার স্থানীয় স্বাস্থ্য কেন্দ্র থেকে আপনি পি.এইচ.এস.ও সম্পর্কে তথ্যপত্র বা লিফলেট

আনতে পারেন অথবা ০৮৪৫ ০১৫ ৪০৩৩ নম্বরে পি.এইচ.এস.ও হেল্পলাইনে আপনি ফোন করে যোগাযোগ করতে পারেন বা

ঢ়যাংড়.বহয়ঁরত্ৰবং@ডসনঁফংসধহ.ডুৎমঁ.শ
ঠিকানায় আপনি ইমেইল করতে পারেন।

Bu broşür, aşağıdaki konularda bilgiler içermektedir:

- **Hasta Danışma ve İrtibat Servisi (PALS)**
- **Şikayetler Servisi**

Eğer kendi bakımınız, akrabanızın veya arkadaşınızın bakımı konusunda bir endişeniz varsa, servisteki veya departmandaki çalışan personellerin üst sorumlularından birisiyle görüşebilirsiniz.

Eğer bunun yerine, servisten / klinikten / departmandan bağımsız birisiyle konuşmak istiyorsanız, Vakıf Hasta Danışma ve İrtibat Servisi aracılığıyla yorumunuzu veya endişelerinizi dile getirebilirsiniz.

PALS size nasıl yardımcı olabilir

PALS çalışan personelinin yapabilecekleri şunlardır:

- Sizin, akrabanızın veya bakıcınızın olabilecek endişelerinizi ve problemlerinizi çözenize yardımcı olma
- Gizli, anında danışmanlık, destek ve bilgiler temin etme
- Vakfın neyi doğru yaptığını, neyin yanlış, neyin doğru olduğunu duymak için endişelerinizi, tavsiyelerinizi veya sorularınızı dinleme
- NHS şikayetler prosedürüne uygun olarak, bir yıl içerisinde sorununuzu ilk farkına vardığınızda şikayetinizi Vakıfa bildirmelisiniz. Eğer bir seneden

fazla olmuşsa , Vakıf hâla size yardımcı olabilir ve endişelerinizi dikkate almaya çalışabilir. rının detaylarını size verebiliriz.

PALS'a nasıl temas kurulur

Servis, hastanenin ana girişinde bulunmaktadır. Servisten bir kişiye konuşmak için, çalışan personel Pazartesi – Cuma arası günlerde, saat 9 – 5 arası mevcuttur. Ses kayıtlı mesajlar, bu saatler dışında bırakılabilirler. İrtibat detayları için lütfen arka sayfaya bakınız.

Şikayetler Servisi size nasıl yardımcı olur

Eğer endişenizi, sizinle ilgilenen ekipten bir kişi veya PALS ile çözemerseniz, resmi bir şikayet yapabilirsiniz.

Şikayet yapmak için desteğe veya yardıma ihtiyacınız varsa, Bağımsız Şikayetler Danışma Servisi (ICAS)'la temas kurabilirsiniz.

Şikayetler Servisi ve ICAS ile ilgili temas kurma detayları arka sayfada bulunulabilir.

NHS şikayetler prosedürüne uygun olarak, bir yıl içerisinde sorununuzu ilk farkına vardığınızda şikayetinizi Vakıfa bildirmelisiniz. Eğer bir seneden fazla olmuşsa , Vakıf hâla size yardımcı olabilir ve endişelerinizi dikkate almaya çalışabilir.

Vakıf'a bildirmeniz gerekir.

Bütün şikayetler, Genel Müdürün, Baş Hemşirenin veya Tıbbi Müdürün dikkatine getirilmektedir.

- Şikayetiniz alındıktan sonra üç iş günü içerisinde kabul edilecektir.
- 25 gün içerisinde size cevap vermeyi ve soruşturmanın sonucunu bildirmeyi hedefliyoruz.

- Eğer söz verilen tarihle ilgili bir zorluk varsa, bunu size bildirmek için sizle temasa geçeceğiz ve soruşturmanın takriben ne kadar zaman süreceği hakkında bilgi vereceğiz.
- Vakfın cevaplamasında eğer şikayetinizin görüşlerinin yeterince ele alınmadığını düşünüyorsanız, şikayetler servisi ile lütfen temas kurunuz. Ekip, değinilmemiş konulara bakacak, böylece bir çözüm bulunabilecektir.
- Eğer araştırmanın en son verilen sonucundan memnun değilseniz, Parlamento ve Sağlık Servisi Ombudsmanı (PHSO), sizin durumunuzu bağımsız olarak gözden geçirmek suretiyle yardımcı olabilir.
- Hastanenin ana girişindeki bilgi merkezinden, yerel sağlık merkezinden veya PHSO yardım hattı 0845 015 4033'e temas kurarak veya e-posta phso.enquiries@ombudsman.org.uk'dan PHSO hakkında bilgi broşürünü alabilirsiniz.

Patient Advice & Liaison Service (PALS)

Homerton University Hospital NHS Foundation Trust
Homerton Row
London E9 6SR

Tel: 020 8510 7315

Fax 020 8510 7733

Email: pals@homerton.nhs.uk

Monday – Friday 9am – 5pm

Complaints Service

Homerton University Hospital NHS Foundation Trust
Homerton Row
London E9 6SR

Tel: 020 8510 5113

Email: pals@homerton.nhs.uk

Monday – Friday 9.30am – 5.30pm

Independent Complaints Advocacy Service (ICAS)

Helpline: 0300 330 5454

Textphone: 0786 002 2939

Email: nhscomplaints@voiceability.org

Website: www.nhscomplaintsadvocacy.org

Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London SW1P 4QP

Tel: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

Website: www.ombudsman.org.uk

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