

Patient Relations Policy

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PURPOSE	To set out the principles and framework for the management of comments, enquiries, concerns and complaints.
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¹ If this Controlled Document will have an impact on any contracts held by the Trust, once approved, this will need to be sent to the Procurement Team requesting that it be added to the Procurement Policy Portal

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1 Policy Statement

- 1.1 University Hospitals Birmingham NHS Foundation Trust ('the Trust') is committed to building healthier lives.
- 1.2 For the purposes of this document comments, enquiries, concerns and complaints are defined as 'contacts'.
- 1.3 The Trust encourages staff to resolve concerns at the point of contact where possible to improve the experience of patients.
- 1.4 The Trust will ensure that contacts which cannot be resolved at point of contact are investigated and managed appropriately and in accordance with the wishes of the individual raising the concern.
- 1.5 The Trust welcomes contacts, as it seeks to learn from them in order to drive improvements and enhance our patients' experience.
- 1.6 It is important for the person contacting the service to feel that they have been listened to, all their issues have been responded to and they have been shown an appropriate level of empathy in our response to their contact.
- 1.7 The Trust will ensure that it complies with legislation, including, but not limited to PALS (Patient Advice and Liaison Service) Core National Standards and Evaluation Framework (DH 2003), current legislation (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009) ('current legislation') and guidance from the Care Quality Commission, NHS Constitution for England and the Parliamentary and Health Service Ombudsman ('PHSO') when dealing with contacts.
- 1.8 The Patient Relations Department will be impartial in its approach and management of all contacts.
- 1.9 Anyone choosing to highlight issues at the point of care or with the Patient Relations Department will not be treated differently as a result. To support this process associated documentation is held separately to the patient's medical records and the importance of this is highlighted in relevant training programmes.

2 Scope

- 2.1 This policy applies to contacts in relation to the Trust's services, including any satellite services, and all individuals acting on behalf of the Trust including: employees, contractors, volunteers, students, locum/agency staff and those employed on honorary contracts.

- 2.2 This policy is not designed for staff to raise an issue regarding another member of staff of the Trust, unless it is in the capacity of them being a patient, carer or relative receiving services from the Trust.
- 2.3 Complaints from private patients receiving services from the Trust will be investigated although not all aspects are covered by the current regulations.
- 2.4 Complaints relating to staff behaviour that require Human Resources or Maintaining High Professional Standards investigation will be handled under those separate policies.

3 Framework

- 3.1 This section describes the broad framework for the Patient Relations Policy. Detailed instructions are provided in the associated procedural documents (see section 3.2 and section 7 below).
- 3.2 Operational instructions for the handling and investigation of and learning from contacts, including complaints, are detailed in the Patient Relations Procedure. This Procedure may be amended from time to time by authority of the Chief Nurse, provided that such amendments are compliant with this policy.
- 3.3 A 'complaint' is defined as 'an expression of dissatisfaction requiring a response made orally, in writing or electronically which cannot be resolved at point of contact or through PALS (Patient Advice and Liaison Service) and which falls within the scope of the NHS Complaints Regulations'.
- 3.4 The Trust has a responsibility to ensure that individuals have easy access to information about how to raise a concern or complaint and that those issues are responded to openly and fairly without prejudice to their care.
- 3.5 Emphasis is placed on resolving contacts as quickly as possible, particularly through immediate interaction by front line staff, or via the PALS team.
- 3.6 The Patient Relations Department oversees the complaints and PALS processes from an administrative and regulatory point of view.
- 3.7 Patient Relations will screen all contacts for safeguarding concerns and serious allegations. A serious allegation is defined as alleged inappropriate/abusive actions by a member of Trust staff/other individual. Patient Relations will act in accordance with the associated procedural documents such that any concerns or complaints of a serious nature relating to alleged inappropriate/abusive actions of a member of Trust staff and/or other individuals must be immediately escalated to a senior member of the Patient Relations management team.
- 3.8 The PALS team may decide to immediately refer the contact to the Complaints team based on the nature and/or seriousness of the issues raised. This decision will be made in conjunction with the individual raising

the contact. The contact may also be referred to the Complaints team if the PASL team are unable to resolve the issue(s) to the satisfaction of the individual raising the issue(s).

- 3.9 Complaints will be acknowledged verbally, electronically or in writing within three working days of receipt.
- 3.10 The Trust will ensure that all complaints receive an appropriate, thorough, specific and timely investigation in accordance with current legislation and the associated Patient Relations procedure.
- 3.11 Timescales for completion will be agreed between the Patient Relations department and the complainant. These will reflect the current agreed Trust standard timescale. Where the original timescales cannot be achieved, the Patient Relations department will contact the complainant and agree a revised timescale.
- 3.12 Information regarding complaints that may involve incidents, inquests, claims or requests for compensation will be shared with the Clinical Governance and Patient Safety department and Legal Services department.
- 3.13 Where it is considered complaint investigation may prejudice a legal outcome, the complaint investigation may be suspended. Decisions to suspend shall be taken by the Chief Nurse, having taken appropriate advice from relevant staff.
- 3.14 Where a complaint relates in whole or part to an incident that could potentially be considered a 'serious incident' (SI) or be subject to Duty of Candour, the Complaints team will ensure this is reported to the Clinical Governance and Patient Safety department and decisions regarding handling agreed in line with the SI flowchart governing such circumstances (see associated procedural document).
- 3.15 Complaints which involve more than one NHS organisation or other statutory body may receive either separate responses from each organisation or a single co-ordinated response in line with NHS Complaints Regulations and subject to negotiation with the complainant.
- 3.16 Response and Duty of Candour
 - 3.16.1 The Trust will observe the principles of Duty of Candour as set out in the associated Duty of Candour Policy by offering full and honest explanations, observing Duty of Candour requirements where appropriate. An apology will be provided to the complainant where appropriate to do so.
 - 3.16.2 The complainant will be provided with information about the complaints process, including how to access an advocacy service.

- 3.16.3 All complainants will be given details of the Parliamentary and Health Service Ombudsman (PHSO), detailing that they have the right to request an independent review, following completion of local resolution within the Trust's complaints process.
- 3.16.4 Where the Trust's response has not satisfied the complainant and where there is scope for further investigation and response, a further response will be provided to the complainant within an agreed timescale, following an additional investigation. The further response may take the form of a letter, a meeting or a telephone call, in accordance with the complainant's wishes wherever possible.
- 3.16.5 Where the Trust's response(s) has/have not resolved the complaint to the complainant's satisfaction and there is no scope for further investigation, nor any additional information can reasonably be provided to the complainant, then the Trust will explain that local resolution is complete and will remind the complainant of their right to request an independent review via the PHSO. The Trust may itself approach the PHSO to ask it to consider accepting the case under section 10 of the Health Service Commissioners Act (1993).
- 3.16.6 The Trust will ensure that there is learning from complaints and that this is disseminated across the Trust via relevant staff, reports, forums and other mechanisms. It is important that any learning is also shared with complainants in the Trust's response to their complaint. Please refer to the Trust's Patient Relations Procedure for further information.

3.17 Habitual or Vexatious Complaints

- 3.17.1 Where complaints are considered to be habitual or vexatious, the complainant will be handled in accordance with the associated Complaints Procedure (Habitual or Vexatious Complaints).

3.18 Supporting Staff

- 3.18.1 The line manager is responsible for the provision of primary support for staff involved in a complaint, in line with services for staff available in the Trust.
- 3.18.2 If a staff member is experiencing difficulties associated with an event related to a complaint, which have not been resolved following the process above, discussion should be considered by their line manager, in consultation with the member of staff and a Human Resources Manager using the appropriate policy or procedure. Other sources of support are available to staff including but not limited to staff support, confidential contacts, and occupational health.

3.19 Staff performance issues

3.19.1 The Trust investigates complaints to establish **what** went wrong rather than **who** did wrong.

3.19.2 During the course of an investigation if it is identified that there may be concerns regarding the performance, capability or competence of any individual, then the appropriate manager should consider a further investigation in accordance with relevant HR policies and procedures.

4 **Duties**

4.1 **Chief Executive**

The Chief Executive will sign all final responses to complaints. In the absence of the Chief Executive, complaints will be reviewed and final responses signed by the person with delegated authority.

4.2 **Chief Nurse**

The Chief Nurse has executive responsibility for effective complaints handling and compliance with this policy.

4.3 **Directors**

Directors are responsible for ensuring complaints in their areas of responsibility are responded to and that learning is implemented.

4.4 **Head of Patient Experience**

The Head of Patient Experience has responsibility for ensuring that all complaints are investigated appropriately, responded to in an effective and professional manner, and that the Trust meets its statutory obligations and local targets.

4.5 **Patient Relations Lead**

The Patient Relations Lead has responsibility for leading the PALS and Complaints teams and ensuring that they function in accordance with this policy and its associated procedures, which will be reviewed and updated as required.

4.6 **Patient Relations Department**

Staff within the Patient Relations Department are responsible for:

4.6.1 Co-ordinating the management of all complaints in line with this policy and associated Patient Relations Procedure and in collaboration with Trust colleagues.

- 4.6.2 Receiving, recording, managing, monitoring and responding to PALS contacts as appropriate and in accordance with associated procedural documents.
- 4.6.3 Receiving and recording complaints as appropriate.
- 4.6.4 Referring new complaints to the relevant senior divisional management team for 'triaging' in accordance with 4.7.5 below.
- 4.6.5 Inputting new complaints on the current Trust complaints database – linking contacts to existing records for the same patient including claims, incidents, PALS records or inquests where possible.
- 4.6.6 Acknowledging receipt of complaints.
- 4.6.7 Compiling an electronic complaint file to include all relevant correspondence.
- 4.6.8 Risk assessing complaint cases (see Appendix 2 for guidance used).
- 4.6.9 Ensuring 'serious complaints' (see definition in 3.7 above) are copied to the Risk and other relevant departments if appropriate.
- 4.6.10 Deciding whether a complaint is deemed "out of time" under the NHS Complaints Regulations, and whether the Trust will none-the-less investigate it as a complaint, or as an enquiry outside of the regulations, or reject it.
- 4.6.11 Assessing whether a complaint should be managed under the Patient Relations Procedure (Habitual or Vexatious Complaints) see associated procedure for details.
- 4.6.12 Ensuring contact with the complainant to acknowledge the complaint and to agree a plan for investigation and response.
- 4.6.13 Ensuring contact with the complainant throughout the life of the complaint.
- 4.6.14 Drafting final responses in 'plain English' within agreed timeframes, ensuring that empathetic language is used, appropriate apologies are provided, all the questions raised in the original complaint have been adequately addressed and technical terms explained or removed.
- 4.6.15 Liaising with the PHSO as required including acting as point of contact, providing information as required and tracking case progress.

- 4.6.16 Monitoring complaint activity and highlighting non-compliance via reports as requested by Trust groups or committees.
- 4.6.17 Monitoring response timescales and ensuring deadlines are met wherever possible.
- 4.6.18 Arranging, facilitating and recording meetings with complainants.
- 4.6.19 Recording and monitoring actions and learning from complaints.

4.7 **Divisional Management Team**

Members of the Divisional Management team are responsible for ensuring that:

- 4.7.1 They have appropriate mechanisms in place within their Division to handle their complaints.
- 4.7.2 Support is provided to staff involved with complaints.
- 4.7.3 They are familiar with policies and associated procedures for handling contacts and complaints.
- 4.7.4 PALS contacts are responded to with comprehensive responses and within agreed timescales.
- 4.7.5 'Triaging' of new complaints is completed in a timely manner and the outcome advised to the Patient Relations Department in accordance with the current complaints' timeline. This includes informing the Patient Relations Department of the informal resolution of complaints by divisional colleagues where appropriate.
- 4.7.6 Where they identify issues, which are being or need to be investigated elsewhere, such as serious incidents, that they ensure appropriate action is taken.
- 4.7.7 An impartial and credible Investigating Officer is appointed and complaints are appropriately investigated, in a timely manner in line with the Complaints Procedure.
- 4.7.8 The quality and timeliness of the investigation and subsequent information provided to the Patient Relations Department is sufficient and within the current timescales.
- 4.7.9 Escalation contacts from Patient Relations' colleagues are acted upon, ensuring that outstanding responses are provided by divisional colleagues.

- 4.7.10 Final responses are reviewed and approved and that any actions or improvements agreed are identified within the response and implemented and monitored in their areas of responsibility.
- 4.7.11 Ensuring divisional colleagues comply with requests for availability for meetings within the required timeframe.

4.8 Line Managers, Matrons, Senior Sisters, Charge Nurses, Departmental Managers and Heads of Departments

Line Managers, Matrons, Senior Sisters, Charge Nurses, Departmental Managers and Heads of Departments must ensure that staff for whom they have responsibility are:

- 4.8.1 Supported when involved with PALS contacts and complaints.
- 4.8.2 Familiar with policies and associated procedures for handling concerns and complaints.
- 4.8.3 Aware that concerns should be resolved locally where possible.
- 4.8.4 Informed about the action to take if a patient or their representative wishes to make a complaint or raise an issue with the Trust.
- 4.8.5 Aware of their responsibility for informing line managers promptly, where concerns cannot be resolved at point of contact.
- 4.8.6 Able to ensure that actions agreed as a result of complaints investigations are completed and confirmation, including any supporting evidence, is provided to the Patient Relations department.

4.9 Investigating Officers

- 4.9.1 Investigating Officers are appointed by the Divisional Management Team and are responsible for the timely and robust investigation of complaints, ensuring a high quality response is provided in accordance with local targets.
- 4.9.2 Complaints about the attitude, conduct or clinical practice of a member of Trust staff will be subject to review by an appropriate senior manager.

5 Implementation and Monitoring

5.1 Implementation

- 5.1.1 The Patient Relations Policy will be made available to all staff via the Trust intranet will be disseminated through the Trust's management structure.

5.1.2 Patient Relations awareness training will be delivered to all staff on induction and ad hoc training tailored to individual needs is available on request.

5.2 **Monitoring**

Appendix A provides full details on how the policy will be monitored by the Trust.

6 **References**

Legislation.gov.uk (February 2009) *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*, [Online], Available: <http://www.legislation.gov.uk/uksi/2009/309/contents/made> [04.01.12] London: The Stationery Office.

PALS Core National Standards Framework (DH 2003)

NHS Constitution (2015)

Health Service Commissioners Act (1993)

7 **Associated Policy and Procedural Documentation**

Duty of Candour (Being Open) Policy

Claims Handling Policy and Procedure

Patient Relations Procedure

Complaints Procedure (Habitual or Vexatious Complainants)

Complaints Requesting Compensation Procedure

Maintaining High Professional Standards in the NHS

Policy for the Reporting and Management of Incidents including Serious Incidents Requiring Investigation

Appendix A

Monitoring Matrix

MONITORING OF COMPLIANCE	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Acknowledgment of complaints within three working days of receipt	Patient Relations Lead	Patient Experience Group (KPIs)	Entered onto Datix and included in formal report.	Monthly
Timeliness of complaint response	Patient Relations Lead	Patient Experience Group (KPIs) Care Quality Group Chief Executive's Advisory Group (CEAG) Board of Directors Clinical Commissioning Group	Entered onto Datix and included in formal report.	Monthly Quarterly Quarterly Monthly Quarterly
Quality assuring responses to complaints	Patient Relations Lead	Patient Experience Group	QA process in place KPIs in place	Monthly
Cases reviewed by the Parliamentary and Health Service Ombudsman	Patient Relations Lead	Patient Experience Group CEAG Annual report	Formal report Formal report Formal report	Monthly Quarterly Annual
Monitoring of actions resulting from complaints	Patient Relations	Divisional Quality and Safety meetings	Formal report	Quarterly

	Lead			
Listening and responding to concerns, complaints from patients, their relatives and carers.	Patient Relations Lead	Patient Experience Group	Survey of contacts, seeking their views on how they felt their contact was handled	Annual
Monitoring of Patient Relations' Procedure	Patient Relations Lead	Patient Experience Group	Audit of a sample of cases monthly	Quarterly

Appendix 1

Model Matrix

For the full *Risk matrix for risk managers*, go to www.npsa.nhs.uk

Table 1 Consequence Scores

Choose the most appropriate domain for the identified risk from the left-hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
Risk category	1 - Insignificant	2 - Minor	3 - Moderate	4 - Severe	5 - Catastrophic
Quality	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

Compliance and Regulatory	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Reputation	Rumours Potential for public concern	Local media coverage confidence Elements of public expectation not being met	Local media coverage – short-term reduction in public confidence	National media coverage/long term reduction in public confidence	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Financial	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Note: the above table can be tailored to meet the needs of the individual organisation.





Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

Instructions for use

- 1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
- 2 Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
- 3 Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
- 4 Calculate the risk score the risk multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)
- 5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.