

This document is uncontrolled once printed.

Please refer to the Trusts Intranet site (Procedural Documents) for the most up to date version

Management of Comments, Concerns, Complaints and Compliments

4C's

NGH-PO-483

Ratified By:	Procedural Documents Group
Date Ratified	July 2019
Version No:	3
Supercedes Document No:	2
Previous versions ratified by (group & date):	Oct 2009, Feb 2015 by PDG
Date(s) Reviewed:	Feb 2016, Feb 2019
Next Review Date	Feb 2022
Responsibility for Review	Head of Complaints, PALS & Bereavement Service
Contributors:	Director of Nursing/Deputy Director of Nursing

POLICY

CONTENTS

Version Control Summary	3
SUMMARY	3
1. INTRODUCTION	4
2. PURPOSE	4
3. SCOPE	4
4. COMPLIANCE STATEMENTS	5
5. DEFINITIONS	6
6. ROLES & RESPONSIBILITIES	7
7. SUBSTANTIVE CONTENT	9
7.1. PALS and Complaints Interface	9
8. IMPLEMENTATION & TRAINING	13
9. MONITORING & REVIEW	14
10. REFERENCES & ASSOCIATED DOCUMENTATION	17
APPENDICES	19
Appendix 1 4C's Patient Information Leaflet	20
Appendix 2 PALS Process Flowchart	28
Appendix 3 Process for Handling Formal Complaints	29
Appendix 4 Comments, Concerns, Complaint, Compliment Form	30
Appendix 5 Making a Complaint Patient Information Leaflet	32

POLICY

Version Control Summary

Version	Date	Author	Status	Comment
2	Feb 2016	Head of Complaints, PALS & Bereavement Service	ratified	
3	Feb 2019	Head of Complaints, PALS & Bereavement Service	ratified	

SUMMARY

Every member of staff is responsible for supporting people who wish to provide feedback or raise concerns. This policy will ensure that comments, concerns, complaints and compliments (4 'C's) are handled thoroughly without delay and with the aim of satisfying the patient/relative/carer whilst being fair and open with those concerned. It is important that any of the 4Cs are dealt with locally where possible and where this is not possible referral and information should be directed to the Patient Advice and Liaison Service (PALS) or Complaints department.

Northampton General Hospital NHS Trust's Policy for the Management of Complaints is based upon the NHS Statutory Regulations governing Health & Social Care (for Adults) 2009 No: 309. The Trust also recognises the six principles of the Parliamentary & Health Service Ombudsman:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

This policy is intended to be a working guide for frontline staff on the PALS and complaints services based on best practice throughout the NHS.

POLICY

1. INTRODUCTION

Compliments, comments, complaints, concerns and suggestions from patients, carers and the public are encouraged and welcomed. Should patients, carers or members of the public be dissatisfied with the care provided by this Trust they have a right to be heard and for their concerns to be dealt with promptly, efficiently and courteously. Under no circumstances should patients, relatives or carers be treated adversely as a result of raising concerns/complaints about any aspect of the service provided by this Trust. The Trust welcomes all forms of feedback and information which is used to improve the service that is provided to the local community.

PALS are a key source of patient, relative and carer feedback for the Trust and is an avenue for the public to gain help, support, information and advice. PALS has been developed at NGH according to local needs and to ensure that patients and their families/carers have an identifiable person that they can turn to if they have a problem or need information, advice or support whilst they or their relative/carer are accessing the services provided by this Trust.

2. PURPOSE

This policy aims to ensure that:

- Staff have access to relevant information to support patients, their relatives and carers in giving feedback via access to this policy, leaflets displayed at the Trust and via information accessible on the Trusts internet and intranet sites.
- The information received as a result of 4C's feedback is used to improve services provided to patients, relatives and carers.
- The Trust's response to complaints and concerns is fair and equitable to both the complainant and staff involved.
- Investigations of complaints and concerns are performed in a thorough and timely manner, facilitating resolution in an open and conciliatory way.
- The information gained forms an essential element of the Trust's approach to governance.

3. SCOPE

This policy applies to members of staff within this Trust. Staff members should understand the principles of the 4 'C's so that they can direct patients, carers and visitors to the appropriate service to obtain help and advice.

POLICY

4. COMPLIANCE STATEMENTS

Equality & Diversity

This document has been designed to support the Trust's effort to promote Equality, Diversity and Human Rights in the work place in line with the Trust's Equality and Human Rights Strategy. It has also been analysed to ensure that as part of the Public Sector Equality Duty the Trust has demonstrated that it has given 'due regard' to its equality duty and that, as far as is practicable, this document is free from having a potential discriminatory or adverse/negative impact on people or groups of people who have relevant protected characteristics, as defined in the Equality Act of 2010.

NHS Constitution

The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the Principles and Values of the NHS along with the Vision and Values of Northampton General Hospital NHS Trust.

Person Identifiable/Confidential Data and Privacy Rights

In line with the General Data Protection Regulation (2016) and the Data Protection Act 2018 the Trust is obliged to treat all information in a secure, professional and ethical manner, whilst keeping all person identifiable and personal confidential data confidential. In addition the Trust will not share employee information with a third party, unless there is a legal basis for disclosure, for example for the detection and prevention of crime, or if it is in the legitimate interest of the Trust.

As part of the Information Governance policies of the Trust and data protection legislation, if the Trust is required to share any reports/information/data relating to the processes and procedures of any of our policies, the data, where possible, will be anonymised to remove person identifiable/confidential data unless there is a justifiable reason not to.

5. DEFINITIONS

NHS	National Health Service
4 'C's	Comments, Concerns, Complaints, Compliments
NGH	Northampton General Hospital
PALS	Patient Advice & Liaison Service - PALS provide on the spot information, advice and support to patients, relatives and carers' and will act on their behalf to resolve concerns and issues that may arise regarding the care and services provided by Northampton General Hospital (NGH).
VOICEABILITY	NHS Complaints Advocacy Service
HEALTHWATCH	National Consumer Champion in Healthcare
Complaint	<p>Any concern or dissatisfaction raised, either verbally or in writing (including email correspondence) about any aspect of service provided by the Trust which the patient or their representative (with the patient's consent) or any person has specifically asked to be addressed through the NHS Complaints Procedure.</p> <p>A complaint may be made by any person about concerns they have regarding the quality of service that they have experienced.</p>
Informal on-the-spot	<p>Any issue that can be resolved within 36 hours (the next day) is not considered to be a complaint and therefore should be addressed directly with the person involved. If ward staff are unable to resolve the concern then the complainant should be advised of the other options available to them i.e. to speak with the senior nurse on the ward, the Modern Matron or department manager.</p> <p>Additionally the complainant may also be offered the option to discuss their concerns with PALS (Patient Advice & Liaison Service). Options should be considered fully before the concern is escalated to the Complaints Team. For issues raised outside of normal office hours (9am-4.30pm) these should be brought to the attention of the ward staff or</p>

POLICY

6. ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
Chief Executive and the Trust Board	Are responsible for ensuring there is a policy in place.
Director of Nursing, Midwifery and Patient Services	Overall responsibility for the PALS / Bereavement and Complaints services. The Head of PALS & Bereavement Service and the Head of Complaints report, via the Trust's Deputy Director of Nursing, to this Director. The Director of Nursing, Midwifery and Patient Services reports directly to the Board regarding aspects relating to patient liaison matters, patient feedback, in respect of services provided by the Trust and is the designated executive lead for Complaints.
Head of Complaints, PALS & Bereavement Service	<p>Responsibility for the development and strategic management of the Complaints Team and reports directly to the Deputy Director of Nursing. The post holder provides expertise and guidance to the Complaints Team and to the Trust regarding complaints management.</p> <p>This post also has responsibility for the development and strategic management of PALS and the Bereavement Services and provides expertise and guidance to the PALS and Bereavement Officers and to the Trust in respect of the PALS/Bereavement Services.</p> <p>Additionally the post holder monitors effectiveness of the processes described in this policy, including any learning which has been identified.</p>
Staff	<p>Members of staff within the Trust, regardless of where they work or what they do, are expected to help resolve complaints or concerns raised by service users or their carers at the point of service delivery. Staff are also required to work closely with PALS who will provide support, guidance and information to those who wish to access the service.</p> <p>When an informal complaint is raised at a ward level ward staff need to complete a 4C's form and send it back to the Directorate management team for information purposes. Copies of the forms should also be returned to the Complaints Team where they will be logged and included within quarterly reporting documents</p>

POLICY

ROLE	RESPONSIBILITY
Divisional Senior Management Teams	Responsibility for ensuring that this policy is disseminated to members of their teams. They will also ensure that the procedures detailed within the policy are followed appropriately.
Directorate staff	Directorate staff must comply with the information detailed within this POLICY and seek advice accordingly from their respective manager, or the Trust lead for Complaints, PALS & Bereavement..
All Trust Employees	<p>Every member of staff is responsible for supporting people who wish to provide feedback or raise concerns.</p> <p>They also have a responsibility to:</p> <ul style="list-style-type: none"> • Support the Trust to achieve its Vision • Act at all times in accordance with the Trust values • Follow duties and expectations of staff as detailed in the NHS Constitution – Staff Responsibilities

POLICY

7. SUBSTANTIVE CONTENT

7.1. PALS and Complaints Interface

Close collaboration between PALS (Patient Advice & Liaison Service) and the Complaints Department is essential to ensure a coherent and seamless approach to resolving clients concerns. These teams work closely together to establish the most effective means of resolution of patients/relatives concerns. Whilst these services work in an integrated way, it is important to clarify their specific areas of remit.

Each department (PALS and Complaints) has their own local operational procedures and set processes for dealing with feedback that is received by them.

APPENDIX 1 contains the patient information leaflet (4C's - Comments, Concerns, Complaints, and Compliments). This leaflet provides information to patients, relatives and carers regarding the Trust's streamlined approach to handling issues raised and ensuring that they have access to a number of options available to them in order to resolve their concerns in a self-determined way.

7.1.1. PALS

See APPENDIX 2 for the PALS process flowchart.

PALS is a referral service and the overriding consideration at all times for the PALS team within the Trust will be that patients and their families/carers receive a seamless service which is speedy and responsive to their individual needs. PALS will always seek to meet the individual needs of users of the service and that all users, whether patients, carers or visitors are offered choice and the opportunity for self-determination.

Patients, carers, and families can self-refer to PALS or can be referred via a member of staff or other agencies as appropriate, with the consent of the individual.

The PALS service is available:

- By phone on a direct line telephone number (01604) 545784 from 9am – 4.00pm, Monday – Friday. Outside these hours and Bank Holidays an answer phone message service operates.
- In person by appointment if possible, during the hours of 9am and 4.00pm.
- Drop in (dependent on staff availability) to PALS/Bereavement Service, near the Billing Road Entrance opposite the Board Room in Area R
- By email on pals@ngh.nhs.uk

Although PALS is a patient advice service it is recognised by the Trust that there is a role for PALS in supporting staff to improve the patient experience. PALS can provide information about the complaints procedure and help the complainant access independent advocacy. PALS staff may assist members of the public as to how to access the Complaints Service and make a formal written complaint.

POLICY

PALS will provide advice and assistance as far as they are able to staff in addressing any concerns or problems raised with them and will advise on user involvement where necessary. Staff are also referred to the trust's Whistle Blowing Policy which is available on the trust's intranet

PALS can consider withdrawing or declining to provide support when:

- Staff consider their personal safety is at risk or that zero tolerance has been breached.
- When the matter being raised by the individual has already been handled as a written complaint through the complaints procedure.

7.1.2. Complaints

See APPENDIX 3 for the complaints process flowchart.

The Complaints Department is open between 9:00am and 5:00pm Monday to Friday. When a formal complaint is raised out of hours, and cannot be resolved through the 4C's process, the complainant's details should be taken by the ward or department and passed on to the Complaints Team on the next working day. Should the matter require immediate resolution or the intervention of a senior member of staff, the on-call senior manager or on call senior nurse should be contacted and a 4C's - Comments, Concerns, Complaints, Compliments form (APPENDIX 4) completed. The senior manager/head nurse should take the details of the issue and initiate any immediate action. The senior manager/head nurse will then forward the details of the complaint to the Complaints Team if any further investigation or action is required.

All NHS organisations and local authorities must have a person readily identifiable to service users, who is responsible for managing the complaints handling team within that organisation. Within this Trust this is the Head of Complaints. The Trust also has a designated Executive Lead for Complaints (the Director of Nursing, Midwifery & Patient Services) who is also the identified person designated as being responsible for:

- The operation of the complaints arrangements, and
- Ensuring that lessons learned are implemented.

Any concern or dissatisfaction raised, either verbally or in writing (including email correspondence) about any aspect of service provided by the Trust which the patient or their representative (with the patient's consent) or any person has specifically asked to be addressed through the NHS Complaints Procedure.

The NHS formal complaints procedure comprises two stages:

- Stage 1 - Local resolution (and review if required)
- Stage 2 - Investigations by the Parliamentary and Health Service Ombudsman

POLICY

Patients and relatives are encouraged to raise concerns or make complaints as soon as possible and directly to the staff involved or to the manager of the ward or department. The complainant's concerns should be addressed constructively and where possible dealt with immediately by the staff member approached. The complainant should be treated sensitively and in a manner that is open and constructive. If the staff member approached is unable to deal with the issue raised, it should be referred promptly to a more senior member of staff on duty at the time, i.e. ward manager, head nurse or directorate/department manager.

Where it is not possible to deal with the complaint immediately, the complaint requires a formal investigation, or the complainant wishes to address their concerns to somebody who has not been involved in the situation, the complainant should be referred initially to PALS who will advise the complainant of the options available i.e. either through a formal or informal process.

Irrespective of who is dealing with the matter, the complainant should be given a contact name and telephone number and must be kept informed of progress and advised when a response may be expected.

Accurate records must always be made and retained regarding the concerns, actions taken and any communications. Staff must ensure that a Comments, Concerns, Complaints, Compliments form (APPENDIX 4) is completed and sent to the Directorate Manager or department head and copied to the Head of Complaints, PALS & Bereavement.

Where a decision has been taken to provide a written response, an acknowledgement identifying the key issues to be investigated, and a recommended timescale will be sent to the complainant within three working days. The complainant has seven working days in which to correct any errors or make additions to the complaint. This timescale can be amended according to the needs of the complainant.

Verbal complaint forms should only be used by the Complaints Team on receipt of a verbal complaint from a member of the public and received directly in the department. For verbal complaints that require investigation, a copy will be sent to the complainant for their record and signature.

All formal complaints will receive a letter of acknowledgement within three working days identifying the issues raised. A complaints leaflet (APPENDIX 5) will be included with the letter of acknowledgement. This provides information about the right to request an independent review by the Parliamentary & Health Service Ombudsman in the event that local resolution has been exhausted and they are not fully satisfied with the response as well as information about the right to assistance from Total Voice, an independent Advocacy Service.

The complaint will be sent to the relevant lead within the Directorate with a copy to the designated senior staff. The lead will assess the complaint and either personally investigate it or allocate it to an appropriate senior member of their team to undertake the investigation. Where possible, a draft response in the form of a letter from the Chief

POLICY

Executive including clinical input as required, should be prepared either by the relevant directorate lead, or the Complaints department. The draft response will be prepared by the appropriate member of staff who will ensure that:

- All of the issues raised have been addressed
- The information contained in the response is accurate
- A full and honest explanation of the events is provided
- If appropriate, an apology is tendered
- An explanation of the actions that have/will be taken to improve the situation is provided. A copy of a learning and development table will be included within the response where appropriate

Where a draft response is prepared within the directorate and where staff are directly involved in the complaint, statements will be taken at the time of the investigation to provide an accurate account of the events. These statements should be submitted together with the draft response by the investigating manager to the Complaints Team.

All complaints must have 'organisational sign off' when action has been completed at local level. Accountability for sign off will rest with a senior person within the organisation (i.e. the Chief Executive or deputy). The actual task of ensuring the necessary actions have been completed, signing the final letter and checking any attachments may be delegated to a designated member of the Executive team within the Trust, acting on behalf of the Chief Executive

7.1.3 Cross Organisational Complaints

Where a complaint is received that relates solely to another NHS organisation, or Social Care for Adults the Trust will contact the complainant and seek consent to forward it on to the relevant organisation.

Where a complaint is received that contains material concerning both the Trust and another organisation, the recipient Trust will contact the complainant and seek their agreement to contact the other organisation so that a co-ordinated investigation and response may be carried out. The NHS organisations will invoke their agreed concordat when dealing with cross boundary complaints.

When the Trust contacts the joint organisation, it will agree which organisation will be the lead for the complaint. The lead organisation will be responsible for:

- Communicating with the complainant
- Agreeing the plan of the investigation, sharing this information between the organisations involved and stating who is responsible for each action detailed in the plan
- The response timescale

POLICY

- Ensuring that the organisations involved are represented in any meetings held with the complainant
- Sharing information between organisations to ensure a timely, thorough and open response that is agreed before sign off
- Ensuring that each organisation agrees to identified learning
 - Where a complaint or concern is raised about a Primary Care Provider or Independent Contractor, the Complaints Lead for the CCG must seek consent from the complainant to pass on the complaint details. If consent is gained the Complaints Lead will forward the complaint to the Independent Contractor and ask for the complaint to be handled in line with their practice complaints policy and the NHS Complaints Regulations. In these circumstances, the complainant is deemed to have made the complaint to the provider under the NHS Regulations.
 - If the CCG deems it appropriate to handle a complaint, the complainant and the provider organisation will be notified and the complaint will continue to be handled in accordance with the NHS Complaints Regulations.

8. IMPLEMENTATION & TRAINING

Training linked to this policy is mandatory for some staff groups. Therefore as part of the Mandatory Training Policy (NGH-PO-306), the organisation has undertaken a training needs analysis to identify which staff groups need training for this policy. The updated TNA is located on the Trust intranet

9. MONITORING & REVIEW

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Duties are monitored via monitoring compliance of all requirements listed below						
b) How the organisation listens and responds to concerns and complaints from patients, their relatives and carers	Complaints, comments and concerns raised at ward or department level are resolved locally if appropriate.	Directorate managers	Continual	Divisional senior management teams	Divisional senior management teams	Divisional senior management teams
	Formal complaints are responded to within the defined timescales	Complaints team	Monthly	Head of Complaints, PALS & Bereavement / Deputy Director of Nursing	Head of Complaints, PALS & Bereavement / Deputy Director of Nursing	Head of Complaints, PALS & Bereavement / Deputy Director of Nursing
	Patient & Carer Experience & Engagement Report Quality Governance Committee Report (QGC) Annual Complaints Report	Head of Complaints, PALS & Bereavement / Head of Patient Experience	Quarterly Annual	Patient & Carer Experience & Engagement Group QGC	Deputy Director of Nursing	Director of Nursing
c) How joint complaints are handled between organisations	Annual Complaints Report	Head of Complaints , PALS & Bereavement	Annual	QGC	Deputy Director of Nursing	Director of Nursing

POLICY

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
d) How the organisation makes sure that patients, their relatives and carers are not treated differently as a result of raising a concern or complaint	Annual Complaints Survey	Head of Complaints, PALS & Bereavement	Annual	Patient & Carer Experience & Engagement Group	Head of Complaints, PALS & Bereavement / Deputy Director of Nursing	Director of Nursing
	Annual Complaints Report	Head of Complaints, PALS & Bereavement	Annual	QGC	Deputy Director of Nursing	Director of Nursing
e) How the organisation makes improvements as a result of a concern or complaint	Reviews of complaints/concerns/learning undertaken by the Directorates	Directorate Managers	Monthly	Learning is approved and implemented by the directorates including provision of evidence and sign off	Directorate Manager / Governance Leads	Divisional Governance Leads / Head of Complaints, PALS & Bereavement
	Monitor PALS trends, issues and concerns from service users	PALS Team	Monthly	Head of Complaints, PALS & Bereavement/Directorates Managers	Head of Complaints, PALS & Bereavement Service/Directorates Managers	Head of Complaints, PALS & Bereavement /Directorates Managers / Patient & Carer Experience & Engagement Group

POLICY

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
	Patient & Carer Experience & Engagement Report	Head of Complaints, PALS & Bereavement	Quarterly	Patient & Carer Experience & Engagement Group	Deputy Director of Nursing	Director of Nursing
	Annual Complaints & Concerns Report	Head of Complaints, PALS & Bereavement	Annual	QGC	Deputy Director of Nursing	Director of Nursing
f) How the organisation monitors compliance with all of the above	Internal Audit audits the complaint handling arrangements to provide assurance. Annual Complaints Report	Internal Audit Head of Complaints, PALS & Bereavement	Annual or as defined by the Trusts Internal Audit Plan Annual	Director of Nursing//Head of Complaints, PALS & Bereavement Director of Nursing	Head of Complaints, PALS & Bereavement Head of Complaints, PALS & Bereavement	Audit Committee Head of Complaints, PALS & Bereavement / Director of Nursing

POLICY

10. REFERENCES & ASSOCIATED DOCUMENTATION

10.1. PALS / Bereavement

Department of Health. (2004). *National Evaluation of PALS/Briefing for Chief Executives/September 2006*. London: Department of Health.
http://webarchive.nationalarchives.gov.uk/20080205132638/http://dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4139498.html

University of the West of England (2008) *National Evaluation of Patient Advice and Liaison Services (PALS): final report* [online] Bristol. UWE.

National Patient Safety Agency (2009) *Being Open: Saying sorry when things go wrong. Communicating patient safety incidents with patients and their carers* [online] London. NPSA. Available from:
<http://www.nrls.npsa.nhs.uk/resources/collections/being-open/?entryid45=83726>

[Accessed 16th June 2015]

NHS Resolution (2017) *Saying sorry* [online] s.l. NHS Resolution. Available from:
<https://resolution.nhs.uk/wp-content/uploads/2017/07/NHS-Resolution-Saying-Sorry-Final.pdf>

[Accessed 18th June 2019]

10.2. Complaints

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 SI 2009/309 [online]. London. HMSO. available from:

<http://www.legislation.gov.uk/ukxi/2009/309/contents/made>

[Accessed 18th June 2019]

The National Health Service (Complaints) Regulations 2004 SI 2004/1768

[Online] London. HMSO. Available from:

<http://www.legislation.gov.uk/ukxi/2004/1768/contents/made>

[Accessed 18th June 2019]

The National Health Service (Complaints) Amendment Regulations 2006 SI 2006/2084

[Online] London. HMSO. Available from:

<http://www.legislation.gov.uk/ukxi/2006/2084/contents/made>

[Accessed 18th June 2019]

Parliamentary and Health Service Ombudsman (2009) *Ombudsman's principles*

POLICY

(*Good Administration, Good Complaint Handling, Principles for Remedy*) [Online]. London. Parliamentary and Health Service Ombudsman. Available from: <https://www.ombudsman.org.uk/about-us/our-principles> [Accessed 18th June 2019]

Data Protection Act 2018 (c.12) [online] London. HMSO
<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>
[Accessed 18th June 2019]

Northampton General Hospital NHS Trust (2017) *Claims handling*. NGH-PO-013. Northampton. NGHT.

Northampton General Hospital NHS Trust (2017) *Duty of candour (Being open)* NGH-PO-254. Northampton. NGHT.

Northampton General Hospital NHS Trust (2019) *Management of incidents: clinical and non-clinical. (Including serious incidents and never-events)* NGH-PO-393. Northampton. NGHT.

Northampton General Hospital NHS Trust (2017) *Freedom to speak up: Raising concerns at work. (Whistleblowing)*. NGH-PO-002. Northampton. NGHT.

Northampton General Hospital NHS Trust (2015) *Protecting staff against violence, aggression, discrimination and harassment*. NGH-PO-046. Northampton. NGHT.

Northampton General Hospital NHS Trust (2018) *Policy for consent to examination or treatment*. NGH-PO-006. Northampton. NGHT.

Northampton General Hospital NHS Trust (2017) *Mandatory Training*. NGH-PO-306. Northampton. NGHT.

Northampton General Hospital NHS Trust (2018) *Data protection and confidentiality*. NGH-PO-334. Northampton. NGHT.

Northampton General Hospital NHS Trust (2018) *Health records management*. NGH-PO-058. Northampton. NGHT.

10.3. Archiving

On revision or replacement of this policy the nominated developer, in accordance with the Trust's Policy on Development & Control of Procedural Documents, will request archived copies of the superseded policy. This will be done through completion of a 'new policy' form and in liaison with the Compliance Manager.

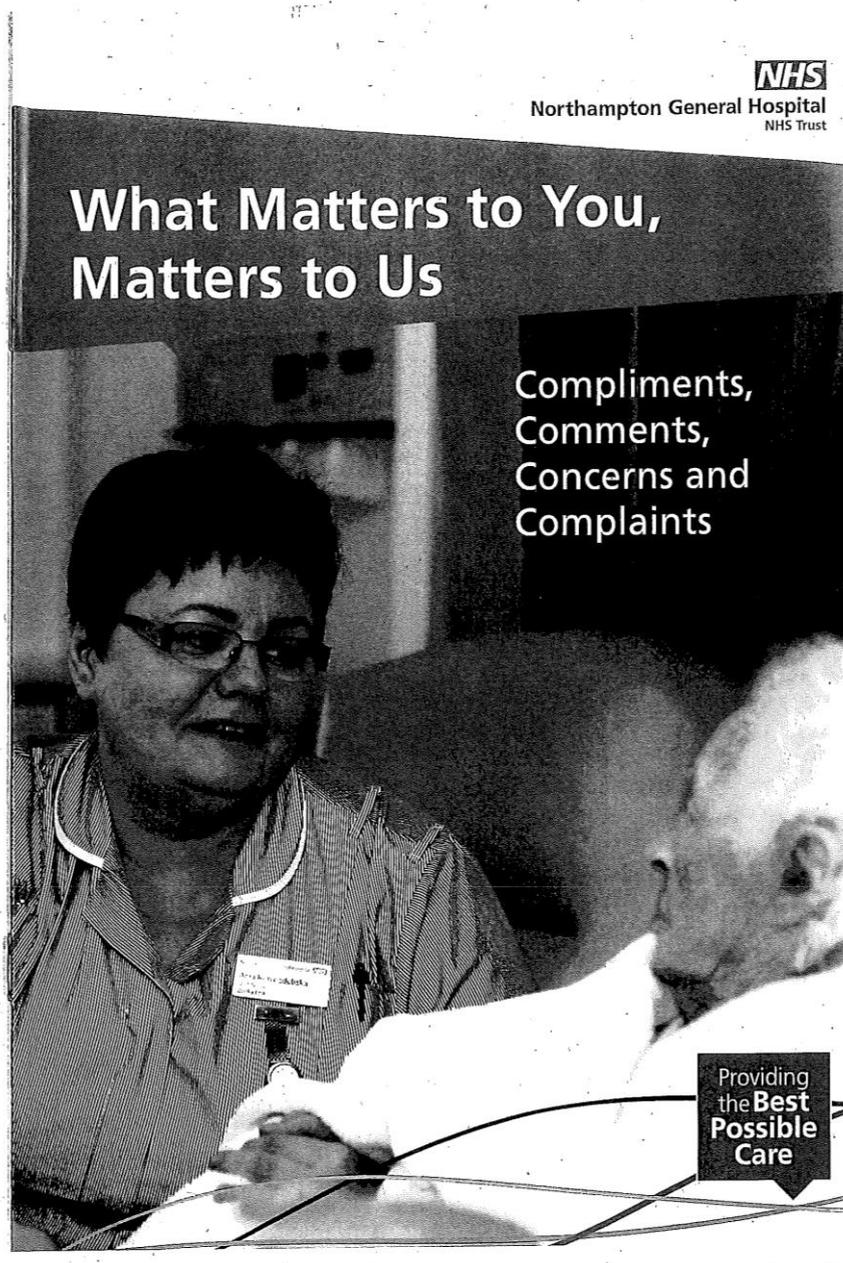
POLICY

Northampton General Hospital NHS Trust (2015) *Procedural documents (policy for policies)*.
NGH-PO-001. Northampton. NGHT.

APPENDICES

POLICY

Appendix 1 4C's Patient Information Leaflet



POLICY



Help us to improve

Northampton General Hospital is committed to providing a high quality health service and the best care and treatment possible. For this reason your feedback is extremely important to us so we know what we're doing right, and understand more about what we need to do to change things for the better.

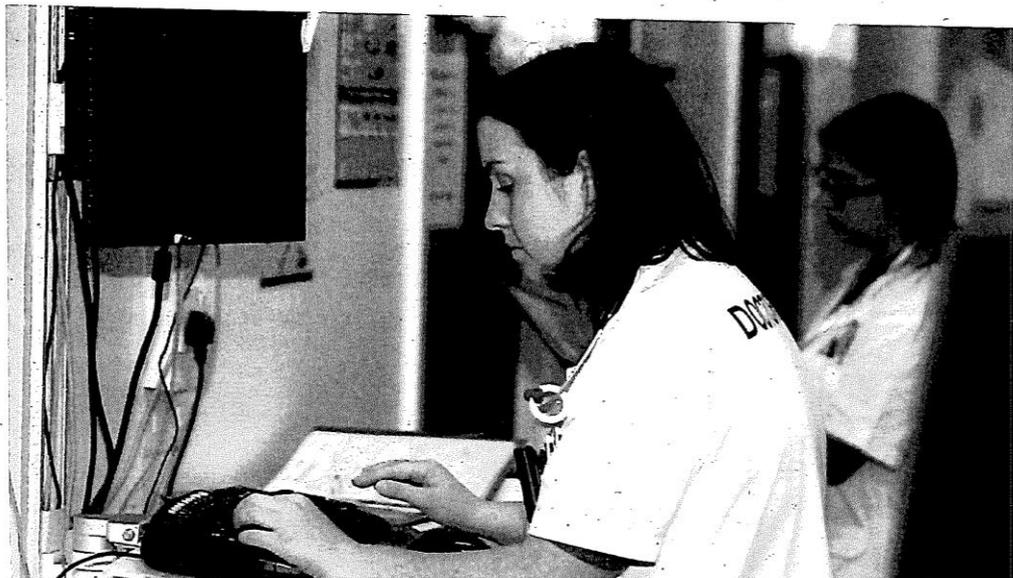
Compliments and Comments

We are always delighted to receive positive comments about our staff and services and we use these to highlight where things are working well. If you are pleased with the care or treatment you have received, please let us know and we will

pass on your compliments to the person or service concerned. If you have any comments please let us know – your feedback will help us to review and improve the services we provide.

Concerns

Sometimes, regrettably, things may not go as planned. Voicing your concerns allows us to learn from your experience and improve the service for future patients. If you, or a member of your family or a carer, wish to discuss any concerns you have about your treatment or care you should speak to the person in charge of your care so they can help to resolve the matter straight away. In hospital this will be the Sister, Charge Nurse or Matron.



POLICY



PALS

If you would prefer to talk to someone who is not involved in your care or are unsure who to talk to, you can contact the Patient Advice and Liaison Service (PALS) on (01604) 545784. PALS provide confidential information, advice and support to patients, their families and carers. They will listen to your concerns, suggestions or queries and help to sort out problems quickly on your behalf. We aim to respond to all concerns within 3 working days, or within a mutually agreed timescale. Alternative contact details for PALS can be found at the back of this leaflet.

Complaints

If you are unhappy with the treatment or service you have received from the NHS you have the right to make a complaint, have it investigated and receive a response. Care will be taken to ensure your complaint remains confidential.

How do I make a complaint?

If your concerns have not been resolved by the ward manager, modern matron, or PALS and you would like to make a complaint you may wish to contact our Complaints team directly, details on how to do this can be found at the back of this leaflet.

Can I make a complaint on behalf of someone else?

A complaint can be made by someone acting on behalf of another person with their consent. Once your complaint is received a member of the complaints team will ensure that you are advised of the need for consent and they will send you the necessary paperwork. If the person to whom the complaint relates is deceased, we will require consent from the nominated representative.

POLICY



Is there a time limit for making a complaint?

It is best to tell us as soon as possible after the event and within 12 months of the event happening or within 12 months of discovering you have cause to complain. Complaints received outside of these timescales may be investigated if there is a good reason why the complaint could not be made earlier and only if it is still possible to investigate what happened.

Will my care be affected?

No - if you make a complaint you will not be treated differently in any way. Any information you provide will be treated in confidence and with sensitivity. Information about your complaint will always be kept separate from your medical records.



Can anyone help me make a complaint?

If you need help, independent complaints advocacy organisations can provide advice and information and support you in making your complaint, for example writing a letter. They provide a confidential service which is free and totally independent of the NHS. Their details can be found at the back of this leaflet.

What happens when I make a complaint?

A member of the Complaints team will contact you to make sure they understand your concerns. They will also agree the expected timescale for completing the investigation. The team will acknowledge your complaint within three working days from the date it is received. Alternatively complaints staff may be able to arrange a meeting with you and relevant staff to discuss your concerns in person.

What happens next?

Your complaint will be investigated thoroughly by a senior member of staff. We will ensure that those involved

POLICY



in the investigation will be open and honest and act fairly throughout. Your letter of response will include how we have dealt with your complaint, the conclusions, an apology if things have gone wrong and any actions taken.

What if I am not satisfied with the response?

If you feel that there are any matters which we have missed, misunderstood or if you would like clarification on any points, you should contact the Complaints team who will

review your complaint and if appropriate, offer you the opportunity to discuss your concerns personally with senior members of the Trusts staff. We will see if there is any further action we can take to resolve your complaint and we may suggest a telephone call or a meeting between you and the investigating manager. We will make every effort to resolve all of your outstanding issues.

POLICY



If you remain dissatisfied, you have the right to ask the Parliamentary and Health Service Ombudsman to review your complaint. The ombudsman can be contacted at:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP



POLICY



Useful Contacts

Patient Advice & Liaison Service (PALS)

Northampton General Hospital
Cliftonville
Northampton
NN1 5BD
Telephone (office hours) 01604 545784
Email: PALS@ngh.nhs.uk

Complaints Team

The Chief Executive or the Complaints Manager
Northampton General Hospital
Cliftonville
Northampton
NN1 5BD

Or contact the Complaints team directly on:
Telephone: (01604) 545774
Email: complaints@ngh.nhs.uk

If you need help or support making a complaint you can contact the independent complaints advocacy organisation below:

NHS Complaints Advocacy – VoiceAbility

Mount Pleasant House
Huntingdon Road
Cambridge
CB3 0RN
Telephone: 0300 330 5454
Textphone: 07860022939
Email: nhscomplaintsadvocacy.org

If you would like a copy of this information in large print, another language, audio tape or other format please contact our PALS department on the details listed above.

POLICY



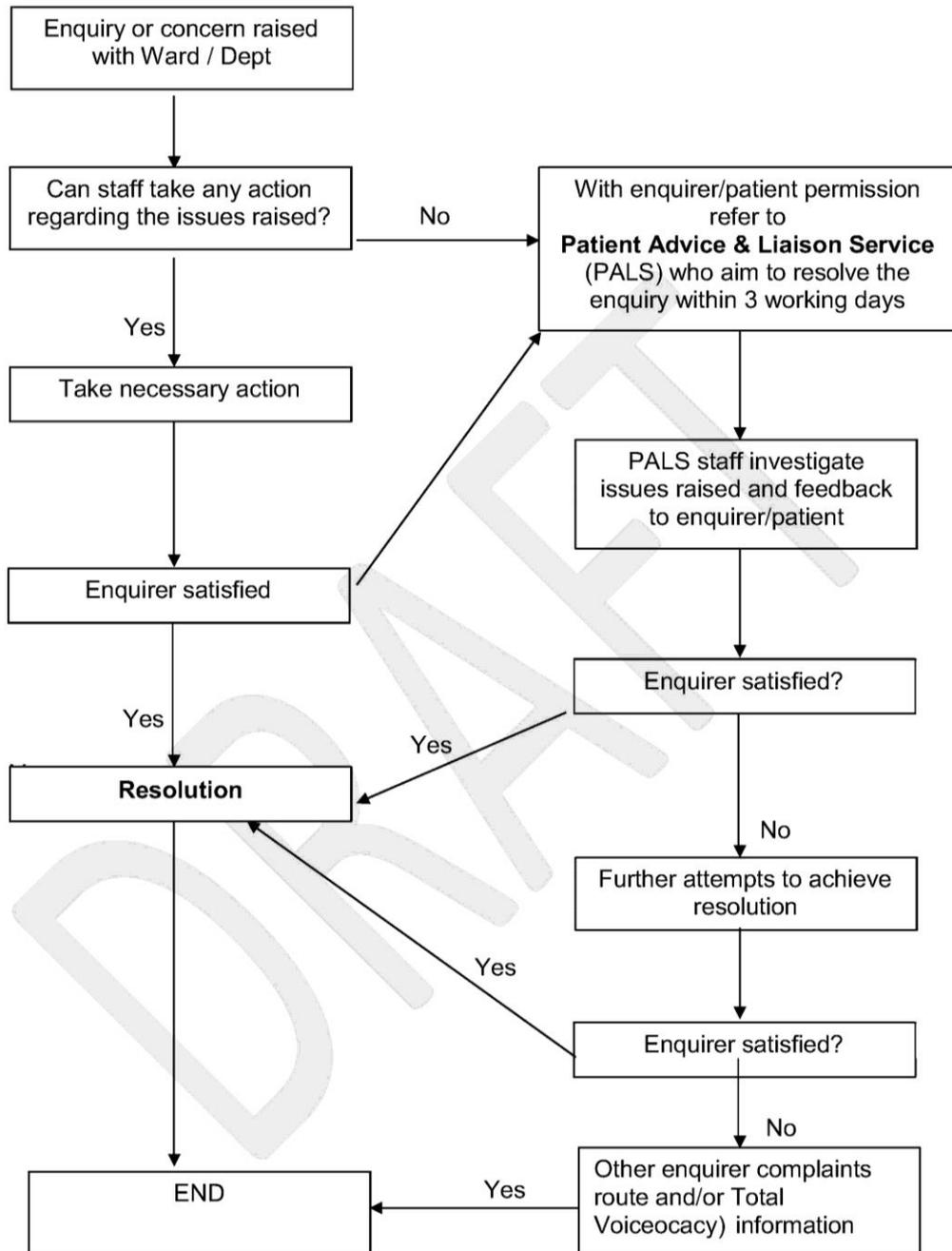
Northampton General Hospital NHS Trust, Cliftonville, Northampton NN1 5BD.
www.northamptongeneral.nhs.uk
Desktop Publishing by the Communications Department
Updated August 2017

NGV1951

POLICY

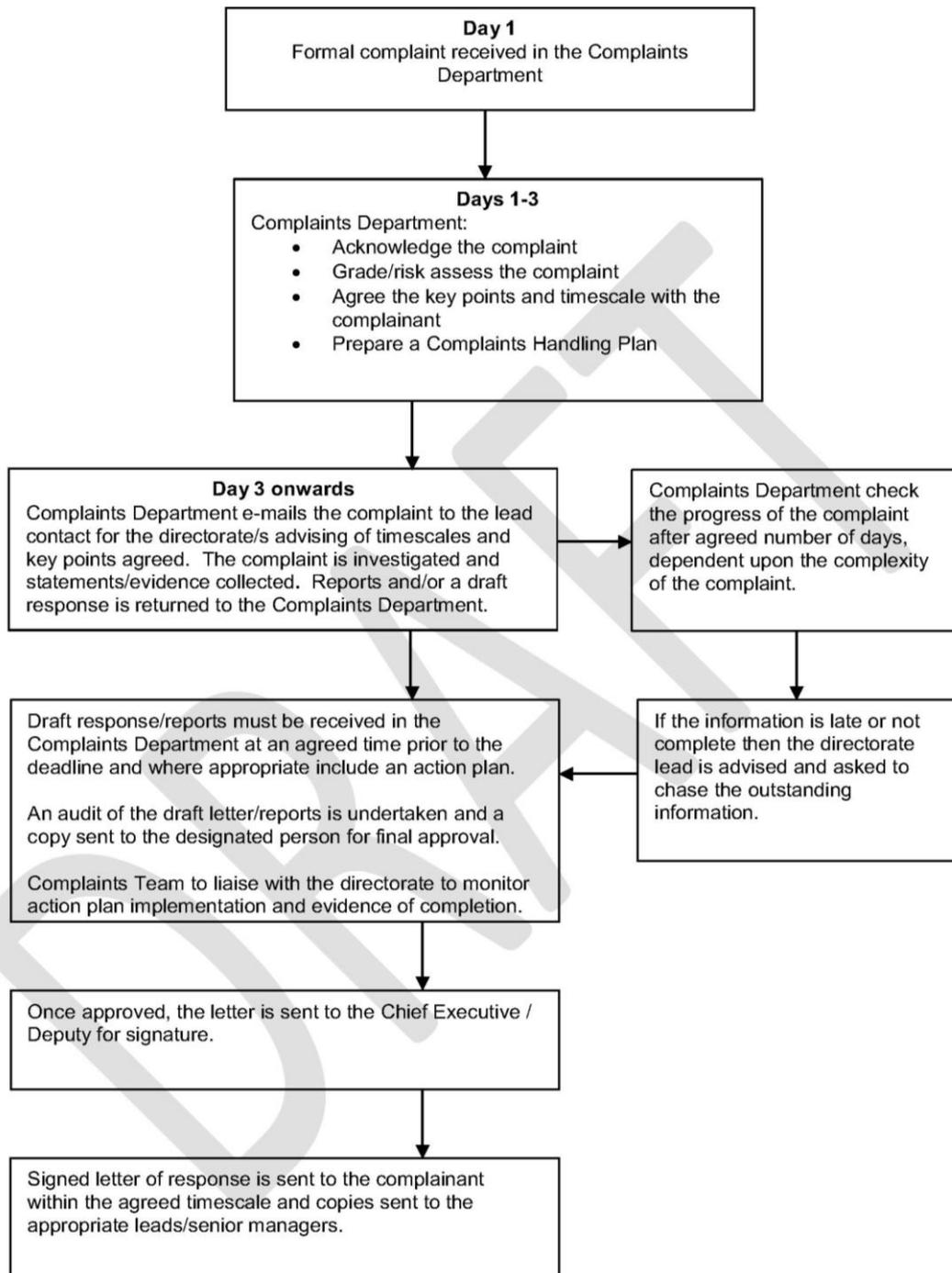
Appendix 2 PALS Process Flowchart

Front Line Staff – Patient and Public Enquiries



POLICY

Appendix 3 Process for Handling Formal Complaints



POLICY

Appendix 4 Comments, Concerns, Complaint, Compliment Form

Comments, concerns, complaint, compliment form
(Only to be used for information that is taken verbally)

Tick the appropriate box

Comment		Concern		Complaint		Compliment	
----------------	--	----------------	--	------------------	--	-------------------	--

Details of the person who is raising the comment, concern, complaint, compliment	
Name:	
Address:	
Tel No:	
Relationship to Patient:	
Visitor (specify):	Yes / No
Patient status (specify):	Inpatient / Outpatient
Date:	

Details of the person to whom the comment, concern, complaint, compliment relates (if different to above)	
Name:	
Address:	
Tel No:	
Hospital No:	

Staff name (PRINT):	
Staff signature:	
Ward/department (PRINT):	
Date of completion:	

Please write the details below and complete the actions taken box on the reverse of this form:

POLICY



Comments, concerns, complaint, compliment form
(Only to be used for information that is taken verbally)

Action/s to be taken	Name	Date completed

**Once this form is complete, please send a copy to the Directorate Manager / Head of Department and the Complaints Department*

POLICY

Appendix 5 Making a Complaint Patient Information Leaflet

General complaints

Upon receipt of a written complaint you will be contacted by the Complaints Department within 3 working days of receipt. Your complaint will be investigated as quickly as possible and every effort will be made to provide a response within the agreed timescale.

Clinical complaints

If, after investigations by Northampton General Hospital NHS Trust have been exhausted, you remain dissatisfied, you may wish to consider taking your complaint to the Health Service Ombudsman. They can be contacted as follows:

Parliamentary & Health Service
Ombudsman
Millbank Tower
Millbank
London SW1 4QP
0345 015 4033

Website: www.ombudsman.org.uk

Consent

If you wish to raise a complaint that relates to another person (i.e. a member of your family) then you may be asked to obtain the consent of that person. Everyone has the right to confidentiality regarding their health care and consent must be obtained, where appropriate. If you require further advice in this respect then please contact the Complaints Department (01604) 545774.

General information

If you require any additional information please do not hesitate to contact the Complaints Department.

Information



Making a Complaint



Northampton
General Hospital
NHS Trust

Northampton General Hospital NHS Trust, Cliftonville,
Northampton NN1 5BD.
www.northamptongeneral.nhs.uk
Desktop Publishing by the Communications Office
NGV157 Updated May 2018

POLICY

Making a Complaint

Introduction

At Northampton General Hospital NHS Trust, we aim to provide services of a consistently high standard to the local population.

To help us achieve this aim, we want to hear any comments, concerns, compliments or complaints that you may have regarding the services that we provide.

With your help we can try to ensure that our services meet peoples' needs and, if we fail, we will make every effort to put things right.

This leaflet tells you how to let us know if you are dissatisfied with our services, or feel you have been unfairly treated by us or by someone who is providing our services for us.

Making a complaint

As a patient, relative or carer sometimes you may feel unable to discuss your concerns directly at the time. If this is the case you may wish to seek on-the-spot support and advice from the Patient Advice & Liaison Service (PALS) who may be able to help you. PALS can be contacted on (01604) 545784 or by e-mail at PALS@ngh.nhs.uk

Should you wish to make a formal complaint you can do so in writing to either:

The Chief Executive or
The Head of Complaints
Northampton General Hospital NHS Trust
Cliftonville
Northampton NN1 5BD
Telephone (01604) 545774
or by email: complaints@ngh.nhs.uk

If you feel that it would be helpful to have assistance in putting together a complaint about the services that we provide you may wish to contact Voiceability, NHS complaints Advocacy. This is an independent body that represents people wishing to raise a complaint about services provided by the NHS. Their contact details are:

Total Voice Northamptonshire
Unit F17,
Moulton Park Business Centre,
Redhouse Road,
Moulton Park Industrial Estate,
Northampton,
NN3 6AQ
Telephone 01604 592702
Email: tvn@voiceability.org
www.totalvoicenorthamptonshire.org

If you require an interpreter, sign language or translation services, please contact the Complaints Department on (01604) 545774 who are able to make the necessary arrangements.

When writing a letter of complaint please ensure that you provide the following information:

- Your name (and the name of the person to whom the complaint relates)
- Your home address (including post code)
- A telephone number, as we may need to contact you to discuss your complaint
- A list of numbered points/questions that you wish to raise

POLICY

POLICY