**Complaints handling**

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **1** | **There is a clear complaints policy that has been read and understood by all staff** |
|  | The policy includes a named responsible person. |[ ] [ ]        |
|  | The policy includes a named clinical lead. |[ ] [ ]   |
|  | The policy includes a brief explanation as to how complaints are investigated (e.g. talking to clinician/staff involved). |[ ] [ ]   |
|  | The policy includes details of processes and timescales involved in the local resolution system (relevant to your own jurisdiction) . |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **2** | **A leaflet is available for patients, outlining the complaints procedure and options available to them** |
|  | The leaflet includes the named person(s) to which the complaint should be addressed verbally or in writing. |[ ] [ ]        |
|  | The leaflet details the expected processes and timescales involved in investigating and responding to a complaint. |[ ] [ ]   |
|  | The leaflet includes details of any local independent complaints advisory services which are available to patients. |[ ] [ ]   |
|  | The leaflet includes details of how to take a complaint to the next stage if a patient is dissatisfied with local resolution (i.e. an Ombudsman). |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **3** | **All staff are trained to respond sensitively and confidently to front line complaints** |
|  | Staff understand how to defuse difficult situations. |[ ] [ ]        |
|  | Where possible, complainants should be offered the opportunity to raise their complaint in a private room with the responsible person. |[ ] [ ]   |
|  | Detailed notes should be taken of any verbal complaint (these notes should not be placed in the patient’s medical records – rather, they should be stored in a separate complaints file). |[ ] [ ]   |
|  | If it is not possible (or appropriate) to respond directly to a verbal complaint details are documented and it is established whether the complainant would like to speak to a responsible person or progress their complaint in writing. |[ ] [ ]   |
|  | If the complainant wishes to progress the complaint verbally and the responsible person is unavailable, arrangements are agreed with the complainant around how and when the responsible person will communicate with them. |[ ] [ ]   |
|  | Staff provide the complaints information leaflet to patients/their representatives. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **4** | **Complaint responses are tailored to patient circumstances and needs** |
|  | If necessary the responsible person communicates with the complainant to ensure relevant issues are clarified. |[ ] [ ]        |
|  | If necessary the responsible person clarifies complainant expectations concerning the outcome. |[ ] [ ]   |
|  | Face-to-face meetings are available and should be encouraged to tailor the response to more flexibly meet needs. |[ ] [ ]   |
|  | The complaint response ends by offering details of the ombudsman as the next tier of the NHS complaints procedure. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **5** | **A confidential complaint file is created for each complaint received** |
|  | The complaint file is stored separately from the patient record. |[ ] [ ]        |
|  | It includes a summary of the complaint, a list of issues to be investigated and copies of any correspondence about the complaint. |[ ] [ ]   |
|  | It includes details of the complainant’s preferred outcome. |[ ] [ ]   |
|  | It includes any consent which may be required to share information as part of the investigation. |[ ] [ ]   |
|  | It includes details of the agreed timescales for response and how it has been agreed that the response will be provided. |[ ] [ ]   |
|  | It includes details of the investigation including witness statements and reports. |[ ] [ ]   |
|  | It includes details of any learning points/SEA outcomes/changes in practice. |[ ] [ ]   |
|  | It includes details of investigation outcomes – including individuals’ and organisational actions required with timescales and review periods. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **6** | **Consent is required if the complainant is not the patient** |
|  | If the patient has capacity, a consent form should be completed by the patient. |[ ] [ ]        |
|  | Where the patient lacks capacity, power of attorney and best interest are considered. |[ ] [ ]   |
|  | Where the patient is a young child, parental rights and responsibilities are established if not already known. |[ ] [ ]   |
|  | Where the patient is a competent older child it may be appropriate to obtain their consent. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **7** | **A formal investigation is carried out in response to a complaint** |
|  | All staff involved are interviewed or asked for written statements. |[ ] [ ]        |
|  | All aspects of the investigation are recorded. |[ ] [ ]   |
|  | Any deficiencies in service or practice are identified. |[ ] [ ]   |
|  | A review of relevant telephone recordings should take place where appropriate. |[ ] [ ]   |
|  | An improvement / action plan is created if appropriate. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **8** | **A complaint response is provided to the complainant** |
|  | The response is delivered in a manner agreed by the complainant (letter, telephone, meeting etc). |[ ] [ ]        |
|  | Regret, apology and empathy are expressed as appropriate. |[ ] [ ]   |
|  | The complaint is summarised and each issue is addressed separately, concisely and factually. |[ ] [ ]   |
|  | The extent and nature of the investigation is detailed. |[ ] [ ]   |
|  | Where appropriate, the views of staff are explained (clinical and non-clinical). |[ ] [ ]   |
|  | Details are given of any findings and decisions, including any corrective actions which will be taken to prevent a reoccurrence. |[ ] [ ]   |
|  | The patient is advised again on how to obtain assistance if they are dissatisfied with the response. |[ ] [ ]   |
|  | The complaint response ends by offering details of the ombudsman as the next tier of the NHS complaints procedure. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **9** | **There is a mechanism in place to record any expressions of dissatisfaction** |
|  | These are reviewed regularly to help identify any issues which require action. |[ ] [ ]        |
|  | Trends and themes are discussed and any required action taken to improve practices. |[ ] [ ]   |
|  | Staff are empowered to take steps to clear up problems or misunderstandings as early as possible. |[ ] [ ]   |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **10** | **Complaints are seen as an opportunity to learn and improve practices** |
|  | All formal complaints are logged and reviewed for themes and trends. |[ ] [ ]        |
|  | Any improvements required are implemented and reviewed. |[ ] [ ]   |
|  | Processes are regularly monitored. |[ ] [ ]   |
|  | Annual reports are tabled for discussion / published. |[ ] [ ]   |
|  | Annual reports summarise actions taken to improve services as a result of complaints. |[ ] [ ]   |