

Complaints Handling Policy

Incorporating Complaints, Concerns and Compliments

Version 5.0

Purpose:	To advise and inform hospital staff of the process for handling complaints, concerns and compliments
For use by:	All hospital staff
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Release of any strategy, policy, procedure, guideline or other such material must be agreed with the Lead Director or Deputy/Associate Director (for hospital-wide issues) or Division/Departmental Management Team (for Divisional Departmental specific issues). Any requests to share this document must be directed in the first instance to Director of Nursing and Quality.

For further advice see the Development and Management of Strategies, Policies, Protocols, Procedures, Guidelines and other Guidance Material Policy.

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SECTION 1 - INTRODUCTION

1.1 Policy Statement and Rationale

The Ipswich Hospital NHS Trust is committed to ensuring that it is able to provide an effective method by which users of the service can make an enquiry, express their concerns or raise a complaint regarding care and treatment received from the Trust.

Complaints are a valuable tool for an organisation to monitor its performance and review areas that require improvement. They therefore contribute an important mechanism as part of the Trust's overall approach to clinical governance and patient safety and experience.

The word "concern" is used and referred to in posters and leaflets as it is a softer term. It is used with the intention of encouraging patients, relatives and carers to raise an issue that they may not deem to be a complaint but may still require an investigation.

For reporting purposes concerns are recorded as complaints. Therefore the word concern will not continue to be used or referred to furthermore in this policy.

This policy gives staff clear guidance on how complaints will be managed to ensure a consistent, fair and just approach to all those involved in a complaint.

The Hospital is committed to promoting an environment that values diversity. Any patient who makes a complaint, or any other person involved in the investigation and resolution of a complaint, will be treated equally and fairly and not discriminated against because a complaint has been made or on the grounds of race, sex, disability, religion, age, sexual orientation or any other unjustifiable reason.

Attention will be given to employees and service users for whom English is not their first language, who have a visual impairment or other disability, ensuring they understand and are able to benefit from this policy.

1.2 Key Principles

- Ease of access for people raising complaints
- Complaints will be dealt with efficiently and will be properly investigated
- To provide information, advice and support enabling people to understand the procedure for making a complaint
- Provision of a timely and appropriate response that will include the outcome of the investigation into the complaint
- Action will be taken if necessary in the light of the outcome of a complaint
- People raising a complaint and staff will be treated fairly, without apportioning blame
- Honest and thorough approach, with the prime aim of resolving complaints to the satisfaction of the complainant
- Complainants will be treated with respect and courtesy and should be reassured that they will not be treated differently as a result of raising a complaint

1.3 Background Information

Why do people complain? Complainants usually want information: an explanation of what happened and why, in a language they can understand. Generally, complainants ask for something to be done to prevent the same thing happening again. Complainants can also want action that includes remedy (such as faster or additional treatment) or financial compensation. However, this is rarely their primary goal.

A complaint should be raised within twelve months from the incident that caused the problem, or within twelve months of the date of discovering the problem, provided that this is within twelve months of the incident.

Note: There is discretion to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier and when it is still possible to investigate the facts of the case. This discretion will lie with PALS and Complaints Service Manager and the appropriate Division Clinical Director.

1.4 Definitions

Complaint - an expression of dissatisfaction from a patient or person acting on their behalf requiring a response. A complaint can be written or verbal or by email.

Complainant – a person raising a complaint.

Low, medium and high level complaints – Complaints are triaged and recorded in accordance with national guidelines. The categories are low, medium and high levels.

- Low level complaints are defined as simple, non-complex issues
- Medium level complaints are defined as several issues relating to a short period of care
- High level complaints are defined as multiple issues relating to a longer period of care (can be more than one organisation or individual).

However, there is no assumption that one type of complaint is less important than another.

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

Division – The hospital is divided into areas of speciality and these are referred to as Divisions.

The Trust – The Ipswich Hospital NHS Trust

CCG – Clinical Commissioning Group

CDG - Clinical Delivery Group

Ombudsman – Parliamentary and Health Service Ombudsman.

Complaints Management System, Datix – The electronic complaints recording system that is used within Ipswich Hospital trust. This system allows authorised members of staff access to information regarding complaints for their individual area of responsibility. This system

means there is one central electronic complaint file with all of the relevant details contained within it.

SECTION 2 - DUTIES AND RESPONSIBILITIES

2.1 Front line staff

Patient feedback is essential to the continuous improvement of patient services. How patients perceive the hospital and their treatment is a matter of reputation to the Hospital, as is the speed and sensitivity with which complaints are handled.

Staff should, where possible, deal with a complaint raised directly to them rapidly and always in a professional and sensitive manner.

Any complaint that cannot be resolved by the next working day after the day on which the complaint was made should be escalated initially to PALS for further action.

Staff should respond to requests for information in relation to the investigation of a complaint promptly and within the specified timeframe given.

2.2 Chief Executive

The Chief Executive, or his designated deputy, has overall responsibility for complaints handling issues and signs off all high level and medium level complaint responses.

The Chief Executive ensures the Hospital meets its statutory and legal requirements and adheres to guidance issued by the Department of Health.

2.3 Trust Medical Director

The Trust Medical Director will offer advice in the event of complex cases. In cases of non-compliance with the Complaints Policy doctors may be called to meet with the Medical Director

2.4 Director of Nursing and Quality

The Director of Nursing and Quality is accountable to the Chief Executive and has delegated responsibility for complaints.

2.5 Deputy Director of Nursing and Quality

The Deputy Director of Nursing and Quality is accountable to the Director of Nursing and Quality and is responsible for monitoring compliance and effectiveness of this policy and for ensuring that action plans are developed and implemented to improve compliance. They will work with the Patient Experience Lead and Complaints Manager to review and ensure effective implementation.

2.6 Governance Committees

The Patient and Carer Experience Group which reports to the Healthcare Governance Committee will receive reports on the Complaints and PALS services and activities. The Healthcare Governance Committee will provide assurance to the Trust Board on the Trust's compliance with its statutory responsibilities in relation to the PALS and Complaints Service.

The Healthcare Governance Committee will review and approve this policy prior to Board ratification. The Committee will receive reports on the compliance and effectiveness of this policy and will agree and monitor the implementation of any action plans to improve compliance.

2.7 The Patient and Carer Experience Group

The Patient and Carer Experience Group meet regularly to receive updates on Complaints and PALS and is a forum for discussion of trends and themes to highlight improvements as a result of feedback.

2.8 Division Clinical Director

Each Division Clinical Director is accountable for ensuring that the complaints process is followed within their Division. Concerns relating to non-compliance of the complaints policy and process will be escalated to the Division Clinical Director. The Division Clinical Director is accountable for ensuring that all staff, including managers, involved in complaints handling understand their responsibilities in respect of the complaints process and the consequences of non-compliance.

2.9 Divisional Head of Nursing/Midwifery and Clinical Services

The Head of Nursing/Midwifery and Clinical Services is accountable for management of the complaints process within their Division. The Head of Nursing/Midwifery and Clinical Services will support the Divisional Complaints Lead to ensure complaints raised within their Division or area of Executive Support are investigated thoroughly, providing an appropriate response to the complainant within the agreed timeframe and in the format agreed with the complainant.

When an extension to the agreed timeframe is needed the PALS and Complaints Service Manager will contact the complainant to request additional time. Should a further extension be required the Head of Nursing/ Midwifery and Clinical Services is responsible for contacting the complainant to offer an explanation and request any further extension to the timeframe. They will approve the Divisional responses before it is sent to the Complaints Service Coordinator.

2.10 Divisional Head of Operations

The Head of Operations is responsible for ensuring that complaints issues linked to operational working and staff within their line management responsibility are effectively responded to.

2.11 Divisional Bleep Holder

The Divisional Bleep Holder will be available to staff and the PALS team. Should a difficult situation arise this senior member of staff will offer advice or attend if necessary to help rectify the problem there and then.

2.12 Clinical Delivery Group (CDG) Lead

It is the responsibility of the CDG Lead to ensure that complaints that relate to medical treatment and/or the actions or behaviour of medical staff are dealt with by the appropriate consultant or doctor.

2.13 Matron or Head of Service

The Matron or Head of Service if appropriate will take action to resolve enquiries and complaints raised within their areas.

2.14 Divisional Complaints Lead

Divisional Complaints Lead is responsible for managing the complaints process within the Division, identifying and allocating the complaint to a lead investigator.

The Divisional Complaints Lead is responsible for providing divisional feedback/response, approved by the Head of Nursing/Midwifery, to the complaints service coordinator in an appropriate format for the final response letter.

The Divisional Complaints Lead will ensure the Complaints Service Coordinator is kept informed of the progress of a complaint investigation and will notify them if the agreed timeframe for resolution of the complaint cannot be met.

The Divisional Complaints Lead is responsible for identifying lessons learned and actions taken and providing this information to the Complaints Service Coordinator ensuring that action plans for complaints relating to their Division are carried out within the specified timeframe and that progress is reported to the Complaints Service Coordinator.

2.15 Legal Services Manager

The Legal Services Manager is accountable to the Trust Medical Director and will provide legal advice as appropriate.

2.16 PALS and Complaints Service Manager

PALS and Complaints Service Manager is the responsible officer for this policy.

The PALS and Complaints Service Manager will:

- Manage the complaints procedure in accordance with The Regulations and this policy
- Ensure all complaints are triaged and will allocate the Division who will take the lead where a complaint involves more than one Division
- Provide training and support for front line staff in handling and resolving complaints
- Liaise with other NHS and adult social care services to provide a coordinated response where a complaint involves two or more organisations
- Provide appropriate reports, monthly, quarterly and annually.

2.17 PALS and Complaints Coordinators

The PALS and Complaints Service Coordinators will:

- Liaise between people contacting the service and hospital staff and will co-ordinate the resolution of complaints and enquiries
- Acknowledge receipt of all complaints within 3 working days in writing and forward details to the appropriate Head of Nursing/Midwifery and Divisional Complaints Lead
- Monitor the progress of investigations into complaints and provide advice and support to investigating staff to ensure resolution of the issues

- Monitor Trust response times against the timeframe agreed with the complainant and prepare reports as required (refer to Section 6 – Monitoring and Reporting)
- The PALS and Complaints Service Coordinators will provide an immediate point of contact for patients, relatives and carers and will respond to straightforward requests for non-clinical information or to simple non-clinical issues that do not need further investigation
- The PALS and Complaints Service Coordinators will refer clinical enquiries and complaints raised by patients, relatives and carers to the most appropriate person to effect resolution ensuring the person contacting the service is aware of the action taken and time scale for response
- The PALS and Complaints Service Coordinators will liaise with other organisations such as conciliation and advocacy services, other Trusts, Clinical Commissioning Group, Adult Social Care Services, MP offices, and the Parliamentary and Health Service Ombudsman to ensure the fullest response is given.

2.18 Hospital Coordinators

The Hospital Coordinators will provide an out-of-hours service for patients, their relatives and carers. They will address issues that require immediate action and leave details of the person making the enquiry/complaint for the PALS or Complaints Service to follow up at the first available opportunity. The person making the enquiry/complaint will be informed of the action being taken and that their details have been passed to the PALS and/or Complaints Service.

SECTION 3 - PROCESS FOR DEALING WITH COMPLAINTS

3.1 Supporting key documents

This policy is supported by the following key hospital documents:

- Investigation and Monitoring of Incidents, Complaints and Claims Guideline
- Patient Experience Strategy
- Dignity and Respect Charter

3.2 Who may raise a complaint

A complaint may be made by a person who is affected by or likely to be affected by the action, omission or decision of the Trust or by a person who is receiving or has received services from the Trust.

A complaint may be made by a person acting on behalf of a patient where that patient has died, is a child, is unable by reason of physical or mental incapacity to make the complaint themselves or has requested the representative to act on their behalf.

If the patient or person affected has died or is incapable, the complainant (representative), must be in the opinion of the PALS and Complaints Service Manager, someone who had or who has a sufficient interest in the individual's welfare and is a suitable person to act as representative.

Where a person raises a complaint on behalf of a child the PALS and Complaints Service Manager will only consider the complaint once satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child.

If a complaint is raised on behalf of a child or a person who lacks capacity within the meaning of the Mental Capacity Act 2005 the PALS and Complaints Service Manager must be satisfied that the representative is conducting the complaint in the best interests of the person on whose behalf the complaint is made.

If in any case the PALS and Complaints Service Manager is of the opinion that a representative does or did not have a sufficient interest in the patient's welfare or is unsuitable to act as a representative, they must notify that person in writing, stating the reasons.

3.3 Consent

Written consent should always be obtained from the patient when a complaint is made by a third party unless they fulfil the aforementioned criteria. This is in accordance with the Data Protection Act 1998.

When verbal consent is obtained in the first instance, written consent will be also be obtained.

Where the patient is an in-patient the PALS or Complaints Service Coordinator will visit the ward to gain written consent from the patient in order for the complaint to be investigated.

3.4 Disclosure of information

Any information disclosed about the patient must be confined to that which is relevant to the investigation of the complaint and only disclosed to those people who need to know it for the purpose of investigating the complaint.

3.5 Process for listening and responding to requests for information and/or advice

3.5.1 Patient Advice and Liaison Service – PALS

Patients, relatives, carers or visitors to the Trust can ask for information and/or advice verbally, in writing, by email or by visiting the PALS office situated in the South Zone of the Hospital. PALS aim to resolve problems and concerns raised by patients, relatives, carers and visitors to the Trust quickly before they become a major issue.

The PALS Coordinators will provide an immediate point of contact for patients, relatives and carers and will respond to straightforward requests for non-clinical information or to simple non-clinical issues that do not need further investigation.

Generally, requests for information and/or advice raised directly at the point of care can be resolved immediately and should be dealt with by the Ward Sister or an appropriate staff member acting on behalf of the Ward Sister.

The PALS Coordinators will respond to straightforward requests for non-clinical information or to simple non-clinical issues that do not need further investigation.

The PALS Coordinators will refer clinical enquiries to the most appropriate person to effect resolution ensuring the person contacting the service is aware of the action taken and time scale for response.

All PALS contacts will be logged on the electronic complaints management system, Datix, and categorised as either:-

PALS 1 – Non-complex advice or signposting.

PALS 2 – Matters that need to be investigated and feedback given.

PALS will contact the Divisional bleep holder should a difficult situation arise as this senior member of staff will offer advice or attend if necessary to help rectify the problem there and then.

PALS will make initial contact when matters are raised in relation to a patient who is an inpatient at the time of raising the concerns. If the matter cannot be resolved by the Ward Sister or PALS the option of raising a formal complaint should be discussed.

The PALS team will highlight any trends or themes of concern to the Complaints Manager. Monthly PALS reports will be provided to each Division and PALS information will be incorporated into quarterly reports to Healthcare Governance.

3.6 Process for listening and responding to Compliments

The Trust receives compliments and expressions of gratitude in many different ways, often in the form of chocolates, biscuits and cards personally delivered to the ward or department. These tokens of gratitude should be recorded by the ward or department concerned and reported accordingly.

When a letter of compliment is received by the Chief Executive Office or via the PALS and Complaints Service it will be logged on Datix by the PALS team. A letter of thanks, signed by the CEO will be sent to the person paying the compliment.

Compliment letters will be logged by PALS will be reported accordingly.

3.7 Process for listening and responding to complaints.

3.7.1 A good beginning

Patients, relatives, carers or visitors to the Trust can raise a complaint. Complaints may be received by writing, by email, by completing a complaint form or verbally.

Complaint forms are available on the Website/Intranet and across the Trust in public areas or via staff and PALS/Complaints.

When complaints are received verbally the complaints coordinator will complete a complaint form, a copy of this will be sent to the complainant as confirmation of what has been discussed.

Each Division has a designated Complaints Service Coordinator within the Complaints Team.

Complaints will be assigned to the most appropriate Complaints Service Coordinator within the complaints team. When the appropriate Complaints Service Coordinator is absent, the case will initially be handled by another Coordinator but upon return the appropriate Coordinator will take over handling the case.

In accordance with the complaint handling triage tool (Appendix 1) the complaint is triaged as low, medium or high level.

Complaints Service Coordinator will make every effort to speak with the complainant to gain clarity, agree the manner in which the complaint will be handled and the appropriate timeframe.

The Complaints Service Coordinator will be the primary contact within the Trust for the complainant.

When appropriate, a complaint form will be used to summarise and/or provide clarity of the issues to be investigated.

If the complainant does not take up the offer to discuss their complaint the timeframe for resolution will be set in accordance with the complaints assessment triage tool (Appendix 1). Consent is requested where necessary by the Complaints Coordinator in accordance with the Data Protection Act 1998.

The Complaints Service Coordinator will send a consent form to the complainant requesting written authorisation from the patient or their next of kin. The complaint will meanwhile be sent to the Head of Nursing/Midwifery and the Divisional Complaints Lead for information at this stage. The complaints process will commence when consent is received. If consent is not received within two weeks, a reminder will be sent indicating that if authorisation is not received within a further two week period, then no further action will be taken by the Trust.

All complaints must be logged and acknowledged in writing within 3 working days. The complaint is acknowledged in writing within three working days from receipt by the Complaint Service Coordinator. An information leaflet providing further information on the complaints procedure is enclosed with the acknowledgement letter. This includes information about the complaints process, the NHS Advocacy Service and the Parliamentary and Health Service Ombudsman.

The complaint is logged using the complaints management system, Datix. The Head of Nursing/Midwifery and the Divisional Complaints Lead will be notified electronically. The electronic record will show the full details of the complaint along with confirmation of the response timeframe allocated to the individual case.

3.7.2 Medical Records/notes

The Complaints Service Coordinator will arrange for the patient's medical records to be scanned to Evolve. Where this is not possible it is the responsibility of the Divisional Complaints Lead to ensure that all relevant staff have access to the patient's medical records.

3.7.3 Complaints involving more than one Division

If a complaint involves more than one Division the Complaints Service will identify the lead Division and the appropriate Complaints Coordinator will become the complaint handler within the complaints team. The Head of Nursing/Midwifery and Divisional Complaints Lead for all Divisions involved will be notified by the Complaints Service Coordinator. The lead Division is responsible for providing a full coordinated response for the complaint.

3.7.4 The Investigation - Thorough and timely

The Division Head of Nursing/Midwifery and the Divisional Complaints Lead will be notified of the complaint electronically.

The Division Head of Nursing/Midwifery and the Divisional Complaints Lead will be responsible for ensuring that the complaint is investigated by the appropriate members of staff and that the response is completed within the agreed timeframe. Unless otherwise stated, the timeframe will be **28 workings days**.

If there is likely to be a delay in providing a response within the agreed time frame the Divisional Complaints Lead must inform the Complaints Service Coordinator, **no later than day 21**, giving the reason for the delay and suggesting a new timeframe. The Complaints Service Manager will then contact the complainant to explain the delay and request a new timeframe. Should this new timeframe be likely to breach it will be the responsibility of the Division Head of Nursing/ Midwifery to contact the complainant requesting any further additional time.

The Divisional Complaints Lead will identify and notify the most appropriate lead investigator and is responsible for ensuring adherence to the process and timeframe.

The investigation must be conducted by someone who has not been directly involved in the events giving rise to the complaint.

The Complaints Service Coordinator will send a reminder email to the Divisional Complaints Lead **after 10 days** if it appears that no action has been taken.

The Divisional Complaints Lead will ensure that copies of supporting statements or documents and an action plan evidencing actions taken and any changes made are saved to the complaints management system, Datix, at the same time as the written response. These are required for the complaints file in case there is a need for any further investigation. The Divisional Complaints Lead should also advise the Complaints Service Coordinator of any meetings or telephone conversations and ensure that these are documented within Datix.

The Divisional Complaints Lead is responsible for identifying lessons learned and actions taken and providing this information to the Complaints Service Coordinator ensuring that action plans for complaints relating to their Division are carried out within the specified timeframe and that progress is reported to the Complaints Service Coordinator. When using the Actions module on Datix it is the responsibility of the Divisional Complaints Lead to inform the Complaints Service Coordinator of the actions to be delegated.

3.7.5 Escalation process and consequences

The relevant Complaints Service Coordinator will liaise closely with the Divisional Complaints Lead to monitor the progress of cases. Should additional time be necessary in order to complete the appropriate investigate and response, the Complaints Service Coordinator will inform the Complaints Service Manager, this should be no later than day 21 of the investigation. Initially, it is the responsibility of the Complaint Service Manager to contact the complainant to explain the situation and request an extension to the timeframe. If it becomes apparent that the Division will fail to meet the revised timeframe it is the responsibility of the Complaints Service Coordinator to obtain an explanation from the Divisional Complaints Lead. The matter will then be escalated to the Division Head of Nursing/Midwifery and the Division Clinical Director.

It is then the responsibility of the Division Head of Nursing/Midwifery to contact the complainant to offer an explanation and request any further extension to the timeframe.

All overdue complaints will be reported monthly to the Divisional and Trust Boards.

All overdue complaints will be reported according to Speciality and Lead Consultant.

The Division Clinical Director is accountable for ensuring that all staff, including managers, involved in complaints handling understand their responsibilities in respect of the complaints process and the consequences of non-compliance.

Consequences:

Staff who do not adhere to complaints process e.g. fail to respond in a timely manner, may:

- i) In the case of doctors be called to meet with the Medical Director.
- ii) In the case of nursing and midwifery staff be called to meet with the Director of Nursing & Quality.
- iii) In the case of all other staff they will be called to meet with the Manager of their area.

and/or:

Be asked to explain their non-compliance to the Divisional Board

If necessary disciplinary action may be taken in cases of non-compliance.

3.7.6 Response - Acknowledge, Apologise, Action

The response should be written in clear language acknowledging the distress/concern caused apologising for it and thanking the complainant for taking the time to write. The response should answer the questions, identify lessons learned and explain how we will prevent the same thing happening again. The response should also set out our next steps and timeframes.

It is important that complainants receive a full and open response. An apology should be openly and freely offered. All complaints correspondence should be objective and not contain personal opinion.

Any documentation obtained during the investigation of a complaint will not be subject to legal privilege in any future litigation and therefore can be disclosed. If there are any concerns on this issue the Legal Services Manager should be contacted for advice.

Any actions or changes to practice identified are to be confirmed in the response and it is the responsibility of the Divisional Complaints Lead to ensure that actions are completed within the specified timeframe and that the Complaints Service Coordinator is informed when this has been done.

A copy of the written response should be saved on Datix and upon closing the complaint record the Complaints Service Coordinator will check the Datix record to ensure the appropriate supporting documentation has been provided.

All medium and high level responses should be signed by the Chief Executive Officer.

In the event of a verbal response being given, in the case of low level complaints, a file note detailing what has been discussed, along with any agreed actions, should be completed by the Divisional Complaints Lead and saved on Datix along with copies of supporting statements or documents from staff involved in the investigation.

All staff involved in the complaint should be advised of the outcome. Either a copy of the final response or appropriate feedback should be given to staff by the Divisional Complaints Lead.

3.7.7 File Maintenance

The Complaints Service Coordinators will be responsible for maintaining Datix. These records will be kept for a minimum of ten years. They will be required for Health Service Ombudsman enquiries or review, internal monitoring reviews or in the case of litigation, when all papers must be considered disclosable to the patient, their representative and their solicitor. Correspondence relating to a complaint is not part of the patient's medical records and should not therefore be filed in their medical records.

3.7.8 Follow-up - Customer care

The Complaints Service Coordinator or Complaints Service Manager will make a follow up courtesy call to the complainant within 3 months of the response letter being sent. This courtesy call will be recorded on the Datix file.

3.7.9 If the complainant is dissatisfied with response: re-opened complaints

If the complainant is not satisfied with the response, in the first instance, the Division Head of Nursing/Midwifery will be asked to review the complaint and the response.

In the case of re-opened complaints a Non- Executive Director will be involved in the review of reasons for the complaint being re-opened.

The Complaints Service Coordinator will liaise with the Divisional Complaints Lead to arrange a further investigation and response.

If, after further investigation, the complainant is still not satisfied with the response given, the complainant can write to the Parliamentary and Health Service Ombudsman and ask them to consider taking the complaint further.

For habitual or repetitive complainers please refer to section 3.15

3.8 Management of complaints with multiple organisations

If a complaint is received which includes issues relating to another service the Complaints Service will liaise with their counterparts in the Clinical Commissioning Group (CCG), Ambulance Trust, other Hospital Trust or Social Care Service to ensure that the complainant receives a co-ordinated response to the complaint.

The organisations will agree which of the organisations should take the lead on

- i) co-ordinating the handling of the complaint
- ii) Communicating with the complainant

Generally, unless otherwise requested by the complainant, the lead organisation will be the organisation with most issues or questions to be answered.

3.9 Discrimination as a result of raising a concern or complaint

The Trust is committed to ensuring that a person's care or treatment will not be adversely affected as a result of raising a complaint. Details of the issues raised will only be discussed with staff on a 'need-to-know' basis and kept confidential in line with paragraph 3.7.

All correspondence concerning complaints should be marked 'Private and Confidential' and kept securely using the complaints management system and retained in accordance with the Trust's Policy on the Storage and Retention of Records.

Complaint correspondence must not be filed in the patient's medical records.

All statistical and other management reports will be anonymised. This is to ensure that the patient receives impartial treatment in the future and to prevent discrimination as a result of making a complaint.

Any person concerned that their care or treatment has been adversely affected should raise this with the PALS and Complaints Service Manager.

3.10 Matters excluded from investigation as a complaint

- a complaint made by an NHS body which relates to the exercise of its functions by another NHS body
- a complaint made by an employee of an NHS body about any matter relating to his contract of employment
- a complaint which is being or has been investigated by the Health Service Commissioner
- a complaint arising out of an NHS body's alleged failure to comply with a data subject request under the Data Protection Act 1998(a) or a request for information under the Freedom of Information Act 2000
- a complaint about which an NHS body is taking or is proposing to take disciplinary proceedings in relation to the substance of the complaint against a person who is the subject of the complaint
- a complaint the subject matter of which has already been investigated and resolved.

3.11 Legal Issues

3.11.1 Litigation

The Complaints Procedure should continue even if the complainant explicitly indicates an intention to take legal action in respect of the complaint. If staff believe that there is a likelihood of legal action being taken, the Legal Services Manager should be informed.

Documentation obtained during the investigation of a complaint will not be subject to legal privilege in any future litigation and can therefore be disclosed.

3.11.2 Coroner cases

The fact that a death has been referred to the Coroner's Office does not mean that all investigations into a complaint need to be suspended. The Legal Services Manager will be contacted by the Division Operations Manager and advice on handling this sought. Discretion will be required in some instances on the timing of a reply to the complainant where this could be seen as pre-judging any comments which the Coroner might make at the inquest. This does not mean, however, that all complaint investigations should be suspended until the inquest has been held.

3.12 Relationship to other policies/procedures

3.12.1 Disciplinary Procedure

Complaints procedures should be kept separate from disciplinary procedures. The purpose of the complaints procedure is not to apportion blame amongst staff but to investigate complaints with the aim of satisfying complainants (whilst also being fair to staff) and to learn lessons to improve service delivery. However, it is inevitable that there will be some complaints which identify information about serious matters that will indicate a need for disciplinary investigation. A case for considering disciplinary investigation can be suggested at any point during the complaints procedure but consideration of whether disciplinary action is warranted is a separate issue for management, outside the complaints procedure, and must be subject to a separate process of investigation.

Complainants have no right to be informed as to whether or not disciplinary action is being taken or its outcome due to the requirements to maintain staff confidentiality under the Data Protection Act 1998.

3.12.2 Serious Incident Procedure (SI)

The procedure for the investigation of serious incidents is separate from the complaints procedure. If during the course of investigating a serious incident, a complaint is also received, the incident procedure should take preference in terms of an investigation. The PALS and Complaints Service Manager will liaise with the complainant. The complainant should be kept informed according to the normal timescales of the complaints procedure even though a detailed response might not be sent until the SI investigation is complete.

3.13 Support for staff

Staff involved in a complaint investigation often find it an upsetting experience. If staff need support through this process, they should contact their manager or The Directorate of Human Resources.

3.14 Other Policies/Procedures

Where complaints involve or may need referral to bodies such as the police or professional organisations, advice should be sought from the Legal Services Manager and/or Head of Nursing/ Midwifery. To ensure full compliance with diversity legislation, this policy has been the subject of an Equality Impact Assessment to ensure there is no unlawful discrimination on the grounds of age, disability, gender, race, religion, belief and sexual orientation. This policy complies with the Trust's Dignity and Respect Charter guidelines.

3.15 Managing habitual or repetitive complainants

Habitual or repetitive complainants are increasing, reflecting a pattern experienced throughout the NHS. The difficulty in handling such persons can place a strain on time and resources and can also cause undue stress for staff that may need support in difficult situations.

Staff will respond in a professional and helpful manner to the needs of all complainants, however, there are times where nothing further can reasonably be done to assist such persons or to rectify a real or perceived problem.

Situations where complainants might be considered to be habitual or repetitive should be recognised promptly and the decision to categorise a complainant as such will follow discussion between the Division Operations Manager or Deputy Director of Nursing and the PALS and Complaints Service Manager.

Complainants may be deemed to be habitual or repetitive where previous or current contact with them shows that they meet **two or more** of the following criteria:

- Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted.
- Change the substance of the complaint or continually raise new issues or seek to prolong contact by repeatedly raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. *Care must be taken not to discard new issues that are significantly different from the original complaint; these might have to be addressed separately.*
- Do not clearly identify the issues they wish to be investigated, despite reasonable efforts by Trust staff and others (i.e. Advocacy Service) to help them specify their concerns.
- The complaint or issue is trivial or appears to consume an excessive amount of resources.
- Having in the course of pursuing their concerns had an excessive number of contacts with the Trust by telephone, letter, email, fax or in person. Staff should be instructed to keep a clear record of the number of contacts to demonstrate the excessive nature.
- When the complainant has been aggressive and/or abusive consideration must be given as to the need for the completion of a Trust incident form. The person may become the subject of a Zero Tolerance Panel (or may have already been discussed at such a Panel). In extreme or serious cases the Trust will refer such matters to its Solicitor and/or the Police.
- Display unreasonable demands or expectations and fails to accept that these may be unreasonable (i.e. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

Where complainants have been identified as habitual or repetitive the Chief Executive will determine what action to take. The Chief Executive will implement such action and will notify complainants in writing of the reasons why they have been classified as habitual or repetitive and the actions to be taken.

This notification may be copied for the information of others already involved in the complaint i.e. General Practitioners, Conciliators, Advocacy Service and Members of Parliament. A record must be kept for future reference of the reasons why a complainant has been classified as habitual, vexatious or repetitive.

The above action should only be taken as a last resort and after all reasonable measures have been taken to assist the patient/complainant.

3.16 Out of hours arrangements

The PALS and Complaints Service office is open from 9.30am to 4pm Monday to Friday. Outside of these hours, the Hospital Coordinator can be contacted via the switchboard or bleep 690.

Information about the PALS and Complaints Service is available on the hospital website and intranet together with this policy which is available for access by staff, patients and members

of the public. PALS and Complaints Service leaflets are available in all reception areas and in wards and departments and posters are displayed giving information about the service.

Electronic copies of leaflets are available on the website. Information to staff on changes to the PALS and Complaints Service are disseminated by Broadcast email and via staff training sessions.

3.17 Reporting and Improvement

3.17.1 Locally

Complaints provide valuable information on patient experience and the care patients receive and are an important tool in identifying areas for improvement.

Staff will routinely use data regarding complaints alongside other key patient experience indicators to identify areas for improvement. The Heads of Nursing/ Midwifery report regularly to the Patient and Carer Experience Group on action plans and improvements as a result of patient and public feedback in accordance with the Patient Experience Strategy. The Patient and Carer Experience Group reports to the Healthcare Governance Committee.

Division Heads of Nursing/Midwifery are responsible for analysing complaints involving their departments; identifying trends and learning and implementing and monitoring resulting action plans affecting changes or improvements where appropriate. This will be an agenda item for discussion at the Divisional Risk and Governance Group meetings and disseminated to all areas within the Division in accordance with the Divisional Rules of Engagement - Risk and Governance.

The Divisional Risk and Governance Groups report to the Combined Board.

3.17.2 Trust-wide

A report on PALS and Complaints will be shared with the Heads of Nursing/Midwifery before being considered at the Patient and Carer Experience Group. Highlighted issues and any areas for escalation will be presented to the Healthcare Governance Committee.

The PALS and Complaints report will include:

- the number of complaints and concerns received during the quarter period
- the severity of complaints and concerns received
- the top subject categories of complaints and concerns received
- qualitative information regarding the key themes to arise
- qualitative information on any specific areas for improvement
- The number of cases re-opened.

The Healthcare Governance Committee will be responsible for:

- monitoring reporting and ensuring that actions for improvement have been completed
- Assuring that any lessons learned are appropriately shared Trust-wide

3.18 Information leaflets

Leaflets outlining the PALS and Complaints Service are available at the Outpatient Reception, South Reception and on the wards. They are also available on the Website/

Intranet and across the Trust in public areas or via staff and the PALS and Complaints Service. A copy of this leaflet should be offered to the complainant.

Easy read information is available in leaflet form and via the Trust website.

3.19 Information posters

Posters are placed in public areas across the Trust and around the wards outlining the service provided, contact details and opening hours for the PALS and Complaints Service.

SECTION 4 - TRAINING AND EDUCATION

The Hospital recognises that, in order to ensure fairness to both staff and complainants, staff should have access to support throughout the investigation of a complaint. The Directorate of Human Resources offers regular training on customer care, including advice for front line staff on how to deal with complaints.

The process for raising complaints is highlighted to new staff at Trust Induction.

Risk Management training sessions for Senior Managers will include training on responding to complaints.

Managers are responsible for ensuring that all staff are made aware of the procedure for dealing with complaints and receive appropriate training to ensure that they are able to deal speedily and appropriately with complaints at the point of contact and are aware of the procedure to be followed for more complex complaints handling.

Complaints handling training sessions will be provided/coordinated by the PALS and Complaints Service Manager.

The PALS and Complaints Service Manager will ensure that all staff required to use Datix will have access to support and training.

SECTION 5 - DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION

This policy has been developed by the following staff who will lead on its implementation within the Trust:

- PALS and Complaints Service Manager
- PALS and Complaints Service Coordinators
- Director and Deputy Director of Nursing & Quality
- Heads of Nursing/Midwifery
- Patient Experience Lead
- Divisional Risk and Governance Managers

Consideration was given to the views of a Task and Finish Group, internal audit report, stakeholders and service users, from feedback surveys and in writing, in the development of this policy.

Once ratified, the policy will be disseminated to all Senior Managers and placed on the Trust's Intranet. A broadcast will be sent out via email to all staff.

SECTION 6 - MONITORING COMPLIANCE AND EFFECTIVENESS

The PALS and Complaints Service Coordinators will monitor timeframes for response to ensure the agreed timeframe for response is met. The Complaint Service Coordinator and Divisional Complaints Lead will ensure that the escalation process is followed and the Division Head of Nursing/Midwifery will be sent a weekly report of all overdue complaints.

Information about complaints and compliance with response times is provided monthly to the Quality Management System (QMS) for the Divisional Quality Accounts Performance Measures.

A monthly statistical report will be provided for the Clinical Commissioning Group, NHS Suffolk.

In addition the PALS and Complaints Service Coordinators will collect evidence to demonstrate compliance with CQC Outcome 17 and NHS Litigation Authority Risk Management Standards 5.2 and 5.3 criteria.

Lessons learned from complaints are shared to improve practice. Improvements to practice are noted in the Trust's Annual Complaints Report.

The PALS and Complaints Service Manager will complete an annual report for the Department of Health in accordance with the requirements of the Regulations. This will include:

- the number of complaints received
- the number of complaints referred to the Ombudsman
- a summary of
 - the subject matter of complaints received
 - any matters of general importance arising out of those complaints, or the way in which the complaints were handled
 - any matters where action has been or is to be taken to improve services as a consequence of those complaints.

An annual Körner Return for the Department of Health will also be completed.

A quarterly patient experience report, including Complaints and PALS information is provided to Healthcare Governance.

SECTION 7 - CONTROL OF DOCUMENTS INCLUDING ARCHIVING ARRANGEMENTS

7.1 Assigning index registration number

Once ratified by the Trust Board the Responsible Officer will forward this policy to the Information Governance Department for a document index registration number to be assigned and for the policy to be recorded onto the central hospital master index and central document library of current documentation.

7.2 Review of policy

In order that this document adheres to the hospital's Records Management Policy, the Responsible Officer will arrange for staff to be advised when this document is superseded and for arranging for this version to be removed from the hospital's intranet. The Responsible Officer will also advise the Information Governance Department who will ensure that this document is removed from the current index and library, archived and retained for 10 years from the archive date.

SECTION 8 - SUPPORTING COMPLIANCE AND REFERENCES

This document will support the Trust's compliance with its legal obligations as set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, Care Quality Commission Outcome 17 and the NHS Litigation Authority Risk Management criteria 5.2 and 5.3.

REFERENCES

- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Freedom of Information Act 2000
- Patient Briefing – Saying sorry when things go wrong ~ National Patient Safety Agency
- General Medical Council (GMC)-Good Medical Practice 2013
Acting on Concerns – paragraphs 19 – 22
Investigating concerns – paragraphs 23 – 25
- Ombudsman's Principles (Principles of Good Administration, Principles of Good Complaint Handling; Principles for Remedy) ~ Parliamentary and Health Service Ombudsman 2009.
- Francis Report 2013
- Clwyd and Hart Report 2013
- Trust Internal Complaints Audit, 2014.

Appendix 1 ~ Complaint Assessment - triage tool

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care. Or 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.
Medium	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.
High	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.
Extreme (SI)	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.

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.

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

Appendix 2 ~ Managing Concerns and Complaints

Level	Examples	Process	Timeframe	Level of Responsibility	Supporting Actions
<p>Low</p> <p>(simple, non-complex issues)</p>	<p>Delayed or cancelled appointment</p> <p>Event resulting in minor harm (e.g. cut, strain)</p> <p>Loss of property</p> <p>Lack of cleanliness</p> <p>Transport problems</p> <p>Single failure to meet care needs</p>	<p>Contact from Complaints Service Coordinator by phone to discuss issues, obtain clarity if necessary, agree the method of response and timeframe.</p> <p>Investigation by Division.</p> <p>Letter composed by Division, signed by PALS and Complaints Service Manager to be sent out via the PALS and Complaints Service.</p>	<p>Initial contact within 3 working days</p> <p>Response required within 28 working days.</p>	<p>Any staff member with Line Manager support</p> <p>Head of Nursing/Midwifery/Matron/Ward Sister</p> <p>Signed off by PALS and Complaints Service Manager.</p>	<p>Verbal or written response, identification of lessons learned and actions taken.</p> <p>Advice or support at meetings available from PALS and Complaints Service.</p>
<p>Medium</p> <p>(several issues relating to a short period of care)</p>	<p>Delayed discharge</p> <p>Failure to meet care needs</p> <p>Injury i.e. fracture</p> <p>Miscommunication or misinformation</p> <p>Medical errors</p> <p>Incorrect treatment</p> <p>Staff attitude or communication</p>	<p>Contact from Complaints Service Coordinator by phone to discuss issues, obtain clarity if necessary, agree the method of response and timeframe.</p> <p>Investigation by Division.</p> <p>Letter composed by Division, signed by CEO and sent out via PALS and Complaints Service.</p>	<p>Initial contact within 3 working days</p> <p>Response required within 28 working days.</p>	<p>Head of Nursing/Midwifery</p> <p>Sign off by Chief Executive Officer</p>	<p>Written response – identification of lessons learned and actions taken.</p> <p>Letter template provided by Complaints Service Coordinator.</p> <p>Advice or support at meetings available from PALS and Complaints Service.</p>
<p>High</p> <p>(multiple issues relating to a longer period of care - Can be more than one organisation or individual)</p>	<p>See medium list</p> <p>Event resulting in serious harm</p>	<p>Contact from Complaints Service Coordinator by phone to discuss issues, obtain clarity if necessary, agree the method of response and timeframe.</p> <p>Investigation by Division. Serious Investigation may be necessary.</p> <p>Letter composed by Division, signed by CEO and sent out via PALS and Complaints Service.</p>	<p>Initial contact within 3 working days</p> <p>Response required within 28 working days.</p>	<p>Head of Nursing/Midwifery</p> <p>Sign off by Chief Executive Officer</p>	<p>Written response – identification of lessons learned and actions taken.</p> <p>Letter template provided by Complaints Service Coordinator.</p> <p>Advice or support at meetings available from PALS and Complaints Service.</p>

Appendix 3 ~ Resources for Investigation of Complaints using the Complaint Assessment

<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Extreme/(SI)</u>
<p>Minimal impact or relative minimal risk to the provision of healthcare or the organisation. No real risk of litigation.</p>	<p>Potential to impact on service provision/delivery. Legitimate consumer concern but not causing lasting detriment. Slight potential for litigation.</p>	<p>Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Possibility of litigation.</p>	<p>Issues regarding serious adverse events, long term damage, grossly substandard care, professional misconduct or death that require investigation. Serious patient safety issues. Probability of litigation high.</p>
<u>Suggested Resources</u>	<u>Suggested Resources</u>	<u>Suggested Resources</u>	<u>Suggested Resources</u>
<p>Refer to Health Records to gather facts:</p> <ul style="list-style-type: none"> • Patient records • X-rays • Results/Investigations <p>Interview staff to establish the facts. Document the interviews with staff OR ask staff to provide a statement of their recollection of events.</p> <p>Refer to related Policies/Guidelines</p>	<p>Refer to Health Records to gather facts:-</p> <ul style="list-style-type: none"> • Patient records • X-rays • Results/Investigations <p>Refer to other sources of information:-</p> <ul style="list-style-type: none"> • Lorenzo • Ward Log Book • Controlled Drugs Register • Adverse Incident form <p>Interview staff to establish the facts. Document the interviews with staff OR ask staff to provide a statement of their recollection of events.</p> <p>Refer to related Policies/Guidelines</p>	<p>Refer to Health Records to gather facts:-</p> <ul style="list-style-type: none"> • Patient records • X-rays • Results /Investigations <p>Refer to other sources of information:-</p> <ul style="list-style-type: none"> • Lorenzo Regional Care • Ward Log Book • Controlled Drugs Register • Adverse Incident form <p>Interview staff to establish the facts. Document the interviews with staff OR ask staff to provide a statement of their recollection of events.</p> <p>Refer to related Policies/ Guidelines</p> <p>It may be appropriate to use some or all of the Root Cause Analysis tools available:-</p> <ul style="list-style-type: none"> • Time line - review health records • 5 Why's • Fish Bone • Barrier Analysis • Decision Tree 	<p>SI process to be followed.</p> <p>A Root Cause Analysis must be undertaken and the tools available are as follows:-</p> <ul style="list-style-type: none"> • Time line – Review health records and other sources of information. • 5 Why's • Fish Bone • Barrier Analysis • Decision Tree <p>Interview staff to establish the facts. Document the interviews with staff OR ask staff to provide a statement of their recollection of events.</p> <p>Refer to related Policies/Guidelines</p>