

Feedback and Complaints Policy

The 4C's process includes the documenting and processing of all feedback received by Golden Jubilee National Hospital

Name	GJF Feedback and Complaints Policy (The 4C's - Complaints, Concerns, Comments & Compliments)
Summary	Guidance on the reporting and management of patient feedback including formal complaints
Associated Documents	
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The Golden Jubilee Foundation is the new brand name for the NHS National Waiting Times Centre. Golden Jubilee National Hospital Charity Number: SC045146

Golden Jubilee Foundation Values Statement

What we do or deliver in our roles within the Golden Jubilee Foundation is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in “thank you” letters and the complaints we receive.

Recognising this, the Golden Jubilee Foundation have worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality of care and service across the organisation. These values are closely linked to our responsibilities around Equality.



Our values are that we will:

- Take responsibility for doing our own job well
- Treat everyone we meet in the course of our work with dignity and respect
- Demonstrate through our actions our commitment to quality
- Communicate effectively, working with others as part of a team
- Display a “can do” attitude at every opportunity.

Our policies are intended to support the delivery of these values which support employee experience

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Background

In delivering a service that is safe, effective and person centred the Golden Jubilee National Hospital welcomes feedback from all users of our services including patients, families, carers and visitors. This feedback is invaluable in assisting us to continually evaluate our services and the quality of care we deliver to identify areas where we can improve and those areas of good practice we want to develop further.

The Patient Rights Act (2011) Scotland also gives patients the right to provide feedback (positive and negative) and sets out a legal requirement for Health Boards to encourage, monitor and learn from this feedback and complaints received.

Scope

This policy and supporting appendices detail how the GJNH will respond to formal feedback as defined in the Key Terms received in respect of individual patient care. It is recognised at times, users of the service will make enquiries e.g. waiting times for a particular service. These will not form part of the formal process.

This policy does not apply to engagement of patients/ public where feedback maybe sought to help inform a service change/ development or in evaluation of a service. This type of patient feedback will be managed in line with the Involving People Strategy.

Policy Aim and Purpose

This policy will ensure that the Golden Jubilee National Hospital has a standardised approach to encouraging feedback from service users in accordance with best practice and any mandatory requirements. Specifically this will:

- Define and promote best practice in handling and learning from comments, concerns, complaints and compliments as outlined in The NHS Scotland Complaints Handling Procedure 2017
- Outline the roles and responsibilities for all elements of feedback and complaints
- Provide guidance for staff to respond to feedback and complaints
- Promote local ownership and early resolution of complaints
- Ensure appropriate and timely action is taken when a concern is raised or a complaint is made to reduce the risk of recurrence and ensure that learning takes place as a result
- Raise awareness of feedback mechanisms employed by the Board and the national work stream relating to person centred care
- Detail the reporting and governance structure surrounding feedback and complaints ensuring national reporting requirements are met

Basic Principles

To support this policy GJNH will promote and embed a positive safety culture and uphold the following principles:

- Welcome feedback as an opportunity to learn and improve
- Support patients to provide feedback
- Encourage staff to locally resolve issues where possible

- Be consistent in how we manage and respond to feedback
- Support staff who are involved in complaints and ensure they have an opportunity to contribute to an investigation
- Ensure links between adverse events and complaints investigations to minimise the impact on people involved in the investigations
- Ensure all formal feedback and learning from this is recorded centrally on Datix

Definition of Key Terms

Feedback

The six categories of feedback are outlined below, more information can be found in Appendix 1:

- Formal Complaint - Feedback where dissatisfaction is noted about an action or lack of an action or standard of care provided that has impacted negatively on a patient/family. There are 2 stages of formal complaints:
 - Stage 1 Formal - the complaint is able to be easily resolved and requires little or no investigation. This stage is responded to within 5 working days, via telephone or face-to-face. Should the person complaining wish this in writing, this can be provided. An extension may be granted in exceptional circumstances, with clear and justifiable reasons for doing so. The extension must be granted through the Feedback and Legal Co-Ordinator and approved by the Head of Clinical Governance. Should this timescale not be met, stage 2 will then be initiated. Alternatively, the complaint will go straight to stage 2. This will be determined by the Feedback and Legal Co-ordinator, using the complaints assessment tool.
 - Stage 2 Formal - complaints that cannot be resolved by stage 1, or are complex, serious or 'high-risk'. Acknowledged in writing within 3 working days of receipt. A full written response is provided, covering all points raised in the complaint, within 20 working days. In exceptional circumstances this time may be extended; a holding letter will be issued to the complainant to inform of this. To effectively manage and investigate some stage 2 complaints a meeting with the person making the complaint should be discussed. This would be arranged by the CDG. There would be a written record of this meeting shared with everyone involved in the meeting.
- Concern – Feedback which does not necessarily express dissatisfaction with care provided but the person making the complaint expresses they have concerns in relation to a matter, such as proposed treatment time or expressing concern in relation to the service. Concerns must be responded to within 5 working days, via telephone or face-to-face. Should the person complaining wish this in writing, this can be provided.
- Shared Complaint - A complaint which involves more than one NHS Board in the complaint. It will be decided between the relevant NHS Boards who will lead on this type of complaint and a joint response will be provided.
- Comment – Feedback where a comment regarding the services is provided (such as an observation).
- Compliment – Positive feedback on the services or named staff
- Query – Enquiries in relation to the service

Local Resolution

This is where all staff aim to address issues immediately at the time they arise and is the ideal way to address patient negative feedback. Often many issues that become formal complaints could be resolved via local resolution if identified earlier. Staff therefore are encouraged to be mindful about identifying potential issues and to discuss with patients/carers/visitors. Support is available from line managers in these instances who can speak with patients/carers/visitors and provide support to staff in the local resolution.

Complaints & Feedback Management

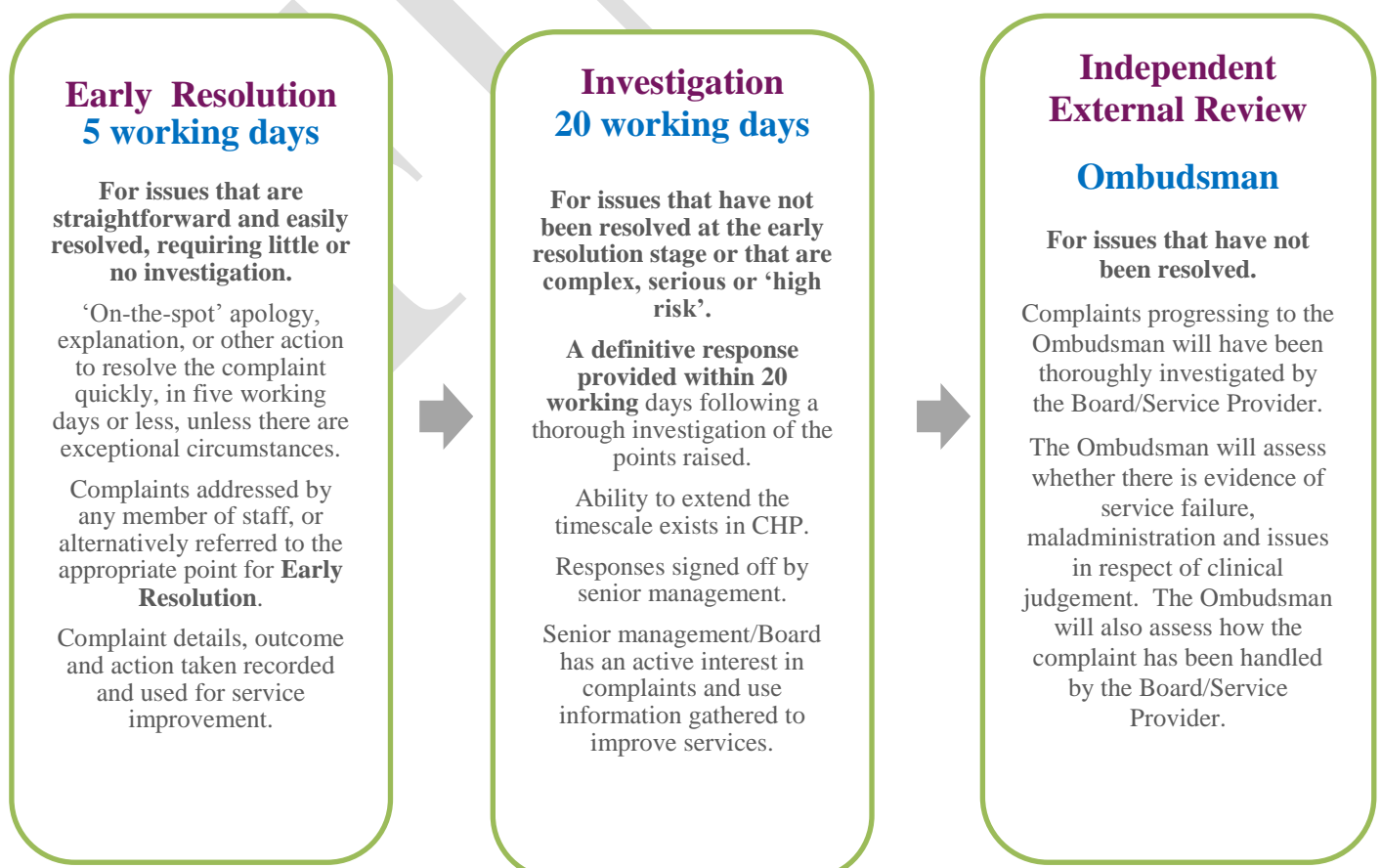
Feedback can be received in numerous ways i.e. in writing/email, via the telephone, face to face or via social media.

Staff should encourage patients to provide feedback and as noted try initially to locally resolve any issues raised. Any feedback that cannot be locally resolved should be sent to the Feedback and Legal Co-ordinator to allow contact to be made with the feedback provider. At this time an explanation is given to the feedback provider regarding the methods of progression including the option to progress through the NHS Complaints Procedure.

It is important that staff are aware that general feedback, comments and concerns are not complaints. Complaints need to be recognised and managed within the appropriate formal process outlined within Appendix 2. Logging all feedback via a central point allows all trends, themes and learning to be captured in the one system.

All complaints will be managed in line with the national complaints handling procedure as outlined below:

The NHS Model Complaints Handling Procedure



Consent

Where someone other than the person to whom the complaint relates, or their authorised agent, (including MPs, MSPs and local Councillors), wishes to make a complaint on behalf of a person, we will ensure that any such complaint is handled in accordance with the common law duty of confidentiality and data protection legislation.

In such circumstances we will, for example, check whether consent has been received from the person for the complaint to be made on their behalf. In the event that consent has not been received, we will take this into account when handling and responding to the complaint. In such circumstances we are likely to be constrained as to what we can do in terms of investigating a complaint, or in terms of the information which can be included in the report of such an investigation.

In circumstances where the person does not have the capacity to consent to the complaint being made on their behalf, it is likely to be relevant (for example) to check that the person making the complaint on the person's behalf has a legitimate interest in the person's welfare and that there is no conflict of interest. It would also be good practice to keep the patient on whose behalf the complaint is being made, informed of the progress of any investigation into the complaint, in so far as that is possible and appropriate.

Handling anonymous feedback

We value all feedback and will log and take action to consider anonymous feedback seriously and will take action to consider them further, wherever this is appropriate.

Where an anonymous complaint is received, this will be reviewed via the normal process to identify if possible the area(s) involved to allow this to be considered by the appropriate manager who can make a decision on appropriate action to take based on the nature of information provided about the anonymous complaint and any other relevant factors, for example consent issues. If, however, an anonymous complaint does not provide enough information to enable us to take further action, or to contact the complainant, we may decide that we are unable to complete the investigation.

Any decision not to investigate an anonymous complaint must be agreed with the service lead and Head of Clinical Governance and recorded appropriately.

Financial compensation

The NHS complaints procedure does not provide for financial compensation. The independent Patient Advice and Support Service may be able to advise anyone who is seeking compensation where to get information about specialist solicitors who handle medical negligence claims.

It may also be appropriate to advise those who seek financial compensation that they may contact Action against Medical Accidents (AvMA), or the Law Society of Scotland. AvMA provides free independent advice and support to people affected by medical accidents while the Law Society of Scotland can provide contact details of law firms throughout Scotland that may specialise in claims for medical compensation.

Getting help to make a complaint (Patient Advice and Support Services)

The Patient Rights Act provides the establishment of Patient Advice and Support Services (PASS). PASS is an organisation that provides free, confidential information, advice and support members of the public that use NHS in Scotland. The service promotes an awareness and understanding of the rights and responsibilities of patients and can advise and support people who wish to make a complaint to the NHS. Further information on this can be found at the below website:

www.patientadvicescotland.org.uk

Organisational Roles & Responsibilities

- **The Chief Executive** provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Executive may take a personal interest in all or some complaints, or may delegate responsibility for the complaint handling procedure to senior staff.
- **Medical Director** is the named Executive lead for this policy.
- **Executive Directors** may be required to review and sign off complaints on behalf of the Chief Executive and should be satisfied that the investigation is complete and their response addresses all aspects of the complaint. Directors should retain ownership and accountability for the management and reporting of complaints within their area of responsibility.
- The **Head of Clinical Governance** has delegated responsibility for this policy and acts as the Feedback and Complaints manager ensuring that feedback, comments, concerns and complaints are monitored with a view to improving performance, and that action is taken as necessary following the outcome or any feedback, comment, concern or complaint.
- The **Clinical Governance Department (CGD)**, specifically the **Feedback & Legal Co-ordinator** is responsible for working with service to:
 - Develop ways of encouraging feedback from patients and using this to improve services
 - Ensure management of formal complaints in line with statutory guidance
 - Develop procedures to record the complaints handling process and ensure reporting requirements are met (internally and externally)
 - Establish processes to ensure lessons are learned from complaints and shared appropriately
- The **Communications & Corporate Affairs Department** have responsibility for co-ordinating and developing all internal and external communications; in regards to this policy this relates to social media and national online forums such as Care Opinion. They will ensure appropriate referral to CGD on any individual feedback issues and liaise with CGD in relation to shared learning and reporting.
- **Divisional Managers** have a responsibility to ensure local processes to support application of this policy and to disseminate learning from feedback
- **Clinical Governance Leads/ Clinical Nurse Managers** have a specific responsibility to support the timely investigation of formal complaints. Have responsibility to ensure staff involved are appropriately supported.

Key groups and Committees

The **Clinical Governance Committee (CGC)** and **Person Centred Committee (PCC)** have a responsibility to:

- Receive regular reports on complaints and patient feedback
- Monitor that appropriate action and learning has taken place from events

The **Clinical Governance and Risk Management Group (CGRMG)** reports to the CGC and in supporting the CGC has specific responsibility to:

- Be assured of policy implementation within Divisions
- Receive regular reports on complaints and feedback including any learning
- Monitor progress against actions arising from feedback

The **Divisional Clinical Governance Groups** are responsible for working with the Divisional Management Teams to:

- Support implementation of the policy
- Ensure implementation of agreed actions and, where relevant, monitor subsequent outcomes.

Monitoring and Reporting

We have arrangements in place to monitor how we deal with the complaints we receive. We recognise that an increase in the number of complaints should not in itself be a reason for thinking a service is deteriorating. It could mean that our arrangements for handling feedback, comments, concerns and complaints are becoming more responsive. The important point is to ensure that complaints (and feedback, comments and concerns) are handled sympathetically, effectively and quickly and that lessons are learned and result in service improvement.

We will generate quarterly complaints reports that will monitor our complaint management aligned to the Key Performance Indicators within the national guidance.

The Clinical Governance Department will maintain the Datix system that supports complaints information and production of these quarterly reports. In addition there are indicators linked to timeline and outcome monitored as part of the Board Corporate Balance Scorecard.

Appendix 1 Guidance on Comments, Concerns & Complaints

As noted it is necessary for staff to be able to distinguish between feedback, comments, concerns and complaints to ensure that any issues raised are handled through the appropriate procedures. The following provide more information on feedback, comments and concerns with formal complaints then explored.

Comments and Concerns

Feedback may be in the form of views expressed orally or in writing, as part of a survey, patient questionnaires, through the Patient Advice and Support Service (PASS), or initiatives such as patient experience surveys or via stakeholder electronic portals. The feedback may describe the person or carer's individual experience of using NHS services and may include suggestions on things that could have been done better or identify areas of good practice.

Comments

Comments may be comments, compliments, feedback or observations offered orally or in writing for example on ward or hospital suggestion cards or through PASS, which reflect how someone felt about the service.

Concerns

Concerns may be expressed in relation to proposed treatment or about any aspect of the service, from timing of appointments to getting to hospital for the proposed treatment or the actual treatment received. An example may be where someone has been referred to a consultant and is concerned about what this means. Concerns of this nature fall short of a complaint as the person is not expressing dissatisfaction, but wishes to be fully informed about what is to happen.

People may need reassurance or further explanation and information to help them understand why the healthcare provider is suggesting a particular course of action. Staff should be alert to this and ensure that explanations are given and advice on additional support services is available and accessible to everyone.

We will aim to provide a verbal response to the person raising the concern within 5 working days or the agreed timescale with the complainant (On occasion the person raising the concern may receive the response via writing if requested).

Concerns can be received in writing or verbally and all must be forwarded to the Feedback & Legal Co-ordinator either hard copy or via the Feedback mailbox. All concerns are logged in Datix, the CGD will monitor the responses to concerns to record details of actions/ changes that arise and closure of these.

It is particularly important for staff to use their discretion and judgement in supporting people to decide whether a matter is a concern or a complaint. The best way to do this is by talking to the person raising the issue to explain how concerns and complaints are handled and responded to. There may be circumstances where the nature of the concern is sufficiently serious to warrant full investigation under this complaints procedure. Even where the person states that they do not want to complain, if you are satisfied that the matter is clearly a complaint you should record it as such. If staff members are in any doubt they should seek advice from the Feedback and Legal Co-ordinator.

The manner in which the matter is communicated will often help you to decide if it is a concern or a complaint. A matter may be communicated in a matter of fact way, for example 'I am a little surprised at being in a mixed sex ward. I think you should put me in an all-female ward'. This is likely to be recorded as a concern. However, the same matter may be reported as 'I am very angry that you have put me in a ward with all these men. I feel humiliated and I refuse to accept this. Get me into an all-female ward now or I will call my son to come and take me home'. Given the way this matter is reported, you may decide that it is a complaint.

A concern should be responded to within five working days. It is important that, where you determine that a matter is a concern (rather than a complaint) and the person raising the issue remains unhappy with your response to that concern, you handle any subsequent action as a complaint. As you will already have attempted to resolve the person's concern, the early resolution stage of the complaints procedure is not an appropriate stage to consider the matter further. The matter should, therefore, be handled directly at the investigation stage of the complaints procedure.

Formal Complaints

What is a formal complaint?

'An expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.'

A complaint may relate to:

- care and/or treatment;
- delays;
- failure to provide a service;
- inadequate standard of service;
- dissatisfaction with the organisation's policy;
- treatment by or attitude of a member of staff;
- scheduled or unscheduled ambulance care;
- environmental or domestic issues;
- operational and procedural issues;
- transport concerns, either to, from or within the healthcare environment;
- the organisation's failure to follow the appropriate process;
- lack of information and clarity about appointments; and
- difficulty in making contact with departments for appointments or queries.

This list does is not exhaustive.

Not all issues may be for NHS bodies to resolve. In cases where an individual is unsatisfied with standards of conduct, ethics or performance by an individual health professional, it may be for the respective professional body to investigate. These include, for example the Nursing and Midwifery Council, the General Medical Council, the General Dental Council, the Royal Pharmaceutical Society, and the General Optical Society.

Where serious concerns about a registered healthcare worker are identified, a referral to the appropriate professional regulator should be made.

This complaints procedure does not apply to the following complaints, as set out in Regulations:

- a complaint raised by one NHS body about the functions of another NHS body;
- a complaint raised by a service provider about any matter connected with the contract or arrangements under which that service provider provides health services;
- a complaint raised by an employee of an NHS body about any matter relating to that employee's contract of employment;
- a complaint which is being or has already been investigated by the Scottish Public Services Ombudsman (SPSO);
- a complaint arising out of an alleged failure to comply with a request for information under the Freedom of Information (Scotland) Act 2002(a);
- a complaint about which the person making the complaint has commenced legal proceedings (whether or not these have concluded), or where the feedback and complaints officer considers that legal proceedings are so likely that it would not be appropriate to investigate the complaint under this procedure;
- a complaint about which an NHS body is taking or proposing to take disciplinary proceedings against the person who is the subject of the complaint; and
- a complaint, the subject matter of which has previously been investigated and responded to.

In these cases, there is a separate procedure available which is better placed to carry out the investigation, indeed in many cases a separate investigation may already be underway. If a complaint is raised which is within one of these categories, you must write to the individual, explaining the reason that this complaints procedure does not apply and the procedure the individual should use to raise the matter with the appropriate person or body. You may send this explanation electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

This complaints procedure offers a person-centred and effective way of ensuring that complaints are thoroughly investigated and that areas for learning and improvement are identified and actioned. You should offer to resolve someone's complaint using the NHS complaints procedure, even where the person has stated (in writing or otherwise) that they intend to take legal proceedings. If, however, you are satisfied that the person has considered the NHS complaints procedure but nonetheless clearly intends to take legal action, then you may decide not to apply this complaints procedure to that complaint.

Additionally, this complaints procedure should not be used in the following circumstances:

- to consider a routine first-time request for a service;
- a request for a second opinion in respect of care or treatment;
- matters relating to private health care or treatment;
- matters relating to services not provided by or funded by the NHS.

You must not treat these issues as complaints, rather you should explain how the matter will be handled, and where appropriate direct the person raising the issue to use the applicable procedure where there is one. You must always consider how best to investigate, respond to and, where appropriate, resolve the issue.

Who can make a complaint?

Complaints can be raised by patients, on behalf of patients or by anyone who is, or is likely to be affected by an action or omission of the GJNH.

Where a patient has died, a complaint can be made by the next of kin.

Where a complaint is made on behalf of the patient we must ensure that the patient has consented to the complaint being made.

Time Limits

Generally complaints should be made within six months from the date on which the matter of the complaint comes to the complainants notice, provided that this is no later than 12 months after the date on which the matter of the complaint occurred. Due to the difficulties in investigating historical issues GJNH will generally not investigate complaints outwith these timescales; this can be reviewed on an individual basis.

Links to Other Processes - Significant Adverse Events, Litigation, Procurator Fiscal

It is important that all complainants are treated in an open and non judgmental manner.

Where a complaint is about an event which may at a future point result in litigation the Feedback and Legal Co-ordinator should escalate this within the Clinical Governance department and with the appropriate management team. Advice can be sought via the CGD from the Central Legal Office if required.

GJNH will report to the Procurator Fiscal (PF) any death where it is known that a complaint has been received about the treatment given to said patient. The Feedback and Legal Co-ordinator will ensure this happens.

Where a complaint is received about an event that may result in a fatal accident inquiry being held, consideration must be given to the appropriateness of proceeding with the complaint investigation. This will be inclusive of discussion with the Head of Clinical Governance, the relevant management team and the Nurse and/ or Medical Director.

Significant Adverse Event (SAE) investigations should involve contact with patients/families however it is recognised that at times there may be a complaint or feedback arising from an event. Where this occurs the complaint should be reviewed by the team leading the SAE to assess if the SAE remit will address the concerns raised. If so then no separate investigation is needed and the complainant should be advised of the SAE process and timelines around this. If there are issues within the complaint outwith the SAE then these should be investigated within the normal complaints process. A response should be sent noting the SAE investigation and what will be addressed by this.

Appendix 2 Formal Complaints Process

We are committed to ensuring a complaints process that is easy to use, accessible and fair to all. It is acknowledged that concerns may be received into various destinations within the hospital. It is important that when this occurs the receiver clarifies quickly if it is intended as a formal complaint and cannot be resolved locally; if so this must be passed immediately to the Clinical Governance Department.

In the instance of a 'Shared Complaint' i.e. one which more than one NHS Board is involved in, contact will be made with the other Board to agree who will lead on the response. GJNH investigation will be managed in line with normal process.

The Formal Complaints Process flow chart outlines the individual steps in the process; the following points are highlighted:

- Where complaints are not made by the patient consent must be sought
- Stage 1 complaints (early resolution) can be addressed by all members of staff, alternatively referring to the relevant manager for early resolution. All stage 1 complaints should be logged by the relevant line manager within the Datix feedback module. Support can be sought from the Feedback & Legal Co-ordinator
- All stage 2 complaints (full investigation) must be passed to the CGD to progress
- All complaints received or passed to the Feedback & Legal Co-ordinator within the CGD will be reviewed individually and where possible initial contact will be made via telephone
- An assessment will take place for all complaints received by the CGD to assess if it can be resolved at Stage 1 considering the severity of the complaint .
- For all stage 2 complaints an acknowledgement letter will be sent in writing within 3 working days to the complainant and consent obtained at this point should it be required. Patient Advice and Support Services (PASS), and 'your health, your rights' Government leaflets are sent with the acknowledgement letter. The acknowledgement letter will also offer contact in an alternative format and contact details of the Feedback & Legal Co-ordinator. Communications will be notified of any relevant complaints
- The complaint is then investigated by the Clinical Governance Lead/Clinical Nurse Manager/ Service Manager as appropriate to the issues within. If there are cross issues and multiple people in service investigating, they should agree a lead contact and advise the CGD who this is. If the complaint involves the named contact then an alternative professional lead should be agreed i.e. if CG Lead involved then Clinical Lead will investigate
- A complaint response should:
 - Address all concerns raised
 - Include an apology where appropriate
 - Identify actions taken to prevent recurrence
 - Explain any issue that have not been addressed/ resolved and reasons why
 - Indicate a named contact within GJNH if there are any further queries
 - Include details on how the complainant can contact the Scottish Public Services Ombudsman
- All complaint responses are reviewed and signed off by the Chief Executive or a deputy Executive Director
- All complaints where learning is identified must have actions generated and captured in Datix in the 'Actions' module
- All actions will be followed up via the relevant manager by CGD to ensure implementation

Formal Complaints Process Flowchart

Complaint received locally – discuss with manager to review and assess if stage 1 or stage 2
Remember if complaint not made by patient their consent is needed
Refer to guidance and/ or contact the CGD if unsure. **If stage 2 pass immediately to CGD.**

Complaint received into CGD – review and assess if stage 1 or stage 2 and consent
If consider stage 1 contact local lead and confirm

Stage 1

Issue must be resolved in no more than 5 working days

- Agree plan with complainant for resolution being mindful of consent issues (see notes).
- Issue logged on Datix under Feedback as a Stage 1.

Is consent required?
No Yes

- Issue investigated locally. Datix updated to reflect findings and any learning/ actions.
- Contact made with complainant to feedback on outcome.
- Datix updated to reflect outcome and discussion with complainant.
- CGD will contact all stage 1 complainants to confirm they are happy to close complaint.
- If issue is resolved immediately then ensure a manager is advised of details to allow it to be retrospectively recorded.
- Datix updated and closed.
- Actions tracked via Datix and CG reports.

Yes Consent Required

Raise with complainant and discuss with patient and request their consent. This can be written or verbal.

Consent Received?

YES – progress complaint

NO – Complainant advised consent not obtained and complaint closed.

If complaint raises concerns about care and/ or services then services must action appropriately.

Datix updated to reflect.

Stage 2

Final written response due within 20 days

- Issue logged on Datix (checking for previous feedback)
- Contact made with complainant to discuss complaint and process. Acknowledgement sent.

Is consent required?
Yes No

- Investigation process commenced - details entered into Datix for local review and response and discussion with leads to confirm
- Draft response prepared based on investigation findings
- Draft response reviewed and approved by service leads
- Draft response sent to CE for final review and sign off
- Final response sent
- Datix updated to reflect outcome
- All learning and supporting improvement actions should be captured in Datix
- Actions tracked via Datix and CG reports.

If complainant is unhappy with outcome of stage 1 then it escalates to a stage 2 complaint process with stage 1 days deducted from 20 days.

Appendix 3 – Matrix to Support Assessment of Complaint

Descriptor	Negligible (1) Concerns/ Comments/ Queries	Minor (2) Stage 1 Complaint	Moderate (3) Stage 2 Complaint	Major (4) Stage 2 Complaint	Extreme (5) Stage 2 Complaint
Patient Experience/ Level of Dissatisfaction	Reduced quality of patient experience/clinical outcome not directly related to delivery of clinical care. No written response requested	Unsatisfactory patient experience/ clinical outcome directly related to care provision –resolvable within stage 1.	Unsatisfactory patient experience/ clinical outcome; short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects – expect recovery >1wk.	Unsatisfactory patient experience/ clinical outcome; continued ongoing long term effects.
Injury (physical and psychological) to patient/visitor/ staff.	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints / Claims	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim Complex justified complaint
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (< 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training/implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training/implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective/ service due to lack of staff. Major error due to ineffective training/ implementation of training.	Non-delivery of key objective/service due to lack of staff. Loss of key staff. Critical error due to ineffective training/ implementation of training.
Financial (including damage / loss / fraud)	Negligible organisational/ personal financial loss. (£<1k). (NB. Please adjust for context)	Minor organisational/personal financial loss (£1-10k).	Significant organisational/personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k-1m).	Severe organisational/personal financial loss (£>1m).
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	National/international media/adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Inquiry/ FAI.

Appendix 4 Other types of feedback (compliments, enquiries)

The appendix provides guidance on how the following types of feedback are managed:

- **Compliment** – Positive feedback on the services or named staff
- **Enquiries** – Enquiries in relation to the service
- **Other feedback mechanisms** – national/ local patient experience surveys

Compliments

Compliments are positive feedback relating to the service or staff and it is important that these are recognised and shared with staff. Compliments can be received in writing or verbally. All compliments should be shared with the Clinical Governance department to be logged in Datix. Where possible, contact is made with the feedback provider to thank them for their feedback. All written compliments received a written response from either the Chief Executive or the Feedback & Legal Co-ordinator. All compliments are shared with those involved and managers of that service.

Enquiries

Enquiries are contact made with the service looking for information which may be specific to a patient or generic information. These are often directed to the Feedback & Fiscal Co-ordinator. In such instances once it is confirmed the feedback is an enquiry the Feedback & Fiscal Co-ordinator will forward to the appropriate service/ department. Enquiries will be logged in Datix with a note of the action agreed but will not be tracked/ reported.

Other feedback mechanisms

National In-Patient Surveys

GJNH is required to participate in national patient experience surveys. We will report and publish any results from these, linking to local services to ensure this information is used to enhance the patient experience.

Volunteer Quality Walk rounds

GJNH have a Quality Walk Round process supported by the volunteers which involves the use of a questionnaire with patients to gather information on their experience which is feedback to the local area. Any areas of concern or complaints identified via this process will be escalated into aforementioned processes.

Care opinion

GJNH is subscribed to and registered with Patient Opinion, an online facility that allows people to share their experience of GJNH and to receive a response from us directly. The Clinical Governance Department and Communication and Corporate Affairs Department are nominated to receive notifications of postings and will respond appropriately including referral to CGD of any issues requiring follow up.