

## PRISON

### NHS COMPLAINTS POLICY

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| POLICY REFERENCE NUMBER:          |   |
| VERSION NUMBER:                   | 1   |
| KEY CHANGES FROM PREVIOUS VERSION | Not applicable  |
| AUTHOR:                           | Head of Complaints  |
| CONSULTATION GROUPS:              | Healthcare and Integrated Drug Treatment System (IDTS) staff<br>HMP Chelmsford<br><br>Director and Deputy Director of Specialist Services                       |
| IMPLEMENTATION DATE:              | September 2018  |
| AMENDMENT DATE(S):                | Not applicable  |
| LAST REVIEW DATE:                 | Not applicable  |
| NEXT REVIEW DATE:                 | April 2020  |
| APPROVAL BY:                      | Patient and Carer Experience Steering Group.<br><br>Chairs Action taken for Mental Health, Specialist Services and Workforce SMT                                |
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| <b>POLICY SUMMARY</b>   |
| The purpose of this policy document is to ensure that complaints about Health Services provided by the Trust in a prison setting are dealt with in line with The Local Authority Social Services and National Health Service Complaints (England) |

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| <p>Regulations 2009 and in a speedy and efficient manner, that is open, accessible, fair, flexible, conciliatory, responsive and without blame. This policy ensures the Trust incorporates into our practice the NHSLA Risk Management Standards, CQC Registration Requirements, Making Experiences Count (DH, June 2007) and the NHS Constitution (2009).</p>   |
| <p>The Trust monitors the implementation of and compliance with this policy in the following ways;</p>   |
| <p>The Trust Board of Directors will receive assurance reports from the Trust Executive Operational Team on complaints.</p> <p>The Complaints Team will provide the Executive Team with:</p> <ul style="list-style-type: none"> <li>• Weekly complaints situation report to Executive Directors/Service Directors highlighting open complaints and completion dates.</li> <li>• Fortnightly complaints overview identifying any areas of concern</li> <li>• Monthly complaints information for the Quality Report</li> <li>• Quarterly Thematic Reports providing trends analysis and highlighting any trends/themes. Themes will also be discussed in team meetings with all staff with a view to address themes where applicable.</li> <li>• Quarterly lessons learned update.</li> </ul> <p>The Complaints Team will provide the Clinical Commissioning Groups (CCGs) with regular assurance and exception reports.</p> |

| Services  | Applicable | Comments |
|---|------------|----------|
| HMP Chelmsford Prison; Health wing & IDT services | ✓          |          |

**The Director responsible for monitoring and reviewing this policy is**  
**Executive Director of Corporate Governance & Strategy**

## **Assurance Statement**

The purpose of this policy document is to outline our commitment to dealing with complaints about the service provided by Essex Partnership University NHS Foundation Trust (EPUT) to HMP Chelmsford. It also provides information about how we manage and respond to complaints made about our healthcare services.

In doing so, it meets the requirements of the Local Authority Social Care and National Health Service Complaints [England] Regulations (2009), and reflects the recommendations from both the Francis report (2013) and Clwyd Hart review (2013).

## **1. INTRODUCTION**

- 1.1 The aim of this Policy is to encourage communication from all sides to resolve complaints and concerns satisfactorily. The Trust approach will be non-discriminatory and seek conciliation.
- 1.2 The Trust will resolve complaints effectively by responding personally and positively to individuals who are unhappy; and to ensure that services mitigate and learn from complaints in order to continuously improve care.
- 1.3 The Trust Complaints system will use a rating system that will help determine what would be a proportionate intervention for the complainant and the issue raised. This rating will be based on the consequence scale used in the National Patient Safety Agency's Risk Management matrix.
- 1.4 The Trust will supply complaints leaflets in a choice of languages outlining complainant's options for making a complaint or expressing concerns about their healthcare provided by EPUT. A "We want to hear from you" poster will also be displayed throughout the prison.
- 1.5 Regular reports will be provided regarding complaints and compliments received for Healthcare within HMP Chelmsford including separate reporting for the Integrated Drug Treatment System (IDTS).
- 1.6 Any identified learning from complaints will be monitored for any trends and themes and discussed at the Trusts Learning Oversight Committee and shared with NH England if required.

## 2. DEFINITION OF A COMPLAINT OR CONCERN

A complaint or concern is an expression of dissatisfaction about an act, omission or decision of Essex Partnership University NHS Foundation Trust (EPUT) in relation to a patient's healthcare, either verbal or written, and whether justified or not, which requires a response and / or redress.

## 3. HOW TO COMPLAIN

3.1 Complaints can be made directly to EPUT the provider of the healthcare and IDTS services at HMP Chelmsford or to NHS England as the commissioners of the healthcare service. Complaints can be made to NHS England in the following way:

By post: NHS England, PO Box 16738, Redditch, B97 9PT

3.2 To make a complaint to EPUT you can either:

- Complete a complaint/concern form and place in the locked box located on each wing for this purpose. This will be emptied each day by healthcare staff only, to ensure patient confidentiality.
- Write directly to EPUT at: Complaints Department, The Lodge, Lodge Approach, Runwell, Wickford, Essex SS11 7XX.

## 4. TIMESCALES FOR MAKING A COMPLAINT

4.1 Complaints can be made twelve months from the date on which the matter that is the subject of the complaint came to the notice of the complainant.

4.2 If there are good reasons for not having made the complaint within the above timeframe and, **if it is still possible to investigate the complaint effectively and fairly**, EPUT or NHS England may decide to still consider the complaint, for example, longer periods of complaint timescales may apply to specific clinical areas.

## 5. THE PROCESS

5.1 All complaints received by EPUT will be treated as a concern and if the Healthcare or IDTS based at HMP Chelmsford can resolve the concern satisfactorily at local level, a response will be provided within 10 working days. This will be logged electronically by the Trust as a locally resolved concern.

5.2 A log of when the complaint was received, actioned and resolved should be kept by the Head of Healthcare IDTS Lead to trace timelines and or actions taken to resolve the complaint.

- 5.3 All formal complaints will be acknowledged in writing within 3 working days from the date of receipt by EPUT's Complaints Department. Written acknowledgements will contain details of the complaint being raised and provide the complainant with a timescale for responding. A thorough investigation into the complaint will be undertaken. Consent from the patient will be required if the complaint relates to a third party, such as a relative, or another NHS organisation, whereby EPUT will need to contact that organisation to gather information.
- 5.4 Once a thorough investigation has been undertaken which can include a review of the patient's medical records, a formal response will be drafted, and quality reviewed and signed off by the Chief Executive of EPUT.
- 5.5 The response will provide a full outcome into the complaint that has been raised and provide any actions that have been taken to address the complaint and also include any learning that has been taken to ensure a further incident does not occur.
- 5.6 A complainant can be expected to be kept up to date of the progress being made in relation to the investigation. If it becomes apparent during the investigation process that a response within the agreed timescale is not possible then the complainant will be informed of this and a new date of expected response provided.
- 5.7 Once a formal response has been received, if the complainant is not satisfied with the outcome or has further concerns these can be addressed in the first instance to EPUT when a further response will be provided.
- 5.8 If a complainant remains dissatisfied with the further response they can contact the Parliamentary Health Service Ombudsman (PHSO) and request that their case is reviewed. Details of the PHSO will be included in every response letter sent to a formal complaint. The PHSO can be contacted by, writing to them at Millbank Tower, 30 Millbank, Westminster, London SW1P 4QP.
- 5.9 All complaints and concerns received will be logged on an electronic data base which will be monitored regularly to determine trends and themes so that appropriate actions can be taken where necessary to address any failings in services.

## **6. JOINT COMPLAINTS**

- 6.1 Where a complaint involves Healthcare/IDTS and the prison, there should be full cooperation and coordination in seeking to resolve the complaint through each body's local complaints procedure, ensuring that all matters of concern are addressed. Whichever body the majority of the complaint relates to will

take the lead in this matter and will write to the complainant explaining this and asking for their permission to pass the relevant parts of the complaint onto the pertinent bodies. Any concerns between organisations will be raised as part of the Prison Partnership Board.

## **7. PERSISTENT OR UNREASONABLE COMPLAINANTS**

There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:

- Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted.
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff to help them specify their complaint.
- Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice.
- Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded.
- Change the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.
- Consume a disproportionate amount of time and resources.
- Threaten or use actual physical violence towards staff.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse).

Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.

## **8. MANAGING PERSISTANT AND UNREASONABLE COMPLAINANTS**

8.1 The process for managing a persistent and unreasonable complainant is intended for use as a last resort after all reasonable measures have been made to resolve a complaint

When faced with a persistent and unreasonable complainant the following action will be taken:

- The complaint will be reviewed, as a persistent and unreasonable complainant may have a complaint which contains some substance.
- Inform and pass details of the complaint and the complainant to the Head of Complaints and request the persistent and unreasonable procedure is implemented. This will include the Executive Team reviewing and agreeing an appropriate course of action. If the Executive Team decides a

complainant is persistent and unreasonable, the Chief Executive will write to the complainant informing them of any restriction put in place; what it means for their future contact with the Trust and what they can do to have their position reviewed.

## Flowchart for Complaints Process in HMP Chelmsford

