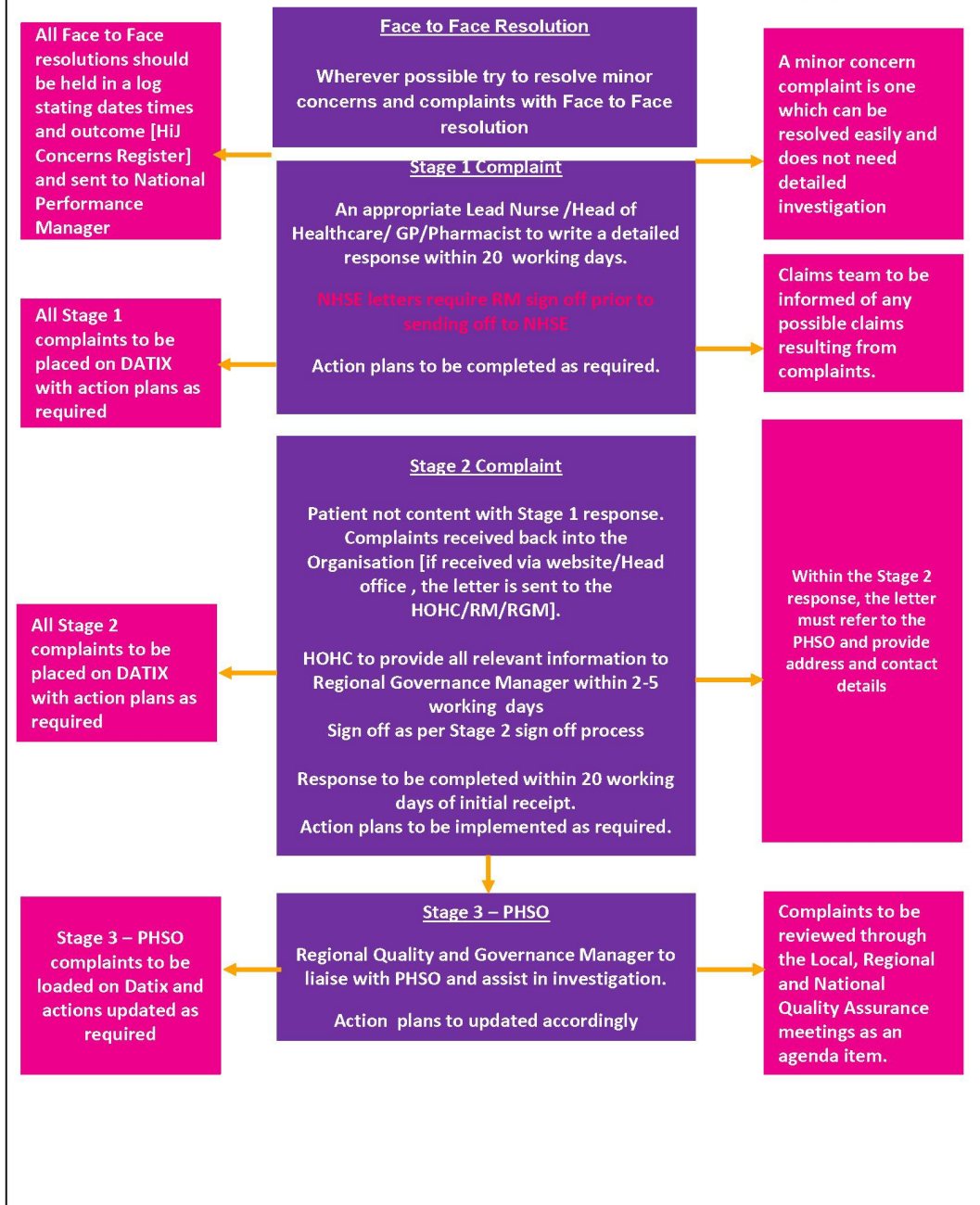


Complaint review process



Stage 2 sign off process [including NHSE letters]



Step 1

HOHC to provide all necessary documentation to Regional Governance Manager within 2- 5 working days of receipt of Stage 2

Step 2

Regional Governance Manager, Regional Medical Director and Regional Operations manager [jointly] to draft a response.
Regional Director to receive the draft for their comments.
Regional sign off following this.

Step 3

Regional Governance Manager to send to National Complaints Manager for review within 10 working days (12-15 working days of receipt)

National Complaints reviewer and National Medical team comments/ review. If there are any comments – sends back to the Regional Governance manager. If no comments, The National Medical Director to sign off.

Step 4

The signed letter emailed to Regional Governance manager and Regional Manager who will then email it to the HOHC. HOHC/delegated member of healthcare to place the letter in an envelope, stamp it /write on the envelope 'medical in confidence' and hand deliver it to the patient. NHSE letters are sent back to NHSE by the Regional Governance Manager]

Managing vexatious complainant – Patient continues to complain about service, although previously responded to stage 2.

Step 1

HOHC to provide all necessary documentation to Regional Governance Manager concerns recorded, stage 1 letter and stage 2

Step 2

Regional Governance Manager to send these letters to National Complaints Reviewer

Step 3

- National Complaints Reviewer reviews the letters in depth and discuss with National Medical /Deputy Director regarding the outcome and confirm/agree that the patient should be taken through the vexatious route.
- National Complaints Reviewer to draft a letter directing the patient to escalate the complaint to stage 3 and also issues a warning that the patient will be taken through the vexatious route if this persists.

Step 4

- The letter is signed by the National Medical Director.
- Signed letter emailed to Regional Governance Manager and Regional Manager who will then email it to the HOHC.
- HOHC/delegated member of healthcare to place the letter in an envelope, stamp it /write on the envelope 'medical in confidence' and hand deliver it to the patient. NHSE letters are sent back to NHSE by the Regional Governance Manager]

High Service Users

Patients who are not complaining about the service - but more about their health needs.

Step 1: Managing the patient clinically:

Have a MDT with the patient addressing the patient's queries and set a plan of communication with the patient

Consider:

*A capacity assessment

*A referral to the MHT if the patient is not already under them.

Step 2 agreed communication method with the patient

Agree a communication plan with the patient which indicates when, how and in what circumstance you will see the patient

For example: you will meet with the patient fortnightly/ patient engagement lead

Step 3 Regional Support

If step 2 continues ...escalate to Regional management team [RM,RGM,RML]

Regional clinical lead and RM to meet with patient and explore other options and have this incorporated in the communications plan

Step 4 National Support

If step 3 continues ...escalate to National team for advice and further guidance. Advice will be provided subject to a case by case review.