

# **Making a formal complaint/raising a concern**

**Concern**
If you wish to let us know about a concern you have regarding things such as car parking issues, catering, communications, appointments, care or treatment experience or any feedback that you wish to make us aware of to allow for review and learning. PALS will record and share your feedback with the appropriate staff so they are aware of your concerns, and will contact you if you wish to discuss your feedback or experience with you.

**Complaint**
If you wish to raise a complaint into your experiences or those of a family member we will ask for a written record of your dissatisfaction of the treatment or care you have received. The complaints team will acknowledge your complaint and once all relevant information is received, start the formal complaints process which will include an investigation, a meeting if you would like to discuss your complaint and a written response that will identify any actions agreed by the Trust.

**Please note** – all incoming correspondence is assessed by experienced staff within the PALS/Complaints department to identify the most appropriate route to efficiently manage the issues you have raised, and you will be contacted to discuss the process and timeframes for a response.

To support you in providing all the information required at first contact it would be appreciated if you would complete this ‘Making a Formal Complaint/Raising a Concern’ form.

On completion of the form, please either email to complaints@wvt.nhs.uk

 Or post to Wye Valley NHS Trust

 Complaints Team/Quality & Safety

 Franklin Barnes Building

 Commercial Street

 Hereford

HR1 2AZ

## **Complainant details**

| Full name  |  |
| --- | --- |
| Mr/Mrs/Ms/Miss/Dr/other please state |  |
| Address – if preferred method of contact |  |
| Date of Birth **(required only** **if you are the person affected**) |  |
| Contact Tel number – We may use this to provide the opportunity to contact you in a more timely manner |  |
| Email address – if preferred method of contact |  |

**Person Affected** if different from the complainant

| Full name |  |
| --- | --- |
| Mr/Mrs/Ms/Miss/Dr/other please state |  |
| Address |  |
| Date of Birth |  |
| Contact Tel number |  |
| Email address |  |

If the complaint is being made on behalf of the person affected, and they have capacity, we will contact this person independently to request their authority for the complainant to act on their behalf. Otherwise, we will need to establish that the person making the complaint on behalf of someone else has the authority to do.

If the complaint is being raised in relation to a deceased patient we will need to ascertain if you have authority to do so. We will usually be able to do this by speaking with their Next of Kin (NoK) or the person who has been identified as having been actively involved in their care and/or in regular communications with the Trust during their care.

## **Checking identity**

The process of responding to a complaint can often involve sharing some information about an individual patient’s care that is about their health, and it is therefore important for us to respect that individual’s confidentiality. We may need to ask for sufficient information to judge whether you as the complainant, or the person raising a complaint that is about another patient’s care and that patient, are the individuals that the information is about and/or can be shared with.

In order to do this, we will only request enough information to be able to confirm your identity and ensure that we do not confuse you with someone else (for example, with someone else with the same name as you). We will also need some contact information to communicate with you through the complaints process.

The level of checks made will depend on the possible harm and distress that inappropriate disclosure of information could cause. This may require us to ask you to provide a copy of an official document showing your name and address.

On receipt of your complaint we will establish what level of evidence of identification we will need and contact you accordingly to request this.

To enable us to review and investigate the issues you wish to raise, please complete the following fields, continuing on additional paper if necessary:-

## **Event/Experience Summary**

| Please give a summary of events, or details of your experience which has led to raising a complaint. Please include where known, dates, times, locations and people involved.  |
| --- |

Although the investigator may be able to identify some issues you wish to raise from your summary, it is important that all of the questions you wish to be addressed are responded to. Therefore it would be appreciated if you could provide a list of numbered questions that you wish the Trust to provide a response to.

## **Questions**

| What, when, who, where, why, how?  |
| --- |

It is often beneficial to meet to discuss the issues raised and where possible answer your questions. A meeting can be held either via Microsoft Teams or if you prefer Face to Face. If you would like this to be considered please identify this choice below and if possible at this time, identify dates and times that over the next 5 weeks would be convenient for you to attend a meeting.

I would like **/** would not like**\*** a meeting to be considered to discuss my complaint

If a meeting is agreed, I would like a MS Teams Meeting **/** I would like a face to face meeting**\***

**\***please delete as appropriate

Also attending the meeting with me will be (if known & if applicable):

Name Relationship

Complainant Signature ………………………………………………………..

Printed Name …………………………………………………

Date …………………………………..

**Please note**: Although the Trust aim to provide a response to a complaint within 30 working days, this timeframe will not begin until we have all the relevant information.

Other information sent with this form: Patient Information leaflet