

## Supporting Guidance on the Complaints Handling Process

### Introduction

The Feedback and Complaints Policy outlines the key principles of managing complaints in line with relevant guidance and legislation. This document should be read in conjunction with the policy and provides some additional guidance in relation to the management of complaints.

Our complaints process provides two opportunities to resolve complaints internally:

- early resolution (stage 1); and
- investigation (stage 2)

For clarity, the term 'early resolution' refers to the first stage of the complaints process and means seeking to resolve complaints at the initial point of contact where possible.

### What to do when you receive a complaint

- On receiving a complaint, you must first decide whether the issue can indeed be defined as a complaint. The person making the complaint may express dissatisfaction about more than one issue. If you are unsure please contact the Clinical Governance Department for advice on how you should progress the feedback.
- Once confirmed as a complaint, decide whether or not the complaint is suitable for early resolution (i.e. stage 1 or stage 2). Again if you require advice in this please contact the Clinical Governance Department (CGD). Some complaints will need to be fully investigated before you can give a suitable response and automatically go to a stage 2.
- If a stage 1 you must record the complaint on the Datix system (see Appendix 1); if a stage 2 you must forward to the CGD.
- Anyone can make a complaint. They may do so in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. You must always consider early resolution, regardless of how you have received the complaint though as noted on occasions a fuller investigation is required.

- Where you think early resolution is appropriate, you must consider four key questions:

**What exactly is the person's complaint (or complaints)?**

Find out the facts. It is important to be clear about exactly what the person is complaining of. You may need to ask for more information and probe further to get a full picture.

**What do they want to achieve by complaining?**

At the outset, clarify the outcome the person wants. Of course, they may not be clear about this, and you may need to probe further to find out what they want, and whether the expected outcome can be achieved. It may also be helpful to signpost people who complain to advocacy services at this point as advisers can often help clients think about their expectations and what is a realistic/reasonable outcome to expect.

**Can I achieve this, or explain why not?**

If you can achieve the expected outcome by providing an on-the-spot apology or explain why you cannot achieve it, you should do so.

The person making the complaint may expect more than we can provide, or a form of resolution that is not at all proportionate to the matter complained about. If so, you must tell them as soon as possible. An example would be where someone is so dissatisfied with their experience in Ward B that they want the Chief Executive to be sacked.

You are likely to have to convey the decision face to face or on the telephone. If you do this, you are not required to write to the person as well, although you may choose to do so. It is important, however, to record full and accurate details of the decision reached and passed to the person, and to ensure that they understand the outcome. You must also advise them of their right to have the complaint escalated to stage 2 of the complaints procedure if they are not satisfied with the outcome at the early resolution stage.

**If I cannot resolve this, who can help with early resolution?**

If you cannot deal with the complaint because, for example, you are unfamiliar with the issues or area of service involved, tell the person this and pass details of the complaint to someone who can attempt to resolve it. Keep the person making the complaint informed about what has happened to their complaint and who is responsible for taking it forward.

Early resolution aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible. Any member of staff may deal with complaints at this stage. In practice, early resolution means resolving the complaint at the first point of contact with the person making the complaint. This could mean a face-to-face discussion with the person, or it could mean asking an appropriate member of staff to deal directly with the complaint. In either case, you may settle the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. You may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future.

**Table 1 – Examples of Stage 1**

<b>Complaint – Stage 1</b>	<b>Possible actions to achieve resolution</b>
<b>Attitude</b> - Patient was unhappy with the care and respect she received from a member of the nursing team.	Thank the person for bringing the matter to their attention. Apologise and recognise how this made the person feel. Speak to staff member involved and take appropriate action required and feed this back to the complainant.
<b>Communication</b> – Patient received a letter that had the incorrect details on it for their appointment that they had received via telephone the previous day	Apologise for the error. Investigate the correct appointment date and advise the patient. Speak to the staff involved regarding the outcome of the investigation, noting this to the patient.
<b>Delays with appointment</b> – Patient wishes to complain regarding the delay at the outpatient clinic	Thank the complainant for bringing the matter to their attention. Explain the process, together with the reason for the delay. Apologise and explain any actions you will take to minimise this occurring again.

### **Timelines**

Early resolution must be completed within **five working days**, although in practice we would often expect to resolve the complaint much sooner.

### **Extension to the timeline**

In exceptional circumstances, where there are clear and justifiable reasons for doing so, you may agree an extension of no more than five additional working days with the person making the complaint. This must only happen when an extension will make it more likely that the complaint will be resolved at the early resolution stage.

Where, however, the issues are so complex, and it is clear that they cannot be resolved within an extended five day period, you should escalate the complaint directly at the investigation stage.

Any extension to timeline must be requested via the Feedback & Legal Co-ordinator and approved by the Head of Clinical Governance in agreement with the appropriate service lead.

It is important that extensions to the timeline do not become the norm. Rather, the timeline at the early resolution stage should be extended only rarely. All attempts to resolve the complaint at this stage must take no longer than **ten working days** from the date you receive the complaint.

The proportion of complaints that exceed the five working days timeline at the early resolution stage will be monitored and reported.

A complaint must be escalated to stage 2 when:

- early resolution was tried but the person making the complaint remains dissatisfied and requests an investigation into the complaint. This may be immediately on communicating the decision at the early resolution stage or could be some time later; or
- satisfactory early resolution will not be possible as the complainant has clearly insisted that an investigation be conducted.

### **Closing a stage one complaint**

When you have informed the person making the complaint of the outcome at early resolution, you are not obliged to write to them, although you may choose to do so. You must ensure that our response to the complaint addresses all areas that we are responsible for and explains the reasons for our decision. It is also important to keep a full and accurate record of the decision reached and given to the person. The complaint should then be closed and the complaints system updated accordingly. In closing the complaint, the date of closure is the date that the outcome of the complaint at the early resolution stage is communicated to the person making the complaint. Please refer to the Datix guidance for details on how to record this within the system.

When a complaint is closed at the early resolution stage, but is subsequently escalated to the investigation stage (stage 2) of the procedure, it is important that the complaint outcome is updated on the complaints system, and the complaint moved to stage 2. A new complaint should not be recorded.

It is also important to take account of the time limit for making complaints when a person asks for an investigation after early resolution has been attempted. The timescale for accepting a complaint as set out in the Regulations is within six months from the date on which the matter of the complaint comes to the person's notice.

### **Stage two: investigation**

Not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position. These complaints may already have been considered at the early resolution stage, or they may have been identified from the start as needing immediate investigation.

**Table 2 – Examples of Stage 2**

<b>Complaint – Stage 2</b>	
<b>Clinical Treatment</b> – Patient suffered severe infection from surgery and wishes to know how this happened	Advise the complainant you will pass the complaint to Feedback and Legal Co-ordinator (within Clinical Governance Department) who will be in contact within 3 working days
<b>Discharge Process</b> – Prior to patient being discharged she advised the doctor she had pain and breathing issues. Patient was discharged and was then admitted to A&E with the same symptoms	Advise the complainant you will pass the complaint to Feedback and Legal Co-ordinator (within Clinical Governance Department) who will be in contact within 3 working days
<b>Attitude</b> – Patient was in for scan and the staff member was inappropriate and rude	Radiology Manager contacted patient who was unhappy with the outcome of stage 1. Patient advised that this has been passed onto Feedback and Legal Co-ordinator (within Clinical Governance Department) who will be in contact within 3 working days

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the person making the complaint a full, objective and proportionate response that represents our final position.

### **What to do when you receive a stage 2 complaint for investigation**

All stage 2 complaints should be forwarded to the Clinical Governance Department who will review and trigger the investigation process. This will include making

contact with the person making the complaint to clarify their concerns and advise them of the process. In contacting the complainant we will consider three key questions:

1. What specifically is the person's complaint or complaints?
2. What outcome are they looking for by complaining?
3. Are the person's expectations realistic and achievable?
4. Is the patient the complainant (i.e. is consent required)?

It may be that the person making the complaint expects more than we can provide. If so, this must be made clear to them as soon as possible. Where possible we will also clarify what additional information we will need to investigate the complaint. The person making the complaint may need to provide more evidence to help us reach a decision. Also at this time we will find out what the person's preferred method of communication is, and where reasonably practicable communicate by this means.

At this initial stage we will offer a meeting to discuss further; this can be arranged at any stage in the process to suit the complainant i.e. if they wish to receive a response and then meet to discuss as opposed to meeting at start of process.

Details of the complaint will be recorded on Datix by the Clinical Governance Department; where applicable, this will be done as a continuation of the record created at early resolution. Investigators will be asked to record findings in the datix record. The Clinical Governance Department will then update the details when the investigation ends.

If you are viewing a complaint at stage 2 that follows attempted early resolution, you must ensure you have all information considered at the early resolution stage. You must also record that this information has been obtained.

### **Timelines**

The following deadlines are set out in the Regulations for cases at the investigation stage:

- complaints must be acknowledged within three working days; and
- you should provide a full response to the complaint as soon as possible but not later than 20 working days, unless an extension is required.

### **Acknowledgements**

Formal acknowledgement letters will be managed by the Clinical Governance Department. Specific guidance as to what must be contained are in Appendix A.

During the course of the investigation, where possible we will ensure that the person making the complaint, and anyone involved in the matter which is the subject of the complaint, is informed of progress and given the opportunity to comment. The named contact for the complainant will generally be the Feedback & Legal Co-ordinator unless otherwise agreed at the outset. Investigators have a responsibility to ensure that staff involved in the complaint are involved and informed of the outcome either directly or via a line manager.

### **Meeting with the person making the complaint during the investigation**

To effectively investigate the complaint, it may be necessary to arrange a meeting with the person making the complaint. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints within 20 working days wherever possible. There is no flexibility within the Patient Rights (Scotland) Act 2011 to 'stop the clock' in the complaints handling process. This means that where required, meetings should always be held within 20 working days of receiving the complaint wherever possible.

Where meetings do take place, a written record of the meeting will be completed and provided to the person making the complaint. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format, to suit their communications needs and preferences. We will discuss and agree with the person making the complaint, the timescale within which the record of the meeting will be provided at the time of the meeting.

### **Extension to the timeline**

It is important that every effort is made to meet the timescales as failure to do so may have a detrimental effect on the person making the complaint. Not all investigations will be able to meet this deadline, however, and the Regulations allow an extension where it is necessary in order to complete the investigation. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day limit. However, these would be the exception and you must always try to deliver a final response to a complaint within 20 working days.

In cases where a complaint is linked to a Significant Adverse Event investigation then the timescale will likely not be achieved. The SAE remit and complaint issues should be reviewed to assess if the SAE will fully address the complaint. There may be issues outwith the SAE remit that can be reviewed separately via the complaints process. The complaint letter should be shared with the SAE Review Team; if

appropriate the remit can be revised to reflect additional issues. There must be clear communication with the complainant as to how the complaint issues will be investigated and the timescales for this. The Feedback & Legal Co-ordinator will liaise with the Risk Team and appropriate Division Management Leads in such cases.

If there are clear and justifiable reasons for extending the timescale, [*senior management*] will set time limits on any extended investigation, as long as the person making the complaint agrees. You must keep them updated on the reason for the delay and give them a revised timescale for completion. If the person making the complaint does not agree to an extension but it is necessary and unavoidable, then senior management must consider and confirm the extension.

The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, patients or others but they cannot help because of long-term sickness or leave;
- you cannot obtain further essential information within normal timescales;
- operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions; or
- the person making the complaint has agreed to mediation as a potential route for resolution.

These are only a few examples, and you must judge the matter in relation to each complaint.

Compliance with the 20 day timeline will be monitored and reported via the Governance Forums and Corporate Balance Scorecard.

### **Mediation**

Some complex complaints, or complaints where the person making the complaint and other interested parties have become entrenched in their position, may require a different approach to resolution. Where appropriate, you may consider using services such as mediation or conciliation, using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

If you and the person making the complaint agree to mediation an extension to the investigation period is likely to be necessary and, revised timescales should be agreed.



## **Closing a stage two complaint**

The Feedback & Legal Co-ordinator will co-ordinate all stage two complaints including the final response.

All stage two complaints must be responded to in writing and also, if applicable, by the complainants preferred alternative method of contact. This may be sent electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

Our response to the complaint must:

- Address all areas that we are responsible for and explain the reasons for our decision
- Include the conclusions of the investigation and information about any remedial action taken or proposed as a consequence of the complaint.
- Be signed by the Chief Executive or nominated Executive Director

The quality of the response is very important and in terms of best practice should:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational;
- avoid technical terms, but where these must be used to describe a situation, events or condition, an explanation of the term should be provided;
- address all the issues raised and demonstrate that each element has been fully and fairly investigated;
- include an apology where things have gone wrong;
- highlight any area of disagreement and explain why no further action can be taken;
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the Scottish Public Services Ombudsman. Details of how to contact the Ombudsman's office should be included in the response.

## **Meetings and post decision correspondence with the person making the complaint**

As previously noted, it is often appropriate to meet with the person making the complaint at the outset of the investigation in order to fully understand the complaint, what the person making the complaint wants to achieve by complaining, and to explain how the complaint will be handled.

It maybe appropriate to meet further once a response has been received. The circumstances in which a meeting may be requested after the decision letter has been received include:

1. The person requests further explanation or clarification of the decision or suggests a misunderstanding of the complaint in terms of the response.
2. The person does not agree with some or all of the response in terms of the investigation's findings or conclusions or with the decision on the complaint.
3. A combination of points 1 and 2 above, where for example the person suggests the complaint has not been fully understood, and the decision is erroneous even in the aspects that have been properly considered.

It should be made clear that such a meeting is for explanation only and not a reinvestigation or reopening of the complaint.

### **Independent external review**

Once the investigation stage has been completed, the person making the complaint has the right to approach the SPSO if they remain dissatisfied.

The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures and maladministration (administrative fault), clinical decisions and the way we have handled the complaint. The SPSO recommends that you use the wording below to inform people of their right to ask SPSO to consider the complaint.

#### **Information about the SPSO**

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the NHS in Scotland. If you remain dissatisfied with an NHS board or service provider after its complaints process has concluded, you can ask the SPSO to look at your complaint.

The SPSO cannot normally look at complaints:

- where you have not gone all the way through the complaints handling procedure
- more than 12 months after you became aware of the matter you want to complain about, or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO  
Bridgeside House  
99 McDonald Road  
Edinburgh  
EH7 4NS

Freepost SPSO  
(You don't need to use a stamp)

Freephone: **0800 377 7330**

Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)

Website: [www.spsso.org.uk](http://www.spsso.org.uk)

### **Recording, monitoring, reporting, learning from and publicising complaints**

Complaints provide valuable feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across GJNH.

We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.

### **Recording complaints**

Certain information must be recorded by virtue of the 2012 Regulations and the Complaints Directions, and to comply with SPSO guidance on minimum requirements. Staff should ensure that all complaints are recorded even those resolved at the early resolution stage within five working days (although these do not require an acknowledgement or a written report of the investigation to be sent to the person making the complaint). To collect suitable data, it is essential to record all complaints information as follows:

- the person's name, address and email address, where that is their preferred method of communication
- the patient's name and Community Health Index number where relevant
- in the event that the complainant is making the complaint on behalf of another person, whether that other person has given consent for the complaint to be made on his or her behalf
- the date when the complaint was received
- the subject matter of the complaint and the date on which it occurred

- how the complaint was received
- the service the complaint refers to
- the date the complaint was closed at the early resolution stage (where appropriate)
- the date the complaint was escalated to the investigation stage (where appropriate)
- action taken at the investigation stage (where appropriate)
- the date the complaint was closed at the investigation stage (where appropriate)
- the outcome of the complaint at each stage
- the underlying cause of the complaint and any remedial action taken.

The Datix system has been developed to ensure all the required information is captured and the supporting guide outlines how to input this into the system.

If, subsequently, the complaint is referred to the SPSO, this may result in a request for all relevant papers and other information to be provided, in good time, to the Ombudsman's office.

Complaints records should be kept separate from health records, due to the need to only record information which is strictly relevant to the patient's health in their health record. These documents should be managed with regard to the current Scottish Government Records Management Code of Practice.

Should a complaint arise from the rights given by the Data Protection Act (1998) , this matter should be passed onto the Information Governance Manager/Caldicott Guardian.

## Appendix A – Acknowledgement Letters (For Clinical Governance Department)

The Complaints Directions set out what must be included in a written acknowledgement of a complaint, which is as follows:

- contact details of the feedback and complaints officer;
- details of the advice and support available including the PASS;
- information on the role and contact details for the SPSO;
- a statement confirming that the complaint will normally be investigated, and the report of the investigation sent to the complainant, within 20 working days or as soon as reasonably practicable; and
- a statement advising that, should it not be possible to send a report within 20 working days, the person making the complaint will be provided with an explanation as to why there is a delay and, where possible, provided with a revised timetable for the investigation.

When advising the person making the complaint about the role and contact details of the SPSO, it should also be explained that if they remain dissatisfied at the end of the complaints process, they can ask the SPSO to look at their complaint, and that further information about this will be provided with the final decision on the complaint.

When issuing the acknowledgement letter it will be in a format which is accessible to the person making the complaint. It will also consider including the following points, where relevant to the complaint:

- thank the person making the complaint for raising the matter;
- summarise our understanding of the complaint made and what the person making the complaint wants as an outcome (this information will be available to you from your actions at 'What to do when you receive a complaint' as documented above);
- where appropriate the initial response should express empathy and acknowledge the distress caused by the circumstances leading to the complaint;
- outline the proposed course of action to be taken or indicate the investigations currently being conducted, stressing the rigour and impartiality of the process;
- offer the opportunity to discuss issues either with the investigation officer, the complaints staff or, if appropriate, with a senior member of staff;
- request that a consent form is completed where necessary;
- provide information on alternative dispute resolution services and other support service such as advocacy; and

- provide a copy of the 'Public Facing Complaints Handling Procedure' if this has not already been issued.

This may be sent electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

## DatixWeb Feedback User Guide

<b>Name</b>	DATIXWEB Feedback User Guide
<b>Summary</b>	User guide applicable to DATIXWEB feedback Module
<b>Target audience</b>	Clinical Governance Leads and Managers
<b>Version number</b>	Version 1.0
<b>Date of this version</b>	April 2017
<b>Review date</b>	April 2018
<b>Name of Board</b>	National Waiting Times Centre Board
<b>Document author</b>	Clinical Governance Department

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## Introduction

This guide is intended for logging all feedback within Datix. There are different types of feedback, Compliments, Comments, Queries, Concerns and Complaints (Stage 1 and Stage 2, detailed below). 'Shared Complaints' relates to the Complaints that involve other Health Boards, requiring investigation from both Health Boards and will mainly relate to the Feedback and Legal Co-ordinator.

The following table provides an overview of the different types of feedback and requirements in managing these

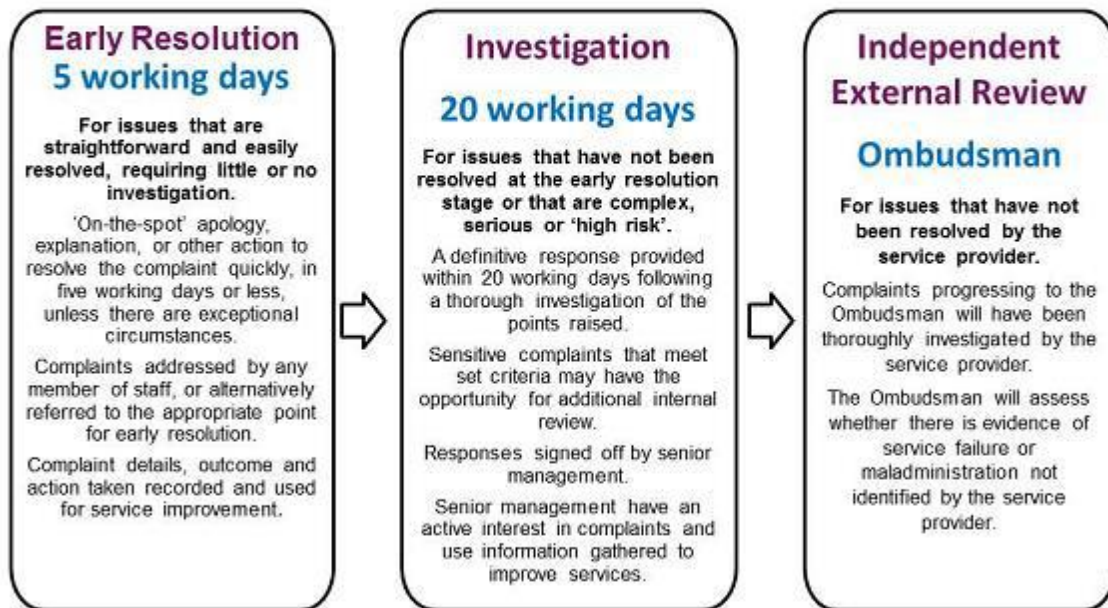
Type of Feedback	Timeline for Response	Lead	Formal Response Required	
Complaint stage 1	5 working days	CG Lead/ CNM	Yes	
Complaint stage 2	20 working days	CG Lead/ CNM	Yes	
Shared complaint	20 working days	CG Lead/ CNM	Yes	
Concern	5 working days	CG Lead/ CNM		
Comment		Local manager	No unless specified	
Compliment		Local Manager		
Query		Local Manager		

The importance of logging all feedback allows the organisation to learn and improve the services.

### **Guidance for staff to resolve complaints**

A complaint is an expression of dissatisfaction about the organisation's action or lack of action, or about the standard of service provided.

# The NHS Model Complaints Handling Procedure



On receiving a **complaint**, establish if the definition meets the criteria of a complaint (definition above). First, determine whether or not the complaint is suitable for early resolution or not. Some complaints will require a full investigation, should it be determined that the complaint from the outset will take longer than 5 working days with full investigation required, this would be a stage 2 complaint. It is important to ascertain what outcome the complainant is looking for from the outset. Log the complaint in Datix (COM1 form) and progress through to a (COM2 form).

**Early resolution (stage 1)** – This should be complaints that are easy to resolve, that require little or no investigation. This could be an apology, explanation/discussion with patient/family members. Any member of staff can deal with stage 1 complaint. Should staff need assistance, they should seek this from their line manager in the first instance. To close stage 1 complaints, you must ensure that the complainant is happy with the outcome and that all points raised have been addressed. Should this not be possible, then this can be moved to a stage 2 (amending in Datix). Stage 1 complaints will be resolved within 5 working days.

*Examples: Staff attitude/Admission dates/Canteen food complaints/Lack of communication/Transport*

**Investigation (stage 2)** – Typically a more serious/complex complaint that requires a full detailed investigation. Once logged in Datix, all stage 2 complaints will be sent

to the Feedback and Legal Co-ordinator for progressing through the relevant process, with the relevant staff. A full investigation into the complaint will take place, and a response will be provided in writing within 20 working days (where possible).

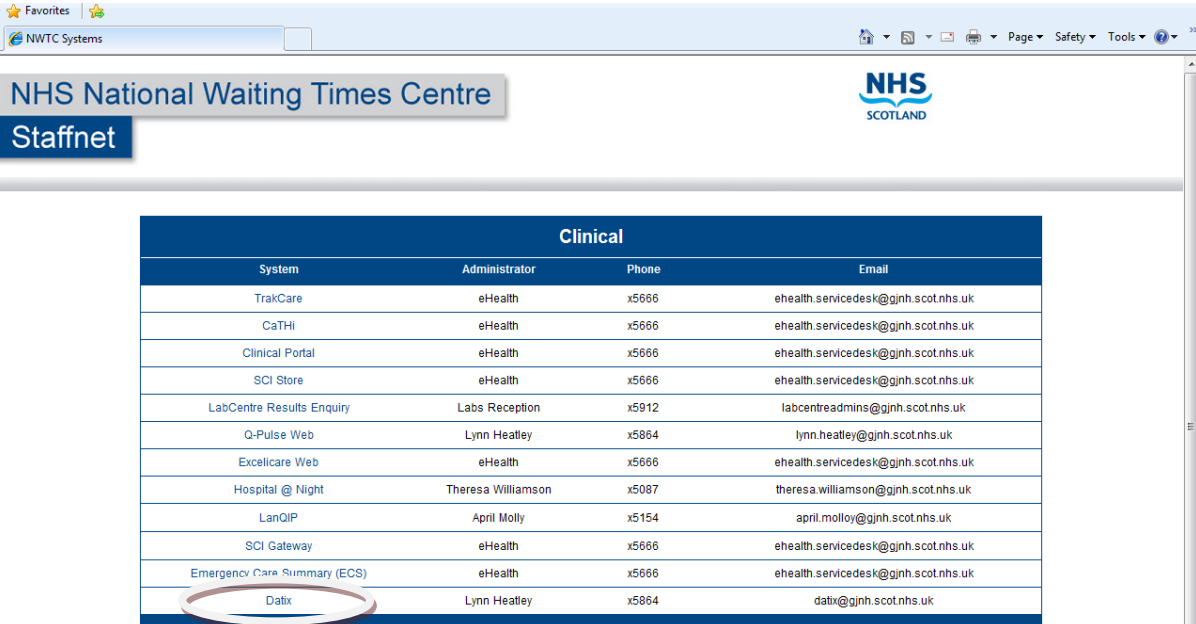
*Examples: Clinical treatment/Discharge Process/Communication*

**Scottish Public Services Ombudsman (SPSO)** – Should a complainant be unhappy with the outcome of their complaint, they have the option of referring it the SPSO. Should a complaint be fully investigated by the SPSO, all staff involved in the complaint will be notify and will be advised of the outcomes and any actions, from their line managers.

NB: The screenshots used represent hypothetical feedback and are not factually accurate.

## Accessing Datix

To access the DatixWeb Form you a PC please click on the NWTC Systems icon. This will open up the page below, then you can click on the DATIX Tab.



The screenshot shows a web browser window with the URL 'NWTC Systems'. The page title is 'NHS National Waiting Times Centre' and the sub-page is 'Staffnet'. The NHS Scotland logo is in the top right. A table titled 'Clinical' lists various systems, administrators, phone numbers, and email addresses. The 'Datix' system is circled in red.

Clinical			
System	Administrator	Phone	Email
TrakCare	eHealth	x5666	ehealth.servicedesk@gjnh.scot.nhs.uk
CaTHi	eHealth	x5666	ehealth.servicedesk@gjnh.scot.nhs.uk
Clinical Portal	eHealth	x5666	ehealth.servicedesk@gjnh.scot.nhs.uk
SCI Store	eHealth	x5666	ehealth.servicedesk@gjnh.scot.nhs.uk
LabCentre Results Enquiry	Labs Reception	x5912	labcentreadmins@gjnh.scot.nhs.uk
Q-Pulse Web	Lynn Heatley	x5864	lynn.heatley@gjnh.scot.nhs.uk
Exclicare Web	eHealth	x5666	ehealth.servicedesk@gjnh.scot.nhs.uk
Hospital @ Night	Theresa Williamson	x5087	theresa.williamson@gjnh.scot.nhs.uk
LanQIP	April Molly	x5154	april.molloy@gjnh.scot.nhs.uk
SCI Gateway	eHealth	x5666	ehealth.servicedesk@gjnh.scot.nhs.uk
Emergency Care Summary (ECS)	eHealth	x5666	ehealth.servicedesk@gjnh.scot.nhs.uk
Datix	Lynn Heatley	x5864	datix@gjnh.scot.nhs.uk

By clicking on the above will bring up a new DIF 1 form and the “Login” button to allow entry to your individual events and DIF 2 forms.

**Datix DIF1 (Nov 2015)**  
Thank you for completing this form, this will allow the organisation to manage and learn from adverse events. Please note, completing this should NOT stop you from discussing this event with your line manager.

**Incident details**

- \* Who was affected by this event?
- \* Date event occurred. (dd/MM/yyyy)
- \* Time event occurred. (hh:mm)
- \* Division
- \* Department/ Area   
Please select the department/ area in which the event occurred.
- location/ team   
Where applicable, use this to specify the exact location/ team within the wider department - again this is where the event occurred.
- \* What happened?  
Please give a brief description of what happened. Enter only facts, not opinions.

At the top of the screen click **Login** this will take you to your **Event Main Menu**.

You should be logged in automatically through the “Single Sign On”, however if you require a new username or password please contact the Clinical Governance Department on Ext 5864 or the DATIX email ([datix@gjnh.scot.nhs.uk](mailto:datix@gjnh.scot.nhs.uk))

## Feedback Main Menu

**Datix Feedback**

To Do List | Actions | Contacts | Equipment | Payments | Admin | Logout |

Incidents | **Feedback**

**Feedback**

**Options**

- Add a new feedback**
- My reports
- Design a report
- New search
- Saved queries
- Help

**Statuses**

Unapproved feedback	0 records	
Feedback awaiting acknowledgement	7 records	5 Overdue
Feedback awaiting investigation	0 records	0 Overdue
Feedback under investigation	1 records	0 Overdue
Feedback awaiting holding letter	0 records	0 Overdue
Feedback awaiting final reply	0 records	0 Overdue
Completed feedback	347 records	
Rejected feedback	6 records	

DatixWeb 14.0.11 © Datix Ltd 2016

On the Event Main Menu you will see all feedback tab at the top, alongside incidents. Once you have clicked into this the above screen will appear. You then click 'add a new feedback'

## COM1 Form

The screenshot shows the Datix Feedback Form (COM1) in a browser window. The form is titled "Datix Feedback Form (COM1)" and is displayed in a browser window. The form includes sections for "Details of Feedback", "Feedback location", "Additional Information", and "Details of person reporting the feedback". The "Details of Feedback" section has fields for Type, Description, Method, and First received (dd/MM/yyyy) with the value 03/04/2017. The "Feedback location" section has fields for Organisation (Golden Jubilee National Hospital), Division, Service, and Location / Dept. The "Additional Information" section has a checkbox for "Would you like to attach any documents?". The "Details of person reporting the feedback" section has fields for Title (Miss), First names (Paula), Surname (McPhail), Job title (Feedback and Legal Co-ordinator), E-mail (Paula.McPhail@gjnh.scot.nhs.uk), and Do you require progress updates on this (Yes). A "Clear Section" button is visible at the end of the "Details of person reporting the feedback" section.

Fill in all relevant detail required on the COM1 form. A stage 1 complaint can be fully completed and closed off by the investigator/reporter, through the COM1 and COM2 form. Should you set the 'type' to stage 2 complaint, the Feedback and Legal Co-Ordinator will be notified via an automatic email and will progress accordingly.

## COM2 Managers Form – ‘Feedback Details’

Datix: Users Datix Feedback Form (COM2) - Windows Internet Explorer provided by National Waiting Times Centre

http://nwtc-datix01/datix/LiveAD/index.php?action=record&module=COM&fromsearch=1&recordid=378

File Edit View Favorites Tools Help

Datix: Users Datix Feedback Form (COM2)

To Do List | Actions | Contacts | Logout

Incidents Feedback

**Users Datix Feedback Form (COM2)**

**Feedback Details**

**Name and Reference**

Name

Ref DC-378

ID 378

Current approval status Unapproved

Handler McPhail, Miss Paula

**Details of Feedback**

Type **Stage 1**

Description Patient ~~complained~~ regarding the Radiographer attitude when asking detail regarding care

Method In person

Sub Method

Consent required No

Did a patient/family meeting take place following resolution of this complaint/feedback?

Current Stage

Outcome

Final outcome

Theme

**Location**

Organisation Golden Jubilee National Hospital

Shared HB

Division Regional & National Medicine

Service Radiology

Location / Dept Radiology General X-Ray

**Key Dates**

First received (dd/MM/yyyy) 03/04/2017

Acknowledged (dd/MM/yyyy) 03/04/2017

**Stage 1**

Stage 1 due date 07/04/2017

Date of resolution

Save Cancel

DatixWeb 14.0.11 © Datix Ltd 2016

Please fill in all relevant fields relating to the complaint. Please note that the links on the left hand side must be reviewed and completed as you are working through the investigation of the feedback.

Depending what **‘type’** you chose the COM2 will vary slightly. Please fill in all detail on the COM2 that appears.

The 1<sup>st</sup> section 'Name and Reference' shows the following:

- The "Name" is carried through if there has been a person affected, if there is no one affected this field will be blank, as it is a Mandatory field there needs to be completed, therefore use the following where appropriate for example False Fire Alarm, Broken Window etc
- The "Reference" is a number which is created when the event is submitted.
- The "Datix ID" is generated automatically by the system.

The 2<sup>nd</sup> section 'Details of Feedback' shows the following:

- The "type" specifies what kind of feedback this is. If you chose 'Stage 2' a further box will appear to note 'Was this complaint escalated from a stage 1', if 'Yes' then fill in the two further boxes that appear 'date of escalation' and 'Reason for escalation'. Should 'no' be chosen, no further boxes will appear.
- The "description" is a detailed account of the feedback (no identifiable information to be put in this field)
- The "Method" how the feedback was received
- The "Sub-Method" is if the feedback comes from an MSP/PASS/CAB (this field will be mainly used by the Feedback and Legal Co-Ordinator)
- The "consent required" field identifies if consent is need from the patient, should a 3<sup>rd</sup> party complain on their behalf. We must always obtain patient consent, or Power of Attorney where applicable. Should this be set to "yes" a further drop down will appear for the date the consent was obtained
- "Did a patient/family meeting take place....." field is to identify whether the team met with the patient/family to resolve this complaint or not
- On initially opening a complaint, stag 1 or 2 "Current stage" field should be set to 'open'. If applicable or stage 1, once closed please amend to 'closed'
- The "outcome" field is a summary of the findings from the investigation (no identifiable information to be put in this field)
- The "final outcome" is determined by the investigation findings
- The "theme" relates to the main issue of the complaint ie Clinical treatment or Staff Attitude

The 3<sup>rd</sup> section 'Location' shows the following:

- The "organisation" is set to default to 'Golden Jubilee National Hospital'
- The "shared HB" field will mainly be used by the Feedback and Legal Co-ordinator, however this field would be populated if there was another health board involved in the feedback
- The "Division" is the Division the event occurred
- The "Service" is the service within the Division picked
- The "Location/Dept" is the location or department within the Service picked

The 4<sup>th</sup> section 'Key Dates' shows the following:

- "First received " is the date the feedback was received
- "Acknowledged" is the date that the complainant was acknowledged. This will mainly be the same day for all stage 1; however the Feedback and Legal Co-Ordinator will populate this for stage 2.

The 5<sup>th</sup> section 'Stage 1' shows the following:

- "Stage 1 due date" is 5 working days from receipt of the complaint. This cannot exceed this timeline, should you think it will, please amend type to stage 2 and the Feedback and Legal Co-ordinator will progress accordingly.
- "Date of resolution" this date should always be within the due date and should not exceed 5 working days from receipt of the complaint

This section will only appear if you chose the type as stage 1.

## COM2 – 'People Involved'

The screenshot shows the 'Datix Feedback Form (COM2)' interface. The 'People Involved' section is circled in red. It contains three tables:

Complainant				
ID	Surname	Forenames	Type	Subtype
5065	Ginger	Fred	Patient	

Below the 'Complainant' table is a link: 'Create a new Complainant link'.

Patient (if different from complainant)				
ID	Surname	Forenames	Type	Subtype
5065	Ginger	Fred	Patient	

Below the 'Patient' table is a link: 'Create a new Person Affected link'.

Employees				
No Employees				
Create a new Employee link				

Below the 'Employees' table is a link: 'Create a new Employee link'.

Other contacts				
ID	Surname	Forenames	Type	Subtype
319	McPhail	Paula		

Below the 'Other contacts' table is a link: 'Create a new Other contact link'.

At the bottom of the form are 'Save' and 'Cancel' buttons.

- The 1<sup>st</sup> section 'Complainant' is the detail relating to the person making the complaint
- The 2<sup>nd</sup> section 'patient' should be filled out if the person making the complaint differs from the patient
- The 3<sup>rd</sup> section 'employees' should be filled out if the complainant specifically complains about and individual member of staff



## COM2 – ‘Details of Investigation’

The screenshot shows the 'Users Datix Feedback Form (COM2)' in a web browser. The 'Details of Investigation' section includes the following fields:

- Investigator: A text input field with a red 'X' icon.
- Investigator (from Rich Client): A dropdown menu.
- Date started (dd/MM/yyyy): 03/04/2017
- Date completed (dd/MM/yyyy):
- Investigation Points: A section with a 'Clear Section' button and a 'Yes' selection for 'Are there issues that require investigation?'.
- Investigation Points: A section with a 'Clear Section' button and a text area containing: 'Please provide an outcome for each point; this will be used to inform the final response to the complaint so it is important this is accurate and comprehensive'. The text area contains the text: 'Please review and discuss Radiographers attitude towards patient when in for X-ray'.
- Issue Upheld/Not Upheld: A dropdown menu.
- Theme: A dropdown menu.
- Human Factor: A dropdown menu.
- Investigation point completed (dd/MM/yyyy):
- Copy Subject: A button.

The screenshot shows the 'Learning' and 'Actions' sections of the 'Users Datix Feedback Form (COM2)'. The 'Learning' section includes a text area for 'Lessons learned' with the instruction: 'You must record any action and learning for any investigation point that has been fully or partially upheld.' The 'Actions' section includes a 'No actions' button and a 'Create a new action' button. The 'Copy Subject' and 'Add another' buttons are circled in red.

The 1st section ‘Details of Investigation’ shows the following:

- “Investigator” which is chosen from the drop down box below and is linked to the global email address
- “date started” relates to the date the investigation begins
- “date completed” relates to the date the investigation has been completed

The 2<sup>nd</sup> section ‘Investigation points’ shows the following:

- “Investigation points” should be populated with what you wish the investigator to investigate. Within the same box please note all outcome detail should be

proved that relates to that specific point. Each box should only have one point, should an additional box be required use the above add another. This allows for more than one investigation point to be added.

- “Issue upheld/not upheld” must be specified to all complaints (stage1/2) and concerns. Queries/comments will be where applicable.
- “Theme” relates to the specific theme of the complaint, please chose from the drop down box.
- “Human Factor” please select from the drop down box the human factor the complaint relates too
- “Investigation point completed! Related to the date that specific point is completed (if there are more than one raised, you will see this below each box)

The 3<sup>rd</sup> section ‘Learning’ shows the following:

- “Lessons learned” should document all the detail that has been learned, following the robust investigation

The 4<sup>th</sup> section ‘Actions’ shows the following:

- ‘Create new action’ must be a detailed action which was identified from the investigation, and must be linked to the relevant mangers for progressing

### **Checking the overdue feedback (Stage 2 complaints only)**

The screenshot shows the Datix Feedback interface. The 'Statuses' section contains the following data:

Status	Records	Overdue
Unapproved feedback	1 records	
Feedback awaiting acknowledgement	7 records	5 Overdue
Feedback awaiting investigation	0 records	0 Overdue
Feedback under investigation	1 records	0 Overdue
Feedback awaiting holding letter	0 records	0 Overdue
Feedback awaiting final reply	0 records	0 Overdue
Completed feedback	347 records	
Rejected feedback	6 records	

These tabs allow you to note any overdue feedback for your area. Please note these tabs are progressed via the Feedback and Legal Co-Ordinator.