

Complaints Pro-Forma

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Complaints pro-forma

Before completing the complaints pro-forma, please read the guidance notes below:

Section 1 - Patient details

Please ensure all patient details are recorded as fully as possible.

Section 2 - Person making complaint

Please ensure all details are recorded as fully as possible.

If you are not the patient, we will require the consent form to be completed (see back page). This will provide the Trust with authority to reply to the person who is making the complaint, as well as providing consent to access the patient's health records and other relevant clinical information to enable the Trust to investigate the complaint. If the complaint relates to someone who has died, or the patient is incapacitated and has a debilitating illness that prevents them from providing their consent, then we will require their named next of kin or advocate with Power of Attorney for Health and/or Executor of their estate to complete and sign the form.

Section 3 - Details of incident/complaint(s)

Please ensure all details are recorded as fully as possible.

Section 4 - Itemise complaints

This will enable us to focus on the specific issues you have raised. For example:

- a) Attitude of staff b) Waiting time c) Lack of care/treatment d) Food/cleanliness.

Section 5 - Supplementary information

This section provides you with the opportunity to provide additional information, which is relevant in support of your itemised complaint/s. Where possible please provide dates, times and names.

Section 6 - Print name and signature

This will enable us to identify if the complainant is the patient or a third party.

Section 7 - Where do you send your complaint to?

Once you have completed this form it can either be posted to the complaints department: Patient Experience and Complaints Team, Mersey and West Lancashire Teaching Hospitals NHS Trust, Town Lane, Southport, Merseyside, PR8 6PN or sent via

Email to soh-tr.complaints@merseywestlancs.nhs.uk

Section 8 - Advice/assistance

You have the right to request advice/assistance when making an NHS complaint from the appropriate advocacy service; contact details for your area are on page 4.

Please detach and retain this sheet for your own information

Section 1

Patient details:

Hospital no. (if known):..... Inpatient/Outpatient/Ward/Department/Other
(Please circle as appropriate)

Forename: Surname:

Title: Mr / Mrs / Miiss / Ms / Other Date of birth:
(Please circle as appropriate)

Address
.....

Postcode:

Telephone no.: (daytime)..... (evening)

Mobile telephone no: E-mail address:

Section 2

Details of person making complaint (**if not the patient**):

Forename: Surname:

Title: Mr / Mrs / Miiss / Ms/ Other (Please circle as appropriate)

Address:
.....

Postcode:

Are you the registered next of Kin? Yes/No (Please circle as appropriate)

Relationship to the patient:

Telephone no.: (daytime)..... (evening)

Mobile telephone no.: E-mail address:

Section 3

Details of incident/complaint/s:

Date/s: Time/s:

Location:

Name of staff/designation involved (if known):

Section 6

Signature: Signed by: Date:

Print:

Section 7

Address your complaint to:

Patient Experience and Complaints Team,
Mersey and West Lancashire Teaching Hospitals NHS Trust,
Town Lane,
Southport,
Merseyside,
PR8 6PN

E-mail address: soh-tr.complaints@merseywestlancs.nhs.uk

On receipt of this form your complaint will be acknowledged within 3 working days, and an investigation will be integrated. The Trust aims to respond to all formal complaints within 60 working days.

Section 8

Advocacy details:

For further advice and assistance, you may wish to contact Healthwatch. Healthwatch is an independent organisation that collects and shares feedback from the public to improve health and social care services in England also offering an advocacy service to help and support people wanting to raise an NHS complaint.

Further information on Healthwatch and their service can be found on their website www.healthwatch.co.uk or alternatively you can call on 03000 683 000 between the hours of 08:30 – 17:30 Monday to Friday or email enquiries@healthwatch.co.uk

Consent form

(Refer to guidance notes - Section 2)

I hereby authorise Mr Rob Cooper, Chief Executive or his agents to divulge details of the hospital care of:

Name of patient:
(Please insert patient's name)

to
Complainant:
(Please insert complainant's name)

I hereby authorise Mr Rob Cooper, Chief Executive or his agents to have access to the health records and any other relevant clinical information of:

Name of patient:
(Please insert patient's name)

for the sole purpose of investigating the complaint. I understand that all Trust staff are governed by patient confidentiality and that in order to complete a full investigation into the complaint, it may be necessary to allow suitably authorised NHS professionals access to relevant health records.

I sign and date this authorisation in my capacity as:

*The patient (if over 18):

*The patient's parent or guardian (if under 16):

*The patient's named next of kin if unable to give consent (see below):
(*Please delete/remove as necessary)

Signature

Date

Reason for incapacity.....

If you are not the patient this form **must** be signed by the named next of kin as recorded on the Trust's hospital records system/s. If the complaint relates to a patient who has died, or they have a debilitating illness that prevents them from providing consent then we will require their named next of kin or advocate with Power of Attorney for Health & Welfare and/or Executor of their estate to complete and sign the form; evidence to confirm their status will be required. Please contact the patient experience and complaints team on 01704 704958 should you require assistance to complete this form.