Contact us

Patient Relations Team
Worcesthershire Health and Care NHS Trust
Isaac Maddox House
Shrub Hill Road
Worcester
WR4 9RW

Tel: 01905 681517
Email: pals@hacw.nhs.uk

Opening hours

Monday - Friday
9.30am - 4.30pm
(excluding Bank Holidays)

Do you have a compliment, comment, concern or complaint?

If so, we want to hear from you. We are a confidential advice, support and information service for patients, relatives and carers.

If you would like this information in other formats or languages please call 01905 760020 or email communications@hacw.nhs.uk

www.hacw.nhs.uk
**Patient Relations Team:**
**We can help you with compliments, comments, concerns and complaints**

**Commitment by the Trust**

The staff in our Trust are committed to providing safe and high quality care to all patients. On any occasion, where you are dissatisfied with any aspect of care or treatment, we will:

- Work with you to understand your concerns and seek to resolve them to your satisfaction
- Where a mistake or error has been made this will be acknowledged and you will receive an apology
- You will receive an explanation of what went wrong and what has been done to ensure that it does not recur.

**Raising a concern**

Concerns are often best resolved with staff involved at the time, however, if you are unable to resolve your concern with staff, the Patient Relations Team can also give you independent advice, support and help.

**Making a complaint**

A complaint should be made as soon as possible after the event and must be within 12 months of the date when you became aware of the problem.

When someone other than the patient complains, the Trust must ensure that the patient's explicit permission is obtained prior to any information being provided to the complainant. A standard form must be completed that is signed by the patient or the next of kin (for deceased patients) authorising the Trust to respond to the named complainant.

We will acknowledge your complaint and appoint an investigating officer to look into the issues you have raised. When the investigating officer reports their findings we will write to you. We will provide an explanation of events and apologise when it is appropriate to do so. We will tell you what actions we will be taking to address any failures or shortfalls in service.

**Health Services Ombudsman**

The Health Service Ombudsman will only investigate complaints that have not been resolved at local level by the Trust. Requests for investigation should be made as soon as possible after the complaints procedure has been exhausted and should include relevant correspondence with the hospital.

The Ombudsman will also investigate if you are dissatisfied with the way that your complaint was managed. You can write to: Health Service Ombudsman for England, Millbank Tower, Millbank, London SW1P 4QP or call: 0845 015 4033.

The Ombudsman also investigates complaints about GPs, Dentists, Pharmacists or Opticians providing an NHS service locally.

**If you have a compliment or a comment**

We welcome feedback about our services and recognise the value that comments, as well as compliments, can provide. Your feedback assists us in developing better quality and higher standards of health care for all our patients.

If you want to make a comment or a suggestion, about our services then many of our services have comments cards or books available. If these are not available then please contact the Patient Relations Team.

Our staff are always pleased to receive compliments and these can be addressed to the staff member(s), the ward or team manager or our Patient Relations Team.

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Tell us what you think about the health service that you received
Response form

Your name__________________________________________________________
Your address and postcode____________________________________________
____________________________________________________________________
____________________________________________________________________
Phone number_______________________________________________________
Email address________________________________________________________
DOB____/____/______

If you are contacting us on behalf of somebody else please provide their
details and complete the consent section below:

Their name__________________________________________________________
Their address________________________________________________________
____________________________________________________________________
____________________________________________________________________
Their phone number__________________________________________________
Their email__________________________________________________________
Their DOB____/____/______

Do you wish to nominate somebody to act on your behalf?  □ yes  □ no
or are you wishing to act on someone’s behalf?  □ yes  □ no

Consent section:

I,_______________________________________________(name) give consent for
personal information to be shared and provided to
____________________________________________________________________
(please print name
of person acting on behalf the person wishing to comment or complain)

Date____/____/_____ Signature________________________________________

Please give a brief description:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Continue on a separate sheet if necessary.

This is a:  □ Complaint   □ Comment   □ Concern   □ Compliment

Service (e.g. District Nurse, Physiotherapy, Community Mental Health Team)
____________________________________________________________________

Location of service____________________________________________________

Member of staff involved (if applicable)________________________________
____________________________________________________________________

Date incident occurred____/____/______

I give consent for my details to be passed on to a third party so that my
concerns can be investigated and responded to by Worcestershire Health
and Care NHS Trust.

Date____/____/_____ Signature________________________________________
