

Patient Experience: Dealing with Compliments, Concerns and Complaints Policy	
Author	Heather Thrippleton – Patient Experience and Engagement Lead
Corporate Lead	Leeds Community Healthcare NHS Trust Executive Director of Nursing & Allied Health Professionals
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Executive summary

The Patient Experience: Dealing with Compliments, Concerns, and Complaints Policy ensures that there is a consistent approach across the whole organisation in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. This version of the policy has been updated to reflect a change in the process regarding the required submission of action plans.

The policy is in line with the values of the NHS Constitution for England and the November 2014 Parliamentary and Health Service Ombudsman and Healthwatch report “My expectations for raising concerns and complaints” (also known as “The 5 I’s”). The policy is also in line with the 2009 Ombudsman’s Principles and the statutory Duty of Candour (The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

The adoption and implementation of this policy affirms the Trust commitment to improve the quality and experience of care by:

- Encouraging and welcoming all patient feedback
- Making it easier for patients to tell us about their experiences
- Communicating clearly and regularly when concerns or complaints are made
- Being honest when mistakes are made or identified
- Using feedback to learn and take action to improve services

Changes made to this version:

Section	Detail of each change made
Executive summary	<ul style="list-style-type: none"> • Addition of reference to statutory Duty of Candour to text.
Changes made to this version	<ul style="list-style-type: none"> • Deletion of ‘Complaint, Claims and Patient Experience Manager (Complaints Manager) role throughout, and replaced with appropriate roles following service restructure.
3	<ul style="list-style-type: none"> • Minor amendments to wording of definitions for clarity • Addition of social media
3.1	<ul style="list-style-type: none"> • Term Patient replaced with Individual
3.3	<ul style="list-style-type: none"> • Addition of LCH Trust feedback mechanisms and social
3.11	<ul style="list-style-type: none"> • Addition of Resolution meeting definition
4	<ul style="list-style-type: none"> • Roles and responsibilities updated to include Trust Vision, Values and Behaviours. • Head of Clinical Governance and Business Unit Quality Lead roles added • Wording updated for Clinical Governance Officer updated • Removal of Complaints, Claims, and Patient Experience Manager (Complaints Manager) role definition • Addition of Patient Experience Team definition

Patient Experience: Dealing with Compliments, Concerns and Complaints Policy

	<ul style="list-style-type: none"> • Addition of Patient Experience and Engagement Lead, Complaint and Claims Officer (CCO), and Clinical Governance Officer (CGO) roles • Removal of patient, replaced with individual • Medic replaced by Doctor • Responsible Officer Team responsibility added
4.12	<ul style="list-style-type: none"> • Addition to Service Lead responsibilities: • Discuss compliments and outcomes of concern and complaint investigations with named practitioners as part of individual appraisal or supervision. • Discuss compliments and outcomes of concern and complaint with named service teams.
6	<ul style="list-style-type: none"> • Frequency add- at least monthly
7	<ul style="list-style-type: none"> • Updated to reflect new team structure and processes • Staff statement replace with account (memory capture)
9	<ul style="list-style-type: none"> • Addition of Student and non-registered staff
13	<ul style="list-style-type: none"> • Replacement of Patient, Safety, Experience and Governance Group (PSEGG) with Quality Assurance and Improvement Group (QAIG)
20	<ul style="list-style-type: none"> • Compliance monitoring updated to include Quality Lead monthly reports to Business Units to include all received/open complaints and all overdue actions from complaints.
22	<ul style="list-style-type: none"> • Community Talk removed from the document
24	<ul style="list-style-type: none"> • Replacing of 'Being Open and Duty of Candour Policy and Procedure (PL245)' and 'Patient Experience: Dealing with Compliments, Concerns and Complaints Policy (PL 302) (Ratified June 2016)' from references section to associated documents section
25	<ul style="list-style-type: none"> • Review of contents and updated
26	<ul style="list-style-type: none"> • Addition Relevant legislation section- Review of contents and updated
27	<ul style="list-style-type: none"> • Addition of Useful websites section- Review of contents and updated • Relevant web links added
Appendix 1	<ul style="list-style-type: none"> • Flowcharts reviewed and updated
Appendix 3	<ul style="list-style-type: none"> • Process reviewed and updated to include informing Head of Clinical Governance and Quality Leads of complaints received • Updated to show that the service must be made aware of the Complaint Plan being uploaded within 24 hr
Appendix 4	<ul style="list-style-type: none"> • Process reviewed and updated to include informing Head of Clinical Governance and Quality Leads of reopened complaints received •
Appendix 10	<ul style="list-style-type: none"> • Leeds Community Healthcare Trust added to CEO signature • Addition of learning and action plan
Appendix 11	<ul style="list-style-type: none"> • Leeds Community Healthcare Trust added to CEO signature • Addition of learning and action plan

Patient Experience: Dealing with Compliments, Concerns and Complaints Policy

Appendix 12	<ul style="list-style-type: none">• Leeds Community Healthcare Trust added to CEO signature• Addition of learning and action plan
Appendix 13	<ul style="list-style-type: none">• Consent form template added to appendices• Learning and Action plan form removed
Appendix 14	<ul style="list-style-type: none">• Consent form for third party organisations template added to appendices
Appendix 16	<ul style="list-style-type: none">• Addition of 'I have completed the Learning and Action plan on the draft response' action
Appendix 18	<ul style="list-style-type: none">• Who attends meetings section updated• Recordings section updated to include virtual meetings
Appendix 23	<ul style="list-style-type: none">• Management of Feedback from Elected Representatives (MPs or Councillors)- Internal handling process added

Equality Analysis

Leeds Community Healthcare NHS Trust's vision is to provide the best possible care to every community. In support of the vision, with due regard to the Equality Act 2010 General Duty aims, Equality Analysis has been undertaken on this policy and any outcomes have been considered in the development of this policy.

Contents

1	Introduction.....	7
2	Aims and Objectives.....	8
3	Definitions.....	8
4	Responsibilities.....	10
5	Compliments and Comments	144
6	Concerns	144
7	Complaints Process.....	155
8	Consent.....	19
9	Complaints involving staff members.....	20
10	Other LCH investigations.....	211
11	Requests for financial compensation.....	211
12	Coroner’s Inquests	222
13	Learning from Concerns and Complaints	222
14	Confidentiality	233
15	Vexatious and persistent complainants	233
16	Assessment of Risk	233
17	Mental Capacity Act (MCA 2005 Code of Practice)	233
18	Safeguarding.....	24
19	Training Needs	244
20	Monitoring Compliance and Effectiveness	255
21	Approval and Ratification process	277
22	Dissemination and Implementation.....	277
23	Review arrangements.....	277
24	Associated documents	277
25	References	277
26	Relevant Legislation.....	28
27	Useful websites.....	29

Appendices

Appendix 1: Compliment and Comment Handling Process.....	30
Appendix 2: Concerns handling process.....	Error! Bookmark not defined. 1

Appendix 3: Complaint handling process	322
Appendix 4: Re-opened complaints handling process	333
Appendix 5: Feedback from Elective or Legal Representatives	344
Appendix 6: Persistent and Unreasonable complainants	365
Appendix 7: Application for reimbursement.....	38
Appendix 8: Complaint Plan.....	40
Appendix 9: Re-opened Complaint Plan	42
Appendix 10: Employee / Witness Account template.....	432
Appendix 11: Template – Full written response letter	45
Appendix 12: Template - LCH contribution to Multi agency response.....	465
Appendix 13: Template - Full written response not required.....	497
Appendix 14: Template- Consent Form for responding to a third party complainant ..	519
Appendix 15: Template- Consent Form for third party organisations	521
Appendix 16: Investigator Checklist	54
Appendix 17: Template – File note	554
Appendix 18: Complaint Resolution Meetings.....	57
Appendix 19: Template - Leaflet for Learning from Complaints	587
Appendix 20: Advocacy in Leeds	598
Appendix 21: DH Complaint Risk Assessment Guidance	59
Appendix 22: “My expectations for raising concerns and complaints” (“The 5 I’s”).....	63

1 Introduction

'Patients and their families need to be empowered, encouraged and enabled to have their say. When they speak up, they need to be listened to and what they say should be acted on.'

Ann Abraham to the Mid Staffordshire NHS Foundation Trust Public Inquiry

Every time someone chooses to tell us about their experience of Leeds Community Healthcare NHS Trust ('LCH' or 'the Trust') services or staff, it is a unique opportunity for learning and improvement. As an organisation LCH seeks to share and celebrate good practice while appreciating the courage of those who speak up when the expected levels of service are not met.

This document outlines LCH's commitment to dealing with Compliments, Concerns and Complaints about the services provided. It also provides information about how the Trust manages, responds to, and learns from feedback received about LCH services.

LCH will treat Concerns and Complaints seriously and ensure that the feedback received in the form of a Concern or Complaint is properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The Trust will also explain the outcome of any investigation, along with any resulting actions to the person providing the feedback or making the complaint.

The key issues taken into consideration when formulating this policy are that it is clear on:

- How to raise a concern, complaint, or make a comment.
- That a person will feel confident that their concern or complaint will be dealt with seriously.
- Complaints will be investigated and the person(s) providing the feedback will be informed of the findings of that investigation.
- LCH will learn from complaints and concerns, and will apply those lessons while also learning from and sharing best practice.

1.1 Scope of this policy

This policy relates specifically to feedback about any aspect of service provided by the Trust made by a patient, service user, carer or representative (with the patient's consent), or anyone affected by any action or decision made by or on behalf of the Trust. The following complaints do not fall within this policy's remit:

- Made by a responsible body i.e. a Local Authority, NHS body, primary care provider or independent provider, including their members of staff, whilst acting as staff, and not service users, patients or carers and relatives.
- Made by an employee about any matter relating to their employment.
- Previously investigated under the NHS Complaints Regulations (2009).
- that have been, or are still being, investigated, by the Local Government Ombudsman under the Local Governments Act (1974) or the Parliamentary and Health Service Ombudsman.

- Arising out of the alleged failure of the Trust to comply with a request for information under the Freedom of Information Act (2000).
- Relating to privately funded healthcare.
- Made by Independent Contractors.
- Allegations relating to assault or other criminal matters.

This policy does not cover feedback received through the Friends and Family Test (FFT). FFT feedback is primarily anonymous and is collected and managed through other processes.

2 Aims and Objectives

The policy will ensure all LCH staff responsibilities are clear with regard to receiving, managing and where necessary responding to compliments, concerns and complaints.

The policy:

- Provides definitions of the types of feedback received.
- Identifies responsibilities of those involved.
- Defines how different types of feedback are managed.
- Provides access to resources for dealing with feedback.
- Supports partnership working to resolve multi-sector complaints.
- Ensures that staff and services are able to demonstrate a process of positive and 'reflective' learning and service development as a direct result of patient feedback.
- Provides a framework to ensure any staff named in a complaint or concern receives the support required.
- Describes the arrangements for managing unreasonable or persistent complainants.
- Informs the development of training provision for staff.

3 Definitions

3.1 Individual

Throughout the policy, the term individual is used to denote any person who may provide feedback; this includes patients, their representatives and members of the public.

3.2 Feedback

Collective term used to describe all recorded compliments, comments, concerns and complaints received by the Trust from patients, their representatives or members of the public. This could be verbal or written and will be recorded in Datix®.

3.3 Comments

Any statement expressing a personal opinion, attitude, or a commentary about LCH staff, services or facilities based on a service user or carer's experience. Comments can be positive, neutral or negative and may be expressed verbally or in writing to any member of staff, through the LCH Trust feedback mechanisms or via social media.

3.4 Compliments

Any positive or appreciative statement about LCH staff, services or facilities based on the experience of the person making the compliment. Compliments include expressions of praise, admiration, or congratulation and can be received verbally, in writing or through a token of appreciation such as flowers or chocolates.

3.5 Concerns

A concern is a request for the resolution of a problem or difficulty with LCH staff, services or facilities that requires minimal investigation. Concerns must either be resolved to the individual's satisfaction or a plan for resolution be agreed with the individual within one working day of receipt.

3.6 Complaint

An expression of dissatisfaction made to LCH either verbally or in writing that requires an investigation and whether found to be justified or not, must be responded to in writing. There is no difference between a 'formal' and an 'informal' complaint.

3.7 Multi-Agency Complaints

The Trust has a duty to co-operate with other NHS and Social Care organisations to ensure that when a patient wants a single response to a complaint about more than one organisation, there is full co-ordination in the handling of and response to that complaint. If a member of staff is contacted by an external organisation with a request to provide information in a complaint, their Line Manager and the Patient Experience Team must be informed as soon as practically possible. This is to ensure that the complaint is properly recorded and that it is being handled within the current regulations. All LCH responses must follow this policy and must be reviewed and appropriately authorised before being released to other organisations.

3.8 Service Lead

This is the member of staff who has overall responsibility for each service. They have overall responsibility to identify and / or allocate investigators, review complaint investigations, draft responses and action plans, and approve investigator recommendations for learning and action. This must be completed, prior to sending responses for executive review and final approval by the Chief Executive Officer (CEO). The Service Lead is a source of support for Investigators where required. (These responsibilities may be delegated as the Service Lead deems appropriate).

3.9 Investigators

An investigator is a member of staff identified by the Service Lead as having completed the relevant LCH training to enable a full and fair investigation. They will complete and document the investigation of complaints using the provided LCH templates (see appendices) and Datix®. The investigator will contact the complainant as part of the investigation where appropriate and meet the complainant if a resolution meeting is arranged. They must prepare the first draft of the CEO's written response and may be required to complete response revisions or respond to questions as part of the Quality Assurance process.

3.10 Datix®

Datix® is web-based, secure, software the Trust uses to record, manage and report on various elements of daily activity. Patient feedback referred to in this policy is all recorded and managed via the Feedback module in Datix®. All information relating to investigations must be recorded contemporaneously in Datix® by staff as they deal with individual cases. Unless there are exceptional circumstances, all e-mail communication about patient feedback must be done through Datix® to maintain secure audit trails and reduce the risk of information breaches. Information relating to investigations **MUST NOT** be recorded in the clinical record.

3.11 Resolution Meeting

A Resolution meeting can be held at different stages of the complaints process and is offered to all complainants at the start of the process and following the written response. This option is offered to every patient in addition to the required written response

4 Responsibilities

All staff employed by Leeds Community Healthcare NHS Trust must work in concordance with the Leeds Safeguarding Multi-agency Policies and Procedures and local guidelines in relation to any safeguarding concerns they have for service users and the public with whom they are in contact.

4.1 All LCH Staff

All LCH staff must:

- Role model the Trust Vision, Values and Magnificent Behaviours at all times and treat everyone they come into contact with respect, courtesy, and compassion.
- Ensure that their behaviour does not negatively impact the reputation of the Trust.
- Deal with feedback in line with this policy.
- Be aware of how different types of feedback are managed.
- Seek to de-escalate, resolve and document any issues raised.
- Ensure that wherever possible, the resolution of concerns and complaints is effective, efficient and involves the individual as much as possible as agreed with them.

4.2 LCH Board

LCH Board has overall responsibility for the quality, health, safety and welfare of patients, staff and members of the public and to ensure that the Trust complies with its statutory obligations in this regard.

4.3 Chief Executive Officer

The Chief Executive Officer (CEO) has overall responsibility for Compliments, Concerns, and Complaints and fulfils the role of the responsible person under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

4.4 The Executive Director of Nursing and Allied Health Professionals

Lead director responsible for Compliments, Concerns and Complaints. They will ensure statutory requirements for complaint handling and reporting are met. They are part of the complaints response Executive Quality Assurance process and are responsible for ensuring that LCH completes identified actions and shares learning from patient feedback.

4.5 The Executive Medical Director

As part of the Executive Quality Assurance process, the Medical Director will review any complaint regarding medical care or complaints involving an identified doctor or dentist.

4.6 Head of Clinical Governance

The Head of Clinical Governance will provide assurance into the Executive Quality Assurance process that the progression of complaints, concerns and compliments are managed in line with the policy.

4.7 Business Unit Quality Lead

The Business Unit Quality Lead will have oversight and provide assurance on complaints, concerns and compliments and any associated actions. They will liaise with the services and Patient Experience Team when required for escalation purposes and will provide assurance into the Clinical Governance Team and Business Units of completion of any actions.

4.8 Patient Experience Team (PE Team)

The Patient Experience Team (PE Team) will oversee the processes for complaints, concerns and compliments and will provide support to those giving feedback and services to ensure that the processes run smoothly and deadlines are able to be met. The PE Team are the central point of contact for all feedback in line with this policy. The Patient Experience Team is made up of the Patient Experience and Engagement Lead, Complaints and Claims Officer, Clinical Governance Officer, and Patient Experience Officer.

4.9 Patient Experience and Engagement Lead (PE&E)

The Patient Experience and Engagement Lead is responsible for overseeing the management of the processes for dealing with patient feedback. The Patient Experience

and Engagement Lead will be the first point of escalation within the PE Team and will provide management oversight and support to the function. The PE&E Lead will provide relevant reports and assurance to the Quality Leads and Head of Clinical Governance.

4.10 Complaints and Claims Officer (CCO)

The CCO is the first point of contact for patients and their representatives outside of services. With regard to complaints, the CCO is responsible for the initial Datix® file creation and acknowledgement processes, and supporting investigators where possible to meet their deadlines until they upload a completed investigation with, action plan and draft response to Datix®. Other responsibilities include:

- Review of complaint responses as they are returned to the service, providing feedback on improvements and support to investigators and services as required, and sharing appropriately for input from the wider PE and Clinical Governance Team.
- Liaise with relevant staff and third-party organisations as required.
- Contribute to the development of a range of resources to support services in managing feedback from patients and their representatives; to include contributions to the development and delivering of training.
- Provide key data for reporting purposes and contribute to ensuring processes are followed to share learning and implement agreed actions.

4.11 Clinical Governance Officer (CGO)

The CGO role supports the CCO as the first point of contact for patients and their representatives outside of services. The CGO supports the CCO in the initial Datix® file creation and acknowledgement processes, and provides appropriate support throughout the complaint, concern and compliment processes within the PE Team and to services.

4.12 Service Lead

The Service Leads are responsible for:

- Identifying service investigators and ensuring that the PE Team is informed when investigators leave the role or are identified.
- Ensuring alternative investigators are quickly allocated when an original investigator is unable to complete the investigation due to unexpected circumstances.
- Supporting Investigators to complete the investigation and response process within the timescale agreed by the PE Team.
- Having clearly identified lines of communication for the service and PE Team.
- Attending complaint resolution meetings, at any stage of the process.
- Reviewing and contributing to complaint draft responses
- Approving recommendations and implementing timescales and identified actions
- Approving the final response and action plan prior to it being referred for the Executive Quality Assurance process.
- Ensuring that all complaint action plans are completed and Datix® updated appropriately.

- Regularly reviewing compliments logged for the service to ensure that feedback is being categorised correctly and to identify areas of learning from good practice.
- Regularly reviewing concerns and complaints logged for the service to ensure that actions taken have been effective in preventing further concerns or complaints about the same issues.
- Checking the Weekly Complaints Tracker to ensure all service complaints are within timescales. This is provided by PET to Business Unit Quality Leads and Head of Clinical Governance and shared with Service Leads where appropriate.
- Reviewing final (signed) complaint responses for information and any points of learning or personal development.
- Discuss compliments and outcomes of concern and complaint investigations with named practitioners as part of individual appraisal or supervision.
- Discuss compliments and outcomes of concern and complaint with named service teams.

4.13 Line Managers

Any individual with line management responsibilities are responsible for ensuring that:

- All staff have read and have awareness of the policy and know where to find it.
- All staff know how to report and initially deal with different types of feedback.
- When staff are identified as being involved in a concern or complaint, they are offered appropriate support.
- Any learning identified is shared and follow up actions implemented in a timely manner.

4.14 Investigator

The investigator is responsible for:

- Investigating concerns, responding directly to the patient and using Datix® to log the issues identified (with appropriate subject coding) and documenting actions taken to resolve the matter.
- Initiating and maintaining contact with patients, or other individuals, raising a concern or complaint.
- Risk assessing complaints, (See Appendix 21) documenting decision in Datix® and escalating / referring issues as appropriate.
- Fully investigating complaints including reviewing all relevant and available documentation, ensuring all staff involved (either directly or indirectly) are identified and provide written or verbal account (or memory capture), within the timescale agreed with the PE Team.
- Identifying learning and SMART actions, documenting these in Datix®.
- Arranging complaint resolution meetings in conjunction with the PE Team.
- Attending complaint resolution meetings and documenting the outcome.
- Preparing the first draft of the Chief Executive's response and responding to any questions or revisions required via the Quality Assurance process.
- Ensuring all information relevant to a complaint investigation is gathered and uploaded to Datix®.
- Liaising with Service Leads regarding findings and recommendations for learning and actions.

- Reviewing final (signed) complaint responses for information and any points of learning or personal development.

4.15 Responsible Officer Team

Responsible officers play a crucial role in improving and maintaining the quality and safety of patient care. They are critical to ensuring that LCH maintain a focus on the core components of their relevant national quality framework; ensuring that patients' views are fully integrated into evaluations of a doctor's performance. The responsible officer must take appropriate action when concerns are identified, to ensure that patients are protected and that doctors are supported to improve their practice.

5 Compliments and Comments

See Appendix 1: Compliments and Comments Handling Process

All compliments and comments received by any other method than the Friends and Family Test must be recorded in the Datix[®] Feedback module by the practitioner or service that receives the comment or compliment.

Feedback received via the Friends and Family Test must not be entered into Datix[®] under any circumstances and must be recorded within the Civica Membership Experience System. Please contact the PE Team if there is any question about this.

6 Concerns

See Appendix 2: Concerns Handling Process

A concern should be resolved to the satisfaction of the patient, no later than the end of the following working day after it is received.

Where full resolution cannot be achieved but the patient has been contacted by the service before the end of the next working day and a plan of action is agreed with the patient, the issue can remain a concern.

All concerns must be recorded on the LCH Datix[®] system by the service that initially receives it. The resolution of concerns must be updated and the record closed by the service involved.

Where services are unable to contact the patient, they must document each attempt in the Datix[®] record with details of any messages left. The concern will not be escalated to a complaint until the service has made contact with the patient as long as all attempts to contact are documented.

Where resolution or actions to facilitate resolution cannot be achieved in the stated timescale, the service investigator must update Datix[®] with the actions taken and inform

the PE Team via telephone and the Datix® messaging function. The notification should take place within two hours and the concern will be escalated to a complaint.

The PE Team will review the concerns caseload on at least a monthly basis and will report on services failing to close concerns within the specified timeframe.

7 Complaints Process

See Appendix 3: Complaints Handling Process

NHS complaints are subject to two stages; Local Resolution (any and all actions taken by the Trust to resolve the complaint) and Independent Review (referral to the Parliamentary and Health Service Ombudsman).

7.1 Complaint response timescales

Complaints will be investigated thoroughly, fairly and as quickly as circumstances allow within agreed timescales. The time scale agreed with the complainant for responding to their complaint will take into consideration the issues involved, complexity and the service(s) or organisations that may be required to respond.

When acknowledging a complaint, the PE Team will where possible, discuss and agree the timeframe for the Trust to investigate and respond. When it is not possible to have such a discussion, the timeframe will be 40 working days from the date of receipt or the date of confirmation of consent to respond.

If LCH is unable to respond within the agreed timescale, the PE Team is responsible for re-negotiating the response timeframes with complainants. Investigators must keep contemporaneous notes of their investigations on Datix® and ensure timely communication with Service Leads and the PE Team should issues occur that may impact a response timeframe.

7.2 Time limits for making complaints

Complaints must be raised with the Trust as soon as possible and within twelve months from the date when the incident occurred or twelve months from the date when the issue came to the notice of the patient.

If there is a valid reason why the complaint is not raised within that timescale, and there is reasonable possibility for the issues to be meaningfully investigated the PE Team has the discretion to allow the complaint to proceed and will be agreed with the individual.

7.3 Withdrawing a complaint

A complainant has the option to withdraw their complaint at any point in the process and is not required to give any reason for doing so. If the complaint has raised issues of concern for the service involved, the investigation may proceed under other Trust processes at the discretion of the Executive Director of Nursing and Allied Health Professionals.

Following initial review of a complaint (and potentially preliminary investigation) the Trust may withdraw a complaint. This is done at the discretion of the PE Team and with the approval of the Executive Director of Nursing and Allied Health Professionals. In these circumstances, a letter will be prepared for the complainant explaining the reasons for the decision and providing further options, including referral to the Ombudsman if applicable.

7.4 Acknowledgement

It is a statutory obligation that the Trust must acknowledge receipt of complaints within 3 working days.

- When a service receives a complaint, they must take as much information as possible, advise the patient that the PE Team will call them to discuss the complaint and process further and inform the PE Team by telephone and e-mail within 2 hours of receipt. (The telephone contact may be a voicemail message).
- The Trust will acknowledge all complaints within 3 working days of receipt.
- The PE Team will, wherever possible, contact complainants to agree a Complaint Plan and timescale for the handling of their complaint. Where this is not possible, either the Complaint Plan will be filled in based upon the information available and posted or a letter will be sent asking the complainant to contact the PE Team with more information.
- The Complaint Plan will detail the issues involved, contact details, desired outcomes and timeframe. See Appendices 8 and 9.
- Complainants will be given 5 working days from the date on the Complaint Plan to inform the PE Team of any required changes to the plan. The PE Team has discretion to accept changes beyond this timeframe in agreement with the Service Lead and Investigator involved. If necessary, a new complaint and Complaint Plan with new timescales for response may be generated.
- The PE Team will log all complaints in Datix®. A copy of the Complaint Plan and the relevant LCH investigation and response templates, will be attached to each record.
- Where complaints involve other agencies, e.g. Social Services, other NHS Trusts, the complainant will be notified of the other agency's involvement. Whenever possible a coordinated response will be provided and a lead will be agreed between the agencies. Complaints will be forwarded to other agencies with the patient's permission.

7.5 Investigation

- The investigation will be undertaken by a person appointed by the Service Lead.
- The Investigator must review the entire complaint record and all attachments in order to make an assessment of for the complaint as described in Appendix 18 and document this in the Progress Notes.
- If a complaint is assessed as "High" or "Extreme" level, it must be escalated immediately to the Business Unit Quality Lead in the first instance. Complaints of this nature will be evaluated for inclusion in the business risk register so that if a serious risk is identified, it can be captured, monitored and reduced. This process may include the involvement of the Risk Manager and may link with the Risk Management Policy.

- The Investigator must make contact with the complainant via their preferred method within the first week of the investigation. This is to introduce themselves and to gain a first-hand perspective of the complainant's issues.
- The investigation findings must be fully documented. All supporting documentation such as staff and witness statements and copies of health records, etc. must be uploaded to the Datix® record by the investigator along with the first draft of the written response and the action plan, within the allocated time frame.
- Staff accounts (or memory captures) must be completed by staff involved (either directly or indirectly) to assist the investigation process. Staff must provide a factual account of what happened using the template provided. (See Appendix 10)
- Support with the complaint investigation process can be obtained through the PE Team and Service Lead.
- The Investigator must use the Action Plan on the draft response template (see appendices 11, 12 and 13) to assist with identification of learning and actions identified as a result of the complaint.
- Details of all identified actions must be added to the Actions section of Datix® by the investigator before the draft response is sent for review.
- During the course of the investigation, the investigator must update Datix® and inform the Service Lead and the PE Team of any issues that are affecting their ability to meet the investigation timescales. This is due to the potential need to agree a revised timescale with the complainant.
- The PE Team will seek agreement from the complainant for any extensions to the timescale and provide an explanation for the delay.

7.6 Responding

It is a requirement of the 2009 NHS Complaints Regulations that the Trust sends a written response to all complaints. All responses from the Trust must be Quality Assured and are sent from the Chief Executive or an appointed deputy.

All complainants will be offered the option to have a resolution meeting; this is offered at the start of the process but can also be arranged to discuss the outcome of the investigation. (See Appendix 18)

All complainants must receive a full, open and honest written response. If a complainant is clear that they do not want a full written response, a shorter letter confirming the conversation with the patient about the investigation, learning and actions identified, and the closure of the complaint must still be sent from the Chief Executive.

The investigator will formulate the first draft of the written response on behalf of the CEO. This must follow the format laid out in the template provided (see Appendices 11 - 13) to include apologies where appropriate, explanations, and details of any action taken in terms of remedy or to prevent a recurrence of the Complaint or concern. Information about the further options available under the local resolution process will also be included. For all identified actions and areas of learning, the action plan must also be completed and uploaded to be reviewed and approved with the draft response.

7.7 Quality Assurance

In order to ensure consistency and a high level of clinical oversight in LCH complaint responses, all letters are reviewed by either the Complaints and Claims Officer or Patient Experience and Engagement Lead, and either the Executive Director of Nursing and Allied Health Professionals or the Executive Medical Director before being reviewed and finally signed off by the Chief Executive or an appointed deputy.

When an investigator or Service Lead submits a response for Quality Assurance, they are confirming that they believe the draft is ready to be seen by the Chief Executive and sent to the patient, with no further changes.

- The investigator must upload their draft to Datix[®], update the progress notes and send a message via Datix[®] to inform their Service Lead that the draft response and action plan are ready for their review.
- The Service Lead must review the draft, make any required changes and upload their amended draft to Datix[®]. The progress notes must be updated and a message sent to the PE Team via Datix[®] to confirm the draft is ready for Quality Assurance.
- The draft will be reviewed by the PE Team; this review will be carried out by the Complaints and Claims Officer or Patient Experience and Engagement Lead. The PE Team will pass the draft with tracked changes to either the Executive Director of Nursing and Allied Health Professionals or the Executive Medical Director dependent on the staff involved in the complaint.
 - If further questions are identified by either Executive, the PE Team will update their version of the draft and will send it back to the Investigator and/or Service Lead via Datix[®]. They will be given a timescale to review the response and complete revisions (usually two working days).
 - Revising the draft can be a collaborative process. The PE Team is available to provide support if required.
 - Once completed, the new draft must be uploaded to Datix[®] and the PE Team and Complaint and Claims Officer informed.
 - A response may be sent back more than once and questions / issues picked out may change. The Chief Executive may also have questions about the response that require further input from the service(s).

During the Quality Assurance process the PE Team must be kept informed of all changes and progress.

- When the draft has been approved by the Executive Director of Nursing and Allied Health Professionals or the Executive Medical Director, it will be passed for signature to the Chief Executive or appointed deputy.
- A copy of the signed response will be sent to the complainant and a copy uploaded to Datix[®]. The Service Lead will be informed that the response has been sent.

7.8 Further steps at local resolution (Re-opened complaints)

See Appendix 4: Re-opened Complaints Handling Process

- If a patient contacts the Trust and is not satisfied with a complaint response, the PE Team will speak to them to identify outstanding issues.

- The PE Team will then assess the complaint and response with the Service Lead to determine whether or not the outstanding issues require further response.
- If no new issues are identified, a letter will be sent from the Chief Executive advising the patient of their rights to refer their complaint to the Ombudsman.
- If further work can be done, a Re-opened Complaint Plan will be completed for the service to base their further investigation upon.
- A final response meeting will be offered to all complainants requesting further work in order that they can discuss the complaint response and any additional concerns in person. (See Appendix 18)
- Independent conciliation, mediation or advice will be considered and offered, where appropriate, as an alternative means of assisting the complaints process.
- The PE Team will work with services to prepare a letter following any further steps taken to finalise the local resolution process.
- Should complainants remain dissatisfied with the Trust response they will be informed of their rights to refer the complaint further

7.9 Parliamentary and Health Service Ombudsman

See Appendix 4: Re-opened Complaints Handling Process

Independent Review can take place if a patient who remains dissatisfied with the Trust response exercises their right to refer the complaint to the Parliamentary and Health Service Ombudsman.

The Trust is required to co-operate fully with the Ombudsman, and in particular will ensure that all requested information is provided within stated deadlines and that all the [Principles for Remedy](#) are considered.

The PE Team will liaise with Ombudsman staff on behalf of the Trust. Service staff should refer calls or requests from the Ombudsman to the PE Team before releasing any information. Services will be asked to upload any requested information to the Datix® complaint record. The Complaints and Claims Officer is responsible for sending the information to the Ombudsman via a secure and encrypted network. The PE Team will notify the Executive Director of Nursing and AHPs of Ombudsman cases and progress of these via the weekly complaint tracker and monthly performance brief report.

It is vital that any investigations are efficient and effective. Any independent review will look for an open and flexible approach to this and the Trust will be required to provide rationale for refusing to investigate a case or complete any Ombudsman recommended actions.

8 Consent

When the complainant is not the patient, in order to maintain patient confidentiality, the patient's consent must be obtained before any details are discussed with or any information is disclosed to any other party. Consent could be obtained in writing or verbally and is recorded within the Datix® record. The PE Team will provide the appropriate consent form to facilitate consent in writing. Where there are difficulties in gaining consent in writing or verbally, the PE Team will work with the individual to look at

ways consent can be gained. When issues of patient safety or safeguarding are raised the relevant Safeguarding or Clinical Lead will be alerted immediately.

Where a patient has died, there will be a need to clarify to whom the Trust can legally release any information held. Staff should take extra care as arrangements regarding information sharing prior to the patient's death may not remain the same. The PE Team will facilitate and provide advice on this process; proof of identity and relationship to the patient must be provided in writing.

Should a patient be unable to give consent due to lack of mental capacity, consideration needs to be given to any instructions the patient may have made when they had capacity with regard to disclosure of information. If they have appointed an Attorney with a Health and Welfare - Lasting Power of Attorney, a copy of this must be obtained and retained on the complaint file. In circumstances where a patient has never had the capacity to consent, the PE Team will liaise with the Information Governance Manger and the Caldicott Guardian to ensure any information released is in the best interests of the patient.

In relation to the release of information, the age of consent in England was lowered to 13 with the introduction of the General Data Protection Regulation (GDPR) in May 2018. The previous High Court rulings that competency can be assessed and established in those younger than 16 still stand and can still be applied to those younger than 13. Before responding to a complaint, concern or enquiry about a young person, LCH must confirm whether or not Gillick / Fraser competency has been assessed. If the young person has been assessed as competent, the PE Team will request consent to proceed. If necessary, the PE Team will liaise with the Information Governance Manger and the Caldicott Guardian to ensure any information released is in the best interests of the patient. Additional consideration will also be given in circumstances involving a Looked After Child to ensure the correct parties are notified of complaints and receive the final response.

If consent is not provided for the Trust to respond to a representative or third party but the issues raised cause significant concern then an investigation will still take place and findings shared only with the Executive Director of Nursing and Allied Health Professionals. A decision can then be made with respect to any action required if applicable. The findings will not be shared with the complainant but reassurance can be given that concerns have been taken seriously.

9 Complaints involving staff members

Where a member of staff is identified in a complaint, their details must be recorded as an "Employee involved" on the Datix® complaint record. The investigator must include the details of all staff involved in the investigation by updating the Datix® record when they identify the name of any staff member involved in the situation including staff who are witnesses to the circumstances of the complaint. The PE Team can advise on how to do this if necessary.

If a complaint is directed at a named registered, trainee clinician, student or non-registered member of staff the relevant professional lead will be informed by the PE Team:

Allied Health Professionals:	Associate Director of Allied Health Professionals and Patient Experience and Engagement
Doctors and Dentists:	Executive Medical Director
Nurses:	Associate Director of Nursing and Clinical Governance
Students:	Executive Director of Nursing and AHPs
Non-registered staff:	Executive Director of Nursing and AHPs

Where a doctor or dentist is identified, the Responsible Officer Team will be notified of the complaint at the same time as the Executive Medical Director. The RO Team will be notified via lch.revalidation@nhs.net

If a complaint is referred to the professional body of a registered clinician, the relevant professional lead is responsible for conducting and documenting the investigation. Where necessary, the PE Team will support this process.

All feedback identifying doctors, dentists, nurses or AHPs will be reported into their appraisal and (when applicable) will be considered in the re-validation process. When trainee doctors are named, the complaints will be used as part of their assessment. Any member of staff who is the subject of a complaint will be given full details of the complaint by their Line Manager. They will have access to any records they may have made personally in connection with the incident referred to in the complaint. If a complaint alleges negligence or malpractice on the part of an individual member of staff, the investigating manager will obtain advice from Human Resources.

Where action is taken regarding individual members of staff, the patient has no right to know what that action is. The patient will be advised that the issues are being addressed with the staff member(s) involved and that the Trust is managing any action taken via a different process.

10 Other LCH investigations

If a complaint is found to be the subject of an existing Incident, Serious Incident, Safeguarding or Human Resources investigation, the PE Team will seek to avoid unnecessary duplication of work.

The individual will be contacted and we will seek agreement to put the complaints process on hold until the other investigation(s) are complete and the outcomes reported. If the patient is not happy with those outcomes, the complaint will be re-opened and the process completed in line with this policy. Alternatively, both processes can be run at the same time with the understanding that this will affect the timescales for responding. In these situations the PE Team usually becomes a main point of contact for the person affected.

11 Requests for financial compensation

Financial remedy is recognised within the Parliamentary and Health Service Ombudsman's Principles of Good Complaint Handling (2009) but monetary compensation is not the primary focus of the NHS complaints process. The main aim of the process is (where possible) to put people back in the position they would have been had things not gone wrong.

Where patients indicate that they want financial compensation, the PE Team must be notified immediately. Each case will be considered on its individual merits.

Where appropriate, requests will be managed as complaints and complainants will be asked to complete an Application for Reimbursement Form (see Appendix 7). Alternatively, complainants may be advised to seek legal advice as their request falls outside the remit of this policy and process. The matter can then be linked if appropriate to the Claims Management Policy (PL246).

The possibility that a patient may take the circumstances of their complaint forward via a legal process must not affect the complaint investigation or response.

12 Coroner's Inquests

If a complaint is subject to a Coroner's inquest, the Trust will continue to investigate the complaint and respond in the normal manner.

13 Learning from Concerns and Complaints

The Parliamentary Health Service Ombudsman's ['Principles of Good Complaint Handling'](#) emphasises the importance of using all feedback and the lessons learned from complaints to improve service design and delivery. This principle was re-emphasised in the 2014 joint report ["My expectations for raising concerns and complaints"](#)

To help us to achieve this:

- The Service Lead will review all completed investigations, draft responses and recommended learning and actions noted in action plans prior to the response being sent for Quality Assurance and Chief Executive review/sign off.
- Actions and learning and identified themes will be reviewed and discussed at the Quality Assurance and Improvement Group (QAIG).
- Compliments and outcomes of concern and complaint investigations will be discussed with named practitioners as part of individual appraisal or supervision.
- Compliments and outcomes of concern and complaint investigations will be discussed with named service teams.
- Patient Experience and Feedback will be a standing item on team meeting agendas.
- The PE Team will review all identified actions and progress of implementation of any changes and will disseminate learning throughout the Trust through:
 - Regular reporting.
 - Analysis of compliments, concerns and complaints through QAIG and the Staff Engagement Champions Group.
 - Updates in Community Talk.

The Trust will review lessons learned from complaints, identify and report trends and demonstrate changes in practice through Quality Committee. In turn assurance will be provided to the Board that LCH is fulfilling its statutory obligations.

As an organisation we use the principles of Ask Listen Do to learn from and improve the experiences of people with a learning disability, autism or both, their families and carers

when giving feedback, raising a concern or making a complaint. It also makes it easier for people, families and paid carers to give feedback, raise concerns and make a complaint. The Ask Listen Do principles can be found here <https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/> .

14 Confidentiality

Confidentiality will be maintained throughout the processes. LCH will ensure that any information disclosed is confined on a need to know basis. Concern and complaint documentation relating to investigations will be kept separate from health records, subject to the need to record information which is strictly relevant to the patient's health. Personal health information will not be disclosed to anyone acting on behalf of a patient or service user unless consent has been provided. The duty of confidentiality extends to third parties that are not health professionals, who provide personal information contained in clinical health records. Consent of the third party will be required before such information is disclosed to:

- The individual.
- People outside of the Trust, unless there is an overriding public interest in doing so.

Information related to a complaint is subject to legal requirements under the [Data Protection Act \(2018\)](#).

15 Vexatious and persistent complainants

Regardless of the manner in which a complaint is made and pursued, its substance should be considered carefully on its objective merits.

See Appendix 6 for further details.

16 Assessment of Risk

Risks identified with the implementation of this policy (and procedure) have been assessed and mitigated as far as possible, in line with the Trust's risk appetite. Should any further risks be identified following implementation, these will be assessed and consideration will be given to an urgent review/revision of the policy (and procedure).

17 Mental Capacity Act (MCA 2005 Code of Practice)

This Act applies to all persons over the age of 16 who are assessed to lack capacity to consent or withhold consent to treatment or care. Under the MCA there are occasions when an individual lacking capacity may require the provision of an Independent Mental Capacity Advocate, specifically when treatment or residence decisions have a significant impact on that individual's life and rights.

For further information see the Leeds Community Healthcare (LCH) Intranet.

18 Safeguarding

This policy describes the roles and responsibilities for the Trust in relation to the safeguarding of children and young people. All provider organisations commissioned by NHS Leeds Clinical Commissioning Group (CCG) have a responsibility to ensure they meet the agreed standards for Section 11 of the Children Act 2004, and statutory guidance outlined in Working Together to Safeguard Children 2018.

They are expected to follow the multi-agency procedures, comply with this policy and assist in taking the necessary action to safeguard children experiencing or at risk of abuse.

The CCG has a duty to take reasonable care to ensure the quality of the services commissioned. It is an expectation that all provider organisations, including Leeds Community Healthcare, demonstrate robust safeguarding systems and safe practice within agreed local multi-agency procedures.

The Children Acts of 1989 and 2004 and the statutory guidance Working Together to Safeguard Children (2018) set out the safeguarding principles for and promoting the welfare of children and young people.

Working Together to Safeguard Children (2018, page 6 and 7) defines safeguarding children and young people as:

- Protecting children from maltreatment.
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children and young people grow up in the circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

The Children Act 2004 emphasises that we all share a responsibility to safeguard children and young people.

For further information see the LCH Intranet.

19 Training Needs

Refer to the Statutory and Mandatory Training Policy including Training Needs Analysis. Up to date information is available on the Intranet for course details; this includes Complaint, Concern and Compliment training.

20 Monitoring Compliance and Effectiveness

Minimum requirement to be monitored / audited	Process for monitoring / audit	Lead for the monitoring/audit process	Frequency of monitoring / auditing	Lead for reviewing results	Lead for developing / reviewing action plan	Lead for monitoring action plan
All received and/or open complaints, concern, and compliments- to include trend, themes and escalations.	Monthly Business Unit Reports	Business Unit Quality Lead	Monthly	Business Unit Quality Lead	Head of Service or Service Manager with Quality Lead support	Head of Service to complete or delegate.
Re-opened complaints	Monthly Exception Report	Patient Experience Team	Monthly	Business Unit Quality Lead	Head of Service or Service Manager with Quality Lead support	Head of Service to complete or delegate.
All overdue actions	Monthly Business Unit Reports	Business Unit Quality Lead	Monthly	Business Unit Quality Lead	Head of Service/Service Manager with Quality Lead support	Head of Service to complete or delegate
That all open and active complaints are being managed in line with this policy	Weekly Complaints position statement Tracker	Patient Experience Team	Weekly	Executive Director of Nursing	Patient Experience and Engagement Lead	Executive Director of Nursing and Allied Health Professionals (AHPs)
Number of complaints acknowledged within 3 working days	Monthly Exception Report		Monthly			
Number of active complaints not resolved within 6 months	Monthly Exception Report		Monthly			
Number of complaints resolved within the timescales agreed with the complainant (40 working days)	Monthly Exception Report		Monthly			

Patient Experience: Dealing with Compliments, Concerns and Complaints Policy

<p>Follow up of action plans outcomes focusing on changes made in practitioner, service and organisation change</p>	<p>6 monthly Thematic report</p>	<p>Patient Experience and Engagement Lead</p>	<p>Every six months</p>	<p>Executive Director of Nursing and Allied Health Professionals Quality Committee Performance Panel QAIG</p>	<p>Quality Leads Clinical Leads Patient Experience and Engagement Lead</p>	<p>Executive Director of Nursing and Allied Health Professionals (AHP's)</p>
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21 Approval and Ratification process

The policy has been approved by the appropriate body and ratified by the Senior Management Team on behalf of the Board.

22 Dissemination and Implementation

The Clinical Audit & Effectiveness Team will support the dissemination of this policy by ensuring it is uploaded to the LCH Intranet and shared via the Trust's weekly newsletter/briefing.

Implementation will require:

- Operational Directors/ Heads of Service/General Managers to ensure staff have access to this policy and understand their responsibilities for implementing it into practice.
- The Quality and Professional Development and Workforce Teams will provide appropriate support and advice to staff on the implementation of this policy.

23 Review arrangements

This policy will be reviewed in three years following ratification by the author or sooner if there is a local or national requirement.

24 Associated documents

- Incident and Serious Incident Management Policy (PL268)
- Disciplinary Policy & Procedure
- Being Open and Duty of Candour Policy and Procedure (PL245)
- Claims Management Policy (PL246)
- Information Handling Policy (PL301)
- Risk Management Policy (PL354)
- Being Open and Duty of Candour Policy and Procedure (PL245)
- Patient Experience: Dealing with Compliments, Concerns and Complaints Policy (PL 302) (Ratified June 2018)

25 References

Care Quality Commission (2018) [Nigel's surgery 8: Gillick competency and Fraser guidelines](#)

Department of Health (2009) [Listening, Responding, Improving – A guide to better customer care](#)

Department of Health and Social Care (2021) [NHS complaints guidance](#)

Department of Health and Social Care (2021) [NHS Constitution for England](#)

Francis, R (2013) [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry](#)

Information Commissioner's Office (2018) [Guide to the General Data Protection Regulation](#)

Local Government and Social Care Ombudsman and Parliamentary and Health Service Ombudsman (2016) [Working together to investigate health and social care complaints. Focus report: learning lessons from complaints](#)

Parliamentary and Health Service Ombudsman (2009a) [Principles of Good Complaint Handling](#)

Parliamentary and Health Service Ombudsman (2009b) [Principles for Remedy](#)

Parliamentary and Health Service Ombudsman (2011) [Listening and learning: The Ombudsman's review of complaint handling by the NHS in England 2010-11](#)

Parliamentary and Health Service Ombudsman (2015) [A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged](#)

Parliamentary and Health Service Ombudsman (2020) [Making Complaints Count: Supporting complaints handling in the NHS and UK Government Departments](#)

Parliamentary and Health Service Ombudsman and NHS Resolution (2019) [Information for NHS trusts on the respective roles of the Parliamentary and Health Service Ombudsman and NHS Resolution in resolving NHS complaints and claims](#)

Parliamentary and Health Service Ombudsman, Local Government Ombudsman and Healthwatch England (2014) [My expectations for raising concerns and complaints](#)

26 Relevant legislation

[Data Protection Act 2018](#)

[Equality Act 2010](#)

[Freedom of Information Act 2000](#)

[Local Government Act 1974](#)

[The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)

[The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)

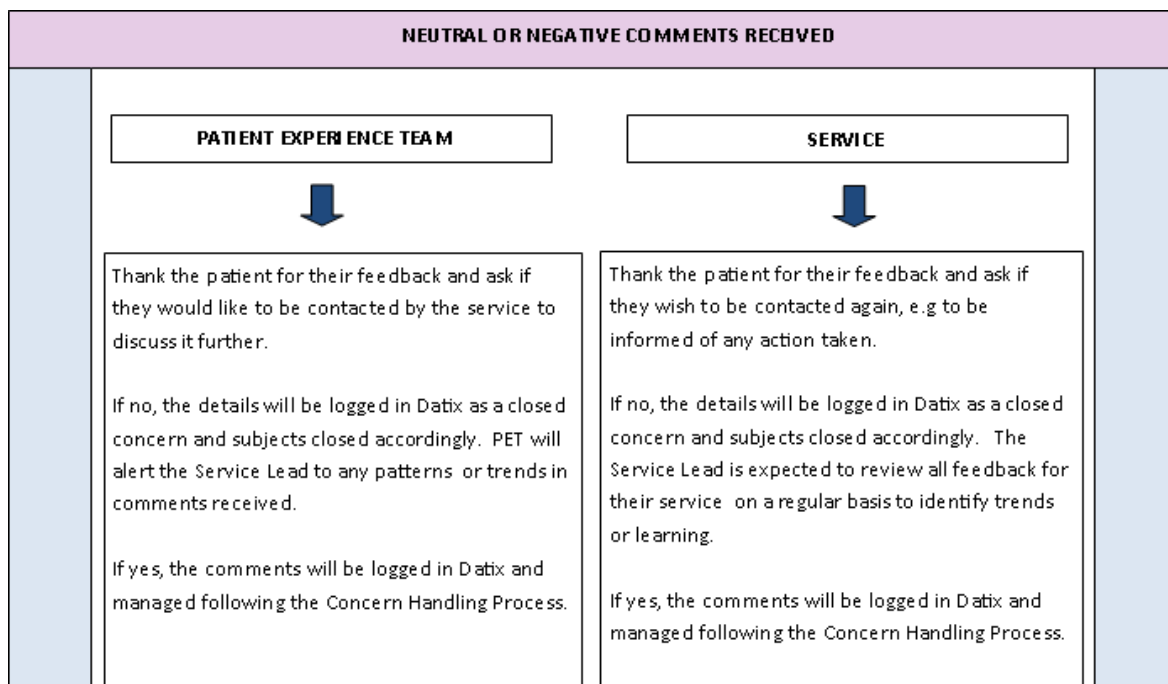
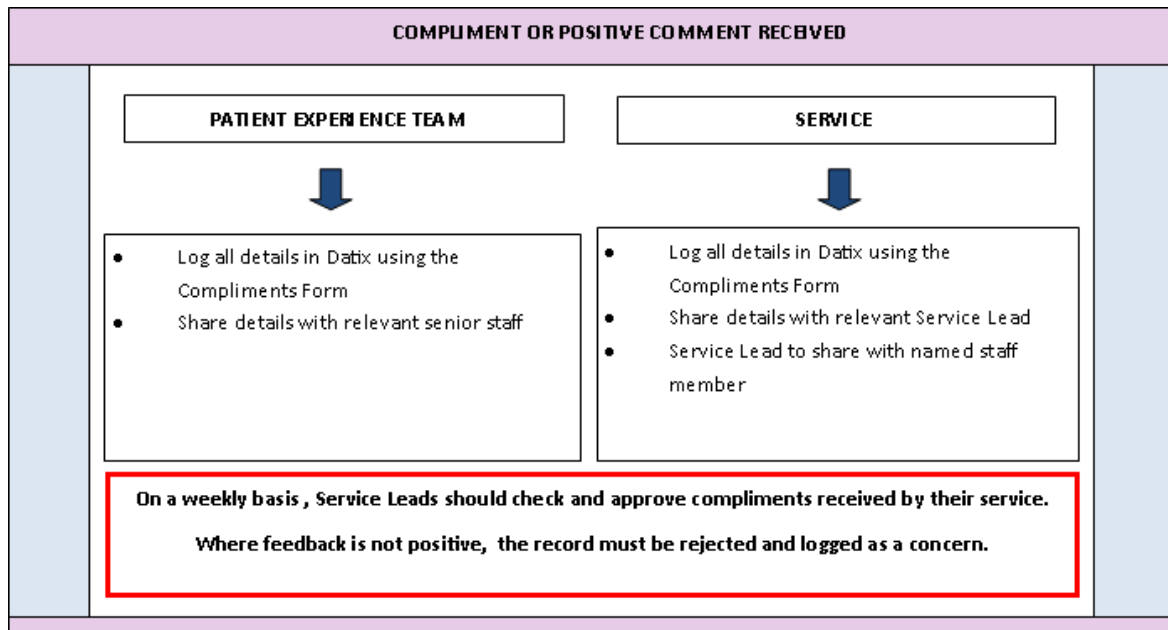
27 Useful websites

[Parliamentary and Health Service Ombudsman - Good complaint handling](#)

[Leaflets from Advonet – an independent advocacy charity based in Leeds](#)

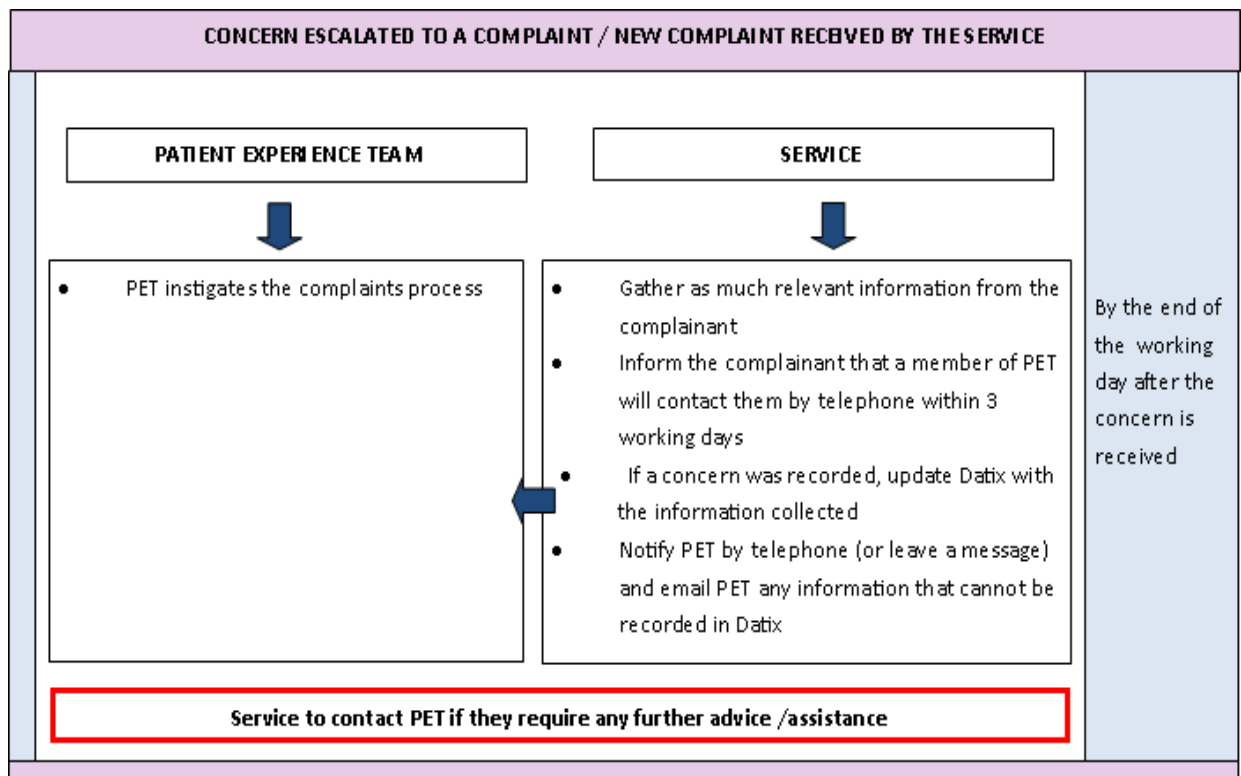
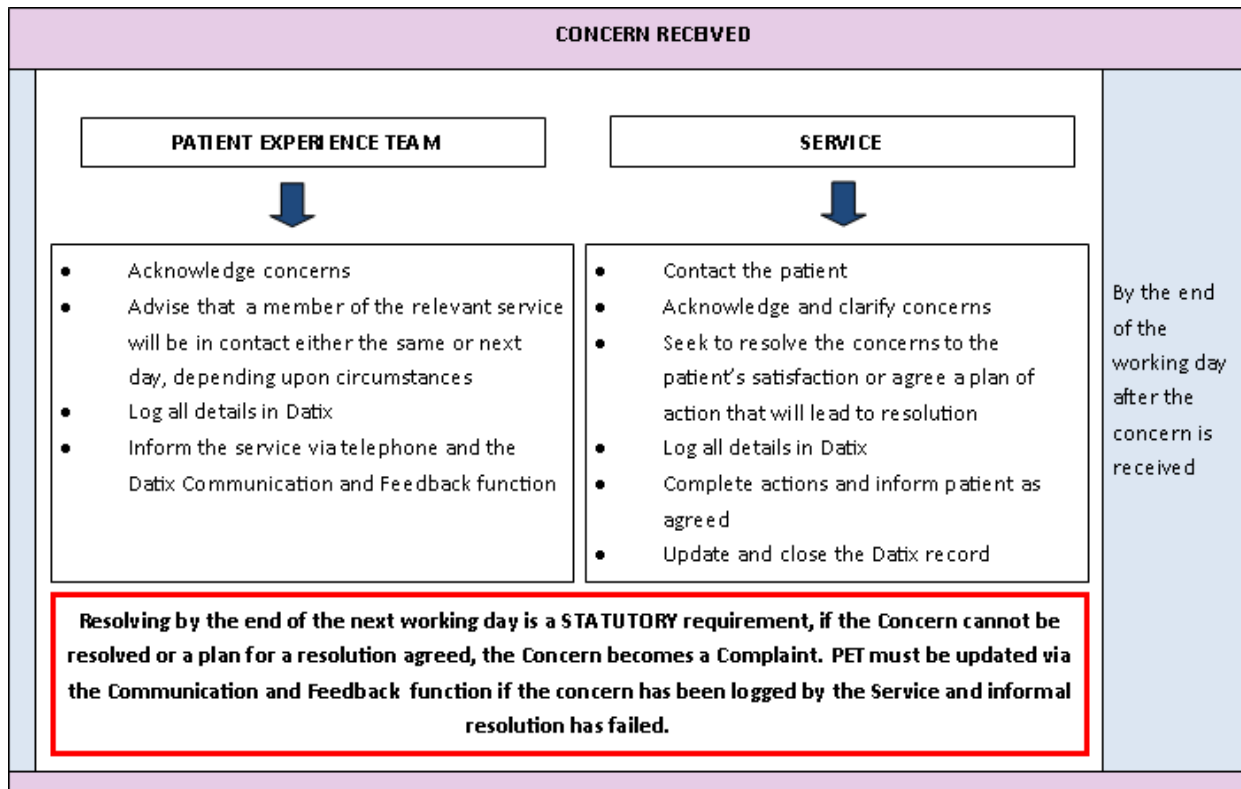
[Ask Listen Do – Learning Disabilities](#)

Appendix 1: Compliment and Comment Handling Process

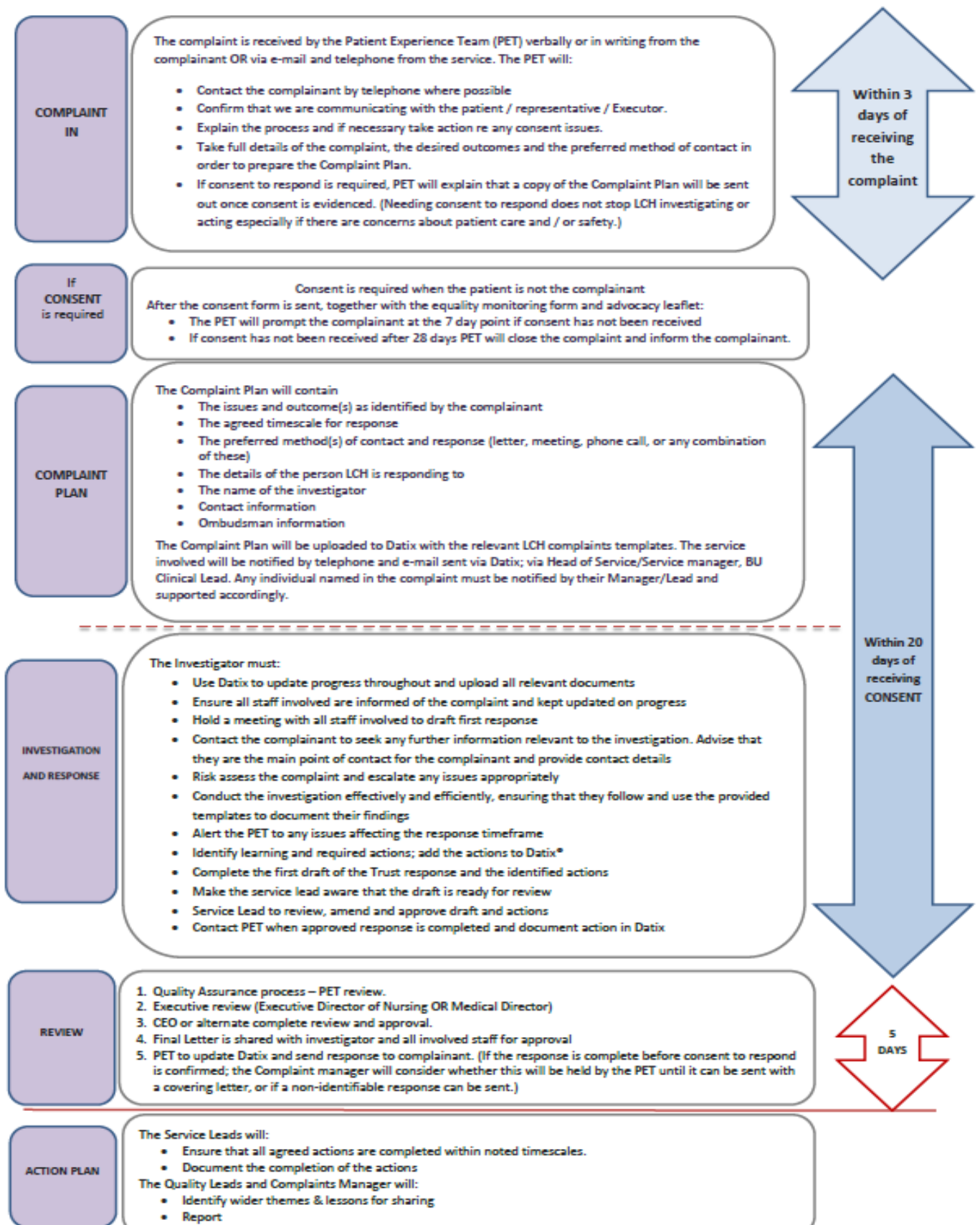


Please note that Appendices 1-4 can be printed as posters. Electronic copies can be also requested from the Patient Experience Team at lch.pet@nhs.net if required.

Appendix 2: Concerns handling process



Appendix 3: Complaint handling process

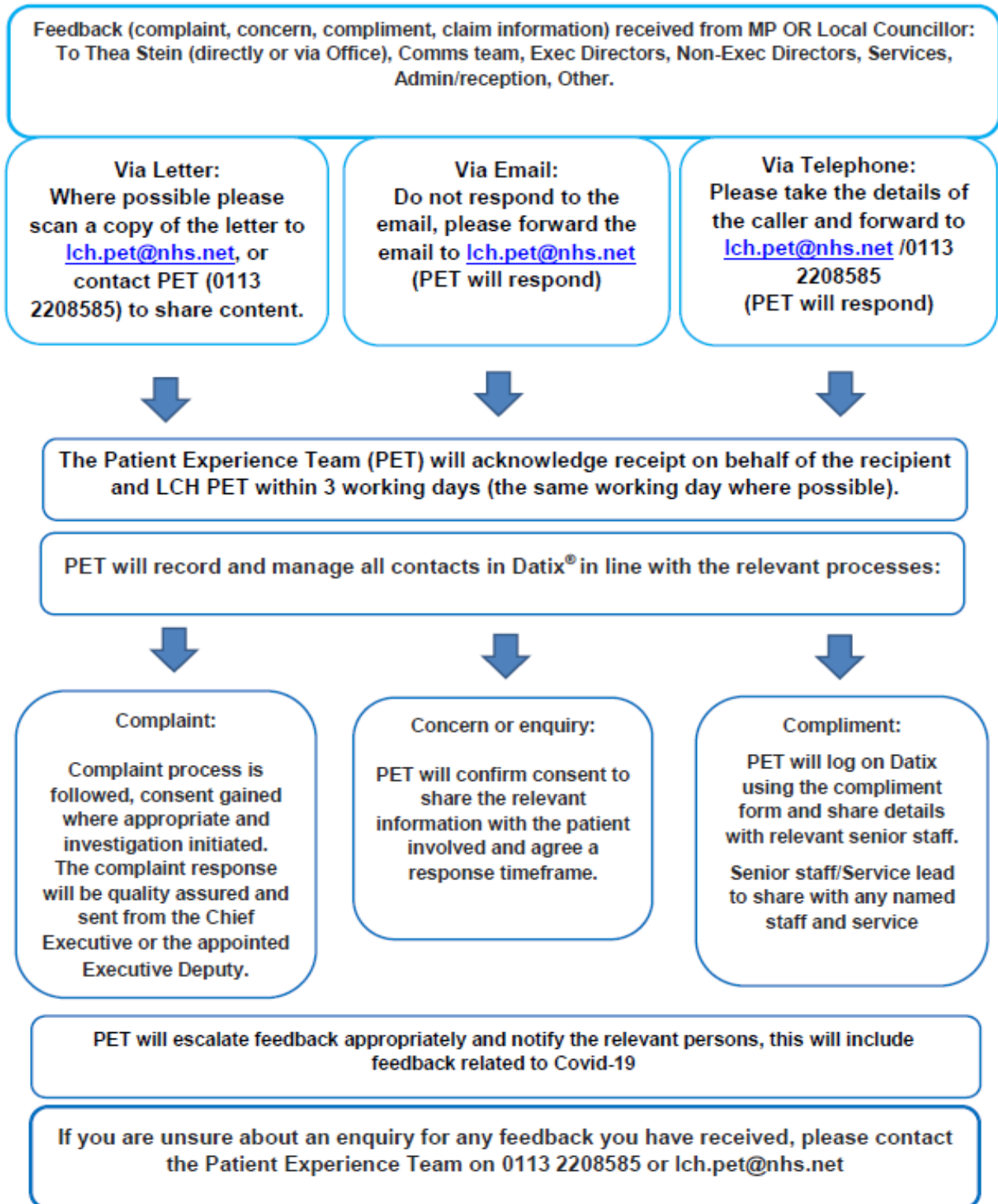


Appendix 4: Re-opened complaints handling process

COMPLAINT RECEIVED		Complaint can be shared with the Head of Governance, and / or Quality Leads for advice, support or review at any point throughout the process
Within 3 days of receiving the complaint	<p>The complaint should be received by PET but if the service receives any further correspondence / contact about a complaint that has previously been responded to and must contact PET immediately and upload any documentation.</p> <p>PET will work with the service to review the correspondence and identify the issues being raised, the aim is to confirm if the complainant is raising any new issues or requesting clarification of the previous response(s). Depending on the outcome of the review, PET will either:</p> <ul style="list-style-type: none"> • Draft a response from the CEO referring the complaint to the PHSO or • Take the necessary action to contact the complainant, prepare a re-opened Complaint Plan and acknowledge the correspondence 	
	<p style="text-align: center;">COMPLAINT PLAN</p> <p>The reopened Complaint Plan will contain:</p> <ul style="list-style-type: none"> • The issues and outcome(s) as identified by the complainant • The agreed timescale for response • The preferred method(s) of contact and response. (letter, meeting, or phone call) • The names of the patient and complainant • The name of the investigator • Contact information • Ombudsman information <p>The Complaint Plan will be uploaded to Datix with the relevant LCH complaint templates. The service involved will then be notified by telephone and email sent via Datix within 24 hrs.</p>	
INVESTIGATION		
To be completed within 25 days of receiving consent	<p>Ideally the investigator will not be the same person who completed the original investigation. The investigator must:</p> <ul style="list-style-type: none"> • Complete a full and objective review of the original investigation • Contact the complainant to complete introductions and seek any further information relevant to the investigation • Be the main point of contact for the complainant and provide contact details • Conduct the investigation effectively and efficiently, ensuring that they follow and use the Investigator Pack to document their findings • Alert PET to any issues affecting the response timeframe • Identify learning and required actions; complete the action plan • Complete the first draft of the Trust response and notify the Service Lead • Use Datix to update the progress notes throughout and upload all relevant documents 	
	<p style="text-align: center;">RESPONSE</p> <ul style="list-style-type: none"> • Investigator completes first draft and action plan via Datix and makes the Service Lead aware that the response is ready to review • Service lead to review, amend and approve draft / action plan and to upload response in Datix. PET to be contacted and made aware that the response is ready to review. • Quality Assurance process — PET review / Executive review - Director of Nursing or Medical Director / CEO or Deputy CEO to complete review and approval • PET to update and send the response to the complainant; if consent is still not received the response will be held until PET is in receipt. 	

Appendix 5: Feedback from Elected or Legal Representatives- Internal handling process

Management of Feedback from Elected Representatives (MPs or Councillors) – LCH Internal Handling Process



Appendix 6: Persistent and Unreasonable complainants

In Leeds, Health and Social Care organisations are working together to provide a more consistent approach for complainants who have had a poor experience. This includes how we deal with complainants who are considered to be persistent or unreasonable (previously called vexatious).

The sole purpose of vexatious action is to harass or subdue. It is very rare that complaints raised have no issues to address; regardless of the manner in which a complaint is made and pursued, its substance should be considered carefully on its objective merits.

Complaints about matters unrelated to previous complaints should be similarly approached, objectively and without any assumption that they are bound to be frivolous, vexatious or unjustified.

If a complainant is abusive or threatening, it is reasonable to request they communicate only in a particular way e.g. in writing and not by telephone – or solely with one or more designated members of staff; but it is not reasonable to refuse to accept or respond to communications about a complaint until it is clear that all practical possibilities of resolution have been exhausted.

It is good practice to make clear to a complainant regarded as unreasonable or persistent, the ways in which their behaviour is unacceptable and the likely consequences of refusal to amend their behaviour, before taking further action.

Complaints from unreasonable complainants are often difficult to investigate, time-consuming and difficult to conclude. It is important to have a consistent approach for identifying and establishing an unreasonable complainant and for handling them. The following (not exhaustive) criteria are offered as guidance for establishing such a situation:

- The complainant has been personally abusive or aggressive towards staff/practitioner who is dealing with the complaint.
- The complainant is unwilling to accept documented evidence as being factual.
- The complainant insists that they have not had an adequate response to their complaint despite the significant efforts being made to specifically address their complaints.
- The complainant constantly raises new issues that were not detailed in original correspondence or the details change, in order to prolong the complaint.

If, having followed the local resolution process, the above concerns come to light then it will be deemed to be persistent and/or unreasonable.

An incident report should be completed by any staff member who is subject to aggressive/abusive behaviour and after discussion with relevant line manager. If deemed appropriate, the matter will be escalated to the Lead for Security for advice/future management.

Having established a complaint is persistent and/or unreasonable and following every effort to respond in good faith, the Chief Executive or the designated deputy will write to the complainant, stating that:

- A full response has been given to all the issues raised in the complaint.
- The organisation has tried to resolve the complaint and there is nothing further that can be done hence the correspondence will end. Further letters will be acknowledged but no further investigation undertaken.
- The complainant has the right to refer their complaint to the Parliamentary and Health Service Ombudsman.

Appendix 7: Application for reimbursement

Application for Reimbursement

Please read the information below to ensure you provide the correct details to allow us to process your claim.

As NHS organisations do not hold private insurance policies for loss or damage to patients' property, we are required to justify and quantify any payment as reimbursement is made from public monies.

In order to proceed with your claim, please provide details of proof of payment or a quotation for replacement. Please provide details of the age of the item(s). If it is established that the Trust is liable for any loss, the value of the item(s) is calculated not at replacement as new but at value at the time of the loss, taking age and depreciation into account i.e. second hand replacement cost.

If the investigation reveals the Trust is liable for part or whole of the loss/damage, we will do one of the following:

- Reimburse where proof of payment is provided or
- Arrange direct payment of an invoice

Please note that whilst the Trust endeavours to look after patients' property (if the staff are advised of its existence) it is not always possible where the primary responsibility is to look after patients and not their property. This is even more so in an emergency or life threatening situation where a patient's medical needs are a priority. The circumstances of the loss will be taken into account when considering whether or not reimbursement should be approved.

If you are claiming on behalf of a deceased patient, please provide a Grant of Representation (Probate), the claim cannot proceed without this. Please note that if it is established that the Trust is liable for any loss/damage, any monies will be paid into the deceased's estate.

Name of Claimant :			
Address :			
Where and when did the loss/damage occur?	Date of Loss :	Time of loss :	
Place of Incident :			
State to whom the loss/damage was reported to :			

**Please complete the section below in respect of damaged,
stolen, destroyed or lost property**

Please provide full details of each item claimed for. For watches give make, model, nature and quality of metal from which the case was made, type of strap, etc. For jewellery give nature and quality of the metal content, size and type of stones etc. **Purchase receipts and valuations must be provided.**

Description of item	Owner	Place of purchase	Date acquired	Purchase method	Purchase cost	Replacement cost

Damage claims only – please provide an estimate for repair or if the item is damaged beyond repair we require written confirmation of this from a relevant tradesman, please retain all damaged items as we may require them to be forwarded to this office for inspection.

Detail below the circumstances of the incident and indicate why you believe the Trust has been negligent and therefore liable for this loss/damage.

.....

.....

.....

Signed by the claimant (**owner of the property lost/damaged**) as an accurate record

..... Date:

The claimant **MUST** sign this form. A copy of the Power of Attorney or Grant of Representation **MUST** be provided in the absence of the claimant’s signature.

Appendix 8: Complaint Plan

Complaint Plan: Reference C

Patient Experience Team Telephone	0113 220 8585
Patient Experience Team E-mail	lch.pet@nhs.net
Date Complaint Received	
Named investigator	

Full name of patient:		Date of birth:	
Address of patient:			
NHS Number:			
Name of complainant		Relationship with patient:	
Address:			
Telephone number:		E-mail:	
Preferred method of contact during investigation.	Letter	Telephone	E-mail

Issues to be investigated and responded to:

<p>Complaint Process Outcomes</p> <p>Leeds Community Healthcare NHS Trust is committed to learning from every complaint. We will investigate the issues you have raised. We will write to you to explain what happened and say sorry when we find things did not go as they should have; we will tell you about what we have done or what we plan to do in order to improve.</p> <p>If there is anything else you have told us you would like to happen as an outcome of your complaint, it is listed here:</p>
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Agreed Response / Feedback					
To	Patient		Solicitor		
	Complainant		MP or Councillor		
	Advocate		Other		
Method	Letter		Meeting		Other
	E-mail		Telephone		
Timescale					

We will always work to resolve your complaint locally. If you're not happy with how we deal with your complaint, and would like to take the matter further, you can contact the Parliamentary and Health Service Ombudsman which makes final decisions on unresolved complaints about the NHS in England. It is an independent service which is free for everyone to use. To take your complaint to the Ombudsman, you can:

- Visit www.ombudsman.org.uk/make-a-complaint
- Call the helpline on 0345 015 4033 (Mon-Fri 8:30am to 5:30pm)
- Write to The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

Appendix 9: Re-opened Complaint Plan

Re-opened Complaint Plan: Reference

Patient Experience Team Telephone	0113 220 8585
Patient Experience Team E-mail	lch.pet@nhs.net
Date Complaint Re-opened	
Named investigator	

Full name of patient:		Date of birth:	
Name of complainant		Relationship with patient:	

Issues to be investigated and responded to:

<p>Complaint Process Outcomes</p> <p>Leeds Community Healthcare NHS Trust is committed to learning from every complaint. We will investigate the issues you have raised. We will write to you to explain what happened and say sorry when we find things did not go as they should have; we will tell you about what we have done or what we plan to do in order to improve.</p> <p>If there is anything else you have told us you would like to happen as an outcome of your complaint, it is listed here:</p>

Agreed Response / Feedback	
(Delete as appropriate)	
To :	Patient / Complainant / Advocate / Solicitor / MP or Councillor / Other
Method:	Meeting / Letter /E-mail / Telephone
Meeting:	Has a meeting been offered? Yes / No
Timescale	**Day and Date** (40 working days)

We will always work to resolve your complaint locally. If you're not happy with how we deal with your complaint, and would like to take the matter further, you can contact the Parliamentary and Health Service Ombudsman which makes final decisions on unresolved complaints about the NHS in England. It is an independent service which is free for everyone to use. To take your complaint to the Ombudsman, you can:

- Visit www.ombudsman.org.uk/make-a-complaint
- Call the helpline on 0345 015 4033 (Mon-Fri 8:30am to 5:30pm)
- Write to The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1P 4QP

Appendix 10: Employee / Witness Statement template

Employee / Witness Statement

Complaint Reference	C
Named investigator	
Name of staff member	
Job title and Team	

Date and location of incident / circumstances leading to the complaint	Date	
	Location	

Statement

I understand that I and/or Leeds Community Healthcare NHS Trust may have to rely on the information in this statement in the future. I believe the facts I have given in this statement to be true.

Signed			
Print name		Date	

Witnessed by:

Signed			
Print name		Date	

Appendix 11: Template - Full written response letter

Our Ref: C

Patient Experience Team
Freepost - RSSB-HRZJ-SJZR
Stockdale House
Headingley Office Park
Victoria Road
Leeds
LS6 1PF

PRIVATE AND CONFIDENTIAL

TITLE INITIAL SURNAME

FULL ADDRESS

Tel: 0113 2208585
Email: lch.pet@nhs.net

DATE

Dear

Thank you for your ***telephone call/letter/email*** to the Patient Experience Team on **DATE**. I am sorry to learn of your concerns about your experience of the care ***you/your*** have/has received from the ***Name of Service / Team***.

Your complaint has been investigated by ***NAME and Job title***. The investigation included ***a full review of your medical records / statements were taken from the staff involved / discussions were held with the staff involved***. I understand that you met / spoke with **Name** on **Date** regarding ***your concerns / the investigation findings***. My letter is based upon the investigation findings and I will respond to the specific concerns you raised, as detailed in the Complaint Plan sent to you on *****.

Point to respond to (in bold) taken from the Complaint Plan

Structure of response :

1. Apologies (where appropriate)
2. Explanation
3. Action taken to rectify patient's situation (where appropriate)
4. Planned action to ensure the situation does not occur again

Point to respond to etc

**** You must complete the attached action plan and describe any learning or actions in your response ****

In addition to your complaint being investigated and assessed through the complaints process, I would like to assure you that all staff undertake an appraisal every year. As part of the appraisal process, they are required to reflect on all patient feedback they have received and identify learning and improvements to their practice. XXXX will be involved in this process and your complaint will form part of his/her appraisal.

I would like to thank you for contacting us with your comments, as this provides us with important feedback about our service.

Patient Experience: Dealing with Compliments, Concerns and Complaints Policy

I hope this letter provides a detailed explanation of the circumstances surrounding your concerns and has addressed the issues you raised. Should you remain dissatisfied following receipt of my response, please contact the Patient Experience Team in the first instance on the details above, in order that they may discuss your outstanding concerns and suggest a suitable way to resolve these.

If you feel there is nothing further that the Trust can do to resolve your complaint, you do have the right to ask the Parliamentary and Health Service Ombudsman to review the way your complaint has been handled, as detailed in your Complaint Plan.

Yours sincerely

Thea Stein
Chief Executive
Leeds Community Healthcare Trust

Learning and Action plan

Complaint Ref:

Please note this section must be completed at the same time the DRAFT response is submitted to the Patient Experience Team.

Learning/ Recommendation/ Action	Who is it for? Who needs to know?	Lead	Due by	Completed date

Appendix 12: Template – LCH contribution to Multi agency response

LCH Ref:

Patient Experience Team

Other Ref:

Tel: 0113 2208585
Email: lch.pet@nhs.net

Date

Mixed sector response contribution

Patient name:

On behalf of Leeds Community Healthcare NHS Trust the questions regarding **Name of patient** care have been investigated by **Name and Job title**. The response has also been reviewed by the **Medical Director, NAME / Executive Nurse Director, NAME**.

The complaint investigation involved a review of electronic patient record (SystemOne) / paper records / discussions with **.....**

Point to respond to (in bold) taken from the Complaint Plan

Structure of response :

1. Apologies (where appropriate)
2. Explanation
3. Action taken to rectify patient's situation (where appropriate)
4. Planned action to ensure the situation does not occur again

Point to respond to etc

I can assure you that the issues you highlighted have been addressed with XXXX.

In addition to your complaint being investigated and assessed through the complaints process, I would like to assure you that all staff undertake an appraisal every year. As part of the appraisal process, they are required to reflect on all patient feedback they have received and identify learning and improvements to their practice. XXXX will be involved in this process and your complaint will form part of his/her appraisal.

Please do not hesitate to contact the Patient Experience Team if you have any further questions.

Yours sincerely

Thea Stein
Chief Executive
Leeds Community Healthcare Trust

Patient Experience: Dealing with Compliments, Concerns and Complaints Policy

Learning and Action plan

Complaint Ref:

Please note this section must be completed at the same time the DRAFT response is submitted to the Patient Experience Team.

Learning/ Recommendation/ Action	Who is it for? Who needs to know?	Lead	Due by	Completed date

Appendix 13: Template - Full written response not required

Patient Experience Team
Freepost - RSSB-HRZJ-SJZR
Stockdale House
Headingley Office Park
Victoria Road
Leeds
LS6 1PF

LCH Ref:

Other Ref:

Date

Dear

I was sorry to learn of concerns you raised about your experience of the care ****you/your mother**** have/has received from the ***Name of Service / Team***, as detailed in your telephone call/letter/email to Dated *****.

I am sorry to learn of your concerns about your experience of the care ****you/your mother**** have/has received from the ***Name of Service / Team***. OR I am sorry to learn of the concerns you have about your experience of the ***Name of Service / Team*** and that on this occasion we did not get things right for you.

Your complaint has been investigated by ***NAME and Job title***. The investigation included ***a full review of your medical records / statements were taken from the staff involved / discussions were held with the staff involved. I understand that you met / spoke with **Name** on **Date** regarding the investigation and the findings.

****Insert summary of conversation / meeting and actions agreed****

If staff member named / identified (delete if not applicable)

I can assure you that the issues you highlighted have been addressed with XXXX.

In addition to your complaint being investigated and assessed through the complaints process, I would like to assure you that all clinical staff undertake an appraisal every year. As part of the appraisal process, they are required to reflect on all patient feedback they have received and identify learning and improvements to their practice. XXXX will be involved in this process and your complaint will form part of his/her appraisal.

Investigator name* has informed me that during your conversation, you made it clear that you did not want a full, formal written response. I understand that as a result of your conversation with ***Investigator name**** you are happy that your concerns have been heard, taken seriously and all required action taken. I would like to thank you for making the Trust aware of your concerns and can confirm that your complaint is closed.

Patient Experience: Dealing with Compliments, Concerns and Complaints Policy

I would like to thank you for contacting us to let us know about your experience. The feedback we receive from our patients (and their families / carers) is crucial to ensure ongoing learning, service improvement and the provision of high quality care.

I trust this letter provides assurance that your concerns have been fully addressed. Should you remain dissatisfied following receipt of my letter, please contact the Patient Experience Team in the first instance on the details above, in order that they may discuss your outstanding concerns and suggest a suitable way to resolve these.

If you feel there is nothing more that the Trust can do to resolve your complaint, or you're not happy with how we have dealt with your complaint, and would like to take the matter further, you can contact the Parliamentary and Health Service Ombudsman which makes final decisions on unresolved complaints about the NHS in England, government departments and some other public organisations. It is an independent service which is free for everyone to use. To take a complaint to the Ombudsman, you can:

- Visit www.ombudsman.org.uk/make-a-complaint
- Call the helpline on 0345 015 4033

It is important that you make the complaint as soon as you receive our final response as there are time limits for the Ombudsman to look into complaints.

Yours sincerely,

Thea Stein
Chief Executive
Leeds Community Healthcare Trust

Learning and Action plan

Complaint Ref:

Please note this section must be completed at the same time the DRAFT response is submitted to the Patient Experience Team.

Learning/ Recommendation/ Action	Who is it for? Who needs to know?	Lead	Due by	Completed date

Appendix 14: Template - Consent Form for responding to a third party complainant



**Leeds Community
Healthcare**
NHS Trust

PATIENT CONSENT FORM

Freepost - RSSB-HRZJ-SJZR

Our Ref:

Patient Experience Team
Stockdale House
Headingley Park
8 Victoria Road
Leeds
LS6 1PF

**Please return this completed form to the
Freepost address opposite.**

Tel: 0113 2208585
Email: lch.pet@nhs.net

No stamp is required

Full name of patient:			
Address of patient:			
Date of birth:			
NHS Number (if known):			
Relationship or connection to person making the complaint:			
<p>I *NAME of PATIENT* authorise the person detailed below to make a complaint or raise concerns about my experience of NHS services on my behalf. I understand that this may mean my medical records will be accessed for the purpose of the investigation and that where necessary; the complaint will be shared with other relevant organisations to gather information or responses.</p>			
Please tick your preferred response option	Respond to my representative only	Respond to me	Respond to both of us
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of person making the complaint:			
Preferred method of contact (please tick)	Telephone	Letter	E-mail
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:			
Telephone number:			

Patient Experience: Dealing with Compliments, Concerns and Complaints Policy

E-mail:	
Signature of patient:	
Date:	

Appendix 15: Template Consent Form for third party organisations



**Leeds Community
Healthcare**
NHS Trust

CONSENT FORM

Our Ref:

Freepost - RSSB-HRZJ-SJZR

Patient Experience Team

Stockdale House

Headingley Park

8 Victoria Road

Leeds

LS6 1PF

**Please return this completed form to the
Freepost address opposite.**

No stamp is required

Tel: 0113 2208585

Email: lch.pet@nhs.net

Full name of patient:			
Address of patient:			
Date of birth:			
NHS Number (if known):			
Relationship or connection to person making the complaint:			
<p>I XXXXX authorise Leeds Community Healthcare to share my complaint with other relevant organisations to gather information or responses. I understand that this may mean that XXXX medical records will be accessed for the purpose of the investigation.</p>			
Name of person making the complaint:			
Preferred method of contact (please tick)	Telephone	Letter	E-mail
Address:			
Telephone number:			
E-mail:			
Signature:			
Date:			

Appendix 16: Investigator Checklist

Complaint Reference:

Date received:

Dear Colleague

Thank you for agreeing to undertake this investigation. The checklist is a reminder of tasks to help you during your investigation. The Patient Experience Team is also on hand to provide you with help and support through this process.

Investigator checklist (Points for investigators to consider or complete)	✓ / ✗
I have spoken with the complainant. You must do this in order to introduce yourself as the investigator. By talking to them you gain a valuable perspective on what they thought went wrong and involves them in the process.	
I have risk assessed the complaint. This must be done when the complaint is received	
I have access to all the required records including archived documents.	
I have checked that all required templates are on the Datix® record. If any are missing, contact the PE Team	
I must keep contemporaneous notes of my investigation in the Progress Notes on the Datix® record and upload all relevant documents.	
I understand that all complaints MUST have a written response, even if I meet with the complainant.	
The issues in the complaint have been investigated via another LCH process (e.g. H.R., Incident, Safeguarding, Serious Incident.) Do not duplicate the investigation – use the existing report if it answers the questions asked in the complaint. Ask the PE Team if you are unsure.	
Do any of the circumstances of the complaint meet the Serious Incident criteria? If yes was it reported and investigated before the complaint was received or does it need to be?	
Has a member of staff been named in this complaint?	
I have identified all of the member(s) of staff involved.	
I have interviewed all LCH staff involved.	
I have requested written statements from all relevant staff. All staff (involved or witnesses) must be asked to provide a written statement of their recollection of events. These must be uploaded to the record.	
I have identified involvement of non LCH staff. If you identify staff from other organisations who are involved please notify the Complaints Manager immediately.	
I have added and linked all staff involved to the Datix® record. All staff involved or those who witnessed complaint issues must be listed on the Datix® record by name.	
I have constructed a time line of events	

Patient Experience: Dealing with Compliments, Concerns and Complaints Policy

I have confirmed that the Subjects of the complaint are accurate	
I have selected an outcome for each subject to confirm if it is upheld or not	
I have documented all Learning and Recommendations using the Action Plan and have added all actions with lead staff members and target completion dates to the relevant section of Datix®	
I have prepared the draft response using the template provided in the Datix® record and had it reviewed by my Service Lead.	
I am happy that my response is ready to be reviewed by the Chief Executive Your draft should not be uploaded for Quality Assurance unless you think it is ready to be sent to the complainant.	
I have completed the Learning and Action plan on the draft response	
I have liaised with the Service Lead and relevant staff to ensure the actions are completed to the agreed timeframe. All staff are aware that the actions will remain their responsibility and open on the record until completed, even when the complaint record is closed.	
I have completed the Leaflet for Learning and uploaded it to the Datix® record. Where you think learning is relevant to services across the Trust please highlight this to the PE Team.	

Appendix 17: Template – File note

File note

Complaint / Concern / Claim Reference:

Date:

Subject:

Appendix 18: Complaint Resolution Meetings

Here are some frequently asked questions from investigators:

Why do we offer everyone a meeting?

In many complaints, patients say that if someone had just spoken to them to explain something or said sorry when a problem first arose, they may never have felt the need to take things further.

At Leeds Community Healthcare NHS Trust we believe strongly in listening to our patients and really hearing what they have to say. This is even more important in a complaint situation when we are dealing with patients who have already had a poor experience. The complaints process is our opportunity to make things right and turn the relationship around. Giving people the opportunity to be heard can really make a difference; that is why we place so much importance on complaints resolution meetings and this option is offered to every patient in addition to the required written response.

When should I meet the patient?

The answer to this depends on what the patient wants and the situation. Some patients may want to meet before you begin your investigation or may be happy to talk on the phone. Some may want to meet to hear what you have found before the written response is drafted and others will want to meet after they have the final response. If possible, the PE Team will get this information for you when agreeing the complaint plan but sometimes the decision comes later.

How are the meetings organised?

The PE Team is happy to facilitate the organisation of meetings but in most cases, investigators organise them directly with the patients and inform the PE Team of the arrangements. The only exceptions to this are if the complaint is a multi-agency complaint or the patient is represented by an advocate; in these cases the PE Team acts as a point of contact to ensure all relevant parties are included in the conversations.

Where should we meet?

Anywhere the patient feels comfortable (within reason) that confidential information can be discussed and that you feel safe to be. With enough notice, rooms can usually be booked at any site the Trust runs clinics or does business; a lot of patients prefer to meet at their home or the meeting may take place at a third party site such as an advocate's office.

Who attends the meetings?

Ideally the investigator, the Complaints Officer or Patient Experience Lead with support from the Head of Governance / Quality Lead, should be attendance at the resolution meeting.

Patients may want to bring an advocate or someone with them as a joint complainant or for moral support. Again, the circumstances dictate how many members of staff need to be there and who they should be.

If a complaint has re-opened or escalated, staff who may be asked to support a resolution meeting include the Business Unit Quality Leads and Clinical Leads; the Associate Medical Directors, Associate Director of Nursing and Clinical Governance, Associate Director of AHPs and Patient Experience and Engagement, Executive Medical Director, Executive Director of Nursing and AHPs, and the Chief Executive.

How is the meeting documented?

Minutes

Strictly speaking, complainant meetings are not minuted; normally, the staff member(s) in attendance will agree beforehand who will take notes of the issues discussed and the actions agreed. The original notes should be added to the Datix® record.

Where it is requested by the complainant, a typed up version can be sent to them for approval / amendments to be made and returned for the record. Alternatively, the notes will be turned into a short letter or appendix to a fuller response sent from the Chief Executive.

Recordings

At this time, LCH does not routinely record complaint meetings as we do not have the equipment or protocols in place to securely provide this option and save the recordings.



If a complainant wishes to have a meeting recorded by LCH, this must be agreed and planned in advance of the meeting and the PE Team informed. The recording must be done using digital equipment to allow the recording to be uploaded to the Datix® record and for a copy to be burned to disc and sent to the complainant. Again, this must be explained and agreed with the complainant before the meeting by whoever organises the meeting. Following the meeting, the complainant will be sent a copy of the recording on disc with a covering letter which briefly outlines the issues discussed and the points of action agreed. The letter will be drafted by the investigator but sent from the Chief Executive. Please note that it may still be necessary to complete a full written response when a meeting is recorded.

A complainant may wish to record the meeting themselves; normally we would expect them to make the attending staff aware of this before the meeting begins. It is at the discretion of the staff attending as to whether they agree to be recorded. The PE Team would advise the staff to request a copy of the recording be sent to them for the Trust records.

LCH is also able to offer resolution meetings virtually and can do so via the use of appropriate platforms such as MS Teams. In such instances and with the complainant's consent, a recording of the meeting can be sent.

A complainant may wish to record the meeting themselves; normally we would expect The PE Team does not have the capacity to facilitate the transcription of recordings unless the request falls within the parameters of the Equality Act (2010). If a service agrees for the recording of a meeting to be transcribed, the service must facilitate this.

Appendix 19: Template - Leaflet for Learning from Complaints

<p>LESSON LEARNT FROM</p>	 <p>Leeds Community Healthcare NHS Trust</p>
	<p>(TYPE IN HERE COMPLAINT SUBJECT eg. Delay in treatment, staff attitude & communication)</p>
<p><u>THIS HAPPENED</u></p> <p>(TYPE IN HERE BRIEF DESCRIPTION OF INCIDENT)</p>	<p><u>LESSONS LEARNT</u></p>
<p><u>CHANGES MADE TO AVOID RECURRENCE</u></p>	

Contact the Patient Experience Team, on 0113 220 8585 or lch.pet@nhs.net

Appendix 20: Advocacy in Leeds

<https://advonet.org.uk/resources/leaflets/>

The leaflet is divided into two main sections. The left section is dark red and contains contact information. The right section is a lighter red and contains the title and purpose of the service. At the bottom right, there are logos for 'Investing in Learning' and 'Investors in People', along with a list of service features. The Advonet logo is featured in two speech bubble-like shapes.

Charity No. 1126132 · Company No. 04229975 · Advonet, Unity Business Centre, 26 Roundhay Road, Leeds, LS7 1AB.

**Call us today on
0113 244 0606**

**For more information or
to make an appointment
Contact us by email:
Lihca@advonet.org.uk
Or
Visit our website:
www.advonet.org.uk**

0113 244 0606
office@advonet.org.uk
www.advonet.org.uk
@AdvonetUK

**Leeds Independent
Health Complaints
Advocacy (LIHCA)**

**Help to make a
complaint or raise
a concern about
the NHS**

“Advonet
Providing independent Advocacy
& Related Support**”**

“Advonet
Providing independent Advocacy
& Related Support**”**

- Free
- Confidential
- Independent

INVESTING IN LEARNING **INVESTORS IN PEOPLE**

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Appendix 21: DH Complaint Risk Assessment Guidance

Taken from “Listening, Responding, Improving – A guide to better customer care” DH (2009)

ASSESSING HOW SERIOUS THE COMPLAINT IS

By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken. Many NHS and social care organisations use a three-step process to gauge the impact of complaints on the people involved, the potential risks to the organisation and the response required.

It is useful to categorise a complaint when you first receive it, and then review that category based on the results of any investigation. It is also important to remember that a complaint can have a very different effect on an organisation compared with an individual. This is especially important if someone is vulnerable for any reason, such as poor health, communication difficulties or recent bereavement.

The following process can help you assess the seriousness of an issue and take the relevant action.

Step 1: Decide how serious the issue is

Seriousness	Description
Low	<p>Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care.</p> <p>OR</p> <p>Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.</p>
Medium	<p>Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.</p>
High	<p>Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.</p> <p>OR</p> <p>Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.</p>

Step 2: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

Step 3: Categorise the risk

Seriousness	Likelihood of recurrence				
	Rare	Unlikely	Possible	Likely	Almost certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	

EXAMPLES OF DIFFERENT TYPES OF INCIDENTS

<p>Low</p>	<p>(simple, non-complex issues)</p>	<p>Delayed or cancelled appointments. Event resulting in minor harm (eg cut, strain). Loss of property. Lack of cleanliness. Transport problems. Single failure to meet care needs (eg missed call-back bell). Medical records missing.</p>
<p>Moderate</p>	<p>(several issues relating to a short period of care)</p>	<p>Event resulting in moderate harm (eg fracture). Delayed discharge. Failure to meet care needs. Miscommunication or misinformation. Medical errors. Incorrect treatment. Staff attitude or communication.</p>
<p>High</p>	<p>(multiple issues relating to a longer period of care, often involving more than one organisation or individual)</p>	<p>See moderate list. Event resulting in serious harm (eg damage to internal organs).</p>
<p>Extreme</p>	<p>(multiple issues relating to serious failures, causing serious harm)</p>	<p>Events resulting in serious harm or death. Gross professional misconduct. Abuse or neglect. Criminal offence (eg assault).</p>

Assessing an issue in practice

Here are a couple of examples to give an idea of how different complaints would be graded.

Low

When visiting the home of an 89-year-old man, a district nurse commented that the man seemed mobile and could have come to the clinic for treatment.

The man's son called to complain about the service. The complaint was passed to the service manager.

On the same day, the service manager received a similar complaint by post from the family of another service user.

The manager contacted both unhappy parties. After discussing their concerns, she asked them if she could look into the issue and call them back within a few days. Both agreed.

The manager discussed the issues with the district nurse, who agreed that the comments were inappropriate. The nurse explained how stressed he was with his current workload, and that this could be affecting his work.

The service manager rang both parties, apologised on the nurse's behalf and explained that, although his behaviour was out of character, action would be taken.

A different nurse was assigned to each case and both parties said that they were satisfied with the response.

The nurse's workload was reviewed in light of the stress he was experiencing. A note was also made on his staff record in case something similar occurred again.

Extreme

The family of an elderly lady with mild learning disabilities became concerned about the standard of service in her residential care home. They expressed their concerns to the local authority. A social worker visited the lady and was so concerned at her condition that he arranged for her immediate admission to hospital.

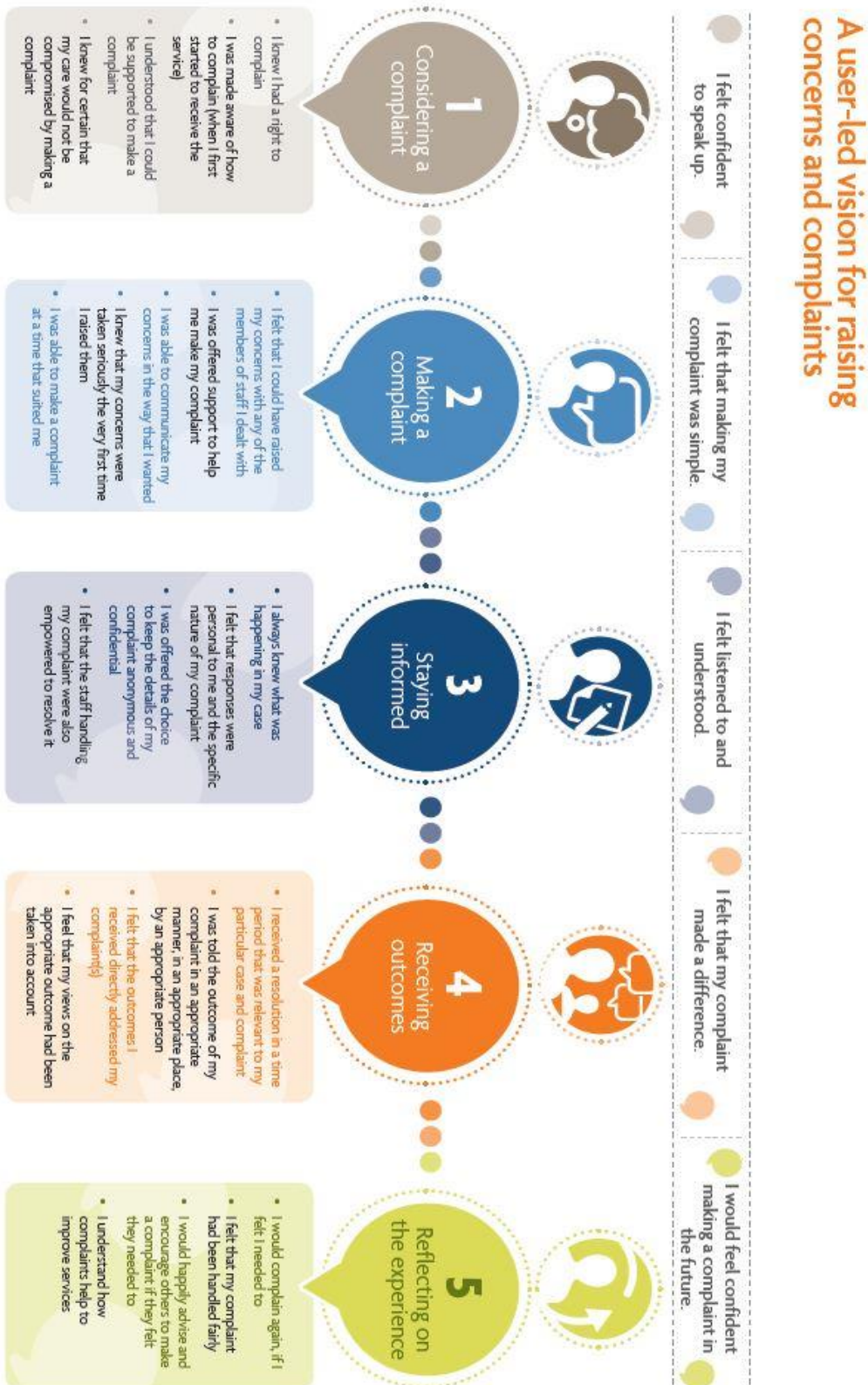
The lady had not been eating or drinking, and her toenails were so long she couldn't walk properly. Her condition improved while in hospital and she was soon placed in another care home. Social services ordered a full investigation.

Once safeguarding procedures were complete, an investigation began. A case conference decided this was an example of abuse though neglect.

The investigating officer upheld the complaint and identified the main reason for the neglect: the home's lack of knowledge about the lady's mental capacity. Staff had assumed the lady was exercising choice when she refused food and treatment. It also turned out the patient had somehow fallen between learning disability and community health team jurisdictions.

Since this case, staff have received training on mental capacity, a review of learning disabilities services is under way and the home is being monitored to ensure that this type of situation does not occur again.

Appendix 22: “My expectations for raising concerns and complaints” (“The 5 I’s”)
 Parliamentary and Health Service Ombudsman, Local Government Ombudsman and Healthwatch England (2014) My expectations for raising concerns and complaints



Policy Consultation Process

Title of Document	Patient Experience: Dealing with Compliments, Concerns and Complaints Policy
Author (s)	Heather Thrippleton
New / Revised Document	Revised (v5)
Lists of persons involved in developing the policy	<p>Heather Thrippleton, Patient Experience and Engagement Lead</p> <p>Claire Gray-Sharpe, Head of Clinical Governance</p> <p>Christine Pearson, Quality Lead for Children’s Business Unit</p> <p>James Duncan, Complaint and Claims Officer</p> <p>Helen Swales, Library Services Manager</p>
List of persons involved in the consultation process	<p>Sheila Sorby, Assistant Director of Nursing & Clinical Governance</p> <p>Chris Lake, CBU Involvement Lead</p> <p>Karen Thirkall, Team Lead Children’s Community Nursing</p> <p>Chris Toothill, Medicines Management Pharmacist (Governance and Risk)</p> <p>Jenny Allen, Director of Workforce OD & System Development</p> <p>Maureen Drake, Assistant Director of AHPs, Patient Experience and Engagement</p> <p>Hannah Beal, Clinical Lead – Children and Families Services</p> <p>Julie Mountain, Clinical Head of Adult Services</p> <p>Cara McQuire, Risk and Safety Manager</p> <p>Helen Swales, Library Services Manager</p>

Policy Consultation Responses

Complete this template when receiving comments at various draft stages of the Policy.

Responder (including job titles and organisation)	Version, Comment and Date	Response from Author
<p>Sheila Sorby, Assistant Director of Nursing & Clinical Governance, LCH</p>	<p style="text-align: center;">V5- 26/04/21</p> <p>1. Do we need to start talking about involving patients / people making complaints now?</p> <p>1.1 Does there need to be an appx / flow chart or something directing what process these would be investigated under?</p> <p>3.3 What about social media, does it need to be made clear they will be managed in line with social media policy? Assuming that covers how to respond to negative comments on there)</p> <p>3.9 What about concerns?</p> <p>Resolution meetings- Should this be offered rather than requested?</p> <p>4.1 <i>All LCH staff must: • Ensure that wherever possible, the resolution of concerns and complaints is effective, efficient and involves the individual as much as possible.</i> - Should this be as agreed with them, as some will want that and some won't</p>	<p>1. Policy reviewed in line with current guidance and to reflect involvement of individuals- to be updated to reflect update complaint framework standards in 2022.</p> <p>1.1 Flow chart not required</p> <p>3.3. Social media added- comments managed through Communication team processes</p> <p>3.9 Concerns added</p> <p>Requested changed to arranged</p> <p>'As agreed' added</p> <p>Updated to reflect this.</p>

	<p>4.8 This is saying 1st point of contact as is CCO role – does it need to be clear which role is 1st point and which supports?</p> <p>6. What frequency is “regularly”?</p> <p><i>7.5 it must be escalated immediately-</i> to who?</p> <p><i>Statements must be completed-</i> Are we continuing to call these ‘statements’?</p> <p>7.6 Does resolution meeting need to be included in definitions? What it is, when it would could happen, who etc?</p> <p><i>Incident-</i> Should this be complaint / concern to remain consistent with the language throughout?</p> <p>7.7 Should this be and / or? It says should be reviewed be either.</p> <p>9. <i>PE Team-</i> What about students?</p> <p><i>Responsible Officer Team-</i> Does this need to be included in responsibilities as RO team weren’t mentioned?</p> <p><i>Action taken via a different process-</i> Do we need to mention Just Culture in this section?</p>	<p>6. ‘on at least a monthly basis’ added to clarify frequency</p> <p>7.5 To Business Unit Quality Lead in the first instance</p> <p>Statements changed to account (memory capture)</p> <p>7.6 Resolution meeting added to definitions</p> <p>Changed to complaint/concern</p> <p>Changed to ‘or’</p> <p>Students and non-registered staff added with relevant associated role added</p> <p>Responsible Officer Team added to responsibilities</p> <p>To consider in line with Patient Safety Strategy and update appropriately at a later date</p> <p>Course details added</p>
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	<p>19. <i>Course details</i>- Given that earlier it says only people who have undertaken LCH training can do the investigations, I would suggest the specific complaints training needs including here – so what training do we currently expect those investigating complaints to have completed?</p> <p>20. <i>Effectiveness</i>- I wonder if another measure of compliance with this policy is monitoring of the number of re-opened complaints? The policy reads as though if these are high quality investigations and respond to the raised issues in the 1st place they wouldn't be re-opened, so is this a measure of quality and the less re-opened we get the better?</p> <p><i>All received and/or open complaints, concern, and compliments.- What specifically? Is this about monitoring of trends / themes from all received.....</i></p> <p><i>Number of active complaints not resolved within 6 months- It doesn't mention this as a timeframe within the main policy so needs adding in</i></p>	<p>Re-opened complaints added as a measure of compliance</p> <p>Trends, themes and escalations added</p> <p>In line with national timeframes- 180 day response requirement</p>
<p>Chris Lake, CBU Involvement Lead, LCH</p>	<p>V5- 26/04/21 I have had a good look at this and don't have anything to add. I think it's really well written and like the check lists. I was probably a good person to review this as I don't deal with complaints etc but all made sense and would be good to use as a guide if in needed to.</p>	
<p>Karen Thirkall, Team Lead</p>	<p>V5- 26/04/21 1. <i>Ann Abraham to the Mid Staffordshire</i>- Is there a word missing here</p>	<p>Reviewed and no word missing</p>

<p>Children's Community Nursing, LCH</p>		
<p>Chris Toothill, Medicines Management Pharmacist (Governance and Risk), LCH</p>	<p>V5- 27/04/21 I could suggest just to check all your 'shoulds' in the document are actually 'shoulds' and not 'musts'. Generally policies have most of their points as 'musts' not 'shoulds'. Guidelines tend to me more should. 4.5 <i>Medic</i>- We call Drs medics but strictly speaking this includes medical students and paramedics 4.9 <i>have read</i>- Just a thought, might it be better to have awareness and know where to find. I don't know if it reasonable for all staff to read every policy that could be applicable to them within LCH</p>	<p>Document reviewed and 'should' changed to 'must' where appropriate</p> <p>Medic changed to Doctor</p> <p>It is important that all line managers have read the Patient Experience policy to have thorough understanding and awareness of Trust processes and approach.</p>
<p>Jenny Allen, Director of Workforce OD & System Development, LCH</p>	<p>V5- 29/04/21</p> <ul style="list-style-type: none"> - The policy strikes me as being very comprehensive and thorough, clearly a lot of work has gone into it. - In that context, I like the appendices with visuals as they are clear and easier to navigate – I wonder if we are able to bring some of those into the text to replace it in the main body of the policy? - I note that towards the end of the policy document there is reference to linked HR processes – I wonder if we need to strengthen this and up front in the policy in that should we be explicit about what happens where a complaint particularly is about a member of staff, the people management policies and processes we might follow and the inter-linkage to this policy? 	<p>Reviewed and considered- the Appendices will remain as is but will be raised at the policy group for consideration and comment.</p> <p>Really useful comment for consideration- to be considered in line with Patient Safety Strategy and Just Culture work and update appropriately at a later date</p>

	<ul style="list-style-type: none"> - This might then have implications about what and how we carry out investigations. - In section 7.2 I wondered if there is any under-pinning for the time limits as it reads to me that the power is very balanced towards the organisation and us taking a decision about whether or not we would accept a late complaint and I don't know if this seems fair? - I wonder also if we might look at this policy more through a health inequities lenses? So I started to think about the accessibility of it and of bringing a concern, complaint or compliment to our attention if I was part of an under-represented or minority group in Leeds. It might depend partly on how we define what a complaint is – for example our grievance policy talks about filling in a form, but in reality, many grievances are raised simply through an email and I worry that some big and scary to some form or set of paperwork might prove inaccessible. I also worry about people who don't have English as a first language etc. etc. - Finally, I know that this is an internal document but I assume there is some associated documentation or representation of it for patients and I'm guessing this would be much less lengthy? 	<p>7.2 Updated to include 'will be agreed with the individual'</p> <p>External facing processes to be reviewed to ensure these are accessible, to include PE Team leaflet and communications</p>
<p>Maureen Drake, Assistant Director of AHPs, Patient Experience and Engagement, LCH</p>	<p>V5- 03/05/21 I have had a read through this and have no comments to make. It is very thorough and clearly written.</p>	
<p>Hannah Beal, Clinical Lead – Children and Families Services, LCH</p>	<p>V5- 01/05/21 4.12 <i>Weekly complaints tracker</i>- Who provides this? 4.14 <i>written statements</i>- Are they always written?</p>	<p>4.12- Provided by the PE Team 4.14- written and verbal accounts- updated</p>

	<p>6. <i>messages left</i>- Is it worth advising about content of t message left? 7.4 <i>telephone and email</i>- Does it need to be both?</p> <p>7.5 Some inconsistency on Investigator having capital or not. 7.7 Is it still scanned or now its electronic signatures just uploaded? Inconsistency of Service Lead with/without capital letters. 7.9 <i>Ombudsman</i>- Is there a process for who is notified of these? Service Leads, Quality Leads, DoN&AHPs?</p> <p>9. <i>PE Team</i>- What about those that arent AHP's, medics, dentists or nurses. Eg social workers, psychologists. 13. <i>Supervision</i>- Whose responsibility? Does this need including in the responsibilities section? <i>Service teams</i>- Whose responsibility? Does this need including in the responsibilities section? <i>Community Talk</i>- Is this going to exit going forward?</p> <p>18. Slight change to 2018: (acknowledging physical and mental health_ <ul style="list-style-type: none"> • protecting children from maltreatment • preventing impairment of children's mental and physical health or development • ensuring that children grow up in circumstances consistent with the provision of safe and effective care • taking action to enable all children to have the best outcomes 22. <i>Community Talk</i>- Again is this coming back (it may well be)? 27. Add link</p>	<p>6. Sentence states that Datix record is updated to include message content 7.4 Telephone and email- to include answerphone message is required 7.5 Made consistent 7.7 'Scanned' removed</p> <p>Updated</p> <p>7.9 Addition of process of updating Exec Director or Nursing and AHPs via weekly complaint tracker and monthly exception report</p> <p>9. Updated to include students and non-registered staff</p> <p>13. Added to Service Lead responsibility</p> <p>Community Talk removed 18. Updated to reflect changes</p> <p>22. Community Talk removed 27. Link added</p>
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	<p>Appendix 1- about Service Leads being set up with the correct datix access – do they/should they get notifications of compliments. I thought in practice datix compliments were approved by QPD?? When compliment notifications come in they say complaints is there any way this can change? Appendix 5- Probably should say CEO rather than Thea Appendix 17- I'm not sure when this would be used? Appendix 19- How do we check that these have been completed? What is the process for sharing - ?Quality Leads Appendix 20- Health Complaints Advocacy leaflet - Final - September 2018.pdf Is this an update leaflet for this?</p>	<p>A1. Not required in this policy- processes to be reviewed with this feedback in mind</p> <p>Original document cannot be edited</p> <p>A17- To be used during investigation process A19- Business Unit Quality Leads to oversee</p> <p>A20- Updated link to resource page on website included</p>
<p>Julie Mountain, Clinical Head of Adult Services, LCH</p>	<p>V5- 02/05/21 Thank you for sharing. No comments.</p>	
<p>Cara McQuire, Risk and Safety Manager, LCH</p>	<p>My main comment is that the last few appendices are all mixed up – so some of the references to appendices within the document are incorrect I'm not keen on the use of the term 'risk assessment' within the document (a role of the investigator - 7.5); I think this it is confusing as staff are not being asked to actually undertake a risk assessment, but to assess the severity of the risk and if it is likely to reoccur. The document you have copied into the appendices calls it an 'assessment of risk' which is a better description.</p>	<p>Appendices reviewed and rectified.</p> <p>'Risk assessment' changed to 'assessment of risk'</p>
<p>Helen Swales, Library Services Manager, LCH</p>	<p>13. Can this be 2009a – see notes in references References- NHS complaints guidance- this has been updated to 2021. Can you change the date here to 2021.</p>	<p>All references updated to reflect comments</p>

	<p>NHS Constitution for England- this has been updated to 2021</p> <p>Principles of Good Complaint Handling- As there are two entries for PHSO that are both 2009, they need letters next to them. Please can “principles of good complaint handling be 2009a – and principles for remedy be 2009b</p> <p>Useful Websites- Can you embed the URL into this</p> <p>Parliamentary and Health Service Ombudsman – Good complaint handling</p> <p>It looks like there are new standards coming in 2022 – presumably that fact doesn’t affect this policy – but will make it due for revision sooner?</p> <p>https://www.ombudsman.org.uk/publications/making-complaints-count-supporting-complaints-handling-nhs-and-uk-government</p>	
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