Lincolnshire Community Health Services NHS Trust

Complaints Policy

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Complaints Policy

Version Control Sheet

Version	Section/Para/ Annex	Version/Description of Amendments	Date	Author/Amended by
1		New Policy		
2		Changed to reflect new organisation and processes.	January 2012	Angela Webster
3	Whole Document	Full review of process	July 2014	Karen Stinson
4	Whole Document	Updated to reflect new processes and guidance	June 2015	Nicola Jackson
4.1	New Complaints Process	Minor alterations to process	September 2016	Nicola Jackson
5		Full review	June 2017	Nicola Jackson
5.1	11.4.1	Minor amendment – inclusion of response time	February 2018	Richard Shrimpton
6	Whole document	Full review including significant re-write	October 2019-January 2020	David Walsh
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Complaints Policy

Policy Statement

Background This policy details how our Trust will deal with any concerns or complaints we receive. It takes account of relevant legislation, specifically the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* and the *Duty of Candour,* as well as guidance including the Parliamentary Health Service Ombudsman's *Principles of Good Complaint Handling, Principles of Good Administration* and *Principles for Remedy*. It is also designed to directly reflect our organisational values expressed in the *LCHS Way: we listen, we care, we act, we improve.*

Statement We are committed to a compassionate approach with our patients and when we fall short we expect to be held to account. It is important to listen carefully to what people tell us, and it is imperative that we remain open, honest and transparent when responding to concerns or complaints. We do all we can to resolve concerns and complaints in a timely way and to learn from our mistakes, put things right for the future, and improve the services and care we provide. Complaints are a vital source of valuable feedback. Lessons learned will be shared across the organisation in order to rectify mistakes and improve the quality of services for the future.

Responsibilities It is our responsibility to ensure all concerns and complaints are fully investigated, and an open and honest explanation and response is provided to the complainant.

We must ensure complainants are treated with dignity and are assured that their complaint will be taken seriously. Complainants must be assured that their care and service provision will not be affected by the fact they have made a complaint.

We are responsible for having in place strong internal structures for the investigation of complaints, instigation of actions, monitoring the effectiveness of the actions, supporting practitioners and maximising complainants' satisfaction, which is fundamental to effective complaints handling.

Training Managers must ensure that they, and the staff for whom they are responsible, are fully aware of the Complaints Policy.

All new members of staff will be introduced to the organisation's procedures for the handling of complaints through the induction programme.

Disseminatio Website

NHSLA Monitoring Template

This template should be used to demonstrate compliance with NHSLA requirements for the policy where applicable and/or how compliance with the policy will be monitored.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multidisciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
Acknowledgement time scales **Response Time scales** **Annual Report**	Audit Report Audit report Audit report	Quality and Risk Committee Quality and Risk Committee Quality and Risk Committee	Annually Annually Annually	Quality and Risk Committee Quality and Risk Committee Quality and Risk Committee	Quality and Risk Committee Quality and Risk Committee Quality and Risk Committee	Quality and Risk Committee Quality and Risk Committee Quality and Risk Committee

Contents

Complaints Policy

1. Introduction and legal framework

1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 ("the 2009 regulations") set out the requirements of how all NHS organisations should handle complaints. We are required by the Care Quality Commission to investigate complaints effectively and ensure we learn from them, and this is consistent with our Trust values as expressed in the *LCHS Way: we listen, we care, we act, we improve.*

1.2 A key source of information in terms of how best to deal with complaints is the Parliamentary and Health Services Ombudsman (PHSO). It is a priority in handling complaints that the complainant is satisfied with the outcome, but on the rare occasions when this is not achieved the PHSO is the next point of escalation. This policy takes account of key guidance provided by the PHSO to try to give the best possible experience to complainants.

2. Scope and aims of this policy

2.1 This policy aims to ensure we:

- Explain the steps we will take to manage and try to resolve complaints when we receive them;
- Provide a full, open and honest response when a complaint is raised;
- Thoroughly and objectively investigate complaints, giving confidence to the complainant that we have responded appropriately;
- Support staff through the process of a complaint investigation;
- Learn lessons and share experiences to improve our services;
- Monitor the impact of actions and ensure they are embedded throughout service lines.

2.2 We will apply this policy when a complaint is about the services we provide, including when a complaint relates to more than one service provider but we are the lead organisation in coordinating a response, in accordance with the 2009 regulations.

2.3 This policy will specifically not apply to the following:

- Complaints made by a responsible body or an employee of the Trust.
- Complaints relating to any employment matters;
- Matters that are already under investigation, or have been investigated already, under the 2009 regulations or any predecessor or equivalent regulations;
- Matters arising from alleged failures to comply with information requests or other areas under the jurisdiction of the Information Commissioner;
- Matters about services we provide where proposed changes are being or have been consulted upon, and the complaint relates to the proposed decision;
- Matters where there are known to be active or imminent legal proceedings that would make it inappropriate to separately run an investigation.

2.4 This policy is not designed for professionals from other agencies to make complaints about the level of service. Such complaints should be addressed to the manager of that service. However, the same standards of rigour, investigation, openness and learning will be applied.

2.5 Further preclusions are detailed within the section on complaints or complainants deemed to be vexatious.

3. Roles and responsibilities

3.1 The Chief Executive is ultimately the 'responsible person' for complaints received by the Trust, in accordance with the 2009 regulations, and shall be the principal signatory of all final response letters.

3.2 The Head of Corporate Governance is responsible for complaints management, including this policy (including its interpretation), and the reporting of complaints data and information to the Trust Board, its committees and NHS Improvement.

3.3 The Senior PALS and Complaints Officer is responsible for day-to-day management and liaison with both complainants and colleagues to ensure adherence to timescales and processes, preparing data submissions and finalising correspondence with complainants and the PHSO.

3.4 The Director of Nursing, AHPs and Operations is ultimately responsible for ensuring adequate resources are available to ensure complaints are investigated appropriately, and to ensure the organisation learns lessons from complaints received.

3.5 The responsibilities above will apply to the Medical Director in cases about which the conduct of medical staff is the subject of the complaint.

3.6 The Deputy Director of Nursing is responsible for overseeing the provision of clinical resources to ensure adherence to timescales in accordance with the 2009 regulations and this policy, and for ensuring staff conducting investigations are appropriately trained and staff subject to investigations are appropriately supported.

3.7 Heads of Clinical Services, Matrons/Clinical Service Leads and other assigned investigators (such as Clinical Team Leads) within services are responsible for prioritising complaints, liaising appropriately with complainants and colleagues, including complying with deadlines to ensure this policy is followed, and for providing timely updates to the Complaints Team to ensure adherence to the policy and the capturing of information.

3.8 All staff are responsible for complying with this policy and for treating complaints seriously and as a matter of priority. Staff are responsible for raising any concerns with their immediate line manager or escalating beyond that where this would be inappropriate.

4. Complainants, consent and interested parties

4.1 A complainant may be either a person who receives or has received services from the Trust, or a person who is affected, or likely to be affected, by the services we provide, subject to the scope of this policy detailed in section 2.

4.2 A complaint may be made on behalf of a another person when the person identified at 4.1 above:

a) Has died;
b) Is under the age of 18;
c) Is unable to make the complaint themselves due to physical incapacity,
d) Is unable to make the complaint due to a lack of capacity under the Mental Health Act 2005(a) and the person complaining on their behalf is authorised to do so;
e) Has requested the representative act on their behalf.

4.3 Where 4.2(a) applies, there will be a need to clarify who the next of kin is or whether any other person has been identified by the patient prior to their death as being eligible to receive information on their behalf. The Complaints Team will provide advice on this.

4.4 Where 4.2(d) applies, 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 will need be obtained and retained on the complaint file.

4.5 Where 4.2(e) applies, the patient's consent must be obtained before any details are discussed or any information is disclosed, and before the patients records can be accessed. Consent could be obtained in writing or verbally and recorded. The Complaints Team will provide the appropriate consent form to facilitate this.

4.6 If it is considered the complainant is an 'interested party' in a patient's life and care, information disclosed must be focused on the complaint and not involve issues outside of the scope of the complaint in order to maintain patient confidentiality as much as possible. Any response to the complainant will not include any personal details relating to the patient of which the complainant is not already aware.

4.7 If the complainant is raising issues about events they personally witnessed, then consent should not be an issue, as confidential information of this nature would not be included in the complaint.

5. Confidentiality

5.1 The requirement to maintain confidentiality during the complaints procedure is absolute and all complaints, whether verbal or written, will be treated in the strictest confidence. Measures to ensure this include:

- Complaint records will be kept separate from the service user's health and social care records, subject to the need to record information that is strictly relevant to the patient's health and social care;
- Confidential complaint information, findings, recommendations, conclusions, and actions will not be available to unauthorised persons or organisations;
- Patient identification will be protected in reports submitted to the Trust Board through the use of anonymised information;
- Records will be kept in a secure environment and will be accessible only to those directly responsible for investigating and responding to the complaint.

5.2 Such records are, however, subject to Data Protection regulations and must be treated with the same rules of confidentiality as normal client records, and would be open to disclosure in legal proceedings.

6. Defining 'concerns' and 'complaints'

6.1 Although any issues raised by complainants may be generically described as complaints, there is a distinction in terms of how the Trust responds to 'concerns' and 'complaints', in accordance with the 2009 regulations.

6.2 The 2009 regulations require certain steps to be undertaken in terms of monitoring, investigation, timescales and the reporting of complaints.

6.3 Generally excluded from these requirements are complaints which:

a) Are made orally; and
b) Are resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made.
c)

6.4 Therefore, the Trust generally defines a 'concern' as a complaint which meets both criteria in paragraph 6.3. It may be advantageous for the complainant for their complaint to be treated as a 'concern' because it will result in a swifter resolution. It may also be advantageous for the Trust because resolving the issue will be less resource intensive. The process to be followed in these circumstances is detailed in section 10 and a flowchart is shown at Appendix 1.

6.5 Notwithstanding the general definitions detailed in paragraphs 6.3 and 6.4, there will be occasions when it is preferable/advantageous to the complainant for an issue to be dealt with as a concern, given the swifter turnaround and resolution that this treatment will bring about. Upon making initial contact with a complainant, and with their consent, it may be agreed to treat a matter as a concern for practical reasons even if it has been submitted in writing. In these circumstances, where there will be a short delay in resolution, outside of the timescale stated in paragraph 6.3(b), this is acceptable subject to the agreement of the complainant.

6.6 Likewise, it may be that a complainant who submits a matter which does meet the definitions in paragraph 6.3 nonetheless wishes for a lengthier investigation or that the substance of the complaint means the Trust would prefer a more formal route to ensure a better opportunity for learning.

6.7 Complaints other than those defined as 'concerns' will be treated using the formal complaints process detailed in section 11 and the flowchart shown at Appendix 2.

7. Historic complaints

7.1 The Trust will not normally consider a complaint relating to a matter occurred more than 12 months prior, in accordance with the 2009 regulations.

7.2 However, the time limit will not apply if the Trust is satisfied that the complainant had good reasons for not making the complaint within that time limit, provided the delay has not made it difficult to investigate the complaint effectively and fairly.

7.3 A complainant will not be disadvantaged where submission of their complaint has been delayed beyond the timescale detailed in paragraph 7.1 as a result of an inquiry by the Coroner.

8. Complaints involving other responsible bodies

8.1 Where the Trust is in receipt of a complaint about its services and services for which another organisation is responsible, the Trust will deal with aspects of the complaint relating to its services in accordance with the policy, and will refer any aspects for which others are responsible to those organisations.

8.2 On the basis that the Chief Executive is the responsible person for this Trust only, where paragraph 8.1 applies the decision letter will only respond to the aspects for which the Trust has responsibility. The responses of other organisations to the aspects relating to services for which they are responsible will be included as separate enclosures.

8.3 When the Trust is in receipt of a complaint about services for which another organisation is responsible and there are no aspects relating to our services, the complaint in full will be referred to the other organisation. Where there are multiple organisations identified, the complaint will be referred to whichever organisation the Trust considers to be principal respondent based on the substance of the complaint.

8.4 Before referring any matters to other trusts, the complainant will be notified of the action proposed and consent will be sought to progress.

9. Vexatious, obsessive or aggressive/abusive complaints

9.1 It is extremely rare that a complaint will be deemed to be vexatious. Irrespective of the situation giving rise to it, every complaint should be treated with compassion and empathy. 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.

9.2 However, there may be very rare occasions when a complaint may be considered to be vexatious or obsessive. This section details how this decision should be reached, on what basis, and how the matter should be treated. Any final decision to define a complaint as vexatious or obsessive will be made by the Chief Executive, following consultation with the Director of Nursing, AHPs and Operations or the Medical Director (dependent on the content of the complaint), and the Head of Corporate Governance, or their deputies.

9.3 Following due consideration and consultation with the persons named above, the Chief Executive will only reach a verdict that a complaint should be deemed as vexatious when all other avenues to resolving the complaint have been fully explored and deemed impractical, unfeasible or unreasonable.

9.4 A vexatious complaint may be defined as one which has been willingly brought to cause difficulty or annoyance to the Trust, despite there being insufficient grounds to raise it.

9.5 Behaviour that might be evident where there is a vexatious complaint could include:

- An unreasonable unwillingness to accept documented evidence as factual or to communicate effectively;
- Repeated addition of new or changing information or related matters to complaints which have been dealt with and fully responded to;
- An unreasonable insistence on specific conditions to apply, such as how the complaint is investigated or how the process is communicated;
- Personal abuse or aggression towards the Complaints Team, the person investigating the complaint or other staff providing services to the complainant.

9.6 An obsessive complaint is not necessarily vexatious but may be defined as one in which the fundamental substance of the complaint has been investigated and exhausted.

9.7 Behaviour that might be evident where there is an obsessive complaint could include:

- Repeated addition of new or changing information or related matters to complaints which have been dealt with and fully responded to;
- Repetitious requests for additional responses or more information in relation to aspects of a complaint that has been dealt with.

9.8 When a complaint has been deemed to be vexatious and a decision has resultantly been made to cease communication in relation to the complaint raised, the complainant will be notified in writing to confirm:

- A full response has been provided to all relevant issues;
- The Trust has attempted to resolve the complaint in good faith and feels there are not further actions it can reasonably take;
- The complainant's rights to refer the matter to the PHSO.

9.9 The behaviour detailed in paragraphs 9.4 and 9.6 may occasionally manifest itself in complaints which nonetheless may have merit. This will be taken into account before any determination is made to consider a complaint as vexatious or obsessive.

9.10 Occasionally, complainants may demonstrate abusive or aggressive behaviour in dealing with a complaint that is neither vexatious nor obsessive. Abusive or aggressive behaviour is never acceptable and will not be tolerated.

9.11 In these instances, the person receiving the abuse or aggression should liaise with the Security and Resilience Manager, their direct line manager and the Complaints Team.

9.12 A complaint which is not considered to be vexatious or obsessive but where the complainant has demonstrated abusive or aggressive behaviour will still be treated in accordance with this policy, but suitable and discretionary modifications may be applied to manage communication with the individual involved.

10. Process for dealing with concerns

10.1 The definition of a 'concern' is explained in Section 6. A flowchart for the management of concerns is shown at Appendix 1. Paragraph 6.5 details variations which can be agreed with the complainant's consent so that a matter which would ordinarily be a formal complaint can be treated as a concern. When those circumstances apply, the timescales shown in the following paragraphs, and the appendix, may be varied accordingly.

10.2 It is of critical importance that concerns are dealt with swiftly.

10.3 Upon receipt of a concern, the Complaints Team will immediately:

- Advise the complainant that we will seek to resolve by the end of the following working day; if not, the formal process will be triggered;
- Record the issue on the complaints database and issue relevant notifications;
- Telephone the individual assigned to investigate the concern, and follow this up by telephoning those providing named cover in cases of absence;
- Email the individual assigned to confirm the details.

10.4 It is the responsibility of the Complaints Team to ensure that on receipt of a concern, that telephone contact will be prioritised rather than relying on emails which may be missed. It is the responsibility of Matrons/Clinical Service Leads and Clinical Team Leads to ensure, in their absence, a message on their telephone answerphone identifies the correct person to contact.

10.5 By 5pm on the working day following receipt of the concern, the investigator will:

- Make telephone contact with the complainant and confirm that it would be appropriate to seek to resolve the matter as a concern, or whether the issues raised are of sufficient gravity to warrant a fuller investigation;
- Provided it is appropriate to resolve the matter as a concern, attempt to do so over the telephone to the complainant's satisfaction;
- Notify the Complaints Team by email of the outcome.

10.6 Where the complainant is satisfied with the outcome, the investigator will make any necessary internal arrangements to respond to the concern, including any learning. The investigator may arrange with the complainant to have a follow-up conversation to assure them of the actions taken.

10.7 Upon receiving notification that the matter has been resolved, the Complaints Team will update the records accordingly.

10.8 Where the complainant is dissatisfied with the outcome by 5pm on the working day following submission of the issue, the matter cannot be treated as a concern and must progress to the formal complaint process detailed in Section 11.

11. Process for dealing with formal complaints

11.1 This section applies in all of the following circumstances:

a) The complainant has made their complaint in writing, including via email, and so must be subject to the formal procedures in accordance with the 2009 regulations;
b) The complainant has made their complaint orally but has informed the Complaints Team that they wish the matter to be treated as a formal complaint;
c) The complainant has made their complaint orally, an attempt has been made to resolve as a concern, but this has not been achieved to the complainant's satisfaction by 5pm on the working day following submission of the concern;
d) For any other reason, including missed telephone calls, it has not been possible to resolve the matter to the complainant's satisfaction by 5pm on the working day following submission of the concern.

11.2 If paragraph 11.1(c) applies, the steps detailed in paragraph 11.3 do not apply as these actions will have already been undertaken.

11.3 Within one working day of receiving a complaint, the Complaints Team will:

- Record the issue on the complaints database and issue relevant notifications;
- Email the individual assigned to investigate, copying in their line manager for information;
- Follow-up the email detailed above with a phone call to ensure the email has been seen

and remind the investigator of the deadlines;
- If telephone communication has been unsuccessful after three attempts, the matter will be escalated to the investigator's line manager.

11.4 By 5pm on the third working day following receipt of the complaint, the Complaints Team will issue a letter of acknowledgement to the complainant.

11.5 By 5pm on the fifth working day following receipt of the complaint, the investigator will:
- Make contact with the complainant to agree a Complaints Plan;
- Submit the completed Complaints Plan to the Complaints Team.

11.6 The investigator will undertake an investigation in accordance with the principles detailed in section 12 of this policy.

11.7 Subject to any variations to the final deadline that are negotiated with the complainant (see paragraph 11.10), the investigator will complete the investigation and provide all required documentation to the Complaints Team within 20 working days of the complaint being received, or 35 working days if the complaint involves responses from additional bodies. The required documentation shall include: a fully completed Complaint Plan including actions arising, and a draft response letter (where the complainant wishes to receive a response in writing). Where this is not achievable, section 14 of this policy shall apply.

11.8 Upon receipt of the completed investigation documentation, the Complaints Team will finalise a response to the complainant, including seeking any further clarification from the investigator, and this response will be agreed and signed by the Chief Executive, as responsible officer.

11.9 The target date for a response letter to the complainant is 35 working days, or 50 working days where the Trust is coordinating a response on behalf of more than one body. In any case, the statutory response limit, in accordance with the 2009 regulations, is six months.

11.10 The time targets and limits detailed in paragraph 11.9 may be negotiated with the agreement of the complainant.

11.11 The complainant will be notified in the response letter that the complaint will be closed 14 calendar days after the date of the response letter. In the event that the complainant remains unsatisfied, the Trust will explore further options for resolution detailed in section 12 of this policy.

12. The investigation

12.1 An investigation will normally be undertaken by the appropriate Clinical Team Lead or Matron/Clinical Service Lead within a service. Where this is not appropriate due to the nature of the complaint or concern that has been raised, then an appropriate investigator will be confirmed by the relevant Head of Service following consultation with the Deputy Director of Nursing.

12.2 Circumstances when it may be necessary to consider an investigator external to the service could include, but are not limited to, the following situations:
- Service sensitivities are deemed to be high;
- It is considered 'external peer scrutiny' could offer a wider viewpoint;
- An 'expert' investigator would add additional clarity;
- A similar complaint is ongoing and it would be beneficial for the matters to be considered together.

12.3 In all circumstances, the investigator will at the outset seek to make verbal contact with the complainant. Effective communication between the investigator and the complainant is key to achieving a satisfactory outcome. Only when attempts to make verbal contact with the complainant have been exhausted will an investigator proceed based on a written submission.

12.4 Following consultation with the complainant, the investigator will agree with them a Complaints Plan which sets out the areas requiring investigation and resolution. The investigator will also agree with the complainant whether they wish to receive a written response to their complaint or whether they would prefer a meeting to discuss the outcome.

12.5 The investigator will return the completed Complaint Plan to the Complaints Team within five working days of the date upon which the original complaint was received.

12.6 The Complaints Team will confirm the Complaints Plan with the complainant upon receipt of this information from the investigation.

12.7 The investigator will undertake a full and impartial investigation addressing each of the points within the Complaints Plan. This may require, as appropriate, interviewing or receiving statements from persons involved and cross-referencing with contemporaneous notes and records, including further discussions with the complainant. Fairness, confidentiality, compassion and empathy will be central to the approach adopted throughout.

12.8 In the event that the investigator feels unable to complete the investigation with impartiality, the matter will be referred to the Deputy Director of Nursing, who will determine whether:

a) Another person should be appointed to re-investigate;
b) Sufficient evidence has been gathered to enable another person to complete the investigation and reach conclusions;
c) Any other action is required.

12.9 The investigator will seek to deal with all complaints within the designated timeframes. If a delay is unavoidable the complainant should be offered the choice of an overall delay or a two-part response. Any delays should be discussed with the appropriate Head of Service and, if necessary, the Deputy Director of Nursing.

12.10 Upon completion of the investigation, the investigator will update the Complaints Plan and specifically address whether each aspect has been ‘upheld’, ‘partially upheld’ or ‘not upheld’.

12.11 The fully completed Complaint Plan, including the findings, will be submitted to the Complaints Team within 20 working days of the complaint submission.

12.12 It is the responsibility of the investigator to feed back all outcomes and lessons learnt to the service both at an individual level and via the monthly Quality Assurance Group. This includes details of which aspects of complaints have been upheld, partially upheld or not upheld. Summary details are included in service level updates at Safeguarding and Patient Safety Group to ensure lessons learnt and key messages are shared wider across all services. Post-complaint action plans are monitored locally by service area and are shared, completed, signed off and audited through local Quality Assurance Groups. Actions can be service-specific or service wide and are implemented via the relevant operational group. Any lessons learnt requiring audit are registered on the operational audit plan and monitored thorough the Effective Practice Assurance Group. Any identified ongoing risks are formally assessed and if applicable added to appropriate risk registers. Review dates are set as appropriate.

13. Communicating the decision

13.1 Where the investigator has failed to make contact with the complainant in preparing the Complaint Plan, they will again attempt to contact the complainant at the completion of the investigation to establish whether they would prefer a written response or whether they would prefer a meeting to discuss the outcome.

13.2 Where a written reply is preferred, the investigator will submit this to the Complaints Team within 20 working days of the complaint submission.

13.3 Where a meeting is preferred, the investigator will liaise with the Complaints Team and complainant to agree an appropriate date, time and venue.

14. Additional steps to achieving a local resolution

14.1 The Trust will seek to achieve a local resolution where the complainant is dissatisfied with the outcome of an investigation. However, the desire to achieve a resolution will be balanced with the necessity to ensure the complainant is not given unreasonable expectation of a different outcome when the case that they are presenting is fundamentally unchanged from that which has been investigated.

14.2 In considering a complaint where the complainant is dissatisfied with the outcome of an investigation, the Complaints Team will consider the following:

- Whether the response letter sufficiently responded to the points agreed between the complainant and investigator in the Complaints Plan;
- Whether there has already been a meeting, at the complainant's preference, to communicate the findings rather than a written response;
- Whether the investigation was undertaken in accordance with this policy, including that all evidence which has been submitted or offered for submission was taken into account;
- Whether the reasoning presented by the investigator was consistent with the determinations that were made and detailed in the response letter;
- Whether there was more that could have been done as part of the investigation, or in terms of how the Trust communicated with the complainant;
- Where new evidence has been put forward after receipt of the response letter, whether it was reasonable that this evidence was not presented earlier and, if it was, whether it is likely that this evidence would have had a material impact on the outcome of the investigation or the response letter had it been available earlier.

14.3 If the Complaints Team, following consultation with the Deputy Director of Nursing, considers that any of the points for consideration detailed at paragraph 12.2 give rise to the potential of further exploration of the complaint then any of the following may be offered, as appropriate:

- A telephone conversation involving a senior member of the clinical team and the complainant to seek to address the additional points and offer further assurance;
- A local resolution meeting;
- A new investigation, to be completed within the same timescales as detailed in section 11 of this policy.

14.4 If the Complaints Team, following consultation with the Deputy Director of Nursing, considers that none of the points for consideration detailed at paragraph 12.2 give rise to the potential of further exploration of the complaint, then the complainant will be notified that the matter is closed.

15. Extending a deadline for response to complainant

15.1 There may be occasions when delays during the investigation process make the timescales stated in paragraph 11.7 prove unachievable.

15.2 When it becomes evident in the final 10 working days before a deadline that it may not be achieved, the Senior Complaints Officer will in the first instance, where possible, consult with the Deputy Director of Nursing to establish if any actions can be taken to expedite completion of the investigation within the stated timescales. If this is not possible, then the complainant will be notified in writing that the investigation period has been extended including, where possible, reasons for the delay and a new deadline.

15.3 If within five working days of the deadline no decision has been made on whether to extend the investigation period in accordance with paragraph 14.2 or the investigator has not submitted their final decision letter, the Senior Complaints Officer will be authorised to determine whether to extend the investigation period and will notify the complainant accordingly.

16. Improvements and learning from complaints

16.1 Complaints performance is monitored in a variety of ways including:

- Regular reporting to Trust Board and its committees;
- Data submissions to NHS Improvement;
- Monthly circulation of internal complaints logs;
- Customer satisfaction surveys;
- Correspondence with the PHSO;
- Discussion and dissemination at service quality assurance meetings.
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16.2 Complaints are entered on to a secure database. This database provides comprehensive reports and trend analysis for use by both the Trust and for audit and research purposes.

16.3 Upon the conclusion of a complaint, any learning is detailed in an Action Plan. This is recorded on the complaint file by the Complaints Team. These are developed in response to issues raised and monitored in the first instance by the investigating manager and services. The services monitor the completion of action plans, ensuring that lessons learned are captured. This is separately reported to the Trust Board's Quality and Risk Committee.

16.4 Managers are responsible for using issues raised to explore and initiate service improvements where appropriate. It may be appropriate to involve the service Quality Assurance Managers in this process to support and advise on quality improvement and analysis techniques.

16.5 Complaints information and lessons learned are also shared at clinical governance forums, disseminated through Patient Safety and Safeguarding Group, and appropriate communications are managed through professional forums and internal communication channels.

16.6 Paragraph 12.12 sets out the specific duties of the investigator in feeding back learning from complaints.

17. Sources of Support for Patients

17.1 The Patient Advice and Liaison Service (PALS) does not handle complaints, but provides guidance and direction for patients or their families, including directing them to the appropriate source of support or information, or to a member of staff best placed to respond to their enquiries.

17.2 Enquiries raised through PALS can be escalated to 'concerns' or 'formal complaints' where appropriate, but the principle role is to help resolve problems quickly and effectively and to enables suggestions or queries to be passed on appropriately to better the learning of our organisation or others. PALS can be contacted on 0300 123 9553 or lhnt.lincspals@nhs.net

17.3 POhWER is a national NHS complaints advocacy service which provides assistance to those who want to make a complaint. POhWER offers confidential, independent support about the service or care patients have received. POhWER can be contacted by telephone on 0300 456 2370, or via email: pohwer@pohwer.net

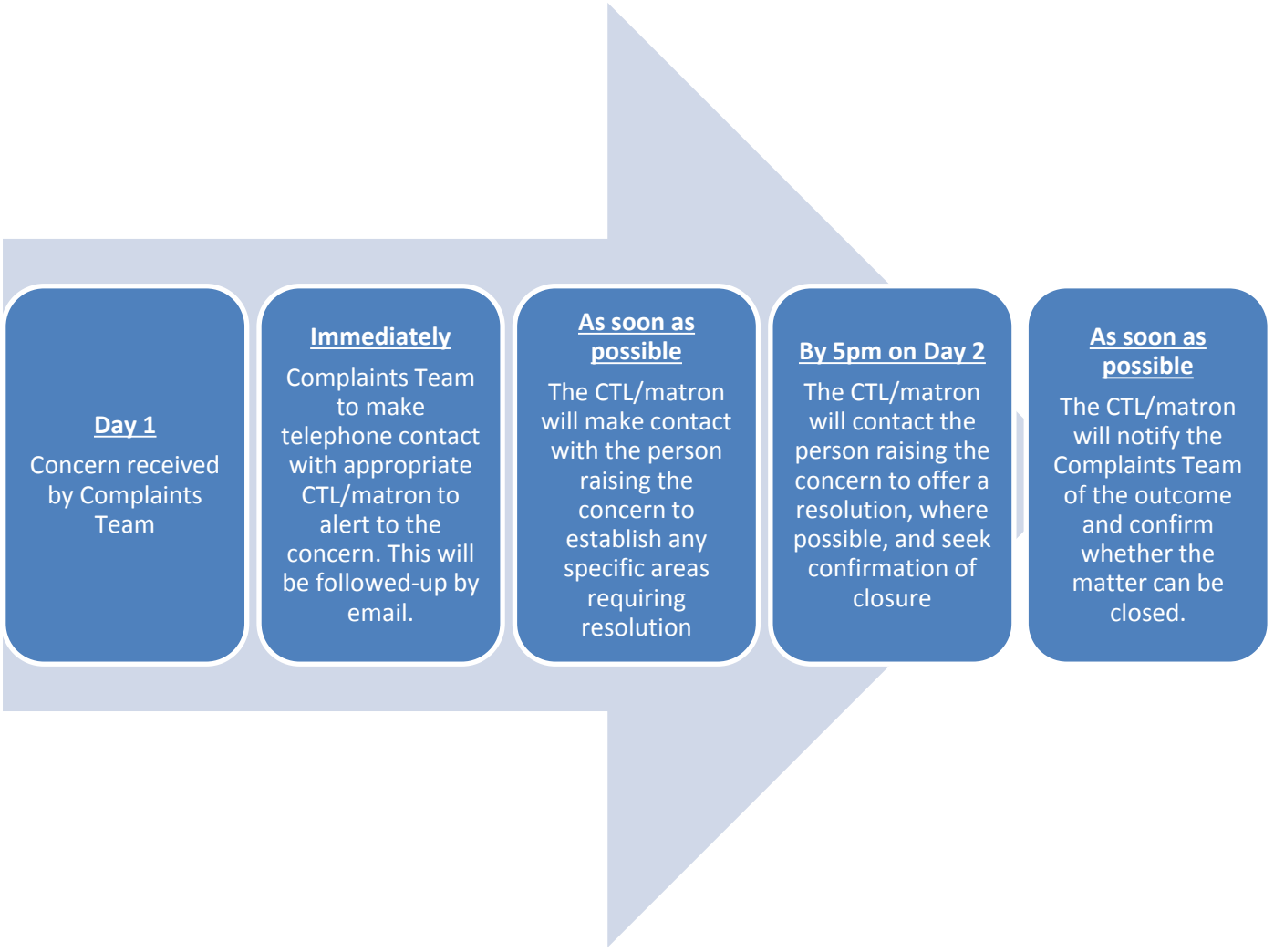
18. Sources of support for staff

18.1 Being subject to or involved in a complaint can be stressful and difficult for members of staff. The Trust shall adopt a principle where staff will be supported through this process by management, recognising that complaints are part of the learning journey for all involved, including the wider organisation.

18.2 Subject to any separate disciplinary issues that may be ongoing (related or unrelated to the complaint), staff who are subject of complaints will not be excluded from their normal work activities, though it may be necessary on occasion to manage ongoing relationships between complainants and staff who could be in regular contact due to a patient's needs. Pragmatic steps to maintain those relationships during or after any investigation may on occasion also be necessary.

18.3 Additional support for staff will be available through the normal channels in accordance with the Trust's employee support and HR policies.

Appendix 1 – Handling a Concern



Responsibilities

Complaints Team

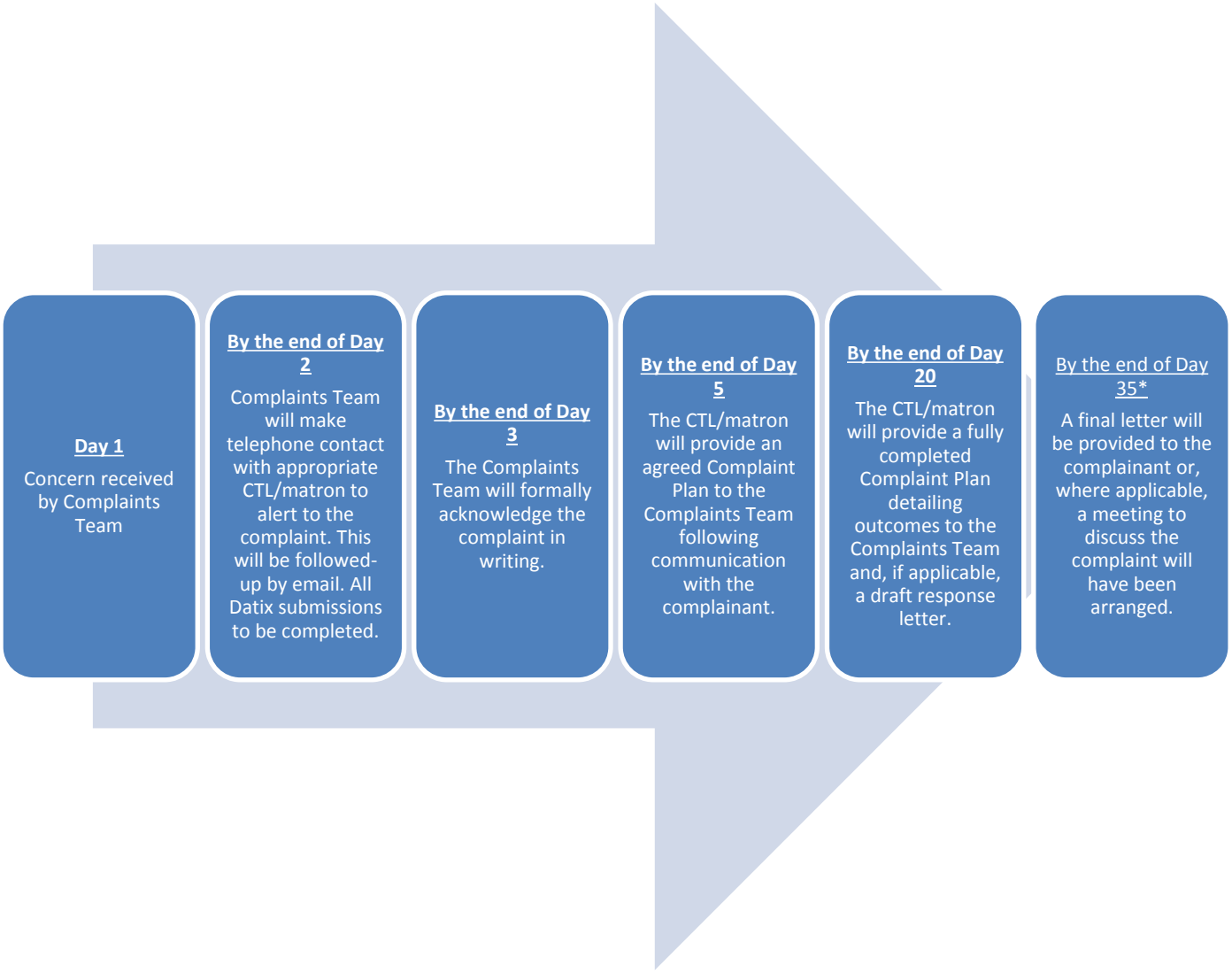
- To notify the CTL/Matron/Clinical Service Lead by telephone as soon as possible after receipt of the concern;
- To make telephone contact with any alternative persons indicated on the CTL/Matron/Clinical Service Lead answer message;
- To follow telephone contact with email confirmation;
- To ensure any Datix records are updated.

Matron/Clinical Service Lead or CTL

- To ensure answer message is in place during periods of absence;
- To contact the person raising the concern at the outset and by 5pm on Day 2 to offer a resolution and establish whether the person raising the concern is satisfied;
- To report back to the Complaints Team as soon as possible whether the matter is closed or needs to escalate to a formal complaint.

To be considered alongside Section 6 of the policy, which details how the treatment of concerns can be varied with the consent of the complainant.

Appendix 2 – Handling a Complaint



*For joint complaints involving other organisations, the completed Complaint Plan is not required until Day 35 and the deadline for final response is Day 50. All other deadlines remain the same.

Appendix 3 – Risk Management Matrix

Table 1 Incident Definitions / Risk management Matrix – Consequence

	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical /psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/ disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/ audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development /staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

				No staff attending mandatory/ key training	
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

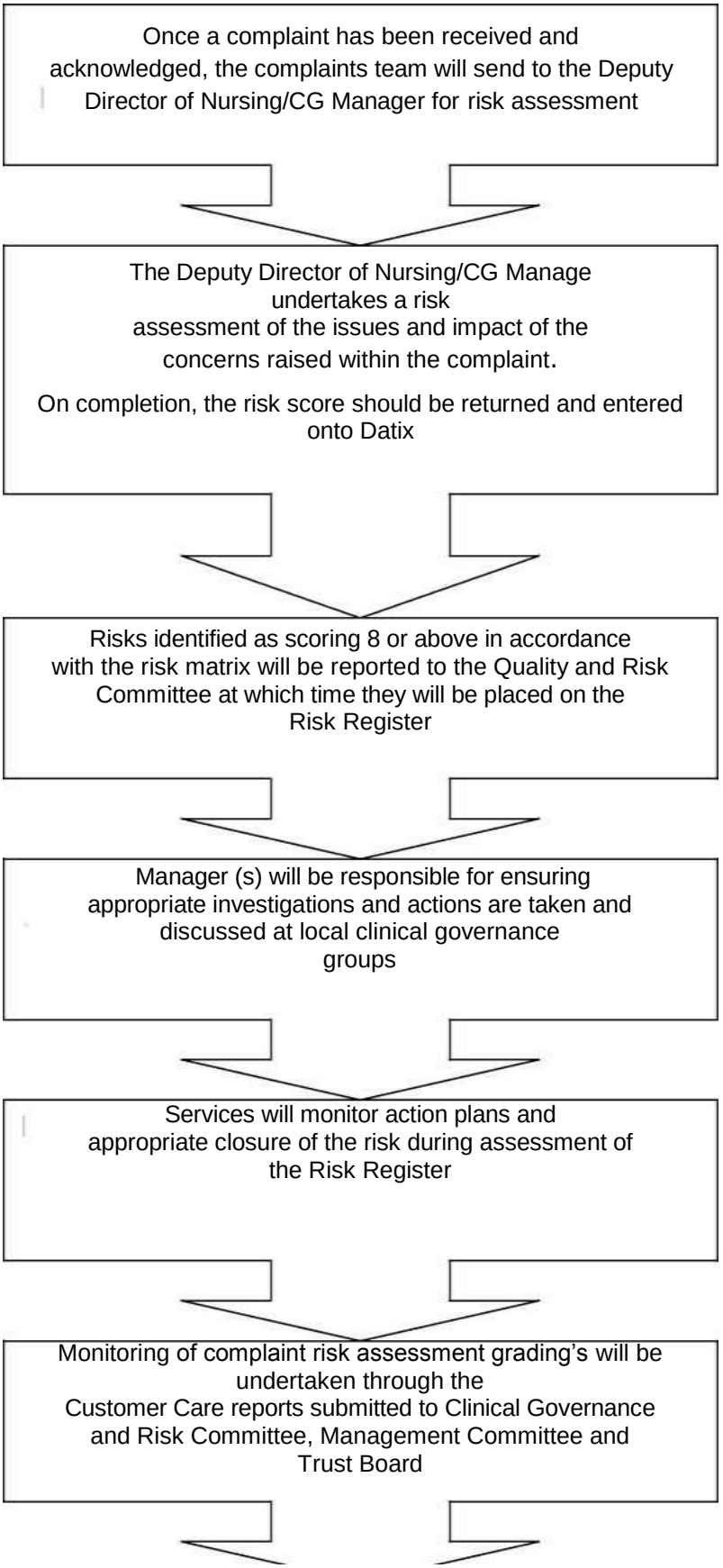
Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3	Low risk
4 - 6	Moderate risk
8 – 12	High risk
15 – 25	Extreme risk

Appendix 4 – Risk assessment of a complaint



Appendix 5 – Statement template

CONFIDENTIAL REPORT/STATEMENT REGARDING A COMPLAINT

Statement requested by:

MEMBER OF STAFF DETAILS: From:

Post Held:

Qualifications:

Area of Work & experience:

Date of Incident:

PATIENT

DETAILS: Name:

Address:

Hospital No:

Date of Birth:

Reason for Report:

"I, (INSERT NAME), believe that the facts stated are true" Signed:

Print name:

Date:

Chronology of Events:

e.g. (to be deleted)
10/12/09 Patient attended clinic and saw Dr Jones Prescribed Cefuroxime 100mg TD

(Expand as necessary)

"I, (INSERT NAME), believe that the facts stated are true" Signed:

Print name:

Date:

Description of my Involvement in the complaint:

(Expand as necessary)

"I, (INSERT NAME), believe that the facts stated are true"

Signed:

Print name:

Date:

Conclusion:

(Expand as necessary)

"I, (INSERT NAME), believe that the facts stated are true"

Signed:

Print name:

Date:

NB: Every page must be signed

Appendix 6 – Complaints plan

Key details:

Ref:	Complainant:	Patient (if different):	Investigator

Contact record:

Please note, the investigators must seek to contact the complainant in order to agree the scope of the investigation. This must be done prior to the Complaint Plan being returned to the Complaints Team within **five days** of the complaint being received.

Attempt:	Date:	Time:	Successful?	Message left?
Day 1				
Day 2				
Day 3				

Callbacks from complainant:

Date:	Time:	Details:

Has the complainant agreed to the scope of the investigation set out on the following pages? Yes/No

Would the complainant prefer a formal written response or a meeting to discuss following the investigation? Letter/Meeting

Scope of investigation:

Details of Complaint

Ref:	Aspect to be investigated:	Summary of findings:	Learning	Status
1				Upheld/ Partly upheld/ Not upheld
2				Upheld/ Partly upheld/ Not upheld
				Upheld/ Partly upheld/ Not upheld
				Upheld/ Partly upheld/ Not upheld

				Upheld/ Partly upheld/ Not upheld

Evidence considered during investigation:

Evidence	Yes	No	Details
Patient records			
Witness interviews			
Meeting			
Other including details of staff involved			

Actions:

Ref:	Actions required:	Lead:	Target date:	Date completed:

Checklist:

Action	Target	Date completed
Complaint Plan agreed with complainant	Within five working days of complaint being received	
Draft Complaint Plan submitted to Complaints Team	Within five working days of complaint being received	
Investigation completed	Within 20 working days of complaint being received	
Completed Complaint Plan submitted to Complaints Team	Within 20 working days of complaint being received	
Draft decision letter submitted to Complaints Team (where applicable)	Within 20 working days of complaint being received	
Meeting organised with complainant to discuss outcome (where applicable)	Within 35 working days of complaint being received	
Ensure any safeguarding issues that have been identified have been dealt with appropriately	As required	