Leicestershire Partnership NHS Trust

Concerns and Complaints Policy

This document describes the process for reporting, investigating and managing complaints.

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Target audience:	All LPT staff	
Type of Policy	Clinical	Non Clinical ✓
Which Relevant CQC Fundamental Standards?	Regulation 16: Receiving and acting on complaints	

Contents

Version Control and Summary of Changes

Version Number	Date	Comments (description change and amendments)
Document v11	January 2016	The complaint form has been revised to support changes to the process. Changes are investigator contact with complainant to ensure understanding of complaint and agree timescale of investigation, investigation timescales to be variable depending on complexity of complaint, investigation of complaints whilst consent is sought to ensure no delay in individual or organisational learning opportunities, investigation of 'complaints assessed as High' severity will utilise an independent investigator from within the directorate, delegated authority for 'sign off' of complaints that are assessed to be low or moderate severity after investigation.
Document v12	January 2017	Included that Trust is compliant with regulation 16 of the Care Quality Commission (CQC)
Document v13	September 2017	Included that complaints are reviewed with regards to application of Mental Health Act (MHA)/Code of Practice 2015 standards.
Document v14	January 2018	Revision of guidance for section 5.2
Document v15	January 2019	Consultation to staff and external stakeholders for revision of current complaints policy.
Document v16	October 2019	Revision of the Trusts complaints process
Document v17 17.1	October 2020	Revision of the Trust complaints process in line with NHFT Extended – agreed at Dec Quality Forum

For further information contact:

Complaints Manager

Equality Statement

Leicestershire Partnership NHS Trust (the Trust) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

The Trust's commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations. Please refer to Appendix 3 which highlights the due regard considerations for the policy.

Definitions that apply to this Policy

Comment	Patients, relatives and carers may have valuable feedback good or bad relating to their experience and may wish to share this with the Trust.
Concern/enquiry	A patient, relative or carer may be worried about an aspect of the care and need some advice or clarification. These issues can be resolved quickly and in the interest of the patient and can be recorded informally for the purpose of service improvement
Complaint	A complaint is an expression of dissatisfaction, either in writing or verbally about the healthcare/treatment or services provided which requires an investigation and formal response
Complainant	A patient, relative, carer or representative expressing dissatisfaction about the healthcare/treatment or services provided
ULYSSES	A database system to record comments, concerns and complaints
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.0 Purpose of the Policy

The purpose of the Complaints Policy is to set out a clear framework for all staff on how the Trust will support the effective implementation of the NHS Complaints (England) Regulations 2009 and the expectations when a complaint is handled by the Trust.

The policy emphasises the importance of early local resolution of complaints where possible and the need for frontline staff to be responsive and sympathetic to anyone that wishes to raise issues or subsequently, as part of a formal investigation.

2.0 Summary of Policy

Leicestershire Partnership Trust recognises the importance and value of patient feedback, particularly concerns and complaints, and how the experience of our users can be used to improve the quality of service provided.

The Policy sets out the Trust procedure for managing and responding to complaints and concerns and provides staff with the confidence to effectively handle any that are received and to provide an approach which places the complainant at the heart off all decisions made.

3.0 Introduction

Leicestershire Partnership Trust is committed to providing the highest quality care to its patients, their relatives and carers. The Trust is dedicated to listening and responding to its users and recognises the importance of a clear, accessible and transparent process for dealing quickly and effectively with complaints.

The Trust actively promotes a culture that seeks and utilises feedback and recognises that complaints are an opportunity to obtain valuable information from our service users and to learn from their experience to improve the quality of our services. Complaints should be viewed as a positive way to improve services and avoid the risk of similar situations occurring again.

The Trust is committed to handling complaints in line with the NHS Complaints Regulations and adopting best practice principles from the Parliamentary and Health Service Ombudsman publications. The Policy promotes a service user lead approach to handling complaints and provides the service user with confidence and support that their issues are important to us.

The procedure is available to all patients, their relatives and careers irrespective of their characteristics and ensures that no individual is discriminated against on the grounds of their age, ethnicity, sex or sexual orientation or other characteristics.

4.0 Duties within the organisation

4.1 Trust Board has the overall responsibility for ensuring compliance with all legal, statutory, best practice and quality improvement requirements and, will receive reports on complaints throughout the year to ensure this is undertaken.

4.2 The Quality Forum will receive complaints reports on a regular basis to seek assurance of the management of complaints in accordance with the standards set out in this policy that also meet statutory requirements.

4.3 The Complaints Review Group will oversee the management of complaints ensuring that quality responses are provided; complaints are handled effectively and fairly without discrimination and that learning outcomes are identified, acted upon and embedded. The Group are responsible for receiving assurance of the implementation and review of the policy.

4.4 Chief Executive (CEO) holds overall accountability and fulfils the role of responsible person under the regulations. The Chief Executive is responsible for reviewing and signing each individual complaint. In their absence the role is delegated to an

Executive Member as appropriate.

4.5 Director of Nursing, AHP's and Quality is the nominated board member with responsibility for compliance with the arrangements made under the complaints regulations and also has responsibility for ensuring that procedures are developed, agreed and implemented throughout the Trust and monitored as appropriate.

4.6 Service Directors are responsible for:

- The implementation of the complaints and concerns policy within their directorate
- To ensure every complaint they receive is reviewed
- Ensuring an appropriate and robust investigation has been completed which identifies lessons learned and any actions identified are appropriate and that the response provided addresses all concerns raised, in a caring and compassionate manner.
- The Head of Service shall form part of the approval and sign off process.

4.7 Head of Service, Service Managers, Team Leaders (Investigation Leads) are responsible for:

- Ensuring the investigation of concerns and complaints are carried out in accordance with this policy
- Investigating complaints, deciding if the complaint is upheld, partly upheld or not upheld and for completing the management document and preparing a response for complaints which relate to their service area.
- Implementation of learning from complaints and on-going improvement to services as a result of feedback and developing action plans.
- Determining whether it is appropriate to reallocate the member(s) of staff providing ongoing care for the complainant if there is the potential that the position of staff or the complainant could be compromised as a result of a concern having been raised or a complaint being made.
- Notifying the PALS and Complaints Team when an action plan has been completed.
- The Head of Service shall approval and investigation and response prior to completion by the Investigation Leads.

4.8 The Complaints Manager is responsible for the overall management of complaints in accordance with the NHS Complaints Regulations including ensuring compliance with policy and procedure and management of the Complaints Service function.

4.9 The Complaints Team will:

- Provide a single point of contact for patients, relatives, carers and representatives wishing to complain and/or seek advice on the Trust complaints process.
- Ensure public and staff awareness of the complaints process and how to access it, providing any support as necessary
- Develop and maintain systems which ensure that complaints are managed promptly and effectively with meaningful data held.

- Facilitate the complaints process ensuring the Trust is adhering to the policy. The Complaints Service will co-ordinate all complaints received including acknowledgement, seeking of consent and response timeframe
- Facilitate the approval process with Service Directors and sign off with the Chief Executive
- Monitor the progress of investigations, the draft responses from investigating managers and any follow up action that has been taken as a result of the complaint.
- Ensure any signposting to the Parliamentary and Health Service Ombudsman is undertaken for complaints that cannot be resolved locally
- Produce the statutory return (Ko41a) to the Department of Health and an annual report for the Trust

4.10 Patient Advice and Liaison Service (PALS) will work to resolve concerns and be accessible for complainants and staff. Ensure all processes relating to the administration of concerns are efficiently managed and continuously audit concerns to identify trends and themes.

4.11 All staff have a responsibility for listening and dealing with complaints in a sensitive and timely manner showing care and compassion. Staff must ensure that patients, their relatives and carers are not treated differently or adversely affected in anyway as a result of making a complaint. Staff should view complaints as a positive experience that provides an opportunity to resolve issues and make changes to improve the quality of services we provide. They should ensure concerns and complaints are managed in accordance with this policy. Staff should ensure that any correspondence relating to a complaint is kept separately from patient medical records.

5.0 Policy Details

5.1 Persons who may make a complaint

A complaint may be made by:

- Anyone who is receiving or has received care or treatment from the Trust
- Anyone who is affected or likely to be affected by the action, omission or decision of the Trust
- A third party for example an MP, relative, friend, carer, independent advocate on behalf of the patient.

A complaint made by a representative where that person:

- Has died
- Is a child
- Is unable by reason of physical or mental incapacity to make the complaint
- Has requested the person to act on their behalf

5.2 Time Limits for Making a Complaint

It is important that a complaint is made as soon as possible but generally a complaint should be made:

- Within 12 months of the date when the event being complained about occurred or,
- Within 12 months of becoming aware of the event/subject matter

The Trust will consider complaints made outside of these time limits, the reasons for this and whether there is scope to investigate matters fairly and effectively. The Complaints Manager in cooperation with the Investigation Lead will make a decision whether the Trust is in a position to investigate.

In the case that the Complaints Manager and Investigation Lead decide that it is not possible to fairly or effectively investigate the complaint due to the timeframe that has elapsed, the complainant will be informed of the decision in writing. The complainant can appeal in writing to the Trust.

5.3 Exclusions to the Complaints Procedure

Complaints that are excluded from the Trust's Complaints Procedure are:

- A complaint that has already been investigated under the complaints regulations
- Complaints by a responsible body
- Complaints regarding NHS Employment
- A complaint that is or has been investigated by the Ombudsmen
- Private healthcare unless this has been funded by the Trust
- Complaints regarding requests under Freedom of Information
- A complaint made orally that is resolved satisfactorily

5.4 Consent and Capacity

Data protection is very important to the Trust as is the well-being of our patients. We have a duty to ensure that any information shared is for a legitimate purpose and only to those individuals who have the legal right to this information and that any information shared is not likely to cause distress or upset. This is particularly relevant in cases where a complaint is made on behalf of a patient or where there are concerns around capacity.

If the patient is in a position to provide consent this must be obtained before an investigation commences. Consent will be obtained in writing by the Complaints Service.

When a person lacks capacity and a Power of Attorney in place, the Trust must ask the attorney to provide written consent and provide supporting documentation in the form of the Power of Attorney for Health and Welfare. If these are not in place a decision needs to be made on the appropriateness of sharing information with the person making the complaint. The Trust must consider the role and/or relationship of the individual making a complaint on their behalf and that they are acting in the best interests of the patient and, that they have a legitimate reason to confidential information. The Trust will seek appropriateness to share with the clinical team/s caring for the patient. It may be that the Caldicott Guardian needs to be consulted to consider the Trust's position and decision making.

In circumstances where a patient is deemed to lack capacity to make a complaint or engage with the complaints process due to ill health and commencing a complaint is likely to cause deterioration in the patient's health, the complaints team will liaise with the relevant clinical team/s caring for the patient to seek a best interests decisions on the appropriateness to commence the complaints process. If felt to be at the detriment to the patient health, the complaint will be placed on hold until a time that the complainant is well enough to progress the complaint. The Complaints Team will liaise with the directorate to gain updates on the

complainant's health and write to the complainant when they are deemed well enough to continue with the complaints process.
Where an adult with parental responsibility is complaining on behalf of child, consent will not be required. However, The Trust has a duty to gain a young person's involvement in the complaints process, if they are 16 years or over and where they have capacity to do so. Further information and guidance can be obtained from the LPT Mental Capacity Act Policy. In the situation of a parent not having parental responsibility advice will be sought from the safeguarding team.

In instances where the complaint is made on behalf of a person who has died the Trust must ask the executor or personal representative to provide written consent along with providing supporting documentation such as the Will or Grant of Probate. When these are not in place a decision must be made about the appropriateness of the person making the complaint and the right to confidential information. The Trust must consider the role and/or relationship of the individual making a complaint on their behalf and that they are acting in the best interests of the patient and, that they have a legitimate reason to receive confidential information. The Trust will seek appropriateness to share with the clinical team/s caring for the patient. It may be that the Caldicott Guardian needs to be consulted to consider the Trust's position and decision making.

Where input is needed from another organisation in order to provide a coordinated response, consent will be sought from the patient in order to share the letter of complaint and to obtain the organisation comments and any patient records or documentation in support of their response.

Where a Member of Parliament has raised concerns on behalf of a patient, the Trust must seek written consent from the patient before any information can be disclosed. To avoid any delays in the process the Complaints Team will seek consent directly from the patient.

5.5 Confidentiality

Complaints will be handled in the strictest confidence in accordance with the relevant Trust policies. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it.

5.6 Equal Treatment

There are occasions where there is an irretrievable breakdown in the clinician/patient relationship but it is important that the patient's care is not adversely affected due to making a complaint. Patients and their representatives need to be assured that they can raise concerns without fear or recrimination. They should be encouraged to raise concerns if they feel the patient is being treated differently or unfairly due to raising a complaint.

All complaints registered will be dealt with fairly and effectively and as promptly as possible. Access will only be limited where unreasonable behaviour has been noted as a concern.

5.7 Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service have an important role in supporting individuals who wish to make a comment, raise a concern, enquiry or, complaint. It is recognised that not all issues benefit from being escalated to a formal complaint (for example the decision does not influence the clinical outcome or reprioritise a patient) and there is often scope for PALS to seek to resolve matters so they do not progress into a complaint.

PALS also have a valuable role to play in providing support and advice to anyone who wishes to pursue their concern via the NHS Complaints Procedure. This may be taking the details of the complaint verbally and recording these for them on the Complaint Form and explaining how the complaints process works.

5.8 Concerns

In the majority of cases, if a person is feeling dissatisfied, they may like the matter rectifying speedily as the Trust recognises that not all correspondence received will benefit from the NHS Complaints Procedure nor is it everyone's expectation when they write to the Trust.

All staff are encouraged to attempt to resolve any concerns as much as practically possible within their service area or at the point of service delivery. They must ensure that they:

- Take time to listen and consider the complainants views
- Reassure the service user, their relative, carer or representative that complaints are welcome and they are entitled to raise concerns
- Treat the complainant with empathy and fully consider their needs
- Treat the issues with confidentiality, as far as practically possible and with sensitivity.

Where the member of staff or service are able to resolve matters locally a record of the discussion held, the outcome and actions agreed with the complainant should be recorded onto the customer service web on Ulysses.. This should be done by a member of staff within the relevant directorate. Further supporting documents can be found on the staff intranet.

A concern is often shared by way of feedback or it can also be an enquiry made to clarify treatment and care. These are received by the Patient Advice and Liaison Service, the issues will log on Ulysses and the directorates will be sent all the key information on the PALS Management Document. It may be that departmental staff or the Patient Advice and Liaison Service can resolve matters quickly without the need for a formal route.

Concerns or complaints which are dealt with to the complainant's satisfaction within one working day of the concern being made, or if the concern/complaint raised is dealt with by staff to the complainants satisfaction, will be classified as an informal concern/complaint.

If a meeting is arranged or a letter written by the directorate staff to try and resolve the concern, it will remain open on Ulysses until a fully completed PALS management document is received with the outcome of the meeting or a copy of the letter written by the directorate provided.

A record of the outcome of concern or complaint should be recorded on the PALS management document and sent back to PALS. They will close the concern on Ulysses.

Where the complainant remains unhappy with the outcome and informal resolution is not possible, staff should give assistance to the complainant to allow them to raise their complaint formally. Staff should provide ease of access to the complaints process and make it as simple as possible.

Staff should provide details and documentation in the way of this policy and our complaint leaflet (see appendix 4) on how to make a complaint or direct the complainant to our

website or Complaints or PALS Team for further information.

5.9 Local Resolution

This is the process by which the Trust makes every effort and all appropriate steps to try and resolve the complaint. The Trust should observe the Parliamentary and Health Service Ombudsman's Principles of remedy, Good complaint handling and, My Expectations to Raising Concerns and Complaints – a user led vision.
See appendix 5 for the general principles and the link for the full report (https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints).

The Trust will aim to ensure all complaints that are not subject to serious incidents are responded to within 25 working days or a date agreed with the complainant. If the investigation cannot be completed within the timeframe the complainant will be kept fully informed. The aim is to resolve the issues raised in a timely and fair manner for all parties concerned.

Good communication is key to resolving complaints and this should be effective first and foremost with the complainant offering a point of contact and internally, there should be between staff and departments involved in the care. There should also be close links with external organisations involved to ensure a collaborative approach to responding to the complaint.

5.10 Complaint Handling – Investigation – Outcome

Complaints can be made either in writing, by email or letter, or verbally to any member of staff within the service or directly to the Patient Advice and Liaison Service or Complaints Team. Any complaint that is received verbally should be recorded using the Complaint Form (Appendix 6).

Any complaint verbally or in writing received within the service, should be forwarded electronically to the Complaints Team within 1 working day of receipt.

Receipt and triage

Following receipt of any complaint, the Complaints Team will triage the complaint to assess the content specifically if consent is required and whether the issues are eligible to be investigated under the NHS Complaints Regulations or, should be directed to a more appropriate pathway.

Should the issues not be eligible to be investigated under the complaints process a letter from the Chief Executive will be sent explaining the reasons why this approach has been taken. This should be done, where practically possible, within 3 working days of receipt of the complaint. The letter is recorded on Ulysses as an enquiry should the complainant get back in touch to appeal against the decision.

Acknowledgement and seeking consent

Where a complaint has been made on behalf of another person and consent is required, the Complaints Team will write to the complainant to seek assistance with the appropriate consent form and supporting documents, where relevant. The complaint will be logged onto Ulysses as pending and details of the complaint will be shared with the directorate should there be any patient safety or safeguarding concerns that need intervention whilst consent is obtained. This should be done within 3 working days of receiving the complaint. The timeframe for investigation will not begin until consent and/or the appropriate supporting documents are received by the Complaints Team.

If appropriate to formally register the complaint the Complaints team will record the details on Ulysses and issue the complaint and all relevant documents to support the investigation to the relevant Directorate Complaints Lead. This will be the process followed on receipt of consent.

Initial contact

Following receipt of the complaint and documents, the Directorate should allocate an Investigation Lead.

The Investigation Lead is responsible for reviewing the complaint and contacting the complainant to establish further context to the issues raised, agree who will receive the response, the preferred way the complainant would like to receive their response and if there are any special requirements that need to be considered as part of the investigation and response process. Importantly the complainant should also be provided with the name of the Investigation Lead and contact details should they wish to contact the investigator at any stage of the investigation.

If the contact with the complainant has been unsuccessful and every reasonable attempt has been made on more than one occasion or, they have indicated that they do not wish to be contact by telephone, the Investigation Lead should email or write to the complainant to outline:

- Their name, role and contact details should they wish to get in touch at any point during the investigation
- Their understanding of the issues of the complaint
- How the issues will be investigated
- Who they will liaise with and any resources that may be needed to investigate
- What documents, policies or procedures they will potentially refer to

If it is identified at this point that input is required from another organisation, the Complaints Team will progress this by seeking the appropriate consent from the complainant considering sections 5.16.

Where any issues relating to patient safety, litigation, safeguarding are identified, the Investigation Lead should ensure the appropriate action or department is contacted to progress the issues. The Complaints Team, where appropriate, should be made aware of the action taken.

The Investigation Lead should also highlight any concerns relating to the application of the Mental Health Act (MHA)/Code of Practice 2015 standards. Where concerns are identified these shall be shared with the Regulation and Assurance Lead for the Trust supported by the Senior MHA Administrator for their review and advice on any further action to be taken, where required.

The Investigation Lead should complete an initial risk assessment of the complaint. Please refer to section entitled level of risk and use of the Severity Grading Tool within the Management Document (Appendix 7). They should also ensure the contact with complainant,

The Investigation Lead should ensure contact is made and that a record of the contact with the complainant, details of any incident, Duty of Candour and response method agreed with the complainant are completed on the Complaint Management Document and sent to the Complaints Team, where possible, within 8 working days of receiving the complaint. The Complaints Team will update all the details within the management document onto Ulysses.

The response

The Trust recognises the importance and value of providing a response to all complaints which is fair, open, honest and transparent and is considerate to the circumstances and individual needs of each complainant. A full response must be made within 25 working days of receipt of the complaint or a date agreed with the complainant, if different.

If, in exceptional circumstances, it is necessary to request an extension this must be discussed with the Complaints Team and then agreed with the complainant. The Investigation Lead will contact the complainant to discuss the extension, the reasons for this and agree a new date. The Investigation Lead will update the contacts section of the management document with the outcome of their discussion and then send this to the Complaints Team to update Ulysses.

The Complainant may be unwilling to grant an extension and in these circumstances the Investigation Lead in cooperation with the Complaints Team should do everything possible to meet the original timeframe. If the timeframe will elapse the Complaints Team will write to the complainant to advise of the reasons why and when the complainant is likely to receive their response.

When looking to provide a response, this should be flexible to the preferred response method of the complainant and can be either via a letter, email, local resolution meeting or telephone call.

Where a complainant or their representative wishes to have a meeting to discuss the complaint, the Investigation Lead should encourage this as part of the resolution process as the benefits of meeting face to face can be significant in understanding the issues fully and allow for a positive discussion on the findings of the investigation and what actions the Trust intend to implement. A local resolution meeting can take place at any point in the complaint process and it is important for all staff in attendance to have undertaken preparation.

The complainant should be engaged in the process of arranging a date but should it not be possible to arrange a date within the 25 working day timeframe, a letter confirming the reasons why and advising that a response will be provided within 25 days of the meeting date will be required. This will also be confirmed with the complainant at the meeting.

Where a response has been provided by a local resolution meeting or telephone call, a summary of the issues discussed and any actions and learning should be provided in the response to complainant section of the management document and sent to the Complaints Team. The complaints team will format this into a response accompanied by a covering letter that will be signed off by the Chief Executive.

When concluding the investigation, the Investigation Lead shall ensure that the investigation is evidence based, cogent and supports the response. In drafting the response to complainant, the Investigation Lead should consider:

- All points raised in the initial letter and contact with the complainant are addressed
- A clear chronology of events detailing times and dates and a description of what took place is provided
- The response is clear, jargon free, easy to understand and is not defensive and, spelling and grammar is checked.
- The response is written sympathetically and considering the circumstances of the complaint and complainant
- An apology is provided, where appropriate, and any learning and actions the service will undertake
- Medical issues are checked by the appropriate clinicians/medics for factual accuracy
- The Trust complaint response or covering letter should offer the opportunity for the complainant to approach us again either to obtain a further written response or offer a meeting
- The details of the Parliamentary and Health Service Ombudsman are provided

Along with the draft response or summary of the meeting, the Investigation Lead will also complete:

- The investigation process section of the management document ensuring a detailed account of their investigation to each point raised making use of the discussion template for any statements taken from staff involved in the complaint.
- The Complaint outcome section of the management document detailing the outcome (upheld, partly or not upheld) to each point raised
- The overall outcome is provided (upheld, partly or not upheld)
- Any lessons learnt are detailed along with a fully completed action plan that has emails/evidence from relevant staff acknowledging their responsibility for completing the actions.
- The final risk grading
- The details of the head of service that has approved the management document and the date this took place.

Along with the Management Document any statements, interviews, email exchange or telephone conversations with staff as part of the investigation should be provided to the Complaints Team.

In addition any relevant health records, policies, procedures or journal articles referred to within the investigation should be provided to the Complaints Team.

The written response or covering letter to accompany any summary of a telephone or meeting discussion will be composed by the Complaints Team and should be appropriately processed through the Trust quality assurance process with the Chief Executive or their nominated deputy ultimately signing this off.

A signed copy of the final response will be shared with the Investigation Lead so that this can be disseminated to the relevant staff involved in the complaint investigation and service for noting and learning, where relevant. If the complaint relates to a medical practitioner, a copy of the signed final response will be emailed to the Medical Director copying in their PA.

5.11 Learning from complaints, remedial action and compensation

All complaints offer the opportunity for the Trust to learn and improve the quality of service provided. It is important that all complaints even those that are considered not upheld are shared and we learn from those with foundation.

Any learning and actions identified following the investigation will be included onto the Complaints Management Document and an action plan devised, where appropriate. All actions identified will be recorded onto Ulysses under the relevant complaint reference.

Each Investigation Lead will be required to provide the relevant information relating to action onto the action plan and provide evidence in the form of a signature or email from the action lead stating their involvement in formulating and agreeing to the responsibility of the actions. The Directorate will then be required to evidence that the actions and learning have been implemented. Monthly reports will be produced by the Complaints Team to monitor the progress of each action and will remain outstanding on Ulysses until satisfactory evidence has been provided.

Learning from Complaints should be discussed anonymously on Wards, at Departmental meetings, Directorate Governance meetings and the Complaint Review Group. Complaints Service will also provide quarterly and annual reports for the Complaints Review Group and highlight reports which will feed into the Quality Forum, Lessons Learnt Group and Quality Assurance Committee to ensure ward to board feedback. Monthly and quarterly reports will also be provided to each directorate.

Not all complaints require financial remedy and complainants often seek an apology when things have gone wrong. The Trust should consider all forms of remedy, such as acknowledging if a mistake or error has been made, an explanation of events, action taken as a result and, where appropriate, financial reimbursement. Ex-gratia payments in respect of expenses incurred by patients should also be considered where the Trust is found to be at fault, in accordance with the Trust's losses and special payments policy.

The PHSO may also recommend redress for the complainant in instances where they partly uphold or uphold a complaint following their review.

Complainants seeking compensation for non-quantifiable loss for example negligence and distress should be advised to seek legal advice which should be done through the Trust secretary.

5.12 Further Local Resolution (Reopened Complaints)

Although the aim of following the above process is that the complainant will be satisfied with the outcome and the complaint will be resolved, the Trust recognises that complainants may remain dissatisfied with the explanation and remedial action suggested. It is acknowledged that the information provided in our response may lead to further concerns being raised.

It is important in the first instance that the Trust receives from the complainant the issues that they remain unhappy with in order to fully investigate these or, if a meeting is indicated, ensure the correct staff are in attendance.

If the further letter contains new issues these should be recorded as a new complaint on Ulysses and the issues investigated as the above process.

Once the Trust is in receipt of the further issues the Complaints Team will provide a written acknowledgement. Where possible a response should be provided within 25 working days or a date agreed with the complainant.

The response should include a reminder of the complainant's right to approach the Parliamentary & Health Service Ombudsman.

5.13 The Parliamentary and Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied with the handling of their complaint and all avenues to help resolve matters have been exhausted, they can approach the Parliamentary & Health Service Ombudsman. The PHSO is independent of the Trust and may be able to undertake an independent review of the complaint.

The Complaints Team will handle any requests from the PHSO and liaise with the relevant directorate or services. In the interests of resolving the complaint, the Trust needs to fully cooperate with any requests by the PHSO.

Any initial contact from the PHSO should be logged onto Ulysses and raised with the Complaints Manager to consider their request.

In the event the PHSO requests the patient medical records and complaints file, the Complaints Team will coordinate these documents with the Data Privacy Team ensuring they are sent within the stipulated timeframe along with any accompanying comments.

If the PHSO decide to investigate the complaint and subsequently provide a report on their findings to the Chief Executive, the Chief Executive will delegate the responsibility of dealing with any recommendations made to the relevant directorate or service. The Complaints Team will assist the Directorate to collate and send any relevant comments and evidence to the Ombudsman.

5.14 Supporting staff involved in a complaint

The Trust recognises our duty to staff rights to anonymity in written complaint responses where there is no demonstrable need for an individual to be personally named. However, it is admissible to identify an individual by their post or title, where such detail is necessary within the context of the response for purposes of clarity.

A demonstrable need to personally identify staff members may arise where:

- An individual bears overall responsibility for the service user's healthcare (e.g. a Consultant);
- An individual has been identified by the complainant and the issues concerning the individual require a direct response.

Where a demonstrable need arises on the part of one staff member this does not automatically give rise to the need to name other staff members in the same response. Each disclosure of an individual's name must be determined on its own merits.

Wherever staff members are identified and whenever statements prepared by staff members are used in whole or in part in response letters, the staff members shall be made aware of this by the Investigation Lead and provided with a copy of the response letter.

5.15 Complaints that involve more than one directorate and service

Where a complaint is received which spans more than one service or directorate, the Complaints Team will in the first instance identify the primary or most serious issue within the complaint and register the complaint on Ulysses against the directorate this issue relates to. The subsequent issues will be identified and recorded on Ulysses under the relevant service and directorate.

The complaint will be issued to the lead directorate who will be required to contact the complainant to complete the relevant sections of the management document including the issues for the other directorates. This is to ensure that all issues are fully understood and that they are not contacted by more than one member of staff.

The lead directorate with support from the Complaints Team will be responsible for coordinating a joint response between the different services/directorates and providing a collaborated response and management document.

5.16 Complaints involving more than one organisation

When a complaint is received that requires involvement from more than one organisation the recommendation is that a coordinated response should be provided.

In the first instance the Complaints Team will seek consent from the complainant or patient, if the complaint is made on their behalf. Following receipt of the appropriate consent they will share the letter with the relevant organisation and establish who should be the lead organisation and communicate with the complainant from that point forward. The investigation will not commence or any information shared with the other organisations until the appropriate consent is received.

Due to the varying timeframes across organisations it may not be possible to produce a coordinated response and the Trust on occasion may need to respond in isolation. In these instances the Complaints Team will seek permission from the complainant in advance of any complaint response being provided.

5.17 Complaints received which fall wholly within the remit of another organisation

On occasion a complaint will be received which relates entirely to another organisation. This may be due to a lack of understanding about which organisation is responsible for the care or service. The Complaints Team will acknowledge receipt of the complaint and seek consent either verbally or in writing to share the complaint with the relevant organisation.

5.18 Independent Complaint Advocacy Services (ICAS)

ICAS are independent organisations where there primary function is to support those making a formal complaint about the NHS. The Trust should make the complainant aware of this service and encourage the use of their services. All staff have a responsibility to actively promote the use of ICAS and to provide details which can be located in the Trust complaints leaflet, on the website or directly from the Complaints Team.

5.19 Level of Risk

The Investigation Lead is required to undertake an assessment of the risk associated with the complaint both before and after the investigation. This is undertaken using the severity grading tool and matrix.

Any complaints that are highlighted to have a moderate or high severity level should be escalated to the Corporate Patient Safety Team (CPST) for consideration.

Complaints that are classified as high should be escalated to the CPST for consideration at the weekly Incident Review Meeting for consideration and investigation as a Serious Incident (SI) Investigation.

5.20 Serious Incident

Complaints may be received regarding SI's. It may be that on review of a new complaint it becomes evident the situation:

- Is or has been subject to an SI.
- A person affected by a SI may raise a complaint about the handling of the investigation or may choose to raise a complaint about the situation despite the SI being under investigation.

Each situation will reviewed and managed as required.

If a complaint is received and there are implications that it is part of an existing SI or that it will be escalated to an SI. The complaint should be sent to the CPST via email at LPT-PatientSafety@leicspart.nhs.uk and it will be reviewed at the Trust's Incident Review Meeting which occurs once a week every Friday morning.

The complaint will be acknowledged and recorded in our normal process however; the complainant will subsequently be contacted by the Investigation Lead and advised that the complaint will form part of the SI. The Complaint will be withdrawn and feedback achieved through the patient safety incident investigation process.

The Complaints Team will follow up in writing to keep the complainant fully informed of the decisions made. It is important that the CPST are fully briefed with regards to the content of the complaint to ensure that the SI investigator includes the concerns raised and also acknowledges this with the patient/family as appropriate. A copy of the complaint should be made available to the CPST for addition to the SI file.

5.21 Duty of Candour

It is a requirement of the Trust to be open, honest and transparent with people who use the services when a patient comes to harm that is considered to be moderate or above which may also lead to a notifiable serious incident.

Duty of Candour is part of all NHS organisations Care Quality Commission (CQC) registration requirement. Duty of Candour applies to all incidents where moderate or severe harm or death has occurred as a result of an incident.

To give clarity to this policy there are currently five categories recognised in the NHS 2015 Serious Incident Framework that allows organisations and teams to determine the level or degree of harm as a result of a patient safety incident:

- **No harm** – a situation where no harm occurred: either a prevented patient safety incident or a no harm incident

- **Low harm** – any unexpected or unintended incident that required extra observation or minor treatment and caused minimal harm to one or more persons

- **Moderate harm** – any unexpected or unintended incident that resulted in further treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, and which caused short-term harm to one or more persons

- **Severe harm** – any unexpected or unintended incident that caused permanent or long-term harm to one or more persons

- **Death** – any unexpected or unintended event that caused the death of one or more persons.

A Duty of Candour monitoring section is included as part of the complaints management document which should be completed and returned to the complaints service on completion of the investigation.

The Trust must 'be open and honest' in its communication and service provision for its patients and must ensure staff know their responsibilities as described in the Trusts 'Being Open and Duty of Candour Policy' and Procedures that are linked to it.

Any complaint relating to the death of a patient should be escalated into the Directorate learning from death process copied also to LPT-PatientSafety@leicspart@nhs.uk. The Complaints Team in cooperation with the Patient Safety Team will write to the complainant to make them aware. The Complaint will be placed on hold whilst this process is undertaken and a response subsequently provided by the directorate once the learning from death process complete.'

5.22 Coroner's Cases

The fact that a death has been referred to the Coroner or a death has been reviewed by the Coroner does not mean that the complaint needs to be suspended but the complaint investigation should take into account any reports to the Coroner and may need to be used to assist with the investigation and response to the complaint issues.

5.23 Litigation

If litigation is indicated or commenced, the Trust will need to ensure that the complaints process will not prejudice any legal or judicial proceedings. It is unusual for complaints and legal action to run concurrently but if there are no reasons for this not to take place the complaints investigation will commence alongside litigation or judicial proceedings. If there are reasons for the investigation not to proceed the complaint will be placed on hold and the complainant made aware of this in writing by the Complaints Team.

5.24 Criminal investigations or allegations of serious misconduct

Where a complaint alleges issues of criminal proceedings and the matter has been referred to the Police, the Investigation Lead may defer matters relating to that part of the complaint. This is only done after taking advice from the Trust solicitors, the Crown Prosecution Service and the Police, as appropriate. It is important that care is taken to ensure that any Trust investigation does not compromise the Police inquiry.

The Complainant must be kept informed of the action taken and, if the complaints procedure has commenced, it must be concluded at the appropriate time.

In cases where serious misconduct has been alleged the relevant Service Director should be notified immediately to enable decisions on the most appropriate way forward as the complaint process may no longer remain relevant. In these cases it may be that the concerns would be more appropriately managed through the Human Resources policies and these issues are not registered as part of the complaints process. In this case the complainant will be advised by writing that the complaints process is not relevant and the issues are being taken forward with the most appropriate people but the Trust will not disclose any specific details in the interests of protecting staff confidentiality.

Additionally, if it is identified that the concern or complaint represents an allegation against an employee/bank worker, that they may be harming a child, young person or an adult at risk, Policy and Procedure should be followed and the allegation recorded as an incident on Ulysses (E-IRF)

5.25 Staff Complaints

Staff can complain about their own care and treatment or in the role of carer to a relative who is a service user. However, issues that relate to management issues, grievances or concerns over health and social care practice should be addressed under the appropriate established policy and cannot be investigated under the complaints procedure

5.26 Disciplinary Action

Staff should be supported in any complaint received but it is recognised that some complaints may lead to disciplinary and conduct procedures being instigated separately. It is not the Trusts policy to share this action and any outcome with the complainant.

5.27 Complaints of fraud and corruptions

Any complaints concerning or alleging fraud or corruption should be passed immediately to the Director of Finance and the Trust Counter Fraud, Bribery and Corruption Policy should be considered prior to commencing any investigation..

5.28 Record Keeping and retention of concerns and complaint documentation

Staff must ensure that their record keeping is clear and accurate and that all sections of the concerns or complaint management document are fully completed. Staff must keep all information collated during the management of a concern or a complaint including emails, statements, notes of meetings or telephone calls and, information relied upon to respond or formulate the concern or complaint response.

In relation to concern this detail should be forwarded to the PALS Team and a complaint should be forwarded to the Complaints Team; this includes the patient records or a reference to the records used. Registered electronic complaint files will be kept for 10 years in the archive storage area. Further information about this and how we use your data can be found under our data privacy notice.

Staff should abide by the NHS Constitution and not place any details or reference to a complaint on the medical records.

5.29 Publicity

Information about this complaint policy is available to the public on the Trust website where key features of the complaint process can be observed along with electronic copies of our complaints leaflet.

5.30 Unreasonable and persistent behaviour

The Trust is committed to dealing and responding to complainants fairly and sympathetically. There may be occasions where a complainant's behaviour may become unreasonable or persistent which can place undue strain on time and resource and cause unacceptable stress on NHS staff and service with little hope of resolution.

The Trust recognises and should remember that there may be substance to the complaint and this should be dealt with in line with the regulations. We do not however accept staff should not have to endure difficult situation or behaviour which is abusive, insulting or frequent in nature and may need to consider the way we communicate with the complainant and restrict how someone can contact us.

The Trust should ensure an equitable approach and provide an open and honest response to matters. This procedure should only be used as a last resort and after all reasonable measure have been exhausted.

The definition and options for handling any complainant who is deemed to be unreasonable and persistent in their behaviour can be found in appendix 8

6.0 Monitoring compliance and effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Whole document	The organisation listens and responds to concerns and complaints	Whole document	Complaints reports	Complaints Manager	Complaint reports to the Complaint s Review Group and highlight reports to

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	from patients, their relatives and carers				Quality Forum & QAC
Page 7	The organisation will make sure that patients, their relatives and carers are not treated differently as a result of raising a concern or complaint	Section 4.11	Included in complainant satisfaction surveys undertaken by the Complaints Process	Complaints Manager	Ongoing – Quarterly basis to all complainant upon closure of their complaint
Pages 5,7,7-19	The organisation makes improvements as a result of a complaint	Section 2.0 page 5 Section 3.0 Page 5 Section 4.0 pages 7 Section 5 Page 7-19	This is reported in quarterly reports as part of the Quality Schedule. Complaint reports to the Complaint s Review Group and highlight reports to Quality Forum & QAC	Complaints Manager	Quarterly
Pages 5, 7	Survey of complainants to receive feedback	Section 2.0 page 5 Section 3.0 pages 5	Complainant satisfaction surveys undertaken by the Complaints Process	Complaints Manager	Quarterly basis to all complainant upon closure of their complaint
Pages 14	Review of lessons learned and action plans to demonstrate	Sections 5.11	Complaint reports to the Complaint Review Group and highlight	Complaints Manager	Quarterly

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	improvements made as a direct result of complaints		reports to Quality Forum & QAC		
Pages 4, 32	Annual monitoring captured against the protected characteristics	Page 4 & Appendix 9	Annual Report	Equality & Human Rights Team	Annual

7.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (NHS Complaints Regulations)	New complaints will be acknowledged with 3 working days
Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (NHS Complaints Regulations)	Complaints will be responded to within 25 working days or timeframe agreed with complainant
CQC Regulation 16: Receiving and acting on complaints	Improvement action will be taken in response to any failure identified

8.0 References and Bibliography

Policy was drafted with reference to the following:

- The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009
- Department of Health 'Listening, Responding, Improving: A guide to better customer care' (February 2009)
- The Francis Recommendations from the Mid Staffordshire NHS Foundation Trust Public Enquiry (February 2013) - Chapter 3 Complaints: Process and Support
- The Clwyd / Hart Report 'Putting Patients Back in the Picture – A Review of NHS Hospitals Complaint Handling' October 2013
- The Patient Association 'Complaints Management Standards'
- The Parliamentary and Health Service Ombudsman (PHSO) Principles of remedy
- The Parliamentary and Health Service Ombudsman (PHSO) – My expectations to concerns and complaints
- LPT Record Keeping and Care Planning Policy
- NHS Constitution
- NHS Serious Incident Framework: Supporting Learning to Prevent Recurrence

- LPT ‘Being Open/Duty of Candour Policy 2020
- The LPT Data Protection and Information Sharing Policy
- LPT Mental Capacity Act Policy
- LPT Consent Policy

APPENDIX 1

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.

The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	X☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	X☐
Support and value its staff	☐
Work together with others to ensure a seamless service for patients	X☐
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	X☐

APPENDIX 2

Stakeholders and Consultation

Key Individuals involved in developing the document

Name	Designation
Alison Kirk	Head of Patient Experience and Involvement
Matt Smith	Complaints Manager

Internally circulated to the following individuals for comment

Name	Designation
Anne Scott	Director of Nursing, AHP's and Quality
Danielle Cecchini	Director of Finance and Deputy Chief Executive
Rachel Bilsborough	Director for CHS
Helen Thomson	Director for FYPC
Mark Roberts	Assistant Director for FYPC
Gordon King	Director for AMHLD
Frank Lusk	Trust Secretary
Chris Brooks	Clinical Governance Manager for FYPC
Victoria Clarke	Complaints and Clinical Governance Practitioner
Heather Darlow	Head of Governance for CHS
Cath Hollis	Governance Manager for CHS
Sam Kirkland	Head of Data Privacy
Jane Howden	Regulation & Assurance Lead
Haseeb Ahmad	Head of Equality, Diversity and Inclusion
Emily Robertshaw	Governance Manager for FYPC
Donna Phillips	PA to Director of CHS
Tracy Ward	Head of Patient Safety
Sue Arnold	Patient Safety Lead Nurse
Members of the Complaints Review Group	

APPENDIX 3

Due Regard Screening Template

Section 1	
Name of activity/proposal	Complaints Policy
Date Screening commenced	
Directorate / Service carrying out the Assessment	Enabling / Patient Experience
Name and role of person undertaking this Due Regard (Equality Analysis)	Matt Smith Complaints Manger
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: The LPT recognises and encourages feedback from diverse communities as being a valuable tool for improving the quality of services it provides. It also helps to identify possible equality, diversity and human rights issues that may adversely impact on service delivery across the organisation. The principal aim is to resolve complaints as fairly and as quickly as possible and to identify lessons learnt to prioritise service improvements and to continually improve the quality of service delivery.	
OBJECTIVES: The purpose of this policy is to ensure that complaints and compliments received, about the services LPT provides to service users and the general public are managed consistently and meet the requirements of the NHS Complaints Regulations.	

Section 2	
Protected Characteristic	**If the proposal have a positive or negative impact please give brief details**
Age	This policy has been screened to eliminate any unlawful discrimination and as such this policy has no specific impact on any protected characteristic or equality group. However, reasonable adjustments may be required to the process to ensure any protected characteristics has full opportunity to access the process i.e. large print, Braille, an alternative language or as an audio version, etc.
Disability	A/A
Gender reassignment	A/A
Marriage & Civil Partnership	A/A
Pregnancy & Maternity	A/A
Race	A/A
Religion and Belief	A/A
Sex	A/A
Sexual Orientation	A/A
Other equality groups?	A/A

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes			
High risk: Complete a full EIA starting click <u>here</u> to proceed to Part B		Low risk: Go to Section 4.	

Section 4
If this proposal is low risk please give evidence or justification for how you

reached this decision:			
All staff implementing the policy will have received appropriate training on equality, diversity and human rights awareness together with support from the Equality and Human Rights Team. Information is provided in an appropriate format to reduce any adverse impact such as large print, braille and alternative language on request. In addition equality monitoring of all relevant protected characteristics to which the policy applies will be undertaken. This will help identify any specific adverse or positive trends in respect of any relevant equality group and contribute to providing lessons learnt outcomes to improve service delivery and achieve the overall purpose of this policy. This policy will be continually reviewed to ensure any inequality of opportunity for service users, patients, carers and staff is eliminated.			
Signed by reviewer/assessor	Matt Smith	**Date**	31/03/2020
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Alison Kirk	**Date**	31/03/2020

APPENDIX 4

If needed you can contact the following agencies for help

Samaritans
24 hour freephone helpline for people in crisis Tel: 116123

Turning Point Crisis Helpline
24 hour freephone helpline offering confidential support in time of crisis. Drop in sessions available. Tel: 0808 800 3302

LAMP
Mental health advocacy and information. Tel: 0116 255 6286

POhWER
Independent Mental Health Advocates (IMHA) and NHS complaints advocacy. Tel: 0300 456 2370 email: pohwer@pohwer.net

SHOUT Text Service
24 hour national mental health crisis text message service. Text shout to 85258

Staying Alive App
A suicide prevention resource for the UK with useful information and tools to help stay safe in a crisis. Can be used if you are having suicidal thoughts or are concerned about someone else.

If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

Creating high quality, compassionate care and wellbeing for all

Date implemented: January 2020
Review date: January 2022
Leaflet No. 526 - Edition 1
Replaces leaflets: 346 and 347

NHS
Leicestershire Partnership
NHS Trust

Patient feedback

listening to you

PALS: 0116 295 0830
Email: PALS@leicspart.nhs.uk
Complaints: 0116 295 0831
Email: Complaints@leicspart.nhs.uk
Write to us: Freepost LPT PATIENT EXPERIENCE
www.leicspart.nhs.uk follow us on Twitter @LPTpatientexp

Compliments

Your compliments make a real difference, they really help to let us know when we're doing things right.

You can share positive feedback with us in writing, email or by speaking to any member of staff or our Patient Advice and Liaison Service (PALS).

Your feedback will then be shared with the relevant individuals or teams.

Comments

You can leave comments about our services when you complete our friends and family test or by writing to us or emailing us.

We act on your comments and concerns to make improvements to our services and ensure lessons are learned.

You can give your feedback in writing or verbally, or by sharing with a member of staff or our PALS team.

Concerns

Raising a concern can be done directly with staff, and we would encourage you to do this, as they can work with you to resolve the issue quickly.

If you would rather not raise your concerns directly with the staff, you can share them with PALS - we will help you to resolve them.

PALS is a free and confidential service for patients, their carers and family members.

We provide on-the-spot advice and support.

We will keep you informed about our progress and will communicate in a way that suits you.

Complaints

We aim to respond to complaints within 25 working days or a date agreed with the individual raising the issues.

We will keep you informed about the progress of your complaint in a way that suits you.

Once we've reached a conclusion, we will respond explaining what we found and what steps have been taken. We will also let you know what we have learned from your experience and how this has led to our services being improved. We can feedback this information either in writing or a meeting.

We also welcome your feedback on our complaints process to help us improve our service.

APPENDIX 5


A user-led vision for raising concerns and complaints
I felt confident to speak up.
I felt that making my complaint was simple.
I felt listened to and understood.
I felt that my complaint made a difference.
I would feel confident making a complaint in the future.
1
Considering a complaint
I knew I had a right to complain
I was made aware of how to complain (when I first started to receive the service)
I understood that I could be supported to make a complaint
I knew for certain that my care would not be compromised by making a complaint
2
Making a complaint
I felt that I could have raised my concerns with any of the members of staff I dealt with
I was offered support to help me make my complaint
I was able to communicate my concerns in the way that I wanted
I knew that my concerns were taken seriously the very first time I raised them
I was able to make a complaint at a time that suited me
3
Staying informed
I always knew what was happening in my case
I felt that responses were personal to me and the specific nature of my complaint
I was offered the choice to keep the details of my complaint anonymous and confidential
I felt that the staff handling my complaint were also empowered to resolve it
4
Receiving outcomes
I received a resolution in a time period that was relevant to my particular case and complaint
I was told the outcome of my complaint in an appropriate manner, in an appropriate place, by an appropriate person
I felt that the outcomes I received directly addressed my complaint(s)
I feel that my views on the appropriate outcome had been taken into account
5
Reflecting on the experience
I would complain again, if I felt I needed to
I felt that my complaint had been handled fairly
I would happily advise and encourage others to make a complaint if they felt they needed to
I understand how complaints help to improve services

APPENDIX 6

Complaint Form

You, or a staff member on your behalf, may use this form to raise a complaint about the services provided by Leicestershire Partnership NHS Trust. However if you would like further advice or help in completing this form, please ask a member of staff, or contact our Complaints Team on 0116 295 0831.

If you would like to seek independent advice and assistance about making a complaint please contact the Complaints Advocacy Service on 0300 456 2370. This service is provided by POhWER.

Please be assured that your care and treatment will not be affected in any way by raising your concerns. If, at any point in the process, you feel that your care has been adversely affected as a result of you making a complaint, please contact the Patient Advice and Liaison Service (PALS).

Summary of complaint: What happened, what went wrong, and why are you complaining – please also provide any other information you feel is relevant to help us understand your complaint.

Are there any specific questions you would like to be addressed?

Please state what you would like to see happen as a result of your complaint

About you Please provide as many details as possible	
Your name:	
Date of birth:	
NHS number (if known):	
Address (including postcode):	
Email address:	
Telephone number:	
Preferred method of contact:	

If you are making a complaint on behalf of another person, please provide their details We will usually need the patient's consent before we can release our investigation findings, however we will contact you to discuss this.	
Name of patient:	
Date of birth:	
NHS number:	
Address (including postcode):	
Telephone number of patient:	

Please provide the details of the team/service/person you are complaining about	
Name of service:	
Address (if known):	
Staff members involved:	

Thank you for completing this form.
Please forward the completed form to Complaints Team, Leicestershire Partnership NHS Trust, Swithland House, 352 London Road, Leicester, LE2 2PL

APPENDIX 7

Leicestershire Partnership NHS Trust

Complaint Management Document

Ulysses Reference	

Name of Patient	
Name of Complainant	
Complainant contact number	

Complaint Document	

Name of Investigator and Job Title	

You must telephone the complainant at the start of the investigation to introduce yourself as the investigator and provide them with your details as a point of contact and to discuss the complaint and any requirements. Please offer a face to face meeting to discuss their concerns.

Initial Risk Grading		Severity Grading Tool.docx
Seriousness	Likelihood	Severity
Choose an item.	Choose an item.	Choose an item.

Have you raised an incident?	Choose an item.
If yes, Incident Reference Number	
Does Duty of Candour need to be completed?	Choose an item.
Please state the details undertaken relating to Duty of Candour	

Does the complaint have any issues that need to be escalated?	Choose an item.
What team have these been escalated to and the date? (if more than one please state)	

What response method was agreed with the complainant			
Recipient			
Patient		Solicitor	
Complainant		MP	
Advocate			
Other			

Response Method				
Letter				
Email				
Meeting to feedback findings		Date		
Telephone to feedback findings		Date		
Other				

Special requirements			
Easy read forma			
Coloured Paper			
Large font			
Translation		Language	
Other			

Contact with Complainant			
Date	Time	Contact Type (Telephone, email, face to face)	Brief Summary

Investigation Process	
Please describe in the box below what you did to investigate the complaint for example what documents were reviewed and collected, who you spoke with. ALL evidence that was used to investigate the complaint must be provided to the Complaints Team including any medical records, policies, procedures and statements/discussion held. The discussion template is embedded.	 Discussion Template.docx  Discussion Template.docx

Response to complainant
Please can you draft your response that you wish to provide to the complainant in the box below. Please write the response how you would like this to appear in the final letter noting that it needs to consider tense and that it will be signed by the Chief Executive

Complaint Outcome
If there are several issues within the complaint please indicate whether they are upheld, partly upheld or not upheld

Complaint Overall Outcome	Choose an item.

Lessons Learned	
Please explain any learning identified during the investigation and any recommendations to improve the services provided. Please can you indicate whether the learning can be shared with the service/directorate or Trust wide. The learning should form part of an action plan.	 Complaints Action Plan.docx

Final Risk Grading		 Severity Grading Tool.docx
Seriousness	Likelihood	Severity
Choose an item.	Choose an item.	Choose an item.

Review		
	Name	Date
Head of Service		

APPENDX 8

Managing unreasonable and persistent behaviour

When determining arrangements for managing and dealing with unreasonable and/or persistent behaviour staff should ensure that the complaints procedure has been correctly implemented as far as practically possible. It is important that staff appreciate the behaviour of the complainant may be challenging but that does not mean that there is no substance to their complaint and should explore the issues appropriately.

Definition of unreasonable or persistent behaviour

Complainants and/or anyone that is acting on their behalf may be deemed to be unreasonable or persistent where current or previous contact with them shows that they have meet one or more of the following criteria. The list is not exhaustive and other factors may be considered when determining if an individual is to be considered under these procedures.

Where a complainant or the person acting on their behalf:

- Persists in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted or where implementation of the NHS complaints procedure is inappropriate for the issues raised (for example – where an investigations is 'out of time' and cannot be investigated fairly or effectively, or where the issues of concern arises from care as a private patient) or,

- Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints) or,

- Are unwilling to accept documented evidence of treatment as being factual (e.g. drug records, medical or nursing records) or,

- Deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed or,

- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of Trust staff and, where appropriate, advocacy support to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate or,

- Repeatedly focus on specific issues which have been appropriately and fully considered and responded to or,

- Have threatened or used actual physical violence towards staff or their families or associates at any time – (this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. All such incidents should be documented) or,

- Have, in the course of addressing a registered complaint, had an excessive number of contacts with the Trust, placing unreasonable demands on staff. (A contact may be in person, by telephone, letter or fax. Discretion must be used in determining the precise number of “excessive contacts” applicable under this section, using judgement based on the specific circumstances of each individual case) or,

- Display unreasonable demands or patient/complainant expectations, and fail to accept that these may be unreasonable (e.g. insist on responses to enquires being provided more urgently than is set out in the national guidance on complaints handling).

The context and history of the complaint should be reviewed when considering the questions above.

Considerations prior to taking action

You must make sure that the details of a complaint are not lost because of the presentation of that complaint. There are a number of things to bear in mind when considering the imposition of restrictions on a complainant.

These may include:

- Ensuring that the complaint case is being, or has been, dealt with appropriately, and that reasonable actions will follow, or have followed the final response.

- Confidence that the complainant has been kept up to date and that communication has been adequate with the complainant prior to their behaviour becoming unreasonable or persistent.

- Checking that the complainant is not raising any new or significant concerns that need to be considered that will affect the organisation’s view on the existing case.

- Applying criteria with care, fairness and due consideration for the complainant’s circumstances – bearing in mind any known physical or mental health conditions that may explain the reason for their difficult behaviour. This should also include consideration of the impact of any bereavement, loss or significant/sudden changes to the complainant’s lifestyle, quality of life or life expectancy.

- Considering the proportionality and appropriateness of the proposed restriction in comparison with the level of unreasonableness of the behaviour and impact on staff.

- Ensuring that the complainant has been advised of the existence and purpose of the policy and has been warned about, and given a chance to amend their behaviour or actions.

- Considering whether there are further actions to take before designating the complaint as fixated or unreasonable.

Actions prior to designating a complainant as unreasonable or persistent

Consideration should be given as to whether any further action can be taken prior to designating the complainant as ‘unreasonable’ or ‘persistent’. This might include:

- Where no meeting with staff has been held, consider offering this as a means to dispel misunderstandings and move matters forward – this option will only be appropriate where risks have been assessed, and a suitably senior member of staff can be present.

- Where multiple departments are being contacted by the complainant, consider setting up a strategy to agree a cross-departmental approach.

- Issue a warning letter explaining that if the complainant's actions continue, the organisation may decide to treat them as an unreasonable or persistent complainant and explain why.

- Consider if providing a copy of records, or setting a meeting to talk through records may help to dispel misunderstandings or misconceptions – this option will only be appropriate where staff are unaware of any circumstances where this would not be advisable and consent is appropriately obtained.

Options for dealing with unreasonable or persistent complainants

Where complaints have been identified as unreasonable or persistent in accordance with the above criteria, the Chief Executive (or appropriate deputy in their absence) will determine what action to take.

The Chief Executive (or deputy) will implement such action and will notify complainants in writing of the reason why they have been classified as unreasonable or persistent complainants and the action to be taken, and how long the restrictions will remain in place. The complainant should be provided with a copy of this Policy.

This notification may be copied for the information of others already involved in the complaint, e.g. clinicians, Advocacy support, Member of Parliament. A record must be kept for future reference of the reasons why a complaint has been classified as unreasonable or persistent.

The Chief Executive may decide to deal with complainants in one or more of the following ways:

- Place time limits on telephone conversations and personal contacts.

- Decline contact with the complainants either in person, by telephone, by fax, by letter or any combinations of these, provided that one form of contact is maintained, (if staff members are to withdraw from telephone conversations with a complainant it may be helpful for them to have an agreed statement available to be used should the complainant persist in ringing).

- Restrict contact liaison through a third party (such as an advocate).

- Refuse to register and process further concerns or complaints about the same matter - notify the complainant in writing that the Trust has responded fully to the points raised and has tried to resolve the complaint but has nothing more to add and continuing contact on the matter will serve no benefit. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged

but not answered. Complainants should be reminded of their right to pursue their complaint via the Health Service Ombudsman.

- State that the organisation does not deal with correspondence that is abusive or contains allegations that lack substantive evidence, request that a revised version of the correspondence be provided.

- Inform the complainant that any personal contact will take place in the presence of a witness.

- Drawing up a signed “agreement” with the complainant which sets out a code of behaviour for the parties involved if the Trust is to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other actions as indicated in this section.

- Inform the complainants that in extreme circumstances the Trust reserves the right to pass unreasonable or persistent complaints to its solicitors.

- Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice, or guidance from the Health Service Ombudsman.

- Consider invoking the Management of Violence & Aggression, Warning letters and Withholding Treatment Policy

Reviewing and Withdrawing ‘Complainant’ Status

Once complainants have been determined as unreasonable or persistent there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach, or if they submit a further complaint for which normal complaints procedures would appear appropriate.

Staff should have used discretion in recommending the initial unreasonable or persistent status and discretion should similarly be used in recommending that the status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief Executive (or nominated deputy). Subject to their approval, normal contact with the complainants and application of NHS complaints procedures will then be resumed.

Record Keeping

Ensure that adequate and accurate records are kept of all contact with unreasonable or persistent complainants. This should include circumstances when:-

- The decision to use this policy is invoked.

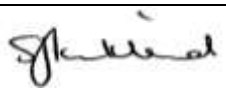
- Where a deputy is used to make the decision, the reason for the non-availability of the Chief Executive should be recorded on the file.

- A decision is taken not to apply the policy when a member of staff asks for this to be done, or make exception to the policy once it has been applied.

APPENDIX 9

Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. **The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.**			
Name of Document:	LPT Concerns and Complaints Policy		
Completed by:	Alison Kirk		
Job title	Head of Patient Experience and Involvement	**Date** 17/03/2020	
Screening Questions		**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		Yes	Complainants tend to disclose additional information and not just the complaint issue, although we only record the essential information in order to log the complaint.
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.		Yes	Yes when discussing the cause and details of the complaint.
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		Yes	When these occasions arise consent is sought from the complainant, where no consent is given then we do not share any information.
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		Yes	In order to investigate the complaint – may require review of patient electronic records.
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other		Yes	Electronic records can sometimes need to be reviewed as part of the complaint investigation.

information that people would consider to be particularly private.		
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk **In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.**		
Data Privacy approval name:	 Sam Kirkland, Head of Data Privacy	
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust