



Patient Experience: Dealing with Compliments, Concerns and Complaints Policy

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Executive summary

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1 Introduction

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

Ann Abraham to the Mid Staffordshire NHS Foundation Trust Public Inquiry

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

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

The Confederation will treat Concerns and Complaints seriously and ensure that those raised by patients or their representatives, are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The Confederation will also explain the outcome of any investigation, along with any resulting actions to the complainant.

The key issues taken into consideration when formulating this policy are that a complainant needs to:

- Know how to raise a concern, complaint, make a comment.
- Feel confident that their concern or complaint will be dealt with seriously.
- Understand that their complaints will be investigated and they will be informed of the findings of that investigation;
- Trust that the Confederation will learn from complaints and concerns, and will apply those lessons while also learning from and sharing best practice.

1.1 Scope of this policy

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

- made by a responsible body i.e. a Local Authority, NHS body, primary care provider or independent provider, including their members of staff, whilst acting as staff, and not service users, patients or carers and relatives
- made by an employee about any matter relating to their employment
- previously investigated under the NHS Complaints Regulations (2009)
- that have been, or are still being, investigated, by the Local Government Ombudsman under the Local Governments Act (1974) or the Parliamentary and Health Service Ombudsman
- arising out of the alleged failure of the Confederation to comply with a request for information under the Freedom of Information Act (2000)

- Patient Experience: Dealing with Compliments, Concerns and Complaints Policy relating to privately funded healthcare
- made by Independent Contractors
- allegations relating to assault or other criminal matters

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

2 Aims and Objectives

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

It;

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

3 Definitions

3.1 Patient

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

3.2 Feedback

Collective term used to describe compliments, comments, concerns and complaints received by the Confederation from patients or their representatives.

3.3 Comments

Any statement expressing a personal opinion or attitude, or a judgemental commentary about the Confederation staff, services or facilities based on a service user or carer's experience.

Comments can be positive, neutral or negative and may be expressed verbally or in writing to any member of staff.

3.4 Compliments

Any positive or appreciative statement about the Confederation staff, services or facilities based on a service user or carer's experience. Compliments include expressions of praise, admiration, or congratulation and can be received verbally, in writing or through a token of appreciation such as flowers or chocolates.

3.5 Concerns

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

3.6 Complaint

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

3.7 Multi-Agency Complaints

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

3.8 Service Lead

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

3.9 Investigators

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

4 Responsibilities

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

4.1 All the Confederation Staff

All the Confederation staff must:

- Treat everyone they come into contact with in a professional capacity with respect, courtesy and compassion.
- Ensure that their behaviour does not negatively impact the reputation of the Confederation.
- Deal with patient feedback in line with this policy.
- Be aware of how different types of feedback are managed.
- Seek to de-escalate, resolve and document any issues raised.
- Ensure that wherever possible, the resolution of concerns and complaints is effective, efficient and as close to the patient as possible.

4.2 The Confederation Executive

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

4.3 Chief Executive Officer

The Chief Executive Officer (CEO) has overall responsibility for Compliments, Concerns, and Complaints and fulfils the role of the responsible person under the 2009 Regulations.

4.4 The Medical Director

Lead director responsible for Compliments, Concerns and Complaints. They will ensure statutory requirements for complaint handling and reporting are met. They are part of the complaints response Executive Quality Assurance process and are responsible for ensuring that the Confederation completes identified actions and shares learning from patient feedback. As part of the Executive Quality Assurance process, the Medical Director will review any complaint regarding medical care or complaints involving an identified medic or dentist.

4.5 Complaints Manager

The Service Manager acts as Complaints Manager is responsible for overseeing the management of the processes for dealing with patient feedback. This includes:

Reviewing all complaints, providing feedback on improvements and support to investigators and services as required.

Liaising with relevant staff and third party organisations as required.
Developing, evaluating and updating as required, a range of resources to support services in managing feedback from patients and their representatives.
Developing, delivering and evaluating training and developmental workshops
Providing reports to governance structures providing assurance that learning is shared and agreed actions are implemented.

4.6 Complaints and Claims Officer (CCO)

An Operational Team Leader acts as the CCO, and with the Complaints Manager makes up the Patient Experience Team (PE Team or PET). The CCO is the first point of contact for patients and their representatives outside of services. With regard to complaints, the CCO is responsible for the initial Datix[®] file creation and acknowledgement processes, and supporting investigators to meet their deadlines until they upload a completed investigation with, action plan and draft response to Datix[®].

4.7 Service Lead

The Service Leads are responsible for:

- Identifying service investigators and ensuring that the PE Team is informed when investigators leave or are identified.
- Ensuring alternative investigators are quickly allocated when an original investigator is unable to complete the investigation due to unexpected circumstances.
- Supporting Investigators to complete the investigation and response process.
- Having clearly identified lines of communication for the service and PE Team.
- Attending complaint resolution meetings, at any stage of the process.
- Reviewing and contributing to complaint draft responses
- Approving recommendations and implementing timescales and identified actions
- Approving the final response and action plan prior to it being referred for the Executive Quality Assurance process.
- Ensuring that all complaint action plans are completed and Datix[®] updated appropriately.
- Regularly reviewing compliments logged for the service to ensure that feedback is being categorised correctly and to identify areas of learning from good practice.
- Regularly reviewing concerns and complaints logged for the service to ensure that actions taken have been effective in preventing further concerns or complaints about the same issues.
- Checking the Weekly Complaints Tracker to ensure all service complaints are within timescales.
- Reviewing final (signed) complaint responses for information and any points of learning or personal development.

4.8 Line Managers

Line managers are responsible for ensuring that:

- All staff have read the policy and know where to find it.
- All staff know how to report and initially deal with different types of feedback.
- When staff are identified as being involved in a concern or complaint, they are offered appropriate support.

- Any learning identified is shared and follow up actions implemented in a timely manner.

4.9 Investigator

The investigator is responsible for:

- Investigating concerns, responding directly to the patient and using Datix[®] to log the issues identified (with appropriate subject coding) and documenting actions taken to resolve the matter.
- Initiating and maintaining contact with patients raising a concern or complaint.
- Risk assessing complaints, (See Appendix 18) documenting decision in Datix[®] and escalating / referring issues as appropriate.
- Fully investigating complaints including reviewing all relevant and available documentation, ensuring all staff involved (either directly or indirectly) are identified and provide written statements.
- Identifying learning and SMART actions.
- Arranging complaint resolution meetings in conjunction with the PE Team.
- Attending complaint resolution meetings and documenting the outcome.
- Preparing the first draft of the Chief Executive's response and responding to any questions or revisions required via the Quality Assurance process.
- Ensuring all information relevant to a complaint investigation is gathered and uploaded to Datix[®].
- Liaising with Service Leads regarding findings and recommendations for learning and actions.
- Reviewing final (signed) complaint responses for information and any points of learning or personal development.

5 Compliments and Comments

See Appendix 1: Compliments and Comments Handling Process

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

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

6 Concerns

See Appendix 2: Concerns Handling Process

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

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

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

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

Where resolution or actions to facilitate resolution cannot be achieved in the stated timescale, the service investigator must update Datix[®] with the actions taken and inform the PE Team. The notification should take place within two hours and the concern will be escalated to a complaint.

The PE Team will regularly review the concerns caseload and will report on services failing to close concerns within the specified timeframe.

7 Complaints Process

See Appendix 3: Complaints Handling Process

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

7.1 Complaint response timescales

Complaints will be investigated thoroughly, fairly and as quickly as circumstances allow within agreed timescales. The time scale agreed with the complainant for responding to their complaint will take into consideration the issues involved, complexity and the service(s) or organisations that may be required to respond (usually this will be 10 working days unless there are reasonable grounds to extend beyond this timescale).

If the Confederation is unable to respond within the agreed timescale, the PE Team is responsible for re-negotiating the response timeframes with complainants.

Investigators must keep contemporaneous notes of their investigations on Datix[®] and ensure timely communication with Service Leads and the PE Team should issues occur that may impact a response timeframe.

7.2 Time limits for making complaints

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

If there is a valid reason why the complaint is not raised within that timescale, and there is reasonable possibility for the issues to be meaningfully investigated the Complaints Manager has the discretion to allow the complaint to proceed.

7.3 Withdrawing a complaint

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

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

7.4 Acknowledgement

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

- When a service receives a complaint, they must take as much information as possible, advise the patient that the PET will call them to discuss the complaint and process further and inform the PET by telephone and e-mail within 2 hours of receipt. (The telephone contact may be a voicemail message.)
- The Confederation will acknowledge all complaints within 3 working days of receipt.
- The PET will, wherever possible, contact complainants to agree a Complaint Plan and timescale for the handling of their complaint. Where this is not possible, either the Complaint Plan will be filled in based upon the information available and posted or a letter will be sent asking the complainant to contact the PET with more information.
- The Complaint Plan will detail the issues involved, contact details, desired outcomes and timeframe. See Appendices 3 and 7.
- Complainants will be given 5 working days from the date on the Complaint Plan to inform the PE Team of any required changes to the plan. The PE Team has discretion to accept changes beyond this timeframe in agreement with the Service Lead and Investigator involved. If necessary, a new complaint and Complaint Plan with new timescales for response may be generated.
- The PE Team will log all complaints in Datix[®]. A copy of the Complaint Plan and the relevant the Confederation investigation and response templates, will be attached to each record.
- Where complaints involve other agencies, e.g. Social Services, other NHS Trusts, the complainant will be notified of the other agency's involvement. Whenever possible a coordinated response will be provided and a lead will be agreed between the agencies. Complaints will be forwarded to other agencies with the patient's permission.

7.5 Investigation

- The investigation will be undertaken by a person appointed by the Service Lead.
- The investigator must review the entire complaint record and all attachments in order to complete a risk assessment of the complaint as described in Appendix 18 and document this in the Progress Notes.

- If a complaint is assessed as “High” or “Extreme” level, it must be escalated immediately. Complaints of this nature will be evaluated for inclusion in the business risk register so that if a serious risk is identified, it can be captured, monitored and reduced. This process may include the involvement of the Risk Manager and may link with the Risk Management Policy.
- The investigator must make telephone contact with the complainant within the first week of the investigation. This is to introduce themselves and to gain a first-hand perspective of the complainant’s issues.
- The investigation findings must be fully documented. All supporting documentation such as staff and witness statements and copies of health records, etc. must be uploaded to the Datix[®] record by the investigator along with the first draft of the written response and the action plan, within the allocated time frame.
- Statements must be completed by staff involved (either directly or indirectly) to assist the investigation process. Staff must provide a factual account of what happened using the template provided. (See Appendix 9)
- Support with the complaint investigation process can be obtained through the PE Team and Service Lead.
- The Investigator must use the Action Plan (See Appendix 13) to assist with identification of learning and actions identified as a result of the complaint.
- Details of all identified actions must be added to the Actions section of Datix[®] by the investigator before the draft response is sent for review.
- During the course of the investigation, the investigator must update Datix[®] and inform the Service Lead and the Complaints Manager of any issues that are affecting their ability to meet the investigation timescales. This is due to the potential need to agree a revised timescale with the complainant.
- The PET will seek agreement from the complainant for any extensions to the timescale and provide an explanation for the delay.

7.6 Responding

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

All complainants will be offered the option to have a resolution meeting to discuss the outcome of the investigation. (See Appendix 15) In some instances, investigators also find it helpful to meet with complainants at the start of the process.

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

The investigator will formulate the first draft of the written response on behalf of the CEO. This should follow the format laid out in the template provided (see Appendices 10 - 12) to include apologies where appropriate, explanations, and details of any action taken in terms of remedy or to prevent a recurrence of the incident. Information about the further options available under the local resolution process will also be included. If

any element of the complaint is upheld, the action plan must also be completed and uploaded to be reviewed and approved with the draft response.

7.7 Quality Assurance

In order to ensure consistency and a high level of clinical oversight in the Confederation complaint responses, all letters are reviewed by the Complaints Manager and either the Executive Director of Nursing or the Executive Medical Director before being reviewed and finally signed off by the Chief Executive or an appointed deputy.

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

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

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

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

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

See Appendix 4: Re-opened Complaints Handling Process

- If a patient contacts the Confederation and is not satisfied with a complaint response, the PE Team will speak to them to identify outstanding issues.
- The Complaints Manager will then assess the complaint and response with the Service Lead to determine whether or not the outstanding issues require further response.
- If no new issues are identified, a letter will be sent from the Chief Executive advising the patient of their rights to refer their complaint to the Ombudsman.
- If further work can be done, a Re-opened Complaint Plan will be completed for the service to base their further investigation upon.
- A final response meeting will be offered to all complainants requesting further work in order that they can discuss the complaint response and any additional concerns in person. (See Appendix 16)
- Independent conciliation, mediation or advice will be considered and offered, where appropriate, as an alternative means of assisting the complaints process.
- The Complaints Manager will work with services to prepare a letter following any further steps taken to finalise the local resolution process.
- Should complainants remain dissatisfied with the Confederation response they will be informed of their rights to refer the complaint further

7.9 Parliamentary and Health Service Ombudsman

See Appendix 4: Re-opened Complaints Handling Process

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

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

The PE Team will liaise with Ombudsman staff on behalf of the Confederation. Service staff should refer calls or requests from the Ombudsman to the PE Team before releasing any information. Services will be asked to upload any requested information to the Datix[®] complaint record. The Complaints Manager is responsible for sending the information to the Ombudsman via a secure and encrypted network.

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

8 Consent

When the complainant is not the patient, in order to maintain patient confidentiality, the patient's consent must be obtained before any details are discussed with or any information is disclosed to any other party. Consent could be obtained in writing or verbally and recorded. The PET will provide the appropriate consent form to facilitate consent in writing. When issues of patient safety or safeguarding are raised the relevant Safeguarding or Clinical Lead will be alerted immediately.

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

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

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

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

9 Complaints involving staff members

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

If a complaint is directed at a named registered or trainee clinician, the relevant professional lead will be informed by the PE Team:

Allied Health Professionals:	Professional Lead for Allied Health Professionals
Doctors and Dentists:	Executive Medical Director
Nurses:	Executive Director of Nursing

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

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

All feedback identifying doctors, dentists, nurses or AHPs will be reported into their appraisal and (when applicable) will be considered in the re-validation process. Any member of staff who is the subject of a complaint will be given full details of the complaint by their Line Manager. They will have access to any records they may have made personally in connection with the incident referred to in the complaint. If a complaint alleges negligence or malpractice on the part of an individual member of staff, the investigating manager will obtain advice from Human Resources. Where action is taken regarding individual members of staff, the patient has no right to know what that action is. The patient will be advised that the issues are being addressed with the staff member(s) involved and that the Confederation is managing any action taken via a different process.

10 Other Confederation investigations

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

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

11 Requests for financial compensation

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

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

Where appropriate, requests will be managed as complaints and complainants will be asked to complete an Application for Reimbursement Form (see Appendix 6).

Alternatively, complainants may be advised to seek legal advice as their request falls outside the remit of this policy and process. The matter can then be linked if appropriate to a claims management process.

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

12 Coroner's Inquests

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

13 Learning from Concerns and Complaints

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

To help us to achieve this:

- The Service Lead will review all completed investigations, draft responses and recommended learning and actions noted in action plans prior to the response being sent for Quality Assurance and Chief Executive review/sign off.
- Actions and learning and identified themes will be reviewed and discussed at the Patient Safety, Experience and Governance Group (PSEGG) which convenes as part of the Finance, Performance and Quality Committee.
- Compliments and outcomes of concern and complaint investigations will be discussed with named practitioners as part of individual appraisal or supervision.
- Compliments and outcomes of concern and complaint investigations will be discussed with named service teams.
- Patient Experience and Feedback will be a standing item on team meeting agendas.
- The PE Team will review all identified actions and progress of implementation of any changes and will disseminate learning throughout the Confederation through;
 - Regular reporting
 - Analysis of compliments, concerns and complaints through PSEGG
 - Updates via staff bulletins
- The Confederation will review lessons learned from complaints, identify and report trends and demonstrate changes in practice through Finance, Performance and Quality Committee. In turn assurance will be provided to the Board that the Confederation is fulfilling its statutory obligations.

14 Confidentiality

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

- The patient
- People outside of the Confederation, unless there is an overriding public interest in doing so

Information related to a complaint is subject to legal requirements under the [Data Protection Act \(1984\)](#), the [Access to Personal Files Act \(1987\)](#) and the [Access to Personal Files \(Social Services\) Regulations \(1989\)](#).

15 Vexatious and persistent complainants

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

See Appendix 5 for further details.

16 Risk Assessments

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

17 Mental Capacity Act (MCA 2005 Code of Practice)

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

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

18 Safeguarding

All provider organisations commissioned by NHS Leeds Clinical Commissioning Groups (CCG's) have a responsibility to ensure they meet the agreed standards for Section 11 of the Children Act 2004, and statutory guidance outlined in Working Together to Safeguard Children 2013.

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

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

The Children Acts of 1989 and 2004 and the statutory guidance Working Together to Safeguard Children (2013) set out the safeguarding principles for and promoting the welfare of children and young people.

Working Together to Safeguard Children (2013, page 7) defines safeguarding children and young people as:

- Protecting from maltreatment
- Preventing impairment of health and development
- Ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care; and

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- Taking action to enable all children to have the best outcomes

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

For further information see the Confederation Adults at Risk and Safeguarding Children Policies.

19 Training Needs

Refer to the Statutory and Mandatory Training Policy including Training Needs Analysis.

20 Monitoring Compliance and Effectiveness

Minimum requirement to be monitored / audited	Process for monitoring / audit	Lead for the monitoring/audit process	Frequency of monitoring / auditing	Lead for reviewing results	Lead for developing / reviewing action plan	Lead for monitoring action plan
All open and active complaints	Weekly Complaints Tracker	Complaints, Claims and Patient Experience Manager	Weekly	Medical Director Director of Nursing	Complaints, Claims and Patient Experience Manager	Medical Director Director of Nursing
Number of complaints acknowledged within 3 working days	Monthly Exception Report		Monthly			
Number of active complaints not resolved within 6 months	Monthly Exception Report		Monthly			
Number of complaints resolved within the timescales agreed with the complainant (40 working days)	Monthly Exception Report		Monthly			
Follow up of action plans outcomes focusing on changes made in practitioner, service and organisation change	Quarterly Thematic report	Complaints, Claims and Patient Experience Manager	Every three months	FPQ Chair Director of Nursing PSEGG	FPQ Chair Director of Nursing PSEGG	Quality Leads Clinical Leads Complaints, Claims and Patient Experience Manager

21 Approval and Ratification process

The policy requires approval by the Finance, Performance and Quality Committee and ratification by the Executive.

22 Dissemination and Implementation

Dissemination of this policy will be to each operational team via its responsible director and made available to staff via the intranet.

Implementation will require:

- Operational Directors / Heads of Service / General Managers to ensure staff have access to this policy and understand their responsibilities for implementing it into practice

23 Review arrangements

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

24 Associated documents

- Incident and Serious Incident Management Policy (in development)
- Disciplinary Policy & Procedure
- Being Open and Duty of Candour Policy and Procedure (in development)
- Claims Management Policy (in development)
- Information Handling Policy (in development)
- Risk Management Policy (in development)

25 References

- Data Protection Act (1988)
- Access to Personal Files Act (1987)
- Access to Personal Files (Social Services) Regulations (1989)
- “Principles of Good Complaint Handling” PHSO (2008)
- The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009)
- “Listening, Responding, Improving – A guide to better customer care” DH (2009). http://webarchive.nationalarchives.gov.uk/20130104224337/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095439.pdf
- Equality Act (2010)
- “Listening and Learning: the Ombudsman’s review of complaint handling by the NHS in England 2009-10” PHSO (2011)
- “My expectations for raising concerns and complaints” PHSO & Healthwatch (2014)

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- “A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged” PHSO (2015)
- “The NHS Constitution for England” DH (2015)
- Being Open and Duty of Candour Policy and Procedure (PL245)
- Patient Experience: Dealing with Compliments, Concerns and Complaints Policy (PL 302) (Ratified June 2016)

Appendix 1: Persistent and Unreasonable complainants

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

The sole purpose of vexatious action is to harass or subdue. It is very rare that complaints raised have no issues to address; regardless of the manner in which a complaint is made and pursued, its substance should be considered carefully on its objective merits. Complaints about matters unrelated to previous complaints should be similarly approached, objectively and without any assumption that they are bound to be frivolous, vexatious or unjustified.

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

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

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

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

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

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

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

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

Appendix 2: Application for reimbursement

Application for Reimbursement

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

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

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

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

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

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

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

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

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

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

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

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

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

.....

.....

.....

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

..... Date:

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

Appendix 3 Complaint Plan

Complaint Plan: Reference C

Patient Experience Team Telephone	
Patient Experience Team E-mail	
Date Complaint Received	
Named investigator	

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

Issues to be investigated and responded to:

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

Agreed Response / Feedback					
To	Patient		Solicitor		
	Complainant		MP or Councillor		
	Advocate		Other		
Method	Letter		Meeting		Other
	E-mail		Telephone		
Timescale					

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

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

Appendix 4: Re-opened Complaint Plan

Re-opened Complaint Plan: Reference

Patient Experience Team Telephone	
Patient Experience Team E-mail	
Date Complaint Re-opened	
Named investigator	

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

Issues to be investigated and responded to:

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

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

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

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

Appendix 5: Employee / Witness Statement template

Employee / Witness Statement

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

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

Statement

I understand that I and/or Leeds General Practice Confederation may have to rely on the information in this statement in the future. I believe the facts I have given in this statement to be true.

Signed			
Print name		Date	

Witnessed by:

Signed			
Print name		Date	

Appendix 6: Investigator Checklist

Complaint Reference:

Date received:

Dear Colleague

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

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

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

Policy Consultation Process

Title of Document	Patient Experience: Dealing with Compliments, Concerns and Complaints Policy
Author (s)	Amanda Hayes Simon Boycott
New / Revised Document	New
Lists of persons involved in developing the policy	Simon Boycott
List of persons involved in the consultation process	Jim Barwick, Chief Executive Wendy Pearson, Director of Delivery Lee Johnson, Service Manager Ruth Burnett, Medical Director; Chair, Finance Performance and Quality Committee Stephanie Lawrence, Director of Nursing