

COMPLAINTS MANAGEMENT PROCEDURE

The key messages the reader should note about this document are:

1. All complaints received either in writing or done verbally should be forwarded onto the Complaints team as a matter of priority. All formal complaints must be acknowledged within **three working days** (from date of receipt) which will be done by the Complaints team.
2. The Associate Director (or equivalent for non-clinical complaints) is responsible for allocating each complaint to a Complaint investigator. They are expected to allocate the complaint on the day they receive it; and all complaints should have an allocated Complaint investigator within **three working days of the complaint being received by the Trust**.
3. By default, a formal response should be provided to the complainant within 30 working days of the complaint being received by the Trust. In certain circumstances, and by agreement with the PALS, Complaints & Claims Manager, a tailored resolution timescale may be agreed with the complainant.
4. The Trust is committed to improving the quality and experience of care. All feedback; positive or negative, from patients, carers and the public is actively solicited by the Trust and viewed as a positive means of enhancing the quality of services through early detection and resolution of problems. Competent handling of complaints contributes to this process.

DOCUMENT SUMMARY SHEET

ALL sections of this form must be completed.

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Executive Team member responsible (title)	Director of Nursing, Professions & Quality
Document author (name and title)	Clare Blackburn PALS, Complaints & Claims Manager
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Amendment detail

Version	Amendment	Reason
7.0	Updated procedure	Revised templates and updated to reflect changes in Complaints handling process.

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1. THE PROCEDURE

1.1 Flow chart of procedure

Day 0 is the day the complaint was **received** by the Trust. Timescales are in **working days**.

Complaint received in writing, by email, by phone or verbally. If immediate clinical risk is identified raise with local manager/escalate as appropriate.	Day 0
Complaint forwarded to Complaints Team inbox by email: complaints.lypft@nhs.net	Day 0
Complaints Team assesses severity and record details on Datix	Day 0
Complaints Team sends Complaint Summary Pack to Associate Director	By Day 1
Complaints Team acknowledges receipt and where appropriate seeks service user's consent to access their records	By Day 3
Associate Director (or equivalent where complaint is non-clinical) allocates to a complaints investigator.	By Day 3
Complaints investigator contacts complainant to advise they will be the named contact during the investigation of the complaint.	By Day 5
Complaints investigator may agree tailored resolution timeline in conjunction with complainant and Complaints Manager if necessary.	By Day 10
Investigator sends draft formal response and completed Complaint Investigation form to the Complaints Team for quality checking purposes	By Day 20
Complaints Team will send the draft response to the Associate Director for approval	By Day 23
Associate Director sends approved complaint response to Complaints Team	By Day 28
Complaints Team forward the approved complaint response to the Chief Executive for final sign off.	By Day 29
Complaints Team issues formal letter to complainant, with copy to Associate Director and investigator for their files.	By Day 30
Complaints Team add actions from response letter into cumulative action tracker. Track actions to completion and share learning.	Until actions complete

1.2 Description of Procedure/Process

The Trust is committed to providing an accessible, fair and effective means for users of its services and their relatives, carers, friends or advocates to express their views. We must also provide a means to receive complaints relating to non-clinical issues which may arise from time-to-time; for example relating to Trust staff; services; or systems and processes.

The Trust aims to promote a culture in which all forms of feedback are listened to and acted upon in order to learn lessons and implement improvements to services.

Complaints can be made in a number of ways that are convenient to the complainant. Staff within the Trust are empowered to use a range of methods to resolve complaints and are trained to respond to a complaint with confidence and to take immediate action where required.

Every assistance will be given for those with specialist needs (e.g. interpreting services) to accommodate all those who may wish to raise a concern. All complainants should be treated fairly regardless of race, age, gender, disability, sexual orientation or religious views.

The Trust is fully committed to ensuring that any future care received will not be negatively impacted as a result of a complaint being made.

Issues which cannot be dealt with under this procedure are:-

- A complaint made by an employee of the Trust about any matter relating to their employment.
- A complaint made by an NHS or Local Authority Social Care body which relates to the exercise of its functions by another NHS or Local Authority Social Care body.
- A complaint which has previously been investigated under these or previous Regulations.
- A complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day.
- A complaint that has been or is being investigated under the previous complaints regulations, or by the Parliamentary Health Service Ombudsman.
- A complaint arising out of the Trust's alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000.

1.3 Complaint Definition

A complaint is an expression of dissatisfaction received from a patient, their representative or visitor about any aspect of services provided by Leeds & York Partnership NHS Foundation Trust. These can be made via any communication route, including written/email, verbal in person or by telephone.

Complaints require a formal response from the Trust.

1.4 Concern Definition

Concerns are defined as issues which may require further enquiry, advice or information in order to resolve them. These are best dealt with by the Patient Advice and Liaison Service (PALS) and/or the service in which the concern originated. When a concern is raised which cannot be satisfactorily resolved without an investigation, then it is to be processed as a complaint.

An individual has the option to turn their concern into a formal complaint at any point, and staff must pro-actively give guidance on how best to do this should the complainant wish.

1.5 Timescales for Complaints

All complaints must be acknowledged within three working days which is the responsibility of the Complaints Team. This is a regulatory requirement.

Leeds & York Partnership NHS Foundation Trust will endeavour to respond to most complaints within 30 working days unless there are reasonable circumstances which may delay the investigation for example:-

- Where the complaint is particularly complex or requires input from other third party organisations.
- Where the notes required are with the coroner, off site or unavailable for other reasons out of the investigator's control.
- Where key members of staff are on leave or have left the Trust and will need to be contacted for a statement.
- If disciplinary proceedings are taking place.
- When safeguarding or other investigations are taking place.
- Where the timeliness of a response may be deemed insensitive or inappropriate eg over Christmas period or a significant anniversary.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 stipulate that a complaint should normally be made within 12 months of the event or within 12 months of the complainant becoming aware of a cause for complaint.

Discretion may be used to investigate complaints that fall outside these timescales if the complainant has good reasons for not making the complaint within this time limit and it would still be possible to investigate the complaint effectively and fairly. The PALS, Complaints & Claims Manager will discuss this with the relevant Associate Director before rejecting any complaint that falls outside of this time period.

1.6 Receiving and Storing Complaints

A complaint can be made to a member of staff or direct to the Complaints Team. All complaints must be sent to the Complaints Team for recording centrally on the Datix system.

Where a patient or client complains about a service, it is necessary to keep a separate file relating to the complaint and subsequent investigation. Complaint information should never be recorded in the clinical record. A complaint may be unfounded or involve third parties and the inclusion of that information in the clinical record will mean that the information will be preserved for the life of the record and could cause detrimental prejudice to the relationship between the patient and the healthcare team.¹

The Complaints Team is responsible for keeping a copy of all documentation and correspondence relating to the complaint on the Trust's shared drive and will record relevant information on the Datix system.

Complaint files are disclosable should a legal claim be made to the Trust following the outcome of a complaint.

Complaint files will be shared with the Parliamentary Health Service Ombudsman on request.

In terms of timescales, the 'clock' starts from the day the complaint is received by the Trust, NOT from the day the complaint is forwarded to the Complaints Team. It is therefore imperative that all complaints are sent to the Complaints Team immediately upon receipt, using email to avoid incurring delays.

Complaint files will be kept for 10 years from completion of action before being destroyed in accordance with the Records Management Code of Practice for Health and Social Care 2016.

1.7 Severity Assessment

See Appendix A.

Upon receipt, each complaint is assessed by the PALS, Complaints & Claims Manager for severity. Severity is graded from 1 – 5, with 5 being the most severe. It is expected that the majority of complaints will have a severity of 2 or 3.

The severity rating should be based on the severity of allegations or concerns, rather than the member of staff's current view on whether the allegations are well-founded i.e. we must avoid the tendency to "pre-judge" the complaint.

¹ Records Management Code of Practice for Health and Social Care 2016

The majority of complaints received by the Trust relate to clinical issues; severity assessment of non-clinical complaints will equally be on a scale of 1-5.

1.8 Complaints Investigation and Pack

See Appendix B

The Complaints Team is responsible for creating the Complaint Summary Pack which will be sent to the Associate Director (or equivalent for non-clinical complaints) prior to allocation. This will give the investigator details about the complaint and any relevant history.

All statements, letters, telephone calls and actions taken in an investigation must be documented within the Complaints Summary Pack and submitted to the Complaints Team along with the draft response. If the complaint is referred to the Parliamentary Health Service Ombudsman, all of this information will be submitted as part of the external investigation.

1.9 Consent (clinical complaints)

In accordance with the Data Protection Act and Caldicott Principles, any service user having capacity will be asked to provide consent before their records are accessed to investigate a complainant.

The Complaints Team is responsible for requesting consent and this is done when the Acknowledgement Letter is sent. This is usually done by sending the service user a consent form for them to sign.

The service user's consent must be sought when the complaint is made by a relative, friend, carer or advocate. If an MP or Councillor makes a complaint on behalf of a service user in their constituency, consent is not required.

For those without capacity, the decision to investigate and respond will be taken in accordance with the Mental Capacity Act 2005.

Where the service user is assessed as lacking the capacity to be able to consent, the Complaints Team, in conjunction with the local clinical team, with advice from the Mental Health Legislation team where required, may confirm a person is a suitable representative or refuse to accept a person as a suitable representative and nominate another person to act on the patient's behalf. In any event, the matter will be investigated through the complaints procedure in the best interests of the patient.

Where the person acting on behalf of the service user has a lasting power of attorney for health and welfare or is a court appointed deputy, they will have the legal authority to act in the person's best interest. Confirmation of this status must first be obtained by the Complaints Team prior to a response being provided.

In the absence of signed consent or substitute legal authority, the investigation will continue however, the response provided to the complainant will be limited. The response cannot include any personal/clinical information.

If the investigation of the complaint will involve working with another Trust or external party, consent must be explicitly sought before any sensitive information is shared with the third party.

1.10 Complaint Investigator Allocation

The Associate Director (or equivalent for non-clinical complaints) is responsible for allocating each complaint to a Complaint Investigator. They are expected to allocate the complaint on the day they receive it; and all complaints should have an allocated Complaint Investigator within three working days of the complaint being received by the Trust.

1.11 Actions and Lessons Learned

The Complaint Investigator is responsible for defining the actions that must be taken in response to a complaint. Actions should be documented on the Action Plan section of the Complaint Investigation Form and sent to the Complaints Team with the draft response. This facilitates thematic analysis and the sharing of learning across the Trust. Actions should always be specific, measurable, achievable, resourced and timed (SMART).

The Complaints Team maintain a Cumulative Action Plan, a full list of all open actions arising from complaints. This is shared with the Clinical Governance Councils and the Associate Directors are responsible for ensuring outstanding actions within their care groups are completed.

The action owner is responsible for maintaining evidence that an action has been implemented, so that the Associate Director or Complaints Team can request a copy if the need arises to review or share this evidence.

Where common themes appear, the Complaints Team is responsible for identifying these and ensuring that lessons learnt are shared across other teams or flagged through governance arrangements as appropriate.

1.12 Outcome of the Complaint Investigation

The Trust is required to review each complaint and decide whether the complaint is upheld, not upheld or partially upheld.

This is a decision made by the PALS, Complaints & Claims Manager and is based on whether any or all of a complaint is considered to be well founded.

1.13 Reactivated Complaints

If the complainant is dissatisfied with the Trust's response to their complaint, they should, in the first instance, make contact with the Complaints Team. The PALS, Complaints & Claims Manager will then take the decision (in conjunction with the Associate Director) on whether they will re-activate (re-open) the complaint and provide an updated response.

If all options have been exhausted, the Complaints Team will issue a No Further Action letter which will inform the complainant that they may refer their concerns to the Parliamentary and Health Service Ombudsman should they wish.

1.14 Training and support

Being implicated in a complaint can be distressing to the member/s of staff concerned. Therefore, line managers have a duty to support staff in those circumstances.

Staff can also approach the PALS, Complaints & Claims Manager for advice on the process and additional support.

Members of staff who are the subject of a complaint must have the opportunity to see the relevant information contained within the complaint and in the final response letter. It is the responsibility of the investigator to inform those staff mentioned within a complaint.

The PALS, Complaints & Claims Manager will provide training in Complaints Management for potential investigators. Bespoke training on Complaints can also be provided on request.

It will be the responsibility of managers to ensure that new staff are aware of this procedure and that existing staff are assessed regularly with a view to updating their knowledge and skills.

1.15 Serious Incidents

If a complaint is also a serious incident there would normally be no need to produce two separate reports, the root cause analysis used should cover all aspects of the investigation. However, if the complaint or concern identifies other issues unrelated to the incident then this will need to be answered separately.

In such instances, the PALS, Complaints & Claims Manager in conjunction with the Associate Director will agree the boundaries of the investigation to ensure it is comprehensive and answers all aspects of both the complaint and the incident.

1.16 Habitual or unreasonable complainants (Special Management)

A small minority of people will take up a disproportionate amount of staff time and resources dealing with an individual's perceived problem even when explanations have been given and all reasonable attempts have been made to resolve their concerns.

These cases can cause undue stress to staff and staff members are advised to refer to Appendix C which offers guidance on the handling of habitual and/or unreasonable (vexatious) complainants.

1.17 Parliamentary and Health Service Ombudsman

Leeds & York Partnership NHS Foundation Trust will strive to do everything we can to resolve complaints satisfactorily. However, if the complainant remains dissatisfied with the outcome, they have the right to refer the complaint to the Parliamentary and Health Service Ombudsman.

The Ombudsman will only consider the complaint once it has been investigated and responded to by the Trust.

1.18 Care Quality Commission (CQC)

The Care Quality Commission has responsibility for facilitating complaints made by or on behalf of patients detained under the Mental Health Act 1983. The Care Quality Commission is also responsible for investigating concerns raised by an individual about how an NHS organisation carries out its regulated activity.

APPENDIX A – Severity Grading Table

Severity	Criteria	Escalation
1	Likely to be readily resolvable at a local level, for example a simple hotel services issue.	
2	The majority of complaints will have a severity of 2 or 3. A non-clinical example may be a complaint from a member of the public about a staff member acting in a fashion perceived to be unhelpful.	
3	The majority of complaints will have a severity of 2 or 3. For example where there is potential for legal action (may be linked to a serious incident, claim, or contractual issue).	
4	Significant, widespread or consistent issues highlighted. Urgent action may be required to avoid detriment to the service user or wider reputational, financial or other impacts on the Trust. Potential for legal action (usually linked to a serious incident or claim) and notification of regulatory bodies (e.g. Health Service Ombudsman, CQC).	Inform Head of Clinical Governance.
5	Immediate risk or catastrophic failure in process that could have a serious and long term impact. Urgent action is required to avoid serious detriment to the service user(s), risk of serious incidents, or severe reputational, financial or other impacts on the Trust. Highly probable legal action (with a linked serious incident or claim) and notification of regulatory bodies (e.g. Health Service Ombudsman, CQC).	Inform Head of Clinical Governance, Director of Nursing.

APPENDIX B – Complaints Investigator Pack & Investigation Process

The Complaint Investigator Pack details:

- The actions that the Complaint Investigator is expected to take.
- Key dates i.e. date the complaint was received by the Trust, target dates for making initial contact and for drafting / issuing the formal response.
- The severity assessment of the complaint.
- Relevant history i.e. whether there are recent Incidents, Complaints, Claims or PALS enquiries relating to this service user.
- Where there is a potential safeguarding issue, whether the service user is known to the Safeguarding Team.

Complaint Investigation

Initial Contact

Within five working days of the complaint being received by the Trust, the Complaint Investigator must make contact and advise the complainant that they will be the named contact for the course of the investigation. It is good practice to offer to meet the complainant at this point, taking due account of personal safety. At this stage they will also discuss an appropriate timeline for investigating the complaint.

Agree a Resolution Timeline

By default, a formal response should be provided to the complainant within 30 working days of the complaint being received by the Trust. If the complaint is following this default deadline, the Complaint Investigator should inform the complainant of the Trust's planned date for providing a response.

In some circumstances, it may be appropriate to deviate from the standard 30 working day deadline for providing a formal response. It may be that a shorter deadline is more appropriate for a high urgency complaint. A longer timescale may be appropriate if, for instance, the complainant has a holiday planned but would like a face-to-face meeting set up afterwards to discuss their concerns in person.

In these circumstances, and by agreement with the Complaints Manager, a Tailored Resolution Timeline may be agreed with the complainant. This must then be recorded on the Tailored Resolution Timeline section of the Complaint Investigation Form, detailing the new response target dates and the reason for deviating from the usual timescale, and sent to the Complaints Team for recording. This should be done within 10 working days of the Trust receiving the complaint.

Document the Concerns Raised and Chronology of Events

The Complaint Investigator should complete all relevant sections of the Complaint Investigation Pack and provide extracts from notes, policies, procedures etc. as appropriate. The Complaint Investigation Form is used to:

- Document the background of events that led to a complaint being raised and any incidents involved, with the chronology of events clearly described.
- Record the issues the complainant would like investigated and their expectations in terms of the outcome(s).
- Provide a summary of the input from any staff involved and any related correspondence. Full statement(s) must be recorded on Staff Statement Form(s). Staff named in complaints may find this stressful and it is important that they are made aware of the sources of support available to them, through peers, line managers, staff support service, trade unions and other professional organisations.

Please note that when a member of staff is mentioned or involved in complaint or its response, the Complaint Investigator must ensure that they are informed and given appropriate opportunity to respond.

The Complaint Investigation Form should be completed and shared with the Complaints Team when the draft formal response is sent for approval.

The Formal Response Letter

The Complaint Investigator is responsible for drafting the response to the complainant, which will usually be sent from the Chief Executive and should be drafted accordingly. The Formal Response Letter Template can be used as a basis in terms of formatting.

Common outcomes complainants may want include:

- An acknowledgement of their concerns / the opportunity to voice their dissatisfaction
- An apology
- An explanation
- Confirmation of any actions that have been taken / will be taken
- The chance to meet with relevant staff

Please consider whether the following points are covered when writing / reviewing the response:

- Shows empathy and compassion
- Includes appropriate apology
- Personalised

- Responds to the concerns raised / directly addresses the complainant's desired outcomes
- Staff mentioned or involved in the complaint or the formal response letter have been informed and given opportunity to respond
- Shows evidence of learning and outlines and next steps / actions that will be taken
- Spelling & grammar correct
- Acronyms explained, no medical/technical jargon and in Plain English
- In line with Duty of Candour and Being Open guidance

Once the response to the complainant has been drafted, the completed Complaint Investigation Form and draft Formal Response Letter should be sent to the Complaints Team for quality checking. The Complaints Team will then forward the draft response to the Associate Director for approval. Once approved, the Associate Director to send the response to the Complaints Team.

The Complaints Team must ensure that the response addresses all issues raised by the complainant and that there is the necessary supporting documentation to substantiate the content of the response. The Complaints Team may request further investigation or additional information from the Complaint Investigator if required.

Complaint responses will be written from the investigator and will be sent with a signed covering letter by the Chief Executive.

The Complaints Team will forward the final draft Formal Response Letter to the Chief Executive (or their nominated deputy) for sign-off. The Complaints Team will send a copy of the final response to the Complaint Investigator, the complainant and the Associate Director responsible. Where an individual has been named in a complaint or the formal response letter, a copy of the final response should also be sent to that individual.

At the same time as the Formal Response Letter is issued, the complainant will be sent a Complaint Satisfaction Questionnaire to collect feedback about their experience of the process.

APPENDIX C – Guidance for the handling of Habitual or Unreasonable Complainants (Special Management)

Staff are expected to respond with sympathy and patience to the needs of all complainants. However, there will unfortunately be cases where it is felt that there is nothing more which can reasonably be done to assist complainants or rectify a real or perceived problem. There may also be occasions where a complainant (or other involved party, e.g. the service user) conducts themselves in a way that limits the ability to carry out a fair investigation. In these instances, the complaint may be deemed as abusive, persistent or vexatious and the 'Special Management' process may be invoked.

It is recognised that referring to a complaint/complainant as “persistent” or “vexatious” may not be conducive to improving the relationship with the complainant, hence the use of the generic term ‘Special Management’. The Special Management process may, for example, involve an agreement that all future correspondence should be in writing to avoid the risk of abusive telephone exchanges with staff.

It is important to ensure that the complaints procedure has been correctly implemented so far as is possible and that no material element of a complaint has been overlooked or inadequately addressed. It should be recognised that this procedure will only be implemented in rare circumstances and **only as a last resort** after all reasonable measures have been taken in an attempt to resolve the issues raised by the complainant.

Definition of an abusive, persistent or vexatious complaint:

Complainants (and/or anyone acting on their behalf) may be deemed as persistent or vexatious where previous contact with them shows that they meet one or more of the following criteria. The list is not exhaustive, nor does one single feature on its own necessarily imply that the complaint/complainant will be considered as being in this category.

Criteria:-

- Persists in a complaint after the NHS Complaints Procedure has been fully implemented and exhausted.
- Changes the substance of a complaint, continually raises new issues or seeks to prolong contact by raising further concerns or questions upon receipt of a response to the original complaint. Please note that care must be taken not to discard new issues which may be significantly different from the original complaint and might need to be addressed as separate complaints or accounted for as part of the investigation.
- Makes the same complaint repeatedly, perhaps with minor differences, after the complaints procedure has been concluded, and insists that the minor differences make these 'new' complaints which should be put through the full complaints procedure.

- Is unwilling to accept documented evidence of treatment given as being factual e.g. drug records or nursing and medical notes.
- Refuses to accept the outcome of the complaint process after its conclusion, repeatedly arguing the point, complaining about the outcome, and/or denying that an adequate response has been given.
- Refuses to accept that it may be difficult to verify facts if a long period of time has elapsed since the event(s) in question took place.
- Does not clearly identify the precise issues they would like to be investigated despite offers of assistance.
- Refuses to co-operate with the complaints investigation process while still wishing their complaint to be resolved.
- Threatens or uses physical violence towards staff, their families or associates.
- Harasses, verbally abuses or seeks to intimidate a member of staff investigating the complaint, usually on more than one occasion.
- Makes an unreasonable number of contacts with us (by any means) in relation to a specific complaint or complaints, or persistently approaches the Trust about the same issue through different routes.
- Makes persistent and unreasonable demands or expectations of staff and/or the complaints process after the unreasonableness has been explained to the complainant (an example of this could be a complainant who insists on immediate responses to numerous, frequent and/or complex letters, faxes, telephone calls or emails).
- Is known to have recorded meetings or conversations without the prior knowledge or consent of the other parties involved.
- Denies statements he or she made at an earlier stage in the complaint process.
- Adopts an excessively 'scattergun' approach, for instance, pursuing a complaint or complaints not only with the Trust, but at the same time with a Member of Parliament, the council, advocacy services, the Parliamentary and Health Service Ombudsman or the Care Quality Commission.
- Persists in seeking an outcome which we have explained is unrealistic for legal or policy (or other valid) reasons.

Where the Complaints Team has identified a complainant as being abusive, persistent or vexatious in accordance with one of the criteria outlined above, the Director of Nursing, Professions & Quality (or their deputy) will be informed and asked to make a decision on what action should be taken. It may be necessary to obtain advice from others (such as the Trust's legal advisors) before a decision is made.

The complainant will be informed in writing that their complaint may be taken under Special Management and what is expected of them in order to avoid this situation.

If the complainant does not change their behaviour in future dealings with the Trust, the Director of Nursing, Professions & Quality (or their deputy), may decide to draw up a signed 'Special Management' agreement between the complainant and the Trust, which sets out a code of behaviour for both parties if the Trust is to continue to

process the complaint. This may include requiring the complainant to communicate in a particular way e.g. in writing only, or to have telephone contact only with a designated member of staff.

If it has been decided that all practical possibilities of resolution have been exhausted, the Director of Nursing, Professions & Quality (or their deputy) will notify the complainant in writing of the reasons why the Special Management process has been invoked and the action that will be taken. The complainant will be notified of the ways in which his or her behaviour is unacceptable. This notification may be copied for the information of others already involved in the complaint, e.g. Trust staff, Leeds Mental Health Advocacy Group or a MP acting on behalf of their constituent. A record should be kept of the reasons why a complainant has been classified as being abusive, persistent or vexatious.

After the Special Management has been invoked, if the complainant subsequently demonstrates a more reasonable approach or submits a new complaint raising other issues, their status as an abusive, persistent or vexatious complainant may need to be reviewed and withdrawn. Where this appears to be the case, the approval of the Director of Nursing or their deputy is required. Normal contact with the complainant will be resumed and the application of the NHS complaints procedures will again apply.

PART B

2. DUTIES AND RESPONSIBILITIES

The duties within the organisation are as follows:

Staff group	Duties
Chief Executive	Personally accountable for the overall management of complaints. Required to approve and sign all written responses (though this may be carried out by their nominated deputy).
Director of Nursing, Professions & Quality	Overall responsibility for the Complaints Management function, including oversight of complaints trends and themes with a view to strategic learning.
Medical Director	Escalation point for investigation of professional medical issues.
Associate Directors	Responsible for overseeing the investigation of complaints within their respective care groups. Responsibility to support staff during the investigation of complaints and to implement follow-up actions to improve service delivery.
PALS, Complaints & Claims Manager	Responsible for the management of the Complaints Procedure, ensuring investigations and responses are completed within agreed timescales and that complaints responses are full and appropriate. Responsible for producing performance reports and monitoring implementation of actions to improve service delivery.
Complaint Investigator (nominated role – this will usually be a local manager or clinical lead)	Responsible for investigating the complaint, documenting findings, owning the relationship with the complainant, drafting the formal response letter and liaising with team members of senior management to ensure resulting actions are implemented.
All staff	All staff to ensure that any written complaints are forwarded to the Complaints Team immediately upon receipt. Responsible for understanding how to correctly signpost service users or those acting on their behalf to the Complaints Team / PALS as appropriate.

3. IDENTIFICATION OF STAKEHOLDERS

The table below should be used as a summary. List those involved in development, consultation, approval and ratification processes.

Stakeholder	Level of involvement
Development Group	Development
Director of Nursing, Professions & Quality	Consultation
Medical Director	Consultation
Chief Operating Officer	Consultation
Associate Directors	Consultation
Clinical Directors	Consultation
Head of Clinical Governance	Consultation
Staff-Side	Consultation
Effective Care	Approval

4 REFERENCES, EVIDENCE BASE

The following resources have been used to help build the complaints process. Some simply indicate best practice based on experiences elsewhere, whereas others dictate the legal obligations captured within this process.

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Records Management Code of Practice for Health and Social Care 2016
- Data Protection Act 1998
- Access to Health Records Act 1990
- Caldicott Principles
- Code of Openness in the NHS
- The Parliamentary and Health Service Ombudsman’s Principles for Complaint Handling
- Health and Social Care Act 2012
- Parliamentary and Health Service Ombudsman “Principles of Good Complaint Handling” 2008
- Francis Report 2010 (Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry)
- ‘A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture’ (Right Honourable Ann Clwyd MP and Professor Tricia Hart)

5. ASSOCIATED DOCUMENTATION

- RM-002 - The Management of Incidents Including Serious Incidents Procedure,
- PE-002 – PALS Procedure
- PE-003 – Patient Experience Procedure
- PE-004 – Claims Handling Procedure

6. STANDARDS/KEY PERFORMANCE INDICATORS

Reporting is a central element of the complaints procedure and is vital in ensuring that we:

- Formally acknowledge receipt of a complaint within three working days.
- Effectively monitor the performance of the Complaints Team and Complaint Investigators in terms of responding to complaints within defined timescales.
- Monitor the efficacy of the complaints process in terms of achieving the outcomes that complainants desire.
- Track the actions that result from complaints and evidence our adoption of lessons learnt across the Trust.

Monitoring and reporting is within the remit of the Complaints Team.

7. EQUALITY IMPACT

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. Consideration must be given to any potential impacts that the application of this policy/procedure might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Declaration: The potential impacts on the application of this policy/procedure have been fully considered for all nine protected groups. Through this process I ~~have~~/have not* identified any potential negative impacts for any of the nine protected groups.

Print name: Clare Blackburn

Job title: PALS, Complaints & Claims Manager

Date: 1 March 2017

If any potential negative impacts are identified the Diversity Team must be contacted for advice and guidance: email; diversity.lypft@nhs.net.

*delete as appropriate

CHECKLIST

To be completed and attached to any draft version of a procedural document when submitted to the appropriate group/committee to support its consideration and approval/ratification of the procedural document.

This is a checklist and is part of the working papers. It does not form part of the final version of the procedural document to be uploaded to staffnet.

	Title of document being newly created / reviewed:	Yes / No/
1.	Title	
	Is the title clear and unambiguous?	
	Is the procedural document in the correct format and style?	
2.	Development Process	
	Is there evidence of reasonable attempts to ensure relevant expertise has been used?	
3.	Content	
	Is the Purpose of the document clear?	
5.	Approval	
	Does the document identify which committee/group will approve it?	
6.	Equality Impact Assessment	
	Has the declaration been completed?	
7.	Review Date	
	Is the review date identified?	
	Is the frequency of review identified and acceptable?	
8.	Overall Responsibility for the Document	
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	

Name of the Chair of the Committee / Group approving			
If you are assured this document meets requirements and that it will provide an essential element in ensuring a safe and effective workforce, please sign and date below and forward to the chair of the committee/group where it will be ratified.			
Name		Date	
Name of the chair of the Group/Committee ratifying			
If you are assured that the group or committee approving this procedural document have fulfilled its obligation please sign and date it and return to the procedural document author who will ensure the document is disseminated and uploaded onto Staffnet.			
Name		Date	

