

# Complaints Procedure

**Date of issue: February 2010**  
**Date of review: February 2011**

<h2>Document Information</h2>
-------------------------------

Trust Procedure Number:	ULH-RM-COM-O1
Version:	5
Status:	Approved
Issued by:	Chief Nurse
Issued date:	January 2010
Approved by:	Executive Board
Date of approval:	
Date of review:	January 2011

**CHANGE CONTROL**

Previous versions:	4
Changes -	
Additions:	Guidance from Making Experiences Count Reform April 2009. Electronic recording of complaint meetings. The role of the Care Quality Commission Learning from complaints
Modifications:	Changes with responsibility of initial contact and agreement of a complaint plan, with flexibility in response times and type. Acknowledgement of financial remedy and running complaint during a legal claim.
Deletions:	The role of the Healthcare Commission for independent review. Now a two stage process; local resolution and independent review by the Parliamentary and Health Service Ombudsman
Date of issue:	January 2010
Review date:	January 2011
Referenced documents:	Healthcare Commission Complaints Toolkit 2008 Guidelines for the NHS in support of the Memorandum of Understanding 2006
Relevant legislation:	The Local Authority Social Services and National Health Service Complaints Regulations 2009 National Health Service (Complaints) Regulations 2004 & Amendments 2006 Mental Capacity Act 2005 Data Protection Act 1998

Relevant standards:

NHSLA standards  
Care Quality Commission Essential Standards, Outcome 17  
Healthcare Commission standards 14 a, b and c (until 1.4.10)

Table of Contents
-------------------

Section	Title	Page
<b>1</b>	<b>Introduction</b>	<b>4</b>
<b>2</b>	<b>The Purpose of the Procedure</b>	<b>4</b>
<b>3</b>	<b>Definitions</b>	<b>5</b>
3.1	Complaints	5
3.2	Unvoiced dissatisfaction	5
3.3	Voiced dissatisfaction	5
3.4	Complainant	5
3.5	Anonymous complaints	6
<b>4</b>	<b>Procedural Guidance and Levels of Responsibility</b>	<b>6</b>
4.1	All members of staff	6
4.2	Ward Sister, Matrons, Lead Clinicians and departmental managers	6
4.3	Consultant staff	7
4.4	Directorate management teams or corporate department heads	7
4.5	Identified member/s of staff complained against	8
4.6	Complaints Manager/Customer Care Manager	8
4.7	Risk Manager	9
4.8	Deputy Chief Nurse – governance and risk	9
4.9	Chief Nurse	9
4.10	Chief Executive	9
<b>5</b>	<b>Local Resolution</b>	<b>9</b>
<b>6</b>	<b>Complaints Handling – Guidance for Staff</b>	<b>10</b>
6.1	Verbal complaints/concerns	10
6.2	Written complaints	11
6.3	Vexatious or unreasonably persistent complainants	14
6.4	Meetings with complainants	15
6.5	Possible claims for compensation	15
6.6	Complaints and disciplinary procedures	15
6.7	Action plans	15
6.8	Grading of complaints	16
<b>7</b>	<b>Monitoring and Reporting</b>	<b>16</b>
<b>8</b>	<b>The Role of the Parliamentary Health Service Ombudsman</b>	<b>16</b>
<b>9</b>	<b>Care Quality Commission</b>	<b>17</b>
<b>10</b>	<b>Further Help and Advice</b>	<b>17</b>
Appendix A	Patient consent form	18
Appendix B	Deceased patient consent form	19
Appendix C	Complaint plan	20
Appendix D	Verbal complaint/concerns report form	22
Appendix E	Learning from complaints	25

# Complaints Procedure

## 1 Introduction

Complaints, constructive criticism and suggestions are valuable aids for monitoring and developing better standards of care. Patients' views are valuable in developing sensitive, responsive services that meet the needs of individuals, and seek to put the patient first.

It is the right of every health service user to bring aspects of treatment and care with which they are dissatisfied to the attention of the Trust management. They are entitled to have their concerns investigated, to receive a full and prompt, open and honest explanation, as well as an apology if it is due. People who complain about a service want to be treated with dignity and they seek assurance that their complaint is taken seriously. Complainants must be assured that their care and service provision will not be affected by the fact they have made a complaint.

Strong internal structures for the investigation of complaints, instigating action, monitoring the effectiveness of resultant action, supporting practitioners and maximizing complainants' satisfaction are fundamental to effective complaints handling.

It is essential that the Complaints Procedure should not be viewed in a negative way or as a threat to staff, nor should service users be/be made to feel discriminated against for any reason. Complaints should be looked upon positively, as an effective system to resolve any concerns or problems that people may have about any aspect of the service and should be used to make changes in practice, as required, across the organisation.

## 2 The purpose of the procedure

This procedure provides guidance in dealing with complaints. The process will help to provide clear complaint management information. This can then be used for the improvement of services and the management of risk.

The service offered to patients within the United Lincolnshire Hospitals NHS Trust should be timely and effective. Identified areas of concern should be remedied promptly.

The aim of the procedure is to:

- Provide clear guidelines on how the Trust deals with complaints
- Empower staff in the resolution of complaints and support them through this.
- Enable the improvement of the service by taking action following a complaint to prevent recurrence.
- Raise awareness of common problems in dealing with complaints.

### **3 Definitions**

#### 3.1 Complaints

A Complaint is defined as 'an expression of dissatisfaction'. Complaints occur when a person has expectations that are not met or something happens that they do not expect. For this reason, clear and complete communication with patients and relatives is very important; they should know what to expect.

#### 3.2 Unvoiced dissatisfaction

Dissatisfaction can be unvoiced to a member of staff, but is still obvious by manner, behaviour or comments to others. Staff should approach such complainants to establish if there are any problems that need addressing, following the procedure described under 'verbal complaints/concerns'.

#### 3.3 Voiced dissatisfaction

Expressions of dissatisfaction that are given to the Trust, orally or in writing.

#### 3.4 Complainant

The Complaints Procedure will apply to complaints made by, or on behalf of, patients or by visitors or other users of our services.

The Complaints Procedure is not designed for professionals from other agencies to make complaints about the level of service. Such complaints should be addressed by the General Manager or Head of Nursing/Lead Professional. However, the same approach will be taken and the same standards used.

When the complainant is not the patient, in order to maintain patient confidentiality, the patient's consent must be obtained to disclose information to a third party. This could be obtained in writing (Appendix A) or verbally and then recorded.

If a patient has died there is a need to clarify who is the next of kin/contact person as identified by the patient and therefore eligible to receive information, as there is a requirement to maintain patient confidentiality following a patient's death. This again could be obtained in writing (Appendix B).

If the patient is unable to give consent due to lack of mental capacity, a check needs to be made to determine if the complainant is a significant person in the patient's life who is considering their best interests. Consideration needs to be given to any instructions the patient have made when they had capacity with regard to disclosure of information, or if they have appointed an Attorney with a Health & Welfare - Lasting Power of Attorney. If it is considered the complainant is an 'interested party' in a patient's life and care, information disclosed must be focussed on the complaint and not involve issues outside of the scope of the complaint raised, to maintain patient confidentiality as much as possible. If the complainant is raising issues they personally witnessed, then this would not be an issue as it would not appear to be of a particularly confidential nature. 'Next of kin' has no definition in law and if the patient is still alive holds no relevance in complaints handling.

### 3.5 Anonymous complaints

Complaints made anonymously, where possible will be investigated and recorded. Disciplinary action cannot be taken against staff on the basis of an anonymous complaint.

## **4 Procedural Guidance and Levels of Responsibility**

### 4.1 All Members of staff

- Have a responsibility to respond to, and resolve, any voiced and unvoiced expressions of dissatisfaction by users of the service promptly.
- Should make every effort to respond to, and resolve, any complaint.
- Should report immediately to the person in charge of the ward/ department or consultant in charge of the patient's treatment at the time, when a complaint is made.
- Should act promptly when requested to assist in investigating a complaint.
- Should ensure patients are not discriminated against as a result of making a complaint, i.e, their care does not suffer or attitudes to them become negatively affected.

### 4.2 Ward Sisters, Matrons, Lead Clinicians and departmental managers

- Support staff in the management of complaints.
- Make every effort to resolve verbal complaints/concerns and record action.

- Gather any physical evidence/data, e.g. medical records, policies.
- Liaise with the Customer Care Manager and Complaints Co-ordinators as necessary.
- Investigate clinical aspects of a complaint referring to the patient's medical records, collating responses of individual staff members and producing an investigation report.
- Ensure the root cause of complaints is determined, developing action plans and initiating action to correct identified root causes and areas of concern.
- Ensure that action and, where necessary, root cause analysis is recorded on the Risk Management database (Datix).
- Monitor to ensure corrective action has been taken and is effective.
- Ensure they discuss complaints with their junior staff who are involved at the outset and at subsequent stages in the investigation, as necessary.
- Liaise with their Clinical Directorate team as necessary.
- Provide support to staff resolving complaints.

#### 4.3 Consultant staff

- Have responsibility for investigating clinical aspects of a complaint and referring to the medical records.
- Should, if a member of junior medical staff is involved, discuss the complaint with the doctor concerned at the outset and at subsequent stages in the investigation, as necessary.
- May be required to meet with the patient or complainant to resolve anxieties and answer their queries.
- Should notify the Legal Services department or Customer Care Manager if they believe there is significant risk of legal action as a result of the complaint.
- Shall investigate, collate responses, review the draft final response and implement any remedial action necessary.

#### 4.4 Directorate management teams or corporate department heads

- Plan the investigation process.
- Delegate the investigation to the most appropriate member of staff and be clear who is responsible for drafting the response to the complainant from within the directorate.
- Review, approve and sign final responses for Directorate.
- Ensure local resolution is effective and timely.
- Where appropriate, monitor to ensure corrective action to prevent recurrence is taken and is effective.
- Provide direction and advice regarding action to be taken to resolve complaints.
- Monitor and ensure compliance with the Complaints Procedure.
- Assist in the review of patient's care where there is a query or problem.
- Ensure there is a comprehensive record of the investigation and evidence maintained on the complaints file.

- Provide support to staff resolving complaints.
- Share any lessons learned through complaints with colleagues across the Directorate and the Trust through the Sharing the Lessons Learned Forum.

#### 4.5 Identified member/s of staff complained against

- The line manager/consultant should obtain a signed statement from the member/s of staff involved, specifically addressing the issues or describing what occurred.

#### 4.6 Customer Care Manager/Complaints Manager

- Must receive all written complaints.
- Will ensure all written complaints received are acknowledged and details are logged.
- Will ensure where the complainant is not the patient, consent is obtained for handling the complaint or provide advice on consent issues.
- Will provide guidance on handling complaints and following best practice.
- Will co-ordinate and monitor all aspects of complaints handling with the aim of effective, timely local resolution to complaints.
- Will encourage a flexible approach to handling of complaints to assist in local resolution.
- Will provide support to staff resolving complaints.
- Will arrange quality checks for responses to ensure all points are responded to, correct spelling and grammar and an appropriate tone to the letter.
- Will co-ordinate handling of complaints which involve multi directorates and prepare draft final responses and ensure approval is sought.
- Will monitor compliance with the Complaints Procedure.
- Will ensure the Complaints Procedure for the Trust is up to date and reflects the national requirements.
- Will provide training sessions on the procedures in place for handling of complaints.
- Will provide training for staff in handling, investigating and responding to complaints.
- Will ensure complaints team members work effectively with managers/ clinical staff to assist in the investigation of complaints and ensure timely and effective local resolution to complaints.
- Will liaise with the Parliamentary and Health Service Ombudsman in all cases where local resolution has not been effective, in order to provide a response to the complainant.
- Will ensure all data is maintained on the integrated risk management database regarding complaints.
- Will seek views of complainants on the effectiveness of our complaints handling and take corrective action necessary as required.
- Liaises with the Independent Complaints Advocacy Service to ensure the Trust has effective, responsive complaints handling.

- Liaises with other organisations when a complaint involves other agencies e.g. The Primary Care Trust, Social Services or Ambulance Service, so a co-ordinated response is provided.

#### 4.7 Risk Manager

- Will produce information and reports on complaints management and trends.

#### 4.8 Deputy Chief Nurse - Governance and Risk

- Will lead the approach on complaints handling within the Trust and be responsible for compliance against the relevant standards.
- Will develop policy and practice to continually improve the Trusts handling of complaints and ensure effective local resolution is achieved.
- Will ensure complaints handling is meeting the patient and public requirements.

#### 4.9 Chief Nurse

- Has responsibility for the management of complaints on behalf of the Chief Executive.
- Will inform the Chief Executive of complaints that may have significant implications for the Trust.
- Will regularly monitor all complaints.

#### 4.10 Chief Executive

- Has ultimate responsibility to approve and sign the final responses, and to send these to the complainant.

### **5. Local Resolution**

The first stage of the Complaints Process is entitled 'Local Resolution'. The intention of Local Resolution is to be open, honest, fair, flexible and conciliatory. The complainant should be given the opportunity to understand all possible ways of pursuing a complaint. The Trust should ensure the public are clear on the purpose and what can be achieved through the Complaints Procedure from the outset. It may be necessary to signpost members of the public to Professional Regulatory Bodies or Legal processes.

## 6. Complaints Handling – Guidance for Staff

### 6.1 Verbal Complaints/Concerns

When a verbal complaint is received, staff should aim to resolve the problem immediately and can involve their immediate manager where necessary. They should:

#### **Listen**

- Listen carefully and show concern, as the initial response is crucial.

#### **Acknowledge & assess**

- Identify the issues with the complainant.
- Establish what the complainant would like to happen.
- Risk assess the complaint to determine if any immediate remedial action is required.

#### **Respond**

- Consider the options available to deal with the complaint. Usually complaints would be passed to the relevant professional responsible for managing the service at the time.
- Give a commitment to action (which may include an explanation), within a realistic time frame.
- Ensure further action is taken if required and the complainant is kept informed.
- Seek advice if unsure.
- Apologise or express regret when things go wrong/if they have been inconvenienced/are distressed, etc. Note: Making an apology is not the same as admitting guilt or liability.
- Confirm the complainant is satisfied with the response and actions proposed. If the complainant remains dissatisfied contact the Department Head/Matron or if not available, the Complaints Manager/Customer Care Manager for advice. Out of hours, if the complainant remains unhappy, inform the Site Sister/Charge Nurse for assistance. The On Call Manager may be contacted if necessary, to help resolve a complaint or agree the actions to be taken.

#### **Document**

- On a verbal complaint report form, (Appendix D) which is available on the Intranet, or on a filenote/email, state the complaint, the action taken and whether the complaint is resolved. Advise your immediate manager, and send a copy immediately to the Complaints Team. As much detail as possible must be obtained, including the name, address, date of birth and telephone number of the patient, and where different, the name, address and telephone number of the complainant.

- If the complaint is unresolved, further action needs to be taken and this should be brought to the attention of the Department Head/Matron to resolve.
- All verbal complaints/concerns will be logged by the Risk Management Department on the Risk Management database (Datix) and will be available for clinical directorates/ corporate departments to review and monitor trends.

If requested or deemed appropriate, a complainant may receive a written response to a verbal complaint from a manager or the Chief Executive.

Verbal complaints/concerns do not need to be reported to the Chief Executive, although serious verbal complaints/concerns or matters that may give rise to adverse publicity and/or further development should be brought to the attention of the General Manager, who may inform the Chief Executive.

#### 6.1.1 Timescales

The recipient of a verbal complaint is responsible for ensuring its investigation, or that it is passed to the relevant manager/matron for investigation. Verbal complaints/concerns should be investigated and the complainant should receive a response within 5 working days. Action should be taken and recorded within 10 working days. This should be registered directly onto the risk management database (where access is available) or forwarded to the Complaints Manager/ Customer Care Manager.

#### 6.2 Written complaints

Following the NHS Complaints Regulations, the Trust will accept complaints for investigation within a time limit of 12 months. However, where it is evident the complainant would not have been aware they had reason for complaint exceptions can be made at the discretion of the Complaints Manager/Customer Care Manager. It is vital that any investigation would be efficient and effective. Any independent review will look for an open and flexible approach to this and the Trust may be required to provide rationale for refusing to investigate a case. Complaints will be investigated thoroughly and fairly and as quickly as circumstances allow. Unsatisfactory handling of a complaint can become the cause of further complaint.

As soon as a written complaint is received, staff should notify the Complaints Manager/Customer Care Manager and forward the letter immediately to the Complaints Department for registration and action.

To avoid discrimination complaint correspondence must not be stored/held in patients' medical records.

### 6.2.1 Acknowledgement and assessment

The Complaints Manager/Customer Care Manager will ensure a written complaint is acknowledged within three working days. This acknowledgement will provide information to the complainant on the process for dealing with complaints and what can be achieved. It will include options available to the complainant should they remain dissatisfied. Information will be provided on the advocacy service available for support. An assessment will be made of the complaint to assign a level of risk, this will be influenced by the outcome of the investigation and may need to be adjusted. In addition, the complainant will be contacted by the complaints team to discuss their complaint and agree a complaint plan (Appendix C) outlining the concerns to be investigated, their expectations for an outcome, the length of time the investigation will take and the way in which the Trust will respond.

### 6.2.2 Investigation

The relevant clinical directorate/corporate manager who co-ordinates complaints handling will be sent the written complaint to investigate and respond to. This lead manager will decide who needs to be involved in the investigation so all points raised are responded to. The complaints team will assist directorates with the administration involved with complaints handling.

During the investigation, those involved must inform their allocated Complaints Administrator of any delays and the reasons for this, so they can provide appropriate updates to the complainant.

Complaints investigation will include a review of relevant patient documentation, policies and guidance documents. The root cause of a complaint needs to be established to enable appropriate action to be taken to prevent recurrence.

Where complaints identify junior members of staff this should be drawn to their attention by their manager/consultant and they should be given the opportunity to reply. Staff involved may need to be interviewed to ascertain the facts. Where staff have been specifically identified they will need to provide statements for clarity. Statements must include the background to the event where relevant, factual detail of the staff member's involvement in the situation, an explanation of what did happen and why it happened, and details of any mitigating circumstances. Statements must address all relevant issues raised by the complainant. The manager/consultant of the junior member of staff should also provide their comments/response.

All members of staff involved in the complaint should be informed of the outcome of the investigation through their line manager and it may be helpful to see a copy of the response being sent to the complainant.

### 6.2.3 Response

Once the investigation is complete, arrangements must be in place within the directorate or corporate team to reply to the complaint. The response can be in the form of a written letter, report or meeting followed by a copy of the meeting notes being provided.

Guidance on writing a letter is provided in the 'guide to letter writing' this can also be considered in conjunction with 'checking and reviewing written responses to complainants' both provided by the Complaints Manager/Customer Care Manager.

A full written response from a senior manager/meeting notes will be sent with an accompanying letter from the Chief Executive addressing the points as detailed within the complaint letter and complaint plan and within the agreed timescale (complaint plan).

The response will:

- Be open, honest and respectful in tone.
- Give full information about the investigation.
- Address each issue raised.
- Offer apologies as appropriate.
- Explain clinical terms clearly, avoiding jargon.
- Give assurance that action will be taken to address any failings identified and how these will be achieved.
- Provide details of any meetings held.
- Provide information on action the complainant can take if they are not satisfied with the response.

The proposed response should be sent for approval to all who have contributed to the investigation.

The drafted response will then be forwarded to the Complaints Department the relevant timescale for final quality checking, complete with all documentation and evidence together with the completed action plan, where possible for the complaints file.

The complaints team will prepare a covering letter from the Chief Executive and arrange for the response to be forwarded to the Chief Executive for signature and posting.

For multi directorate complaints the Complaints Manager/Customer Care Manager will co-ordinate the Directorate investigation outcomes and compile a response on behalf of the Chief Executive. Approval for the final response will be obtained from all who have provided individual directorate responses and been involved in the investigation.

#### 6.2.4 External Agencies

Where complaints involve other agencies, e.g. Social Services, other NHS Trusts, the complainant will be notified of the other agency's involvement. Good working practice is to provide a co-ordinated response to a complaint from the lead or main organisation involved. The Complaints Manager/Customer Care Manager will discuss/agree who will do this, with the other agency(s) involved. Where necessary complaints will be forwarded to the other agency(s), with the patient's permission.

#### 6.2.5 Police investigations

When a complaint is also the subject of a police investigation; wherever possible, copies of the medical records should be obtained to allow the internal investigation to be conducted as usual. Discussion on how to proceed will need to be considered on an individual basis together with the Chief Nurse and Medical Director. Refer to the Guidelines for the NHS in support of the Memorandum of Understanding 2006, regarding police investigations.

#### 6.2.6 Inquests

Where it has been identified that the complaint is also the subject of an inquest, discretion will be applied to determine when a response will be provided in relation to the inquest. If necessary Legal Services Manager will contact the Coroner to discuss the case and the possibility of responding to the complainant ahead of the inquest.

#### 6.3 Vexatious or unreasonably persistent complainants

- Regardless of the manner in which the 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 unreasonably persistent or vexatious the ways in which their behaviour is unacceptable, and the likely consequences of refusal to amend their behaviour, before taking drastic action.
- Decisions to treat a complainant as unreasonably persistent or vexatious should be taken at an appropriately senior level; and this decision should be

reported to the Deputy Chief Nurse (Governance & Risk) or Chief Nurse for monitoring.

#### 6.4 Meetings with complainants

It can be helpful to offer complainants the opportunity to meet relevant clinicians or a manager to discuss the outcome of the investigation. This also enables the complainant the opportunity to ask additional questions and seek clarification on points. Such a meeting can be held as the Trust's response to a complaint and the completed notes/action points being provided to the complainant. In addition meetings can be held following a written response, to provide clarity and aid local resolution.

All meetings will be electronically recorded (unless requested differently by the complainant/patient) and a CD provided to the complainant of the full recording. This will be sent together with details of any relevant action/s to be taken.

#### 6.5 Possible claims for compensation

Where a complainant has expressed a wish to claim for compensation in their letter of complaint, the acknowledgement letter will detail the way in which this will be taken forward. If, following investigation financial remedy is the best option this will be discussed by the Complaints Manager/Customer Care Manager and the Legal Services Manager to determine the best course of action (Appendix E). Once agreed the way forward will be discussed with the Deputy Chief Nurse, Directorate Management Team and final approval will be sought from the Finance Director and/or Chief Executive. If it is agreed that compensation should be paid, the amount will be determined and agreed by the aforementioned group.

If a complainant explicitly indicates an intention to take legal action, the complainant will be advised that their letter will be passed to the Legal Services Manager for review. There is an opportunity for the complaints process to be run concurrently with a legal claim if appropriate. Again a decision will be made with the complainant the Complaints Manager/Customer Care Manager and Legal Services Manager.

#### 6.6 Complaints and disciplinary procedures

The complaints procedure is concerned with resolving complaints and not with investigating disciplinary matters. The complaints procedure is not designed to apportion blame amongst staff; however, some complaints may identify information about serious matters, which may lead to a disciplinary investigation and in these cases the Human Resources department staff should be notified and involved. There should be no delay in responding to the complainant once the complaint can be answered because of any disciplinary procedure.

## 6.7 Action plans

A final signed copy of the response will be sent to all those involved in the investigation and complaints process. Where action is required, an action plan/report should be recorded on the Risk Management database (Datix) by the relevant manager. It may be that further investigation is required in the form of a Root Cause Analysis, prior to developing an action plan or report. More information about this is available in the "Investigation Procedure", which can be used in conjunction with this procedure. Management teams are responsible for ensuring action is taken to address all issues that emerge as a result of a complaint.

## 6.8 Grading of complaints

All complaints will be graded by the Complaints Manager/Customer Care Manager, using a consequence and likelihood scoring system. This will be carried out as the complaint is received to determine focus and may need to be amended once the investigation is complete when the complaint is closed if there is change.

# **7 Monitoring, Reporting and Learning**

The Trust will:

- Monitor the management of complaints in respect of acknowledgement, response rates and the effectiveness of local resolution.
- Monitor the performance of individual Directorates/corporate departments and consider trends and the subject of complaints.
- Monitor action being taken to resolve complaints and prevent recurrence by Directorates and corporate departments.
- Consider any lessons that can be learned from complaints in order to improve the service provided across the Trust.
- Take action where serious clinical governance concerns are raised that come to light as a result of a complaint.

Clinical directorates will regularly produce information and reports on complaints to be presented at Directorate Governance meetings indicating action taken to address deficiencies.

The Risk Manager will regularly provide information and reports on complaints to the Integrated Governance Committee, the Trust Board and the NHS East Midlands.

An Annual Report on Complaints Management will be produced by the Trust for NHS East Midlands.

All complaints should be discussed at the relevant forums to ensure lessons are learned and should be comparative to the level of risk attached to it (Appendix E). In addition, every moderate and high risk complaint should have an action plan completed, which is implemented and reviewed within the directorate and provided to the complaints team for completion of the complaint.

## **8 The Role of the Parliamentary Health Service Ombudsman**

The Ombudsman is appointed by the Crown and is responsible to Parliament. He/she is therefore independent of the NHS and of government. The Ombudsman has jurisdiction to investigate all complaints made by or on behalf of NHS patients, which include action taken exercising clinical judgement.

The Ombudsman will not investigate a complaint until the complaints procedure has been invoked and exhausted, unless, in the circumstance of a particular case, he judges that these conditions would be unreasonable.

When an Ombudsman decides to investigate a complaint, the Trust must appoint a liaison officer for the complaint.

## **9 Care Quality Commission**

The Care Quality Commission regulate this procedure and the Trust will provide a summary of complaints to the Commission when requested and within the timescale set.

Complainants can contact the Care Quality Commission to inform them of any concerns they may have about the carrying out of a regulated activity.

## **10 Further Advice and Help**

- 10.1 The local Independent Complaints and Advocacy Service (ICAS) provides advice and support to people who want to complain about the NHS. The service can be helpful because as an independent agency they can keep the complainant focussed and clear about what they are wanting to achieve

**Appendix A****Complaints Department - Patient Consent Form**

Full name of patient:	
Address:	
Date of birth:	
NHS Number:	

***I hereby authorise:***

Name of person making the complaint:	
Address of person:	
Contact telephone number:	
Relationship to patient:	

***to make a complaint on my behalf and to receive any and all information, including personal and confidential information, that may be relevant to my complaint.***

***I give permission for United Lincolnshire Hospitals NHS Trust to investigate this complaint and where necessary, obtain disclosure of relevant personal and confidential information relating to me, including my clinical notes.***

***I understand that United Lincolnshire Hospitals NHS Trust will use any information gathered to assist in the investigation of this complaint.***

Please ensure the details above are complete and correct, making amendments/adjustments as appropriate. Could you also tick one of the boxes below to clarify who you would like to act as the main point for contact for the duration of your complaint investigation:

- Yourself
- Complainant

Signature of patient: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix B

## Complaints Department - Consent Form

Patient's name:	
Full name of next of kin:	
Address:	
Relationship to patient:	

***I hereby authorise:***

Complainant:	
Address:	
Contact telephone number:	

***to make a complaint and to receive any and all information, including personal and confidential information, that may be relevant.***

***I give my permission for United Lincolnshire Hospitals NHS Trust to investigate this complaint and, where necessary, obtain disclosure of relevant personal and confidential information relating to «CON\_FORENAMES\_\_PAT» «CON\_SURNAME\_\_PAT» including any clinical notes.***

***I understand that United Lincolnshire Hospitals NHS Trust will use any information gathered to assist in the investigation of the complaint.***

Please ensure the details above are complete and correct, making amendments/adjustments as appropriate.

Signature of Next of Kin: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Appendix C</b>
-------------------

## Complaint Plan

Complaints Department Contact Person	
Complaints Administrator	
Contact details	
Hours of work	
Complaint reference	

Patient		Complainant	
Name		Name	
Address		Address	
Contact details		Contact details	

Complaint Concerns <i>(to be read in conjunction with letter of complaint)</i>

Complainant/Patient's Desired Outcome	
•	
•	
•	
•	

Agreed Response/Feedback			
To	Patient	<input type="checkbox"/>	
	Complainant	<input type="checkbox"/>	
	ICAS Advocate	<input type="checkbox"/>	
	Solicitor	<input type="checkbox"/>	
Method	Telephone	<input type="checkbox"/>	
	Written	<input type="checkbox"/>	
	Meeting	<input type="checkbox"/>	
Timescale	15 working days	<input type="checkbox"/>	
	25 working days	<input type="checkbox"/>	
	35 working days	<input type="checkbox"/>	
	50 working days	<input type="checkbox"/>	
Updates	Phone	<input type="checkbox"/>	Twice monthly <input type="checkbox"/>
	Written	<input type="checkbox"/>	Monthly <input type="checkbox"/>

Additional Notes	

## Appendix D

<b>VERBAL COMPLAINT/CONCERN REPORT FORM</b>		
<b>Name of Complainant:</b>	<b>Hospital:</b>	
<b>Address</b>	<b>Ward/Department:</b>	<b>How Complaint Made:</b> In person: <input type="checkbox"/> Telephone: <input type="checkbox"/>
<b>Telephone Number:</b>	<b>Consultant:</b>	<b>Time Made:</b>  AM: <input type="checkbox"/> PM: <input type="checkbox"/> NIGHT: <input type="checkbox"/>
<b>Name of Patient: (If different to above)</b>		
<b>Patient Address:</b>		
<b>Telephone Number:</b>	<b>Hospital Number or Date of Birth:</b>	
<b>Summary of Complaint:</b>		

<b>Action taken to resolve complaint:</b>			
<b>Staff Member: (Please print)</b>	<b>Grade/Title:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Complaint Resolved:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Date:</b> _____			
<b>If No, why not?</b>			
<b>Your Manager informed?</b>		<b>Date:</b> _____	
<b>Forwarded to Complaints Manager:</b>		<b>Date:</b> _____	
<b>FOR COMPLAINTS DEPARTMENT USE ONLY</b>			
<b>SIGNED:</b> _____		<b>Date:</b> _____	

## Learning from Complaints

When complaints are received they are risk graded by the complaints team (this is also reviewed following investigation). The forum at which a complaint and the lessons learned are discussed should be comparative to the level of risk attached to it (see below). In addition, every moderate and high risk complaint should have an action plan completed, which is implemented and reviewed within the directorate and provided to the complaints team for completion of the complaint.

### Low

Ward and/or  
Departmental  
meeting

### Moderate

Ward and/or  
Departmental  
meeting + Directorate  
Meeting

### High

Ward and/or  
Departmental  
meeting + Directorate  
Meeting + Sharing the  
Lessons Learned  
Forum

The directorate will be informed of the risk grading when the complaint is sent for investigation and an template for an action plan attached as appropriate.