



**Local Care Direct**

**DR-02**

**Policy for Managing Compliments,  
Comments, Concerns and Complaints**

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## **Staff Summary**

- Local Care Direct welcomes all feedback about the quality of our services.
- We will actively promote the channels via which patients and the public can make their views known about the services we provide and will ensure that the process is inclusive and accessible.
- Our approach to handling feedback is outcomes focused and seeks to resolve problems as early and as speedily as possible in the first instance and to learn from the feedback.
- All staff, including non-employed staff, have a part to play in the resolution of problems for patients and members of the public and are empowered to do so.
- Local Care Direct is committed to learning from compliments, comments, concerns and complaints to improve the quality of its services and to contribute to continuous improvement of patient safety, clinical effectiveness and patient experience.
- We are committed to recognising and rewarding excellent service provided by staff. Positive feedback from patients and members of the public will be shared with staff.
- Complaints and concerns will be handled in a way that is open, fair and proportionate.
- Appropriate and proportionate remedies will be made in line with Parliamentary and Health Service Ombudsman Principles.
- All complaints, concerns, comments and compliments are recorded. The record is an end to-end record of the issue raised, local investigation, learning, action plan and response.

□ Staff and managers must contribute openly, honestly and fully with investigations into complaints and concerns.

□ All members of staff can be assured that the aim of complaints resolution is not to apportion blame but to determine what happened, with subsequent actions being taken to improve future service delivery.

## **1.0 Introduction**

Welcoming and listening to feedback from patients, their families and members of the public is an essential part of Local Care Direct's (LCD) quality and risk governance. The effective management of that feedback is necessary to ensure that patients are confident their feedback is acted upon in a consistent, fair and timely manner, that it leads to changes in our service delivery, that we recognise the effect the quality of our services have had upon them and aim to remedy any hardship we may have caused.

Local Care Direct must comply with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and associated guidance 'Listening, Responding, Improving' issued by the Department of Health in February 2009. LCD must meet the Care Quality Commission registration requirements as specified in Regulation 19. A number of recommendations regarding complaint handling are contained in the Francis Report (February 2013) and the review completed by Ann Clwyd MP and Professor Tricia Hart in October 2013. LCD needs to have regard to these recommendations and also to comply with the Principles of the Parliamentary and Health Service Ombudsman (PHSO).

## **2. Policy statement**

Local Care Direct is committed to high quality care for all as a core principal of our vision and purpose. This includes the provision for any user of the organisation, their family, carers, or members of the public, with the opportunity to seek advice, raise concerns or make a complaint, about any of the services we provide.

Local Care Direct recognises that our staff work very hard to get it right first time. However, there may be occasions when people will be dissatisfied with the service received, or decisions made, and wish to make a complaint or raise a concern.

We will endeavour to respond as quickly and effectively as possible to resolve complaints and respond to enquiries, and to use the information to improve the quality of patient services.

The complaints system incorporates the Parliamentary and Health Service Ombudsman Principles of Good Complaints Handling (2009):

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement



The policy is informed by the NHS Constitution that includes a number of recommendations relating to patient rights. Patients have the right to:

- Have their complaint acknowledged and properly investigated
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response will be sent
- To be kept informed of the progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken.

The policy is also informed by:

- Principles of openness, transparency and candour throughout the organisation
- Patients raising concerns about their care are entitled to have the matter dealt with as a complaint, unless they do not wish it
- Prompt and thorough processing
- Sensitive and accurate communication
- Effective and implemented learning
- Comments or complaints amounting to an adverse or serious untoward incident should trigger an investigation
- The importance of narrative as well as numbers contained within the data

Local Care Direct will treat complaints seriously and ensure that complaints, concerns and issues raised by patients, relatives and carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be explained to the complainant.

The main aims of the policy are:

- To provide easily accessible clear and easy to understand procedures for managing complaints
- To provide a consistent approach to the management and investigation of complaints
- To sympathetically respond to complaints and concerns in appropriate timeframes
- To provide opportunities for people to offer feedback on the quality of service provided
- To provide staff and complainants with support and guidance throughout the complaints process
- To identify the causes of complaints and to take action to prevent recurrences
- To use 'lessons learnt' as a driver for change and improvement
- To ensure that the care of complainants is not adversely affected as a result of making a complaint
- To assist in promoting an open, honest and transparent organisational culture
- To ensure that LCD meets its legal obligations
- To act as a key tool in ensuring the good reputation of Local Care Direct

### **3. Purpose/Scope**

This policy applies to the management of comments, compliments, concerns or complaints for all services provided by Local Care Direct.

Local Care Direct staff and clinicians have a responsibility to ensure that anyone who makes a comment or gives a compliment receives the appropriate response. Anyone who raises a concern or complaint should be treated with compassion, dignity and respect.

All anonymous complaints will be investigated in accordance with this policy, providing there is sufficient detail to do so. If it is possible to verify the complaint, appropriate remedial actions will be taken and a record maintained.

There will be some complaints that cannot be dealt with under the scope of this policy or the Local Authority Social Services and National Health Service Complaints Regulations 2009: examples are:

- A complaint made by one external organisation about another organisation. This will be recorded as a service to service but will still adhere to the relevant timescales.
- A verbal complaint which has been resolved to the person's satisfaction not later than the next working day
- A complaint that has been previously investigated under these regulations
- A complaint made by a staff member about any matter relating to their employment
- Any complaint that is being investigated by the Health Service Ombudsman
- A complaint arising out of LCD's alleged failure to comply with a data subject request under the Data Protection Act 2018 or a request for information under the Freedom of Information Act 2000

**Any complaint or concern raised that relates to an issue of abuse (or suspected abuse) must be dealt with immediately following the guidance in the Safeguarding Adults or Safeguarding Children policies.**

#### **4. Who can make a complaint?**

A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:

- Is a child  
In the case of a child we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child and that the representative is making the complaint in the best interest of the child
- Has died  
In the case of person who has died, the complainant must be the personal representative of the deceased. Where appropriate we may ask for evidence to substantiate the complaints claim to have the right to the information.
- Has physical or mental capacity

In the case of a person who is unable by reason of physical capacity or lacks capacity within the meaning of the Mental Capacity Act 2005 to make the complaint themselves, we need to be satisfied that the complaint is being made in the best interest of the person on whose behalf the complaint is made.

- Has consented to a third party acting on their behalf:  
In the case of a third party pursuing a complaint on behalf of the person affected we will request the following information:
- Name and address of the person making the complaint
- Name and either date of birth or address of the affected person and
- Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf. This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the affected person.
- Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which covers health affairs
- Is an MP acting on behalf of and by instruction from a constituent

## **5. Confidentiality**

Complaints will be handled in the strictest confidence in accordance with LCD's policies concerning confidentiality and will be kept separately from the patients' medical records. All confidential information will be handled in compliance with the DPA 2018 and will meet the principles set out in the Caldicott Report. The designated Caldicott Guardian is responsible for ensuring confidentiality is maintained.

Only those managers who are leading on the investigation, or staff who are in other ways involved in the management of the complaint, will have access to details of the case. Anyone disclosing information to others who are not directly involved could be subject to disciplinary proceedings.

## **6. Accessibility of process**

Users of the service or their representatives are able to give their feedback in a variety of ways. This includes by telephone, email, in writing to our postal address, via the website or using a paper feedback form. They may also give their feedback to a member of staff face to face who will ensure it is handled in accordance with the person's wishes. If a person wishes to give feedback verbally, they can expect a member of staff to make a written record and to receive a copy of the written record of their feedback should they so wish.

Information about how to give feedback is made widely available via posters in our centres and on the websites. Leaflets will also be made available at all reception points.

All responses to feedback will be made in plain language and will not contain specialist terminology without clear explanation of its meaning.

Any person wishing to communicate by email regarding their feedback will be alerted to the insecure nature of the internet for personal and confidential information, and will be asked to explicitly provide consent for LCD to correspond with them in this way for this purpose, which will be recorded.

Local Care Direct continuously reviews its accessibility standards and adheres to NHS England's best practice guidance on accessible information.

## **7. Timescales for making a complaint**

Complaints must not be made later than:

- twelve months after the date on which the matter which is the subject of the complaint occurred:  
Or
- Twelve months after the date on which the matter which is subject of the complaint came to the notice of the complainant.

If there are good reasons for not having made the complaint within the above timeframes and if it is still possible to investigate the complaint effectively and fairly, LCD may decide to consider the complaint.

## **8. Complaint process**

### **Stage 1.**

This stage covers a concern raised with a member of staff or service manager for which the aim is to resolve it prior to it becoming a complaint. Where the complaint is resolved immediately to the satisfaction of the person raising it, the details of the concern should be logged with the response or actions taken.

Where a concern is not able to be resolved immediately, the member of staff should raise this as a complaint with the CG&Q team.

### **Stage 2.**

LCD will investigate a complaint in a manner appropriate to resolve it as efficiently as possible. The investigation will be proportionate to the seriousness of the complaint.

All complaints will be acknowledged no later than three working days after the day the complaint is received (either by telephone, email or letter) and an offer will be made, as appropriate, to discuss with the complainant the following:

- An action plan for handling the complaint
- Timescales for responding
- The complainants expectations and desired outcome

- Information in relation to the provider of independent advocacy services in their geographical area e.g. the Independent Complaints Advocacy Service or other support service.
- A named contact who will be their point of contact throughout the complaint process.

The complainant can expect that:

- They will be kept up to date with the progress of their complaint if we are unable to respond within the agreed timeframe
- Their complaint will be investigated and, where appropriate, they will receive an explanation based on facts
- Assurance that the matter has been investigated and action has been taken to prevent a recurrence
- To be informed of any learning
- A remedy will be made where appropriate

On receipt of the investigation report a response to the complaint will be prepared which will include information on the next stages of the complaints procedure should the complainant wish to take matters further.

Where the complaint involves more than one NHS or social care body, LCD will adhere to the duty to cooperate contained in the legislation. Where complaints involve more than one body, discussions will take place about the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant.

Where LCD receives a complaint involving several bodies, permission will be sought from the complainant before sharing or forwarding a complaint to another body. Consent will need to be obtained to forward the complaint to any provider.

As soon as it is reasonably possible after completing the investigation, and within the timescale agreed with the complainant, LCD will send a formal response in writing to the complainant.

The response will include:

- An explanation of how the complaint has been considered
- An apology
- An explanation based on facts
- Whether the complaint in full or in part is upheld
- The conclusions reached in relation to the complaint including any remedial action that the organisation considers to be appropriate
- Confirmation that the organisation is satisfied any action has been or will be actioned

A key consideration is to make arrangements flexible; treating each case according to its individual nature with a focus on satisfactory outcomes, organisational learning and those lessons should lead to service improvement.

If a complaint response has passed to 40 working day target (or the timescale agreed with the complainant if different), the complainant should receive an update on progress within a revised timeframe. This can be by telephone email or letter but the format should be agreed with the complainant.

### **Stage 3**

Where a complainant remains unhappy with the outcome of the stage 2 complaint process, the complaint response should be reviewed. Following the review and further investigation a written response should be sent to the complainant which includes the following information:

- A summary of the review and any further investigation, including key facts and issues
- Conclusions of the review and any further investigation including determining if there was an error, omission or shortfall
- Provide an apology and explanation of what happens next i.e. signposting to the PHSO or local resolution

### **Meeting with people who have made a complaint**

Where a person who has made a complaint wishes to attend a meeting for feedback this will be offered as part of the process. Responsibility for arranging and documenting the meeting rests with the Complaints Manager. A minimum of two Local Care Direct representatives will be present of which one will be the person investigating the complaint. The person who has made the complaint must be advised that they can be accompanied to the meeting as long as the companion is not acting in any legal capacity.

### **Stage 3**

Where Local Care Direct fails to resolve the complaint, the complainant has the right to request external resolution by the PHSO.

Complainants have the right to approach the Parliamentary and Health Service Ombudsman (PHSO) with their complaint at any time throughout the process. The powers and the duties of the PHSO are laid down in the Health Service Commissioners Act 1993.

The PHSO will normally wish to satisfy themselves that the organisation which is the subject of the complaint has been given sufficient opportunity to respond to the complaint first before they accept a complaint for investigation.

The PHSO may decide to investigate a complaint before the organisation feels it has exhausted all opportunities to resolve the matter. The PHSO has discretion to do so, but will normally liaise with the organisation and the complainant to agree a way forward if they feel that is likely to result in a resolution.

## **Saying Sorry**

All complaints must be taken seriously by all staff and treated with compassion and understanding at all times. Poor communication can make it more likely that the complainant will pursue a complaint or that a complaint becomes a claim. It is vital that a meaningful apology is not delayed and that any apology is based on the facts at the current time. Apologising – saying sorry – for the fact that person has felt the need to make a complaint does not constitute an admission of personal or organisational legal liability. It is simply the right thing to do.

As part of the organisational response to complaint, if the findings of investigations warrant doing so, the response should include a sincere expression of sorrow or regret for the incident or issue giving rise to the complaint. The apology must be clear and unambiguous and may be given verbally in addition to the written apology.

## **9. Compliments**

A compliment is the expression of satisfaction made by a patient, their family member or a member of the public regarding a LCD service or the specific behaviour of a member of LCD staff.

Compliments can be made to any member of staff and will be acknowledged by the person receiving them in the format in which they were received (i.e. verbally, by email, etc.) with the exception of compliment letters. All written compliment letters will receive a written response from the Clinical Governance & Quality department (CG&Q department).

The CG&Q Department will identify the team to which the compliment relates and will provide the Manager of the service with the details of the compliment. The individual named in the compliment will receive a letter from the CG&Q Department outlining the compliment a copy will also be sent to the HR department for inclusion in the staff members file.

## **10. Consent for third party concerns and complaints**

The principle adopted by this policy is to work in accordance with the requirements of the Data Protection Act 2018 and the Caldicott principles. Where it is possible to obtain consent from the person to whose care the complaint or concern relates, then this will be obtained. However, this policy aims to enable dissatisfaction to be resolved and service issues to be identified and rectified, and therefore a pragmatic approach will be taken where obtaining consent is not possible or practical. This is expanded upon in the following paragraphs. Utmost care will be taken not to divulge unnecessary personal information in responding to concerns and complaints in these circumstances.

Complaints and concerns may be raised by a person acting on behalf of the patient who has received the services being complained about. In such cases, consent of the patient will be sought.

Where the patient is deceased, the consent of the 'nearest relative' will be sought. Where a complaint or a concern is progressed with the consent of the 'nearest relative', care will be taken to include only that information which is necessary to answer the issues raised. The 'nearest relative' will often but not always be the patient's next of kin. Care will be taken to ensure that the person identified as the 'nearest relative' is the most appropriate person to act on the patient's behalf.

Where the patient lacks capacity, the consent of the person who has 'Health and Welfare lasting power of attorney' will be sought.

Where the patient is a child or young person under the age of 16, the consent of a person who has 'parental responsibility' for the child or young person will be sought.

## **11. Withdrawals**

A person who has raised a concern or a complaint may choose to withdraw their concern or complaint at any point in the investigation up to receiving a response.

LCD will continue to investigate the matter and to make a record of findings and action taken. A clear record will be made of the complainant's wish to withdraw the complaint, along with evidence to support this, and no response will be made to the complainant.

## **12. Links with other procedures**

### **Serious incidents**

The process by which a complaint is declared a serious incident (SI) is detailed in S-41 Serious Incident Policy. When the issues raised by a complaint are declared a serious incident, the serious incident investigation process will be instigated and will determine the timescale in which a complaint response can be made. This is normally in excess of the time taken to respond to complaints which are not also serious incidents.

### **Clinical case reviews**

Where a complaint raises issues of a clinical matter, the Director of Clinical Governance & Quality, Clinical Governance Lead or Quality Group may decide that a Clinical Case Review (CCR) is necessary to explore the clinical issues more fully and ensure all learning is identified and acted upon.

Where this is the case, the CG&Q Department will continue to investigate any other matters raised and will receive a copy of the CCR notes to inform those aspects of the complaint response.



CCRs will generally extend the timescale taken for the complaint response. The CG&Q Department will advise the complainant of the process being followed, the reasons for this and the estimated response timescale.

### **13. Being open**

This Policy is in line with the LCD's Being Open Policy and the Duty of Candour. All complaints and concerns are investigated and responded to in an open, honest and transparent way. The Being Open Policy will not be instigated for any incidents which are also complaints as the communication with the patient and/or their representative will be handled via this Policy.

The Statutory Duty of Candour is a contractual duty of all healthcare providers. LCD will ensure patients are informed in line with CQC regulation 20 and the Health & Social Care Act 2008.

### **14. Staff Complaints**

Complaints or concerns raised by staff in connection with their employment will not be dealt with by this Policy and are to be handled in line with the Grievance Policy'.

Staff concerns about the practice of others will not be dealt with by this Policy. Dependent upon the nature of those concerns, they may be raised via the Significant Event Procedure, Grievance Policy or the Whistleblowing Policy'.

### **15. Criminal matters**

Any concern or complaint which raises issues of a criminal matter will be escalated to Director Level. This may lead to involving the Police or advising the complainant to report the matter directly to the Police.

## **Claims**

Any concern or complaint which seeks financial remedy will be handled in accordance with this Policy.

If the outcome is that the matter cannot be remedied by the Policy and is more appropriate or consideration as a claim, the complaint will be responded to and the complainant will be advised of the limitations of this Policy to consider the remedy they are seeking and how to pursue the matter as a claim.

All contact from patients, their families and members of the public who do not wish to pursue a concern or complaint but clearly state they wish to make a claim will be signposted to the legal agencies.

### **17. Support to staff**

LCD's approach to concerns and complaints is that LCD is responsible for the issues raised.

LCD recognises, however, that some concerns and complaints raised are focused on the actions of individual staff members and can feel very personal for those staff involved. In those cases, LCD aims to support its staff through those experiences.

LCD also recognises that some concerns and complaints which relate to the actions of individual members of staff are upheld and action needs to be taken to improve practice and service delivery. This is often supportive and does not lead to the instigation of formal work performance or disciplinary procedures. Positive action taken will be shared with complainants.

Occasionally, however, more serious issues are found from investigation of complaint and concerns, and formal work performance or disciplinary policies and procedures need to be invoked. In such instances, complainants do not have the right to this level of information and will be advised of this accordingly.

## **18. Concerns and complaints involving the media**

Where a complainant advises that they intend to contact the media in respect of their issues, the Chief Operating Officer will be informed and will handle any enquiries from the media in connection with the matter.

The concern or complaint will continue to be progressed in line with this Policy.

## **19. Complaints to the Parliamentary and Health Service Ombudsman**

All enquiries or notification of intention to investigate from the PHSO must be referred to the CG&Q Department, who will compile all formal responses to the PHSO.

All formal responses to the PHSO enquiries and investigations will be approved by the Director of Clinical Governance and signed by the Chief Executive.

The PHSO may wish to have direct contact with any staff member involved in a complaint which is being investigated by them. This should not occur without the CG&Q Department being aware of the purpose of this and facilitating the direct contact.

## **20. Unreasonable complainant behaviour**

A minority of complainants can display unreasonable behaviour or be unreasonably persistent in pursuing their complaints. In order to ensure that these complainants do not take up a disproportionate amount of resource but still receive fair and appropriate consideration of the issues they raise, LCD has a process in place for the management of such behaviour in a way which is transparent, fair and consistently applied.

## **21. Training expectations for staff**

All members of the CG&Q Department must be fully aware of all aspects of this policy. They should be able to advise other colleagues on any aspect of the policy as well as following the correct procedure for each case received.

All staff must be aware of the expectations of them in the early resolution of concerns which are brought to their attention in the normal course of their duties. All staff must be aware of the role of the CG&Q Department. Information about this Policy is given at Corporate Induction, and is available in hard copy at all sites and via knowledge base on the web

## **22. Implementation plan**

New members of staff will be signposted to how to find and access this guidance during Induction.

All individuals who have a direct role in the handling or approval of compliments, comments, concerns and complaints will receive individual briefing in respect of their role and offered support and advice on an ongoing basis from the CG&Q Department

## **23. Monitoring compliance with this policy**

The key performance indicators for compliments, comments, concerns and complaints are included in the monthly Performance Report.

Quality of case handling is monitored through case file audit. An annual sample of cases is selected for end-to-end review against the requirements of this Policy. Any points of noncompliance will be raised with the director of Clinical Governance & Quality. The outcomes of audits will be reported via the Quality group

## **References**

### **Legislation**

*The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* [www.legislation.gov.uk](http://www.legislation.gov.uk)

*Health Service Commissioners Act 1993* [www.legislation.gov.uk](http://www.legislation.gov.uk)

*Data Protection Act 2018* [www.legislation.gov.uk](http://www.legislation.gov.uk)

## **Guidance**

*“Being Open”* National Patient safety Agency, November 2009 [www.nrls.npsa.nhs.uk](http://www.nrls.npsa.nhs.uk) *‘Listening, Responding, Improving’* Department of Health in February 2009 [www.dh.gov.uk](http://www.dh.gov.uk)  
*Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, February 2013* [www.gov.uk](http://www.gov.uk) *A Review of the NHS Hospitals Complaints System ‘Putting Patients Back in the Picture Right Honourable Ann Clwyd MP and Professor Tricia Hart* [www.gov.uk](http://www.gov.uk)  
*Parliamentary and Health Service Ombudsman – Principles for Remedy, Principles for Good Complaint Handling, Principles of Good Administration* [www.ombudsman.org.uk](http://www.ombudsman.org.uk) *Caldicott Principles* [www.dh.gov.uk](http://www.dh.gov.uk)

## **Appendix A**

### **Roles & Responsibilities**

#### **1. The Board**

The Board has responsibility for assuring itself that an appropriate system is in place for managing complaints and that monitoring of themes and trends and learning of lessons is embedded in LCD's governance systems. The Board will seek assurance via the Clinical Governance & Quality Group and the Director Clinical Governance & Quality that these systems are functioning effectively and that LCD complies with the 2009 Complaints Regulations. The Quality Group will, on behalf of the Board, receive the Complaints Quarterly schedule 6 Report. The Audit and Risk group will receive an annual report on organisational clinical risk.

## **2. Director of Clinical Governance and Quality**

Responsible for ensuring that the duties within this policy are carried out effectively in practice.

Ensuring that the management of complaints and concerns is an integrated part of the Quality Strategy and that information from complaints and concerns is brought together with other information sources to identify common issues.

Ensuring that themes and trends are monitored and that, where necessary, risks are escalated and improvement plans are developed and implemented.

Has a specific case management role in:

- Approving all formal responses to the PHSO;
- Overseeing decisions regarding criminal matters raised through complaints;
- Agreeing use of externally independent investigations;
- Decision-making on unreasonable complainant behaviour restrictions

## **3. Chief Executive**

Has a specific case management role in:

- Approval and sign-off of all complaint responses to MPs
- Consider appeals against unreasonable complainant behaviour appeals.

## **4. Quality Group**

Is responsible for reviewing individual incidents, complaints and concerns from a multidisciplinary perspective to ensure that all patient safety issues are identified and that an appropriate action plan for resolution and organisational learning is put in place.

Receives reports of themes and trends and identifies common issues across departmental boundaries.

## **5. Clinical Governance Lead**

Ensures that this policy is delivered effectively at an operational level.

Is the first escalation point for any risks to delivery of this policy or matters of concern to the CG&Q Department.

Provides performance reports to the Executive.

Manages the quality assurance process of the complaints/concerns handling process and agrees and oversees improvement measures where necessary.

## **6. Complaints Manager / Assistant Complaints Manager**

Ensures that complaints, concerns and healthcare professional feedback relating to LCD are investigated and resolved in line with LCD procedure.

Coordinates with NHS 111, regarding complaints about the West Yorkshire Urgent Care (WYUC) service to provide an integrated approach where it affects both services.

Agrees lead Coordinator for multi-service complaints.

Advises on and manages unreasonable complainant behaviour arrangements.

Provides the Ombudsman Liaison role for LCD

Acknowledging complaints and concerns.

Risk-rating each complaint and concern in line with the complaints risk matrix.

Passing all the information regarding the complaint to the appropriate department in line with agreed locality procedures and overseeing the investigation process to meet target timescales

Documenting all information relating to the complaint or concern in line with this policy and other procedures

Presenting all cases with a red or amber risk score to the Quality Group

Liaising with the relevant Head of Service to ensure that a high quality, timely investigation is completed and that the final response letter is signed off

Responding to the complainant

Keeping records of numbers and types of complaints and concerns and the time taken to resolve each one to enable reporting

Keeping records of resolution plans/service improvement plans relating to issues arising from complaints and concerns so these can be audited for completion.

Identifying lessons learned from complaints and concerns and working with the CG Lead to ensure these are reported appropriately

Providing management reports on complaints and concerns

Representing LCD on all national and regional patient experience and feedback networks.

also has specific case management roles in:

- Quality checking correspondence relating to complaints before submission to the relevant Head of Service/Director for signature –
- Carrying out reviews of complaints as required.

## **7. Management Team (Operational)**

Ensures the effective delivery of this policy within their operational services.

Ensures that lessons learned from complaints are used effectively to improve services and service delivery.

Ensures the early resolution of concerns and effective handling of dissatisfaction by all front line staff and managers within their respective service areas.

Promote a culture of early resolution of concerns raised within their service areas, amongst their staff members and managers.

Ensure the necessary information for complaint/concern resolution is provided to the CG&Q Department within the required timescale

Receive reports about complaints and concerns relevant to their business areas and monitoring themes and trends as part of their ongoing performance and quality management systems

Promote a culture of learning throughout their business areas and helping staff see complaints as an opportunity for improvement rather than an exercise in apportioning blame.

Consider patient comments regarding their service as forwarded from CG&Q Department

Agree conclusions and learning actions from complaints.

Implement learning actions agreed as a result of complaints and concerns.

Promote a culture of early resolution of concerns raised within their service areas, amongst their staff members.

Foster a culture of openness in their teams and reassuring staff that LCD operates an open culture where the emphasis is on learning and development and not on apportioning blame.

Support staff involved in investigations into complaints and concerns; respond to questions and concerns and provide feedback about the outcomes of the investigation

## **8. All Staff**

All are responsible for:

Maintaining a professional manner at all times, behaving in a way which demonstrates respect for the individuals they care for.

Attempt to resolve concerns “real-time” wherever possible, escalating to a senior manager, when this is not possible, in a timely way.

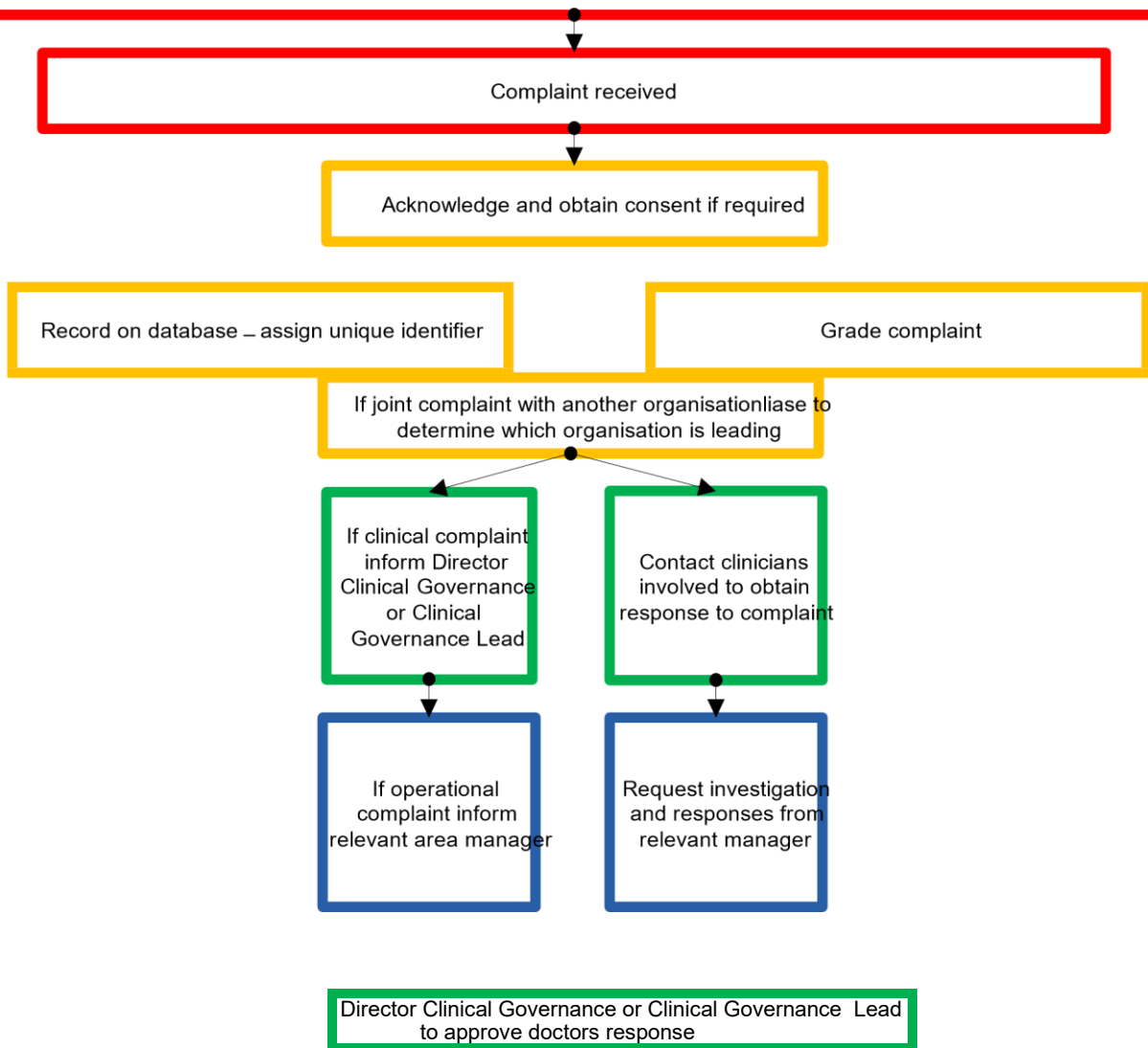
Cooperating fully with any investigation into a complaint or concern raised by a patient to whom they provided care or into an issue relating to their area of responsibility.

Documenting any suggestion that a patient or carer is dissatisfied with the care provided at the time of provision and reporting the matter in line with the Significant event Reporting Procedure.

Delivering any actions allocated to them as part of an individual resolution plan or a service improvement plan.



# Complaints flow chart



## Appendix C Grading of Concerns

### STEP 1 – Decide how

It is important to note that into account a number serious does the the issue to be?

□ What potential risk does the case highlight the potential risk to

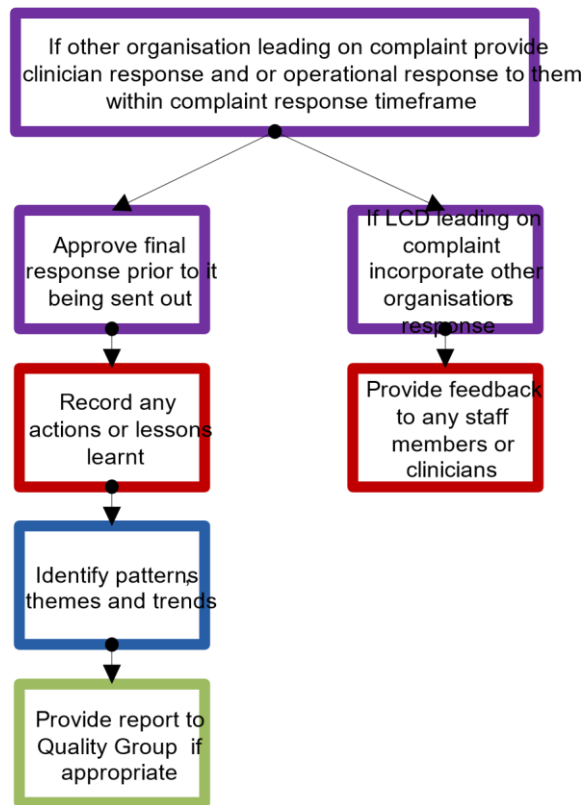
This means that an issue or safety and involving no can receive a high complainant perceives it to matter and wishes to

### STEP 2 – Decide how

This is the likelihood of the complainant.

### STEP 3 – Assign a grade on DATIX

There are three levels: green, amber and red. Identifying the correct grade is vital to ensuring that the complaint/concern is resolved appropriately and that all the necessary people are aware of the issues raised. This will help ensure that any risks to this patient’s care and to other patients in future are effectively managed.



## Complaints and

**serious the issue is**  
‘seriousness’ takes of factors: □ How complainant perceive

and/or quality issues for LCD? □ What is LCDs reputation?

unrelated to clinical care risk/harm to the patient seriousness score if the be a highly serious escalate it.

**likely the issue is to recur**  
issue recurring for this particular

1. Seriousness	If any one factor in the medium or high categories fits the complaint/concern then it should be placed into this category.
Low	Patient received an unsatisfactory service but issue not directly related to their clinical care or safety have not been breached. No actual harm to patient, with the exception of distress or inconvenience. No apparent impact on the patient’s NHS care, other than potential delay. No/minimal impact on patient/complainant’s dignity and respect. Issue can be resolved directly between LCD and the complainant requiring minimum investigation. No real risk of litigation. No media interest.

<p>Medium</p>	<p>Patient received an unsatisfactory service in several ways.</p> <p>One or more issue(s) relates to the patient's clinical care or safety <u>and</u>, on face value, LCD standards have been breached.</p> <p>Minor injury to patient or Risk of minor harm to patient or low risk of more serious harm.</p> <p>Issue led to detrimental impact on patient's overall NHS care.</p> <p>Patient/complainant perceived a significant breach of their/the patient's dignity and respect.</p> <p>Issue can be resolved directly between LCD and the complainant but it may take time to achieve this and will require robust investigation.</p> <p>Some potential for litigation.</p> <p>Some local media interest.</p> <p>The issue has occurred on multiple occasions for this complainant leading to repeated negative impact on care.</p>
<p>High</p>	<p>Patient received a significantly sub-standard service which highlights clear quality assurance or risk management issues.</p> <p>Serious injury to patient or patient death. or Significant risk of serious injury or death.</p> <p>Issues while in LCD care led to a significant impact on the patient's overall NHS care which highlights clear quality assurance or risk management issues.</p> <p>Safeguarding or professional misconduct issues involved.</p> <p>Patient/complainant was subject to a serious breach of their dignity, respect or human rights</p> <p>Litigation a strong possibility.</p> <p>Widespread media interest.</p> <p>Issue is registered and investigated as a Serious Incident.</p> <p>LCD is unable to resolve the issue to the patient's satisfaction and the Parliamentary &amp; Health Service Ombudsman is involved.</p> <p>The complaint is related to a case for which there is a coroner's inquest.</p>

<p><b>2. Likelihood</b></p>	
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Very unlikely	Isolated or one-off.
Unlikely	May have happened before over a period of years or there is a slight risk of the same issue recurring for this complainant.
Possible	This type of issue happens from time-to-time but not frequently or regularly; or low-medium risk of the same issue recurring for this complainant.
Likely	This type of issue happens quite often or there is a high risk that the issue will recur for this complainant.
Almost certain	The circumstances of this complainant mean that recurrence of the issue is predictable without management intervention.

**3. Overall Grade**

	<b>Likelihood of recurrence</b>				
<b>Seriousness</b>	Very unlikely	Unlikely	Possible	Likely	Almost certain
Low	Green	Green	Green	Green	Green
Medium	Green	Green	Green	Amber	Amber
High	Red	Red	Red	Red	Red

**Timescales**

In accordance with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, response timescales will be agreed with the complainant on an individual case by case basis, and in all events within a maximum timescale of 6 months. However, LCD is committed to a proportionate and timely response to complaints and therefore will aim to work in accordance with the following guide timescales, to avoid unnecessary delay. In exceptional circumstances, these timescales may be exceeded. In such circumstances the reason for this will be discussed and agreed with the complainant and will be recorded.

<b>Guide Timescales (from receipt of concern or complaint)</b>	
Written complaint acknowledgement	Within 3 working days
Resolution of a concern	Within 10 – 25 working days
Written complaint response	Up to 40 working days or timeframe agreed with complainant
Average response time target (concerns and complaints)	40 working days

**E Response Approval and Sign-Off**

<b>Correspondence</b>	<b>To be approved and signed by</b>
Written complaint acknowledgement	CG&Q Department

## Appendix

Concern resolution	CG&Q Department
Written complaint response (green)	CG&Q Department
Written complaint response (amber)	CG&Q Department
Written complaint response (red)	Director Clinical Governance & Quality
Written complaint review response clinical (green)	Clinical Governance Lead
Written complaint review response clinical (amber)	Clinical Governance Lead
Written complaint review response (red)	Approved by Director Clinical Governance & Quality Signed by Chief Executive Officer

## Complaint Response letter framework

All written responses to complaints will be made in line with the framework detailed below.

- Standard opening paragraph
- I am writing in response to your complaint relating to contact with our service on the. I am sorry that you have had cause to complain and I am always disappointed to hear when we do not meet the expectations of our patients. I have therefore arranged for a review of the care you received in order to respond to your concerns.
- Your complaint is that:-  
Summarise the points of complaint. May be helpful to use bullet points or a numbering system if there are multiple points of complaint.
- The outcome you are seeking is:-  
Summarise the outcome the complainant is seeking as a result of their complaint. May be helpful to use bullet points or a numbering system if there are multiple outcomes being sought.
- Explain how we have investigated the complaint, i.e.
  - Looked at relevant policies and procedures
  - Examined records regarding your care
  - Conducted interviews with staff/gathered statements from staff
  - Obtained clinical or specialist opinions
  - Listened to calls, had calls reviewed, audited, etc.
- Explain what should have happened, i.e.
  - What do the policies and procedures say?
  - What is the normal/expected practice/standards?
- Explain what did happen (from the records and statements – include information which is relevant to the complaint only). If bullet points or numbering system used in the summary of the complaint, then relay the findings under the same headings.
- Conclusions:-  
State whether what happened was in line with what should have happened by making reference back to the procedure and or opinions gathered. Include appropriate apologies at this point. Even if we didn't do anything wrong, could we have handled it better? Has the complainant got a point?

- **Actions/Recommendations/Learning:-**  
If complaint agreed – what are we doing about it?



Refer to outcomes sought at this point – can we deliver these? If not, explain why and what redress/remedy can be offered which is appropriate.

- Standard closing paragraph

Make it appropriate to outcome – e.g. I realise the outcome is not what you are seeking but I hope my letter has explained .....etc.

Offer contact if further clarification or questions, etc. Inform of right to pursue with PHSO

General comments:-

- Include only what is relevant to the complaint being made
- Ensure all points of complaint are answered
- Do not include unnecessary information or comments
- Do not use judgemental language
- Do not use jargon or technical terms. If it is necessary to use a technical term then explain what it means
- Ensure that the format is appropriate to the individual complainant (e.g. large font, etc.)
- Read it back to yourself as if you are the complainant, is the response patient centred or system/organisationally led?
- Check for typing and grammatical errors

## **Appendix G Case Recording**

1. It is the role of the CG&Q Department to record all compliments, comments, concerns and complaints on the Datix system.

2. Both system provides a unique reference number and holds a record of all documentation, correspondence and progress notes regarding each case.
  
3. The minimum requirements for all cases are:-
  - Key dates for receipt, acknowledgement, response (where relevant), and closure;
  - All subject code fields, including area of business and CCG area;
  - All correspondence and notes of verbal contact (internal and external).
  
4. For complaints and concerns, additional recording requirements are:-
  - All investigation notes or reports and copies of documented evidence;
  - Reference to (or excerpts of) relevant policies and procedures or practice guidance used in the investigation;
  - Content of clinical or specialist advice sought;
  - Record of outcome – i.e. upheld, partially upheld or not upheld;
  - Learning actions agreed and evidence of implementation including dates, in the relevant action fields;
  - Remedies agreed and evidence of implementation including dates, in the relevant action fields on the record.
  
5. All correspondence retained on the case record will be final signed copies. No draft correspondence will be retained.
  
6. All 4Cs records will be retained in accordance with LCD's Records Management Policy.

## **Appendix H Unreasonable Complainant Behaviour**

## 1.0 Introduction

- 1.1 LCD is committed to dealing with all complainants fairly and impartially and to providing a high quality service. As part of this service we do not normally limit the contact complainants have with the us. However, we do not expect our staff to tolerate behaviour by complainants which is, for example abusive, offensive or threatening, or which because of the frequency of contact, hinders our handling of patient feedback and in such instances we will take action to manage this behaviour.
- 1.2 We will make every effort to ensure our feedback service is accessible to all of our patients, their family members and members of the public. To achieve this outcome we will make reasonable adjustments to meet the individual and particular needs of anyone who contacts us.
- 1.3 When we consider that a person's behaviour is unreasonable we will tell them this, the reason why we find their behaviour unreasonable, and we will ask them to change it. If the unreasonable behaviour continues, we will take action to restrict their contact with the service.

Reference:

*S-54 Zero Tolerance policy & Statement*

*DR- 07 Policy for Unreasonable Persistent Complaints*