

**THE LEEDS TEACHING HOSPITALS NHS TRUST
POLICY FOR HANDLING NHS COMPLAINTS**

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THE LEEDS TEACHING HOSPITALS NHS TRUST POLICY FOR HANDLING NHS COMPLAINTS

1. INTRODUCTION

The most satisfactory outcome to complaints is achieved when complaints are dealt with fully and effectively at local resolution, i.e. within the NHS Trust where the complaint occurred. The intention of the Policy for Handling NHS Complaints is to ensure there are effective arrangements in place to be compliant with statutory obligations and ensure the process is open and easily understood by all Trust staff and by anyone who may wish to make a complaint about any aspect of care and treatment provided by Leeds Teaching Hospitals NHS Trust (LTHT). This policy must be read in conjunction with LTHT's 'Procedure for Investigating and Resolving Complaints'.

2. POLICY STATEMENT

The Leeds Teaching Hospitals NHS Trust is committed to patient centred care and to continuous service improvement. As part of this process the Trust will deliver an efficient and effective complaints procedure, not only because it is legally required to do so, but because it is committed to identifying and implementing service improvements and enhancing the patient experience as a result.

2.1 The aim of this policy is to: -

- Ensure the Trust is compliant with the NHS (Complaints) Regulations 2004 and the NHS (Complaints) Amendment Regulations 2006
- Ensure complainants are treated in a positive manner by all staff
- Ensure that complainants receive a high quality service in respect of processing their complaint
- Learn lessons from complaints in order to make improvements

2.2 The working principles of this policy are that: -

- The Trust's complaints procedure will be open, fair, flexible and conciliatory, encouraging communication on all sides
- All complaints will be dealt with in a timely and efficient manner and meet national and LTHT performance standards
- The requirement to maintain confidentiality during the complaints process will be absolute
- All complainants will be treated respectfully, courteously and sympathetically
- No complainant will be discriminated against on the grounds of religion, gender, race/ethnicity, disability, age or sexual orientation or because they have complained
- Violence, racial, sexual, verbal or any other forms of harassment are unacceptable and will not be tolerated on the part of staff or complainants
- All complainants will be advised of the various independent support agencies that are available to assist them in making their complaint
- As far as possible, complainants will be involved in decisions about how their complaints are handled and considered
- Anyone who is a patient (including members of staff who are patients) can make a complaint, as can any relative, friend or advocate on behalf of a patient, with their consent
- The Trust's Complaints Procedure will link to the Trust's quality strategy, clinical governance processes, risk management strategy and governance arrangements

- The Trust will aim to resolve complaints within the Trust as part of local resolution (first stage of the national complaints procedure), wherever possible
- Information in respect of the Trust's Complaints Procedure will be widely publicised. This will be made available in various formats appropriate to individual need
- The Trust will co-operate with other organisations when a complaint involves other outside bodies

This policy needs to be read in conjunction with other policy documents listed under section 5 of this document.

3. POLICY EFFECT - Roles and Responsibilities

3.1 Role of the Trust Board and Nominated Member

A nominated Trust Board Member, either executive or non-executive, will take responsibility for ensuring compliance with arrangements made under the above stated Regulations and for ensuring that action is taken in the light of the outcome of any investigation. The Trust Board has a monitoring role and must receive and consider a quarterly complaints report.

3.2 Role of the Chief Executive

The Chief Executive has overall accountability for the complaints process and will take responsibility for signing all complaint response letters. In her absence, this task will be undertaken by a nominated Executive Director. The Chief Executive or her nominated Executive Director will also be responsible for determining necessary action in the case of 'vexatious or persistent' complaints.

3.3 Role of Patient Relations Department

Staff within the Patient Relations Department, led by the Patient Relations Manager, will take responsibility to: -

- Develop, co-ordinate and manage the procedures for handling and considering complaints in an effective and timely way
- Ensure complainants who wish to make a formal complaint are supported
- Undertake training with staff in complaints handling and investigation
- Ensure that systems are in place to enable monitoring of complaints to comply with equality legislation and the Trust's Equality and Diversity Policy

3.4 Role of Clinical Management Teams (CMTs)/Corporate and Operational Services

This level of the Trust's organisation is fundamental to the delivery of the Trust's Complaints Policy and it is their responsibility, led by the relevant Head of CMT/Corporate/Operational Service and Matron to: -

- Ensure a complaint is fully investigated in accordance with the Trust's complaints procedure, with auditable documentary evidence and a full record of all aspects of the investigation available to demonstrate this
- Provide an appropriate high quality response to a complaint in accordance with the Trust's complaints procedure
- Be accountable for performance in relation to responding to a complaint
- Provide appropriate support to staff who are involved with a complaint
- Ensure that lessons are learned from complaints and appropriate action taken, where necessary, to make improvements

- Ensure auditable documentary evidence is available that actions proposed are being carried out and the effect of such changes is being monitored/audited
- Ensure all lessons learned are widely disseminated so there can be Trust wide benefit

3.5 Role of Risk Management

It is the responsibility of Risk Management to support the Patient Relations Department by advising on potential risk management issues including the use of appropriate medical terminology and the identification of potential medical negligence cases.

4. EQUALITY AND DIVERSITY

The Leeds Teaching Hospitals NHS Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. (See attached Equality Impact Assessment – Appendix A)

5. LINKS TO OTHER POLICIES AND DOCUMENTS

- Statutory Instrument 2004 No. 1768: The National Health Service (Complaints) Regulations 2004 - accessible on the Department of Health website
- National Guidance to support the implementation of the NHS (Complaints) Regulations 2004 – accessible on the Department of Health website
- Statutory Instrument 2006 No. 2084: The National Health Service (Complaints) Amendment Regulations 2006 - accessible on the Department of Health website
- ‘Supporting Staff, Improving Services’ – Guidance to support implementation of the NHS (Complaints) Amendment Regulations 2006 – accessible on the Department of Health website
- LTHTs Procedure for Investigating and Resolving Complaints – available from the Patient Relations Department and Trust web site (complaints web page) and Trust Intranet
- LTHTs Procedure for Handling Vexatious or Persistent Complaints – available from the Patient Relations Department and Trust web site (complaints web page) and Trust Intranet
- LTHT, Patient Relations Department Complaints Process/Pathway – available from the Patient Relations Department and Trust web site (complaints web page)
- LTHT, Patient Relations Department ‘Complaints Pack’ – available from the Patient Relations Department and Trust web site (complaints web page)
- LTHTs Risk Management Strategy and Policy – accessible on the Trust’s Intranet
- LTHT’s Quality Strategy – accessible on the Trust’s Intranet
- LTHT’s Incident Reporting and Investigation Policy – accessible on the Trust’s Intranet
- LTHT’s Violence and Aggression in the Workplace Policy – accessible on the Trust’s Intranet
- LTHT’s Equality and Diversity Policy – accessible on the Trust’s Intranet
- LTHT’s Patient and Public Involvement Strategy – accessible on the Trust’s Intranet
- LTHT’s Hearing Staff Concerns (Whistleblowing) Policy – accessible on the Trust’s Intranet

6. CONSULTATION PROCESS

- **15.1.07:** Circulated to the Chief Nurse, Head of Patient and Public Support Service and PRD Staff for comments on first draft and overall principles.
- **23.1.07:** Circulated for comment from a patient perspective to ICAS, Patient Forum, Advocacy Network – Leeds, Leeds Local Authority Scrutiny Committee, Voluntary Action Line (VAL), and Leeds City MPs
- **23.1.07:** Circulated for comment from a mixed sector perspective to the Complaint Leads in the NHS Trusts within West Yorkshire and Leeds City Council.
- **23.1.07:** Circulated for comment to all those with a direct interest within the Trust, i.e., Interim Chief Executive, Director of Operations, Director of Human Resources, Director of Quality, Director of Communications, Heads of CMTs, Assistant Directors of Operations, Matrons, Deputy Chief Nurses, Deputy Medical Directors, Clinical Centre Directors, Clinical Directors, Risk Manager, Executive Support Manager, Data Protection Manager, Head of Access to Medical Records, Business Managers, Staff Side Representatives
- **27.3.07:** Comments and changes incorporated following this consultation, which have included insertion of: - a reference to making information available in various formats that is *appropriate to individual need* (policy); a reference to having ongoing monitoring in order to make amendments if the policy/procedure proves inadequate in any way (policy/procedure); a reference to recording the reasons why agreement cannot be negotiated with a complainant concerning a time extension for receiving a response (procedure); additions to ‘complaint issues for consideration and exclusion’ (procedure); a reference to how decisions will be taken for consent, if the patient lacks capacity and is unable to sign a form of authority (procedure); a reference to *other specialist advocacy services* concerning special assistance (procedure); inclusion of Trust web site as a means of access (procedure)
- **21.5.07:** Submitted to the Trust Management Board for consideration

7. MONITORING PROCESS

The effectiveness of this policy will be monitored by means of a rolling programme of patient satisfaction surveys, targeted surveys, ad hoc staff surveys and internal audits.

8. REVIEW DATE

This policy will be reviewed every three years, or sooner should there be any amendment to the NHS (Complaints) Regulations in the intervening period. In addition, amendments will be made in the intervening period, should aspects of this policy’s effectiveness be found inadequate as a result of the ongoing monitoring (see 7 above), or if inadequacies in its operation are identified at any stage.

9. DOCUMENTATION CONTROL

Policy Title	Handling NHS Complaints
Version Number	2.0
Supersedes	Version 1.0
Date Approved	4 th June 2007
Approving Body	Trust Management Board
Review Date	June 2010
Supporting Procedure(s)	Leeds Teaching Hospitals NHS Trust's Procedure for Investigating and Resolving Complaints
Lead Director	Chief Nurse
Author	Patient Relations Manager
Contact for further details	Karen Dunwoodie, Patient Relations Manager
Distribution	All staff

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Updated June 2007

Review date June 2010

APPENDIX A

Equality Impact Assessment

1. Screening				
How relevant is this policy to promoting equality and eliminating discrimination? (indicate in boxes below)				
	No relevance	A little relevance	Some relevance	Very relevant
Race/ethnic group				√
Disability				√
Gender				√
Age				√
Sexual Orientation				√
Religion				√
Other (please state)				
2. Assessing Impact				
Please specify, in the rows below, anything that you have included in this policy and its associated guidance, to ensure that equality is promoted and that no one will be unlawfully disadvantaged (discriminated against) as a result of this policy				
Race/ethnic group: Disability: Gender: Age: Sexual Orientation: Religion:	<ul style="list-style-type: none"> ▪ “All complainants will be treated respectfully, courteously and sympathetically” (Policy 2.2) ▪ “No complainant will be discriminated against on the grounds of religion, gender, race/ethnicity, disability, age or sexual orientation, or because they have complained” (Policy 2.2) ▪ “Violence, racial, sexual, verbal or any other forms of harassment are unacceptable and will not be tolerated” (Policy 2.2 and Procedure 4.3) ▪ “All complainants will be advised of the various independent support agencies that are available to assist them in making their complaint” (Policy 2.2) ▪ “Information in respect of the Trust’s Complaints Procedure will be widely publicised. This will be available in various formats appropriate to individual need” (Policy 2.2) ▪ The Patient Relations Department will “ensure that systems are in place to enable monitoring of complaints to comply with equality legislation and the Trust’s Equality and Diversity Policy” (Policy 3.3) ▪ “It is important that those wishing to complain are made aware of client support services such as the Independent Complaints Advocacy Service (ICAS), or other specialist advocacy agencies such as for mental health, learning disability, elderly or disadvantaged groups. Detail of such agencies is available on the Trust’s complaints leaflet and can be obtained from the Patient Relations Department or from the Advocacy Services Directory. Information is also available on the complaints web page of LTHTs website” (Procedure 4.10) 			

	<ul style="list-style-type: none"> ▪ “A person wishing to make a formal complaint may do so orally, in writing, by fax, or electronically. In the case of electronically received complaints, and subject to any requests from a complainant with special needs, responses will generally be made in writing to avoid possible breaches of confidentiality” (Procedure 5.1.3) ▪ (Within the Acknowledgement Letter) “Information will also be given about special assistance that is available where needed and information of the complainant’s right to assistance from the Independent Complaints Advocacy Service or other specialist advocacy services” (Procedure 5.3.1) ▪ (In the case of the response to a complaint) “Alternative formats will be sent where appropriate” (Procedure 5.6.1) ▪ “Every effort will be made to ensure that the process of handling complaints promotes equal access, by meeting the diverse range of needs of the people who may wish to make a complaint. To help achieve this aim, the process for handling complaints will be tailored to meet the needs of individual complainants such as making the complaints leaflet available in different languages and formats; using interpreting services; and providing access to auxiliary aids. In addition, there will be liaison with community groups representing minority interests” (Procedure 8.2) ▪ “Discrimination against people on the grounds of religion, gender, race/ethnicity, disability, age or sexual orientation is also unacceptable and will not be tolerated” (Procedure 8.3)
Other (please state):	<ul style="list-style-type: none"> • “No complainant will be discriminated against on the grounds of religion, gender, race/ethnicity, disability, age or sexual orientation, or because they have complained” (Policy 2.2) • “Discrimination against people who make complaints is unacceptable and will not be tolerated” (Procedure 8.3)

- **The equality duty is to eliminate unlawful discrimination and promote equality of opportunity and good relations between different groups**

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