

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

SEPTEMBER 2004

RISK MANAGEMENT UPDATE

Background

The Trust is committed to a strategy which minimises risks to patients, staff, the public and other stakeholders through a common framework of internal control, based on an ongoing risk management process which

- Identifies the principle risks to the achievement of the Trust's objectives
- Evaluates the nature and extent of the risks
- Manages them efficiently, economically and effectively

The Risk Management Strategy launched in January 2004 identifies the key principles, milestones and operational policy governing the management of all types of risk within the organisation. The strategy references other related corporate policies and procedures such as the Complaints Procedure

External Assessments

The NHS Litigation Authority's Risk Pooling Scheme for Trusts (RPST) and the Clinical Negligence Scheme for Trusts (CNST) are key milestones identified in the Trusts Risk Management Strategy. Achievement of Level 1 of each scheme is principally concerned with ensuring that the organisation has obtained corporate ownership of risk through effective policies and procedures. RPST and CNST compliance are key factors used by the Regulator for Foundation Trusts with regard to foundation status.

The Trust successfully achieved Level 1 CNST (General and Maternity) in January 2004 and Level 1 RPST in April 2004 following which, feedback reports were received from the assessors. These reports identified areas of development, which the Trust would need to look to addressing before considering applying for Level 2 accreditation. Action plans have therefore been developed to address these issues, as it is the Trust's aim to apply for Level 2 status during 2005/2006, progress against which is being monitored by the Corporate Governance Committee.

Complaints Procedure

The Trust's Complaints Procedure is subject to annual review and was last reviewed in March 2004. However a comprehensive review of the NHS Complaints Procedure and guidance entitled "*NHS complaints reform – making things right* " has recently been published, which sets out a programme to improve the management of complaints. Implementation of the new regulations will be phased, with the first phase taking effect from 31 July 2004 and the second phase, (following conclusion of the Shipman Review), from 1 April 2005.

Phase 1 - This involves transfer of responsibility of the second stage of the Complaints Process (Independent Review) to the Healthcare Commission.

Phase 2 – Involves changes in the local resolution process including the introduction of mediation and conciliation and detailed arrangements regarding the management of complex complaints and cross-organisational complaints.

As a Foundation Trust City Hospitals is not bound by the new regulations and has the right to develop its own Complaints Procedure however the National Complaints procedure regulations are considered to be good practice and therefore CHS Complaints Procedure has been reviewed and amendments made (which are highlighted in red) in order to ensure compliance with the new regulations.

Further review of CHS Complaints Procedure will take place in April 2005 following publication of the guidelines governing the second phase of the reform.

Risk Register

Risk register/action planning provides the necessary basis for rational decision making in the light of all types of risk and opportunity the Trust faces. It demonstrates that the Trust is complying with its statutory duties to patients, staff and public and that the Board's decisions are value for money. High-level risks comprise the Trust-wide risk register and require review and corrective action by the Board and / or relevant risk sub-committee.

The risk register sets out:

- identified risks which are prioritised using a common grading framework
- planned action for dealing with those risks
- responsibility for managing those risks
- deadlines by which action is required

The attached papers have been discussed and agreed at Corporate Governance Committee.

Recommendation

Directors are requested to approve the content of the attached papers.

- Complaints Procedure
- Risk Register

Carol S Ringrow

**Executive Director of Nursing/
Divisional Director of Medicine**

CITY HOSPITALS SUNDERLAND**NHS FOUNDATION TRUST****COMPLAINTS PROCEDURE****2004 / 2005****1. Introduction**

- 1.1 City Hospitals Sunderland recognises that suggestions, constructive criticism and complaints are valuable aids in the maintenance and development of better standards of health care. This is exemplified by our "Listening to Patients" scheme, which encourages patients and visitors to comment on the care, and services they have received. Such comments provide valuable opportunities for service improvement.
- 1.2 Likewise, complaints also provide an opportunity to critically review the services we provide, to offer redress where appropriate and to use such information for service improvement. It is important that anyone who is entitled to make a complaint should not be inhibited from doing so and must feel confident that they will be given full, proper and speedy consideration. Complainants should also feel assured that their care, or that of their relatives will not suffer as a result of making a complaint and that their complaint will be treated in strict confidence.

2. General Principles

- 2.1 This Policy is drawn up within the principles and guidance contained in "Acting on Complaints", "Guidance On The Implementation Of The NHS Complaints Procedure" published by the NHS Executive and the good practice guidance published by the Citizen's Charter Complaints Task Force. The key principles to be observed are as follows:-

2.2 Access

- 2.2.1 Patients should know how they may complain and have well publicised access to a named person to whom they can make their complaint (i.e. a designated Complaints Manager). They need to be informed of the Trust's target times for acknowledging and responding to complaints and the further stages of the complaints process if they remain dissatisfied.
- 2.2.2 The Trust has designated the Executive Director of Nursing & Quality to take responsibility for ensuring compliance with the arrangements set out in this procedure and that appropriate action is taken in light of the outcome of any investigation.

- 2.2.3 Leaflets and posters explaining how to make a complaint will be widely available and displayed in every ward and department. These should include information on the Trust's arrangements for Local Resolution, Independent Reviews of complaints, the role of the Healthcare Commission and of the Independent Complaints Advisory Service (ICAS). Reference to the complaints procedure should also be made in patients' information booklets and leaflets.
- 2.2.4 All staff coming into contact with patients should be aware of the complaints procedure. New staff at induction will be informed of the complaints procedure and be given a copy of the staff guidance leaflet. Ongoing training on customer care and complaints handling will be provided via the Trusts education strategy.
- 2.2.5 Special attention should be paid to the needs of vulnerable groups or those with special needs so that they can feel supported in making a complaint.

2.3 Handling

- 2.3.1 Complaints handling is an integral part of everyone's job. Complaints are most likely to be initiated with front-line staff on wards, in clinics, at reception desks, or to ward and department managers. Staff should deal with the complaint rapidly and in an informal and sensitive manner. Every effort should be made to provide a speedy resolution with an immediate, oral response.
- 2.3.2 Complaints should be investigated thoroughly with the intention of getting to the root of the complaint and satisfying the complainant if at all possible. Complainants should feel that their complaints have been fully and fairly considered.
- 2.3.3 Members of staff must be informed immediately of any complaint about their conduct or behaviour. They should be given the opportunity to respond to the person investigating the complaint and be kept informed of the progress of the complaint and its outcome. The Business Manager will provide them with a copy of the complaint and also a copy of the final response.
- 2.3.4 Staff should be advised of their right to seek the help and advice of their professional association or trade union before commenting on a complaint and be informed that a representative of their organisation or a friend may accompany them when being interviewed in connection with the complaint. Confidentiality should be assured so that complaints made against members of staff are known only to the staff involved and those investigating the complaint.

2.4 Outcome

2.4.1 Unsatisfactory handling of a complaint is often the cause of a further complaint. Complainants are generally seeking some form of redress which should include:-

- an apology if appropriate
- an explanation
- action taken to put things right
- assurances that the same thing will not happen again

2.4.2 All responses should: -

- summarise the nature and substance of the complaint
- describe the investigation and who was the investigating officer
- include an acknowledgement of the person's concern, with an apology if appropriate
- aim to answer all the points raised
- be factually correct
- avoid jargon
- include an assurance that action had been taken to prevent a re-occurrence where appropriate
- contain a contact number, or the offer of a meeting if appropriate, to discuss any outstanding matters of concern.
- **Notify the complainant of their right to refer the complaint to the Healthcare Commission.**

2.5 Risk Management

2.5.1 The complaints procedure is an integral part of the Trust's Risk Management Strategy, focused on identifying, assessing and treating all types of risk within a common grading and root cause investigation framework as described in the Trust's Risk Management Strategy and Incident Procedure.

2.5.2 On receipt of a complaint the Complaints Manager is responsible for ensuring that checks have been made to ascertain whether there has been an adverse event or near-miss report in respect of the content of the complaint. If not, the incident procedure is then triggered and the complaint reported, graded and assessed accordingly. On completion of the investigation or resolution of the complaint, any risks identified are re-graded.

2.5.3 The Complaints Procedure and contact details for the Complaints Manager are also available via the Trust Intranet.

3. Who May Complain?

3.1 Complainants will generally be existing or former users of services provided by City Hospitals Sunderland. Others may complain on their behalf, though these may only be accepted as suitable representatives, at the discretion of the Complaints Manager or **Healthcare Commission (at the Independent Review stage)**, who may decide to nominate another person to act on the patient's behalf.

3.2 Complaints by relatives or friends of patients.

3.2.1 If a patient has died or is otherwise unable to act for himself or herself, a complaint should be accepted from a close relative or a friend, or a body or individual deemed suitable to represent them. The Complaints Manager must be satisfied that where the patient is capable, the complaint is being made with their knowledge and written consent. The patient's confidentiality should be respected in addition to any known wishes expressed by the patient that information should not be disclosed to any one else.

3.3 Complaints by staff

3.3.1 All complaints by staff on behalf of patients will be investigated. However, staff concerns with regard to any matter relating to his/her contract of employment should be raised via the Trust's grievance procedure (*refer to Personnel Policies and Procedures*)

3.3.2 NHS Staff may complain about the way they have been dealt with under the complaints process, and provided they have exhausted the grievance procedure, may complain to the Ombudsman.

3.4 Complaints by the Independent Complaints Advisory Service (ICAS) and Members of Parliament (MPs) on behalf of patients.

3.4.1 Whilst ICAS and MP's cannot raise complaints themselves, they may forward complaints to the Trust on behalf of patients. In such circumstances a copy of the reply, following written confirmation by the patient to release this information, will then be sent to the ICAS or the MP.

3.4.2 The ICAS has a role in assisting patients in making a complaint where they so wish and a patient may ask the ICAS or other representative to help present the complaint either in writing or to accompany them to the interview as a "friend".

4. Time Limits for Complaints

4.1 The time limit for making a complaint should be within 6 months of the event giving rise to it unless the complainant was unaware that there was cause for complaint. In such cases, the complaint must be made within 6 months of the complainant becoming aware of the cause for complaint. However the Complaints Manager has the discretion to extend this time limit should he/she feel it appropriate and where it is still possible to investigate the facts of the case.

4.2 In any case where the complaints manager has decided not to investigate a complaint on the grounds that it was not made within the time limit, the complainant may request the Healthcare Commission to consider it.

5. Stage 1: Local Resolution

5.1 The objective of Local Resolution is to provide the fullest possible opportunity for investigation and resolution of the complaint, as quickly as possible, aiming to satisfy the complainant whilst being scrupulously fair to staff. The aim is to resolve the complaint during this stage providing a comprehensive response that satisfies the complainant.

5.2 Oral, first line response

5.2.1 Due to the wide range of circumstances in which patients may voice their complaints or concerns, this section is not meant to be prescriptive but should be used with flexibility dependent upon individual situations.

5.2.2 If a patient has a concern, they should be encouraged to discuss this firstly with their Doctor, Named Nurse or Named Therapist; whichever is most appropriate. Every effort should be made to provide an immediate, oral response and if action has been, or is to be taken to put something right, that should be explained to the patient. Staff should apologise for any anxiety or distress caused to the complainant - an apology should not be confused with making an admission of legal liability.

5.2.3 Where the recipient of the complaint is unable to investigate the complaint adequately or feels unable to give the assurances that the complainant is looking for they should be referred to the ward / departmental manager.

5.2.4 Complainants should also be advised that they may approach the Patient Advice and Liaison Service (PALS) direct should they not wish to raise their concern with anyone directly involved in their care.

- 5.2.5 If the complaint relates to another area or service provided by the Trust then the complainant should be referred to the PALS who would direct them to the appropriate person to discuss their concerns.
- 5.2.6 Whilst it is not necessary for a record to be kept of minor criticisms made by patients in wards and departments, there may be cases where the ward manager or head of department feels that it would be desirable to do so. In such cases an entry may be made in the patient's notes.
- 5.2.7 Where patients ask to speak to someone of more seniority in order to express their concerns, they should be referred to the appropriate Matron or Business Manager or, in their absence, the Duty Business Manager.
- 5.2.8 If the patient remains dissatisfied with the explanation given to them, or where patients wish to make a more formal complaint to someone who has not been involved in their care then they should be given a complaints information leaflet and advised to write to the Chief Executive. If they are unable to do so, the member of staff should write down the details of the complaint, ask the complainant to sign to confirm this is an accurate record, and fax this to the Complaints Manager immediately.

5.3 Investigation / Conciliation

- 5.3.1 Complaints requiring more formal investigation may be either verbal or written. Whilst all written complaints must receive a response in writing from the Chief Executive, some oral complaints are sufficiently serious that the Complaints Manager should record them in writing and these will also receive a written response from the Chief Executive. All complaints received directly by the Chief Executive or Complaints Manager will be acknowledged on the day of receipt and registered. The acknowledgement includes information about the right to assistance from independent advocacy services.
- 5.3.2 If a written complaint is received in any area of City Hospitals, a copy should be faxed immediately to the Complaints Manager who will acknowledge it on the day of receipt and register it.
- 5.3.3 If the complaint is received by the Duty Business Manager they should enter the details of the complaint into the Duty Business Manager's Book and then fax a copy of the complaint or contact the Complaints Manager the next working day. The Complaints Manager will acknowledge the complaint on the day of receipt and register it.
- 5.3.4 The Complaints Manager will arrange for the complaint to be investigated by the appropriate Directorate or Facilities Manager, in accordance with the procedure for investigation outlined in the Trust's Incident Procedure,

- and will ensure a copy of the complaint is forwarded to the respective Divisional Director for information.
- 5.3.5 At any time during the investigation it may be helpful to offer the complainant an interview with the person dealing with their complaint. This should take place in a non-clinical area on NHS premises and should not take place in the complainants home.
- 5.3.6 The complaints manager may, in any case where he/she thinks it would be appropriate to do so and with the agreement of the complainant, make arrangements for conciliation, mediation or other assistance for the purpose of resolving the complaint.
- 5.3.7 On conclusion of the investigation, the investigating Manager will draft a written response to the complainant, which should be approved by the Clinical Director. This will then be forwarded to the Complaints Manager for preparation and presentation to the Chief Executive for signature.
- 5.3.8 The signed response will then be forwarded to the complainant and copied to both the Divisional Director and investigating Manager. The Manager is then responsible for ensuring the response is copied to anyone who is the subject of the complaint or has contributed to the investigation process.
- 5.3.9 The written reply should contain a contact number to discuss any matters of concern if the complainant is still dissatisfied. Should the offer of a meeting be extended to the complainant, the Complaints Manager may decide to invite someone from another Division to act as independent chairman at the interview or to assist in a further investigation.
- 5.3.10 Final complaint responses should inform complainants that if they are still dissatisfied, they have the right to request an Independent Review of the complaint. **Such requests should be made to the Healthcare Commission within two months of receipt of the response.**

6. Response Times to Complaints

- 6.1 Oral Complaints should be resolved on the spot, or within 2 working days. If this is not possible, or for formal written complaints, an initial written acknowledgement should be made within 2 working days, unless it is possible to resolve the complaint fully within this time in which case a response should be made within 5 working days.
- 6.2 Full investigation and resolution of all types of complaints should be sought within four weeks (20 working days). Where this target cannot be met, the complainant should be informed of the delay and the reasons for it, as well as the likely revised timetable for dealing with the complaint.

7. Stage 2: Independent Review

7.1 Complainants who are dissatisfied with their response following the Local Resolution process have the right to ask the Healthcare Commission to review their complaint. This is known as an Independent Review. However, a complainant does not have an automatic right for an Independent Review and should the Healthcare Commission decline such a request the complainant should be advised of their right to complain to the Health Service Ombudsman.

7.2 Remit of the Healthcare Commission

Where a person has made a complaint to an NHS Foundation Trust and he is not satisfied with the outcome of any investigation of that complaint by the NHS Foundation Trust he may request the Healthcare Commission review the complaint. Any such request must be made within 2 months of the date on which a response under the NHS foundation trust's complaints arrangements was sent to the complainant, or where that is not possible, as soon as reasonably practicable.

7.2.1 The Healthcare Commission's remit in relation to NHS foundation trusts is limited to consideration only of a complaint which -

(a) is made by a patient;

(b) is reasonably connected with the provision of health care or other services to patients by or for the NHS foundation trust.

7.2.2 The Healthcare Commission may not consider a complaint made under this regulation where the complaint -

(a) is one about which the complainant has stated in writing that he intends to take legal proceedings

(b) is one about which the NHS foundation trust has stated in writing that it is taking or is proposing to take disciplinary proceedings in relation the substance of the complaint against a person who is the subject of the complaint;

(c) arises out of the NHS foundation trust's alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000; or which is being or has been investigated by the Health Service Commissioner.

7.2.3 Where the Healthcare Commission consider that a complaint or any part of a complaint made under this regulation does not fall within its area of responsibility, it must refer that complaint or part of a complaint to the Independent Regulator

7.2.4 On receipt of a complaint about an NHS Foundation Trust, the Healthcare Commission must, within two working days and provided that it has the consent, which may be either express or implied, of the complainant, send a copy of the complaint to the Independent Regulator and invite his views on the complaint.

7.3 Decision on handling of complaint

7.3.1 On receipt of the complaint the Healthcare Commission must assess the nature and substance of the complaint and decide how it should be handled having regard to -

- (a) the views of the complainant;
- (b) the views of the body complained about;
- (c) in the case of a complaint about an NHS Foundation Trust the views of the Independent Regulator
- (d) any investigation of the complaint, and any action taken as a result of such investigation
- (e) any other relevant circumstances.

7.3.2 As soon as reasonably practicable the Healthcare Commission must notify the complainant as to whether it has decided -

- (a) to take no further action;
- (b) to make recommendations to the body which is the subject of the complaint as to what action might be taken to resolve it;
- (c) to investigate the complaint further whether by establishing a panel to consider it or otherwise;
- (d) to consider the subject matter of the complaint as part of or in conjunction with any other investigation or review, which it is conducting or proposes to conduct.
- (e) to refer the complaint to a health regulatory body;
- (f) in the case of a complaint about an NHS foundation trust which falls within regulation to refer the complaint to the Independent Regulator; or
- (g) to refer the complaint to the Health Service Commissioner

7.3.4 The notice of decision

- (a) must be sent to any person who or body which is the subject of the complaint;
- (b) may be sent to any other body which the Healthcare Commission considers has an interest in it;
- (c) must include the Healthcare Commission's reasons for its decision
- (d) must inform the complainant of his right to refer his complaint to the Health Service Commissioner.

7.3.5 For the purposes of its decision under this regulation, the Healthcare Commission may -

- (a) distinguish one part of a complaint from another and make different

proposals in respect of those different parts
(b) take such advice as appears to it to be required.

7.4 Investigation by the Healthcare Commission

7.4.1 Where the Healthcare Commission proposes to investigate a complaint itself, it must, within 10 working days of the date on which it sent the notice of intention, or where that is not possible, as soon as reasonably practicable, send to the complainant and any other person to whom the notice was sent its proposed terms of reference for its investigation.

7.4.2 The complainant and any person or body to whom the terms of reference are sent may comment in writing on the proposed terms of reference provided that they do so within 10 working days of the date on which they were sent.

7.4.3 The Healthcare Commission may conduct its investigation in any manner which seems to it appropriate, may take such advice as appears to it to be required and, having regard in particular to the views of the complainant and any person who or body which is the subject of the complaint, may appoint a panel to hear and consider the complaint.

7.4.4 The Healthcare Commission may request any person or body to produce such information and documents, as it considers necessary to enable a complaint to be considered properly.

7.4.5 A request for such information must be in writing (which may be electronically), must specify what information is requested and state why it is relevant to the consideration of the complaint.

7.4.6 The Healthcare Commission may not make a request for information which is confidential and relates to a living individual unless the individual to whom the information relates has consented, such consent may be either express or implied, to its disclosure and use for the purposes of the investigation of the complaint.

7.5 Panels

7.5.1 The Healthcare Commission is responsible for preparing and maintaining an up to date register of people who, in its opinion, are suitable to be members of an independent lay panel to hear and consider complaints.

The following persons are not eligible for membership of an independent lay panel -

- (a) a member or employee of an NHS body;
- (b) any person who is, or who has at any time been, a health care

professional or an employee of a health care professional.

- 7.5.2 Where the Healthcare Commission proposes to refer a complaint to a panel it must make arrangements for the complaint to be considered by a panel of three people selected from the register, one of whom must be appointed to be the chairman.
- 7.5.3 A panel may consider a complaint in any manner and adopt any procedure which appears to it to be appropriate to resolve the complaint, having regard to any representations to it which may be made by the complainant or by the person who is the subject of the complaint (in this regulation referred to as the participants).
- 7.5.4 The panel must ensure that the participants are kept informed generally and in particular about -
- (a) the composition of the panel
 - (b) the date and time of any hearing
 - (c) the names of any person whom the panel proposes to interview or from whom it proposes to take advice or evidence.
- 7.5.5 A participant before a panel may be accompanied or represented by a friend or advocate but may not be represented by a legal representative acting as such.
- 7.5.6 In the event of disagreement among members of the panel, the view of the majority shall prevail.
- 7.6 Report of investigation by the Healthcare Commission
- 7.6.1 Where the Healthcare Commission investigates a complaint it must, as soon as reasonably practicable, prepare a written report of its investigation which -
- (a) summarises the nature and substance of the complaint;
 - (b) describes the investigation and summarises its conclusions including any findings of fact, the Healthcare Commission's opinion of those findings and its reasons for its opinion;
 - (c) recommends what action should be taken and by whom to resolve the complaint
 - (d) identifies what other action, if any, should be taken and by whom.
- 7.6.2 The report may include suggestions which it considers would improve the services of an NHS body, an NHS foundation trust or a primary care provider, or which would otherwise be effective for the purpose of resolving the complaint.

- 7.6.3 The report must be sent to
- (a) the complainant together with a letter explaining to him his right to take his complaint to the Health Service Commissioner;
 - (b) the body which was the subject of the complaint and, in the case of a complaint arising out of services provided by an independent provider, the body which commissioned those services
 - (c) in the case of a complaint involving a primary care provider, to the relevant Primary Care Trust;
 - (d) any relevant Strategic Health Authority
 - (e) in the case of a complaint involving an NHS foundation trust to the Independent Regulator.

7.6.4 The Healthcare Commission must adapt the report to ensure that confidential information from which the identity of a living individual can be ascertained is not disclosed without the express consent of the individual to whom it relates.

8. Principles Relating to Particular Types of Complaints

8.1 Complaints received concerning other NHS Providers, Family Health Services Authority (FHSA), Local Authorities, Ambulance Services and Purchasers.

8.1.1 Any complaint, or part of a complaint, concerning other NHS Providers, Family Health Services Authorities, Local Authorities, Ambulance Services or Purchasers should be referred to the Complaints Manager who, in consultation with the complainant, will liaise with the appropriate representative of the organisation concerned. This should be confirmed in writing to both the complainant and the service providers involved.

8.1.2 Any complaint, or part of a complaint which relates to patients' eligibility for continuing care should be referred to the Complaints Manager who, in consultation with the complainant, will ensure the complainant is referred to the appropriate person in the purchasing PCT. This should be confirmed in writing to both the complainant and the PCT.

8.2 Complaints regarding access to information

8.2.1 The Code of Openness and Data Protection Act outline procedures for the public to obtain access to information. Where part of a complaint about services is that information has been refused and provided the Chief Executive has been given the opportunity first to review the circumstances, complainants should be advised of their right to pursue this aspect separately with the Ombudsman, without waiting for the outcome of NHS investigations into the rest of the complaint.

8.2.2 The Freedom of Information access regime comes into force in January 2005. Until that time the Code of Practice on Openness in the NHS continues to apply.

8.3 Complaints with possible legal or disciplinary implications

8.3.1 If a complaint is thought to be of a serious nature and indicates a need to be referred:

- for an investigation under the disciplinary procedure
- to one of the professional regulatory bodies
- for an independent inquiry into a serious incident under section 84 of the National Health Service Act 1977
- for an investigation of a criminal offence

then this should be passed immediately to the Complaints Manager who following consultation with the Chief Executive and/or Divisional Director will refer this on to the appropriate person within the Trust for dealing with such matters. In all instances, the Head of Human Resources should be consulted before further action is taken.

8.3.2 Complaints indicating a likelihood of legal action being taken should be referred to the Chief Executive who will then decide whether or not it should be referred to the Trust's Legal Services Manager / Solicitors. When a complainant states, in writing, their intention to take legal action or when the Trust is aware that formal legal action has been instigated, then the Complaints Procedure should cease and the complainant should be advised in writing that the complaints procedure has been brought to an end.

8.3.3 Where there is a serious substantial allegation that a criminal offence has been committed, the police should be notified by the Divisional Director following consultation with the Chief Executive & Head of Personnel. If the allegation is made to the Duty Business Manager then any decision to contact the police should be taken in consultation with the 2nd on call Manager.

8.3.4 In cases where it is likely that the Trust will receive press enquiries, the Divisional Director and/or Complaints Manager where appropriate should liaise with the Communications Manager so that appropriate action can be taken to handle these.

8.3.5 Should any of the above actions (8.3.1) be taken before a complaint investigation has been completed, then a full report of the investigation to date should be made available to the complainant.

8.3.6 In cases where disciplinary investigation commences, the complainant should be informed of this. Whilst the complaints procedure will not deal with disciplinary matters, investigations should still continue into any other aspects of the complaint that are not the subject of disciplinary inquiry. Where there are no further outstanding issues, the complainant should be advised that no further action will be taken other than through the disciplinary procedure.

8.4 Complaints involving clinical judgement

8.4.1 Any response to a complaint, which refers to matters of clinical judgement, should be agreed with the clinician concerned and, in the case of medical care, by the Consultant concerned. The appropriate Clinical Director should check and approve all complaint responses regarding clinical care.

9. Training and Support

9.1 Complaints training is provided for all staff via the Trust's general induction programme and mandatory training programmes.

9.2 Training for all staff responsible for incident investigation includes guidance on the complaints and claims procedures. The Education and Training Department operate a procedure for rectifying non-attendance on these courses.

9.3 Additional support for staff during a complaint investigation is available from the Business Manager, Complaints Manager, Divisional Personnel Manager, Occupational Health Department and Lancaster Counselling Services (Tel. 0800 086 5155 - Quote Scheme number; 33916) in addition to the individual's union or professional association.

10. Performance Monitoring and Data Collection

10.1 Copies of all letters of complaint and their responses should be sent to the Complaints Manager so that the outcome can be registered. The Complaints Manager will produce quarterly reports on complaints for consideration by the Trust Board. Such reports must avoid any possible breaches of patient confidentiality and will include

- The number of complaints received
- The subject matter of complaints received
- Summary of how the complaints were handled and the outcomes of investigations
- Identification of any complaints where the recommendations of the Healthcare Commission have not been acted upon, giving the reasons why not.
- Evidence of sharing of lessons learned and resulting changes.

- 10.2 Integrated information on volume and trends of incidents, complaints and claims is provided within corporate performance reports and monitored by the Board and its risk management sub-committees.
- 10.3 The Trust Board will use such reports to monitor the Trust's handling of complaints, to determine whether any trends are apparent and also to consider what lessons can be learned for service improvement.
- 10.4 The Trust will publish an annual report on complaints handling and provide copies to the Regulator and relevant external stakeholders **including the Healthcare Commission**. This report will summarise the information provided in the quarterly board reports and will identify any progress or areas in need of improvement.

11. Review

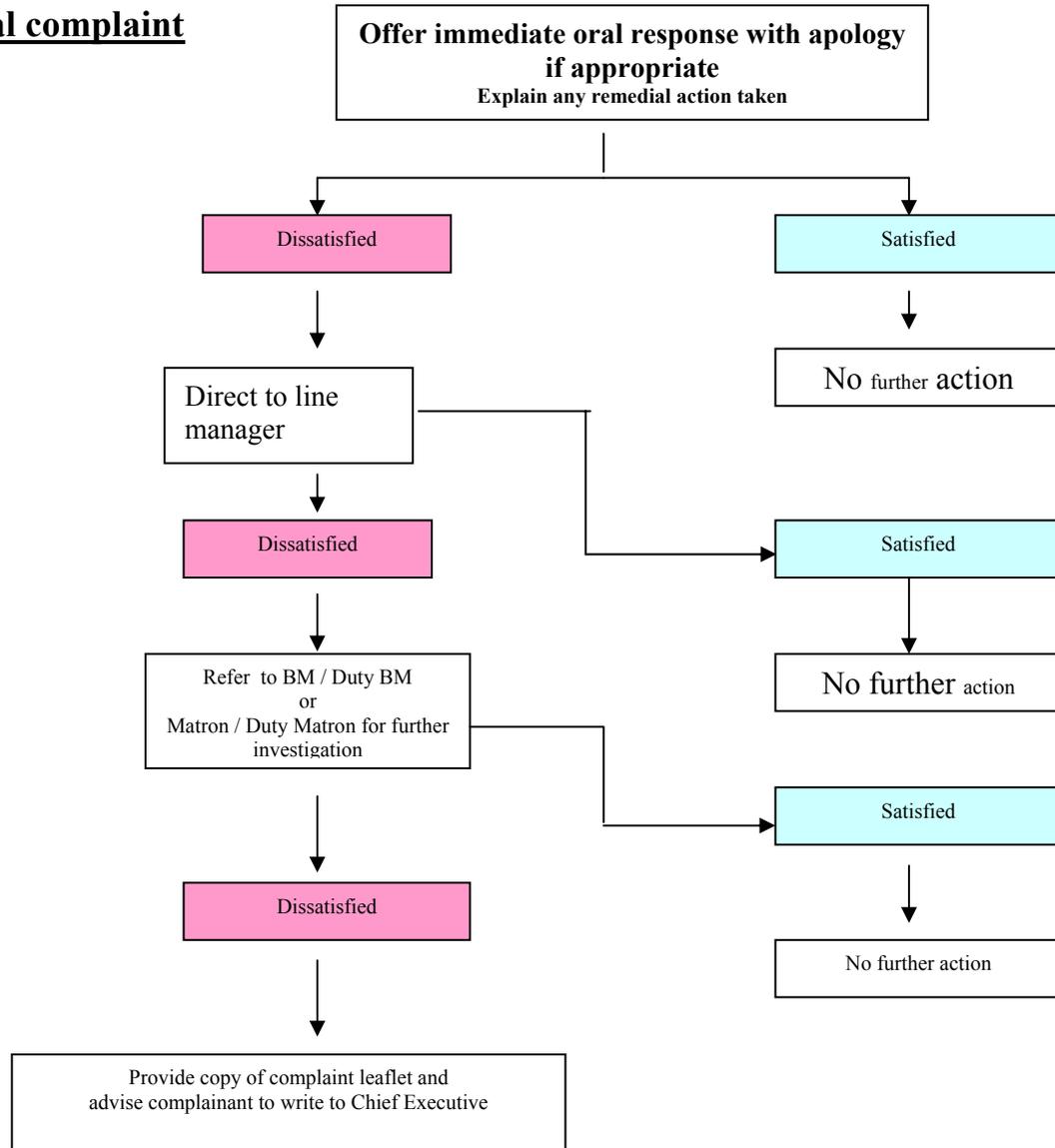
The Complaints Procedure is subject to annual review by the Board and will next be reviewed in April 2005

Notes:

Where the term "patient" is used, it is intended to include other categories of people who can make complaints (as set out in Section 3).

Complaints Procedure – Local Resolution Algorithm

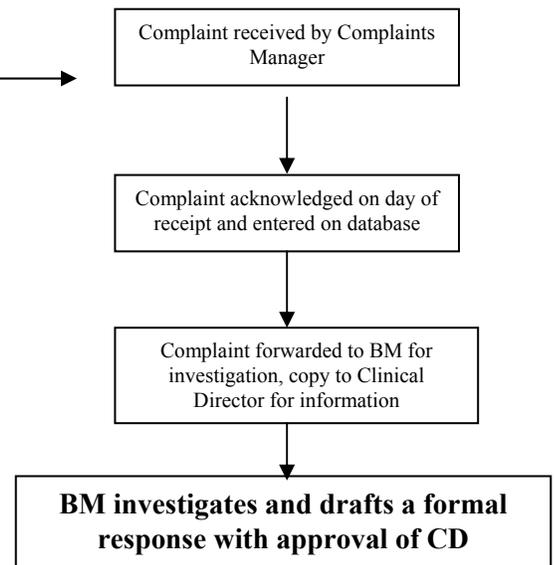
Verbal complaint



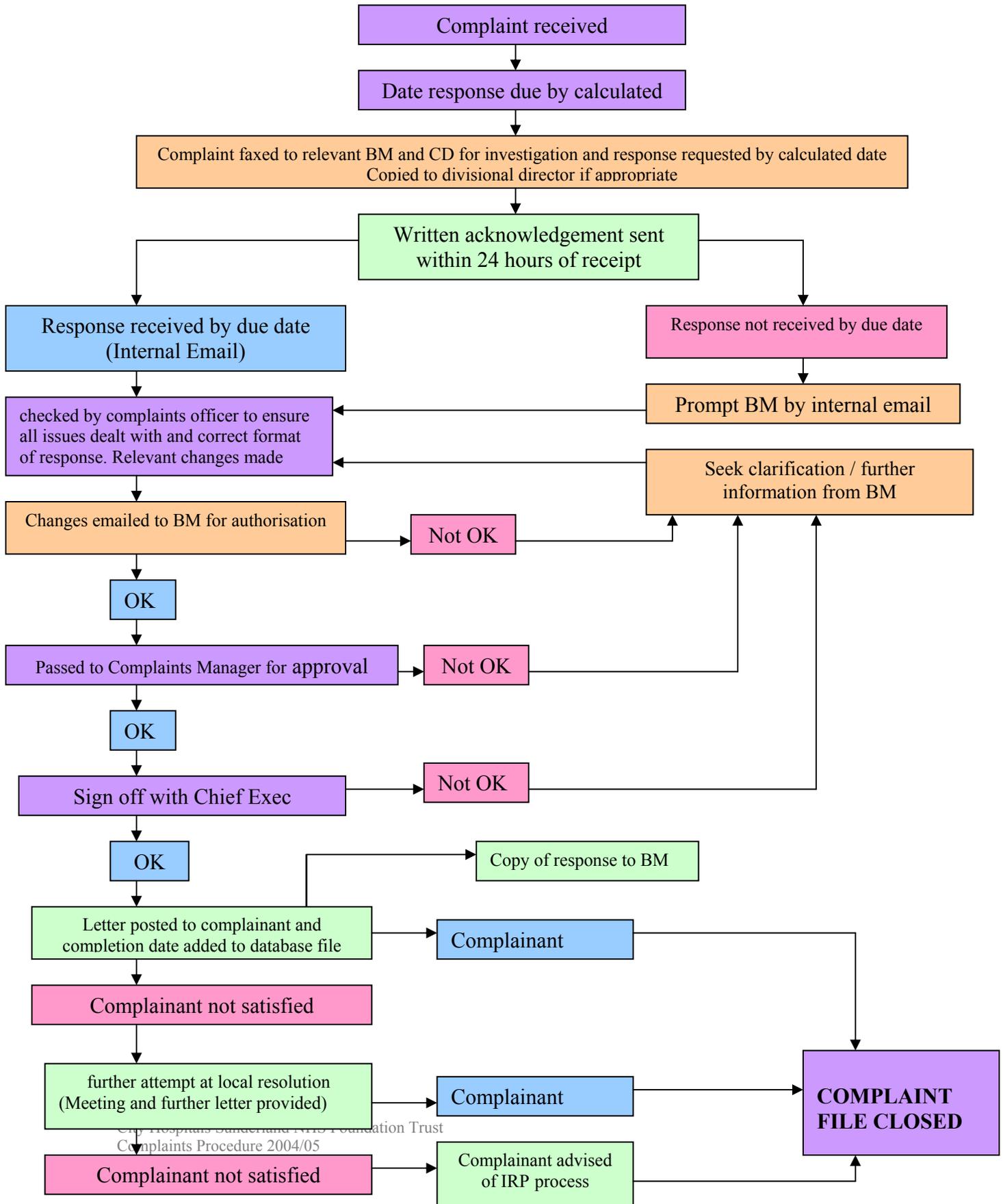
Written Complaint

Any written complaint received by a member of CHS personnel should be faxed immediately to the Trust Complaints Manager

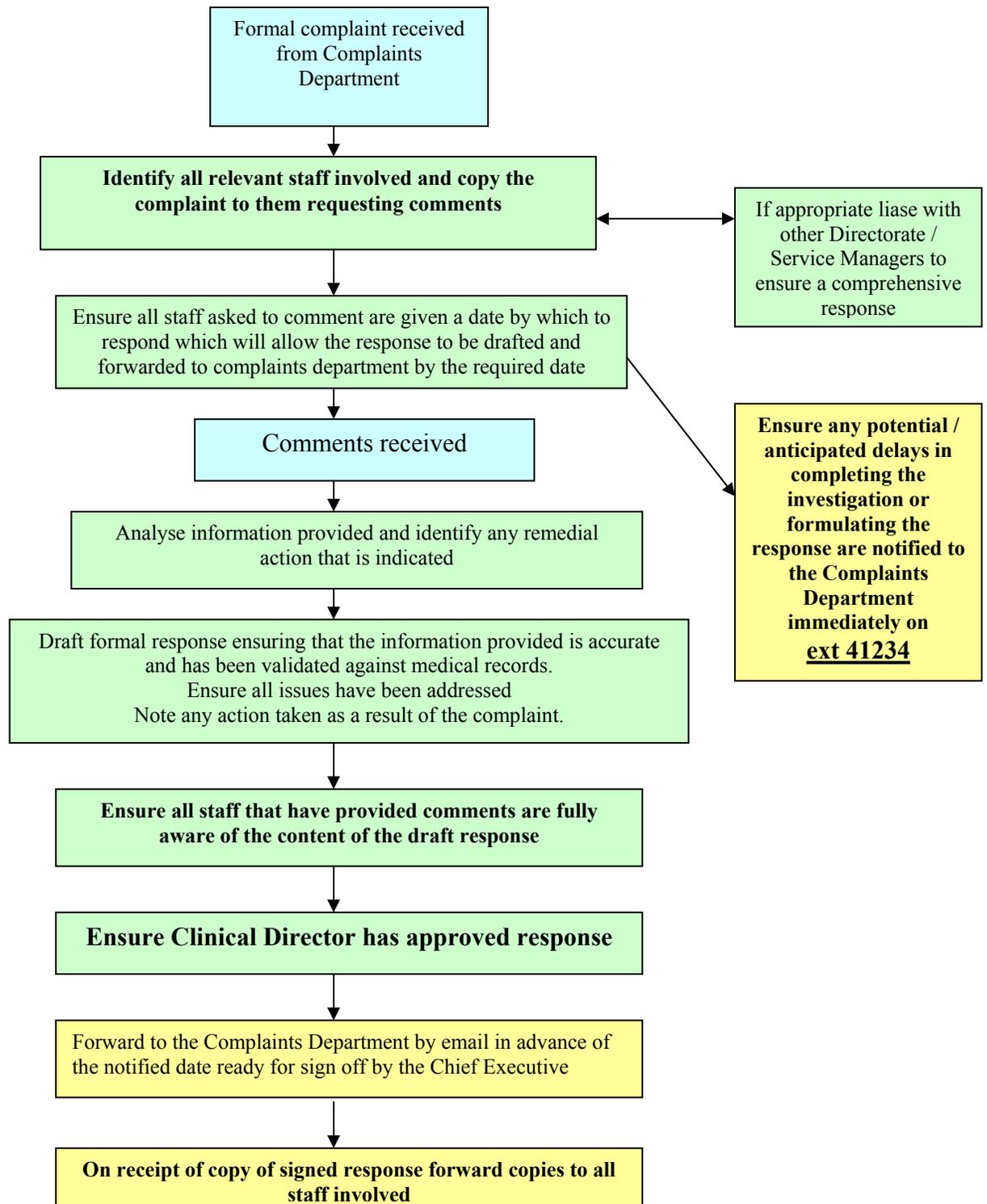
Extension 49640



COMPLAINTS DEPARTMENT OPERATIONAL PROCESS ALGORITHM



Complaints Process – Business / Service Manager Algorithm



Type of risk	Risk description	Action description	Impact	Likelihood	Risk Rating	Action agreed	Completion Date	Cost	Responsibility
Operational	Trend analysis of reported incidents has identified high volume of violent incidents due to medical condition.	development of trust wide restraint policy	4	5		1-Sep-2004	1-Apr-2005	tbc	Director of Nursing & Quality
Operational	Issues raised concerning protocols for replacing nasogastric tubes out of hours	Review current procedures -investigation completed recommendations being produced	5	5		1-Apr-2004	1-Oct-2004	tbc	Divisional Director of Medicine
Operational	The roles of key staff need to be defined in respect of the implementation of the emergency preparedness plans	Identify internal emergency team and define rolls of key staff to implement emergency preparedness plan - training programme to be delivered by Dec 2004 - risk rating re graded following power failure incident	5	5		1-Mar-2004	31-Dec-2004	£0	Divisional Director of Estates and Facilities
Operational	Difficulties in recruiting and retaining appropriate skill mix (medical & support services) to ensure delivery of a comprehensive range of high quality services	action plan developed via assurance framework	5	4		1-Apr-2004	31/09/2004	tbc	Head of Human Resources
Operational	Failure of Microscope during ophthalmic surgery	option appraisal exercise for replacement of equipment	5	4		1-Apr-2004	1-Oct-2004	tbc	SEI Theatre Nurse Manager
Financial	Achievement of Trust's statutory financial duties - identified areas of weakness	action plan developed via assurance framework	5	3		1-Apr-2004	31-Mar-2005	£0	Director of Finance

Strategic	compliance with organisational objectives detailed in Performance Assessment Framework - required to maintain 3 star status	action plan developed via assurance framework	5	3	1-Apr-2004	31-Mar-2005	tbc	Head of Performance
Strategic	Non compliance with Working Time Directive for Junior Doctors.	Implement the action plan to improve Junior Doctors Working Lives and achieve DoH targets for compliance.	5	2	1-Apr-2004	1-Apr-2005	tbc	Executive Medical Director & Head of Human Resources
Operational	Weaknesses have been identified in the trusts requirements for training (mandatory & induction)	action plan developed via assurance framework	4	5	1-Apr-2004	1-Apr-2005	£0	Head of Human Resources
Managerial	Resources to support, safe, secure use of medicines may be insufficient	Review adequate resourcing of safe medicine management - Implementation of Medicines Management	4	4	1-Apr-2004	30-Sep-2004	tbc	Business Manager – Pharmacy / Divisional Directors
Strategic	Lack of comprehensive fully integrated electronic health record and IT system	action plan developed via assurance framework	4	4	1-Apr-2004	31-Mar-2005	tbc	Head of IT
Operational	Lack of Trust wide policy governing staff leaving messages on patients / relatives answer phones	development of Trust policy governing usage of answer phones	4	4	1-Apr-2004	1-Dec-2004	£0	IM&T Security Officer
Operational	Lack of clarity regarding summoning emergency assistance when visitors take ill / are injured on site	Current policy being reviewed - working in partnership with NEAS to revise	4	4	28-Apr-2004	31-Dec-2004	£0	Head of Service Development

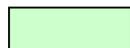
Operational	Maintaining the requirements as defined in Controls Assurance Standards, Decontamination of Medical Devices and National Surveillance Strategy outstrips the hours of the current nursing establishment.	Contracts to be defined, reviewed and verified	4	3	1-Apr-2004	30-Sep-2004	tbc	Divisional Director of Clinical Support, Business Manager - Pathology, Senior Nurse Infection Control
Managerial	Lack of specific training for senior managers and the Board on Health and Safety responsibilities	to be discussed at November Board workshop	3	5	1-Apr-2004	30-Sep-2004	£0	Divisional Director of Estates and Facilities
Operational	Weaknesses in Medical Records processes and procedures identified during CNST assessments	Health Care Records Action Plan	4	2	5-Apr-2004	1-Dec-2004	tbc	Business Manager responsible for Medical Records
Strategic	Board Level responsibility not clear re medicines management.	Agree medicines strategy with Board	4	2	1-Apr-2004	30-Sep-2004	£0	Divisional Director Clinical Support / Chief Pharmacist
Operational	No specific Health and Safety training for doctors	Provision of specific H&S training for Doctors - training in place requires evaluation	3	4	1-Apr-2004	31-Dec-2004	£0	Executive Medical Director Principal Safety Advisor
Operational	Single use devices are reused	Adopt policy on single use devices (SUD's)	3	4	1-Apr-2004	31-Mar-2005	tbc	Divisional Director of Estates and Facilities
Operational	Unlicensed Aseptic preparation may not comply with regulations	Undertake ward based risk assessment	3	3	1-Apr-2004	1-Jun-2004	£0	Pharmacy Business Manager Executive Director for Nursing & Quality

Managerial	The security service have not implemented the Code of Practice for the CCTV system indicating non compliance with legislation	Implement the Code of Practice for the CCTV system	3	3		1-Apr-2004	31-Mar-2005	£20,000	Divisional Director of Estates and Facilities
Operational	Inadequate training records held	Adequate training records to be kept up-to-date by equipment co-ordinator	3	3		1-Apr-2004	1-Sep-2005	£0	Divisional Director of Estates and Facilities
Operational	Medcal Devices Agency regulations require procedures to be in place for dissemination of alert notices and instructions to end users.	Produce policy for generating instructions for end users which is compatible with MDA guidance	3	3		1-Apr-2004	1-Sep-2005	£0	Divisional Director of Estates and Facilities
Operational	Potential for staff at ward level not being sufficiently trained in risk management	Risk Management Training programme developed & delivered - assessed & approved by RPST	2	2		1-Apr-2004	achieved	£0	Risk Management Project Lead
Operational	Violent incident in Maternity highlighted weakness in access control and need for review of security arrangements	review completed- Larry Stores to implement recommendations	2	2		1-Apr-2004	achieved	tbc	Divisional Director of Estates and Facilities
Managerial	No confirmation that Health and Safety policies include identification and commitment to the appropriate allocation of Health and Safety resources	policies updated to include identification and commitment to the appropriate allocation of H&S resources	2	2		1-Apr-2004	achieved	£0	Divisional Director of Estates and Facilities
Strategic	Gaps identified in meeting responsibility for ensuring safe working practices and safe working environment - weakness identified in the H&S agenda	action plan developed via assurance framework	2	2		1-Apr-2004	achieved	£0	Principal Safety Advisor

Operational	Prescription supply and admin may not comply with legislation	Verification of Prescribers as part of EP roll-out	1	1	1-Apr-2004	achieved	£0	Chief Pharmacist
Operational	An annual infection control programme is in place but objectives not achieved due to: increased pressures of outbreak of gastro-enteritis and the pos of the 4th ICN not being made substantive.	Pursue additional nursing hours within the Infection Control Nursing Team	1	1	1-Apr-2004	achieved	tbc	Divisional Director of Clinical Support Business Manager Pathology Senior Nurse Infection Control
Strategic	CNST action plan highlighted the need for a formal 'hot line' policy	Development of trust hot line policy to append to Incident procedure - ready for ratification	1	1	28-Apr-2004	achieved	£0	Head of Corporate Affairs
Operational	Incident in theatres highlighted potential weakness in postoperative count process	Review of trust wide theatre protocols - new practices now in place	1	1	1-Apr-2004	achieved	tbc	Theatres General Manager
Strategic	Evidence of compliance at Level 1 RPST required by Regulator for Foundation Status	RPST Action plan developed - RPST Level 1 achieved	1	1	1-Apr-2004	achieved	£0	Risk Management Project Lead

 **risk rating regraded following completion of identified action**

 **New risk identified**

 **Date Reset**

 **HIGH RISK**  **LOW RISK**

 **MODERATE RISK**  **VERY LOW RISK**

