

NHS Lothian Complaints Policy: Procedure for the Management of Patient and Public Complaints

Unique ID: NHSL.

Category/Level/Type:

Status: Approved

Date of Authorisation: June 2011

Date added to Intranet: June 2011

Key Words: Procedure complaints public patients

Page 1

Author (s): Complaints team

Version: 1

Authorised by: clinical policy group

Review Date: June 2013

Comments:

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1. INTRODUCTION

NHS Lothian is committed to maintaining the highest possible standards of care and wishes to actively encourage all people who use our services to give us feedback on their experience. When things go wrong or have fallen below the acceptable standards we recognise that there is a need to have an effective patient and public complaints procedure.

It is essential that all complaints are received positively, investigated thoroughly and promptly and responded to sympathetically. NHS Lothian recognises that all feedback, including complaints, is a valuable source of information about the quality of the services it provides or commissions. All complaints and other types of feedback that demonstrate a concern will be followed up and prompt action taken where appropriate to prevent a recurrence of the circumstances.

The Executive Nurse Director, on behalf of the Chief Executive is the Executive Lead for patient experience, patient feedback and complaints management.

This operational procedure should be read in conjunction with NHS Lothian complaints policy and should be used to provide support and guidance for all staff in the complaints management process. The procedure is not intended for use when a member of staff makes a complaint regarding a fellow member of staff.

2. PRINCIPLES OF GOOD COMPLAINTS HANDLING

An effective complaints handling process is one which is person centred, accessible, quick and simple. It should put the complainant at the heart of the procedure. The procedure should be objective and transparent, fair, proportionate and consistent. It should treat complainants equally, striking a balance between the need for consistency and the individual circumstances of each complainant. The procedure should allow for early resolution and should aim to resolve complaints at the earliest opportunity. Feedback from complaints should be monitored in such a way that it enables continued improvement. The recommendations of the Scottish Public Service Ombudsman (February 2011) advice on complaint handling support these principles.

3. ROLES AND RESPONSIBILITIES FOR THE HANDLING OF COMPLAINTS

All staff throughout NHS Lothian have a responsibility, as part of their day-to-day work, to respond appropriately when concerns are brought to their attention. As part of the NHS Lothian Complaint's Policy some key staff / teams have a specific remit and they are as follows:

Lothian NHS Board should be assured that all staff are aware of and are trained to deal appropriately with patient feedback, inclusive of complaints (see also section 21). The Board will receive regular complaints reports which demonstrate evidence of the total number and categories of contact, the trends and issues highlighted within communication

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and evidence of change to practise and actions taken to make improvements. The Board will also receive information of those complaints taken to the Scottish Public Service Ombudsman (SPSO) (see section 17).

The Chief Executive has a statutory responsibility for the quality of care in NHS Lothian. This includes ensuring that there is an effective complaints and patient feedback system, with a robust investigation process that demonstrates that organisational learning is in place. The Chief Executive often personally signs off letters of response.

The Executive Nurse Director on behalf of the Chief Executive is the Board Director with accountability for the management of complaints and the wider patient experience agenda for NHS Lothian. The Executive Nurse Director is responsible for overseeing the implementation of actions required as a result of a complaint and ensuring the evaluation and sharing of good practice. This means that the Executive Nurse Director may at times be involved with the operational investigation and management process for complaints handling as well as deputising for the Chief Executive as required

Senior Management - The Chief Operating Officer University Hospitals Division (UHD), the Community Health Partnership General Managers and the Directors of Operations may be involved in the operational investigation and management processes of complaints handling. They are responsible for signing response letters to complainants and therefore should be satisfied that the investigation is complete and the response is full.

Lead Investigator - The Lead Investigator is a senior person from within the operational management team who is responsible and accountable for the management of complaints. For example within UHD this is usually a Chief Nurse. This means that they will be involved in the investigation process and the co-ordination of all aspects of responses to the NHS Lothian Complaints Team. The Lead Investigator will receive the weekly progress reports sent by their nominated Complaints Officer.

Operational Management Teams - It is the responsibility of this team to investigate the issues raised within the complaint, provide a comprehensive written report and include details of any changes in practice thus allowing for wider organisational learning. It is their responsibility to support their staff to try to resolve any issues early, locally and quickly (immediate management) and so prevent escalation.

NHS Lothian Complaints Manager – This is a required position as identified by national guidance and is a named individual within NHS Lothian with responsibility for the overall operational management of the complaints team. The manager will liaise regularly with the Executive Nurse Director and senior managers from the operational management teams and specifically the Investigative Leads supporting them where required when there may be patient safety, high risk, litigation or media related issues within their complaints. The Complaints Manager and the Complaints Team will be involved with the operational management teams in identifying areas for service improvement resulting from complaints / concerns data. The Complaints Manager, in conjunction with their team will co-ordinate regular complaints reports.

All staff - A compliment, concern or complaint may be made to any member of staff in NHS Lothian therefore all staff must be aware of how to respond positively and appropriately if they are approached. All staff are encouraged to try to resolve any issues early, locally and quickly (immediate management) to prevent escalation. (See also section 5.)

4. ROLE OF NHS Lothian COMPLAINTS TEAM

There is an integrated NHS Lothian Complaints Team that provides support across all areas of the organisation. The team is led by the NHS Lothian Complaints Manager, who is accountable to the Executive Nurse Director. Within the team Complaints Officers provide a specialist and supportive complaints handling function to the operational management teams. The officers are normally aligned to the operational management teams and will work with them to ensure that a robust and comprehensive investigation is undertaken. The operational management teams will ensure, that an action plan is developed, implemented and monitored and where appropriate will inform the Complaints Officer of its completion. It will only be once the action plan has been fully developed and implemented and there is evidence of action taken that the complaints file will be closed.

The Complaints Team is based at Waverley Gate, the headquarters of NHS Lothian. The administrative staff provide a comprehensive administrative function supporting a single point of contact for staff, patients and members of the public to access the service.

The contact details for the Complaints Team are:

NHS Lothian Complaints Team
2nd Floor
Waverley Gate
2 – 4 Waterloo Place
Edinburgh, EH1 3EG

Telephone 0131 536 3370 (Extension 63370)

Email address complaints.team@nhslothian.scot.nhs.uk.

Office Hours at present are: 08.30-17.00 Monday to Friday, excluding NHS Lothian Public Holidays

4.1 Role of Duty Complaints Officer

The role of the duty complaints officer is a weekly rotational post from within the complaints team. The main remit of this post is to:

- Assess all feedback received (compliments, concerns & complaints) on a daily basis, ensuring these are logged and forwarded to the relevant organisational management team.
- meet with members of the public / complainants who choose to bring their issues directly to Waverley Gate
- escalate complex complaints where there are patient safety, high risk, litigation or media related issues to the NHS Lothian Complaints Manager to ensure these are quickly brought to the attention of relevant individuals and where necessary for further escalation to the Executive Nurse Director , e.g. child protection issue.
- be aware of communication on the interactive website and on the core complaints email address to ensure that it is actioned appropriately.
- provide on site support to the administrative staff and to ensure work is prioritised and where required allocated.

5. IMMEDIATE MANAGEMENT BY FRONTLINE STAFF

Wherever possible, the organisation encourages all staff (clinical or otherwise) to try to resolve any issues early, locally and quickly to prevent escalation. Addressing complaints and concerns at this local level is an effective method of resolving dissatisfaction. In the remainder of this document the term ‘complaint’ will refer to complaints and concerns and issues raised.

The aim of local resolution management is to provide a quick local response to an issue by frontline staff. These issues may be defined as those that can be most easily addressed “on the spot” by local frontline staff e.g. patient or relative complaints about appointment times / cold food. These issues are likely to be managed more appropriately face to face or via the telephone and should be addressed to the Charge Nurse or Department Manager, and if necessary escalated further within the operational management team. The ownership of such resolution lies firmly with the operational management teams, and as such issues should be resolved within five working days.

All staff are reminded that these discussions should be documented as per local practice and where appropriate, in the patient’s healthcare record. Formal complaints documentation should not be retained within the healthcare record. Common sense and an assessment of the situation will determine whether a record is required. Staff are reminded where local and immediate resolution has taken place, that any appropriate lessons learned should be shared for the benefit of others. This may include informing the complaints team.

There may be occasions where front line staff, whilst believing that the matter has been resolved would find it beneficial to inform the NHS Lothian Complaints Team of the issue and a record of this should be maintained both in the department and by the Complaints Team.

Not all issues are suitable for immediate management. People (complainants) may request that their issue bypass this stage and be considered through the structured (formal) investigation process.

All staff are reminded that, particularly where a concern or complaint is raised, which has not been resolved locally and where the complainant wishes this to be passed to the complaints team, that the passing of this issue must be undertaken the same day. Thus ensuring that action is taken quickly and that the complainant receives a response meeting national and local targets, NHS Lothian works to three targets, these being:

- Acknowledgement letters sent within 2 working days (local target)
- Acknowledgement letters sent within 3 working days (national target)
- Response letters sent within 20 working days (national target).

NHS Lothian endeavours to meet a 100% compliance with these targets

Whilst recognising that issues raised resulting in immediate management may be made face to face or over the telephone, NHS Lothian is aware that feedback may be made by other routes including email and in writing. It should be noted that whilst we can acknowledge such correspondence by email, to ensure confidentiality no patient specific detail should be included in the response. Staff should be aware that NHS Lothian does hold a list of secure network addresses.

Frontline resolution

- All frontline staff are responsible for dealing with complaints
- Frontline staff should be empowered to resolve and trained to deal with complaints
- Face to face and telephone management of complaints is encouraged

6. ROLE OF OPERATIONAL MANAGEMENT TEAMS

The issues contained within a complaint sit firmly with the operational management team. The role of the operational management team is therefore to investigate the issue raised within a complaint and to provide the complaints team with a comprehensive written report of their investigation, along with copies of statements of all staff involved, and any other relevant information where appropriate. The response should include the outcome of findings in relation to the complaint. The operational management team should identify the detail of any change of practice that has taken place as a result of the complaint and should share lessons learned to prevent re-occurrence this may include the need to develop an action plan, ensuring that these actions are implemented, monitored and reviewed to prevent recurrence.

The operational management team must use the same investigative process that applies to the investigation of reported incidents.

The purpose of the complaints investigation is to:

1. Provide an answer and an explanation to the complainant

Unique ID: NHSL.
Category/Level/Type:

Author (s): Complaints team

Status: Approved

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Key Words: Procedure complaints public patients

Comments:

2. Facilitate improvement by:
 - knowing the facts of the complaint and any associated factors
 - clarifying changes , training and improvements which may be further required.
3. Demonstrate the organisation's commitment to an open approach to service improvement

An investigation report should reflect some or all of the above for the purpose of providing a suitable record which will facilitate communication with staff, others in the organisation, and members of the public, as required. In addition through a structured investigative process:

1. Enable support to be provided for the staff involved
2. Identify underlying aspects of the complaint which might be attributable to discrimination or harassment.
3. Identify information for the purpose of potential future litigation

6.1 Level of Investigation

Further information on the NHS Lothian Incident Management Operational procedure can be found at the link below

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/General/Incident%20Management%20Operational%20Procedure.pdf>

During the investigation process it is the duty of the operational management team to support their staff who, may have been named within a complaint. Any staff named in a complaint must receive a copy of the complaint, and the final response if appropriate.

6.2 When is investigation appropriate?

All complaints / concerns must be investigated. The level of investigation undertaken however will vary according to the concern / complaint. Specific attention should be given to identifying those complaints that

- are complex
- demonstrate the actual or potential effects are serious
- demonstrate a risk to other patients
- represent a serious risk, or litigation for a department / the organisation.

6.3 Potential serious or high risk / high profile complaints are those that

- Involve a death or terminal illness
- Contain an allegation of abuse
- Involve a vulnerable person i.e. a homeless individual, someone with a cognitive impairment
- Involve child protection issues/vulnerable adult
- Demonstrate significant media interest and or those issues where organisational management reputation is at stake

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- Involve major delays in service provision or repeated failure to provide service
- A risk to the organisation has been identified

These complaints will require escalation to and input from senior management e.g. Chief Nurse, Divisional Director of operations, General Managers, CHP's.

6.4 Role of Lead Investigator

The Lead Investigator will be a senior member of staff from within the operational management team. This individual will be of significant seniority and experience accepting designated responsibility and accountability for the management of complaints e.g. a Chief Nurse, Clinical Director or Associate Director of Operations. The Lead Investigator may delegate this function to other members of their team however the lead investigator will remain the prime point of contact for the complaints team for all correspondence and reports or where there is difficulty. The role of the Lead Investigator will include an investigation of the issues and the provision of a comprehensive and timely (within 10 working days) response being sent to the complaints team. Where the investigation raises issues in another directorate or team, it is the responsibility of the nominated Lead Investigator to liaise with senior members of other management teams to collate all the statements or investigative reports.

6.5 Supporting Staff Named Within a Complaint

If a member of staff is named within a complaint, support is available from their line manager, staff-side representative, professional bodies. In addition support may be sought from Occupational Health, where staff can access confidential counselling services. Where a member of staff is named within a complaint they should be provided with the opportunity to see the original complaint the final response and any agreed action plan whenever possible. The lack of opportunity to share the concerns raised within a complaint with a named individual should not delay a response.

If as a result of a complaint, a member of staff is to be investigated with regard to competence, this will be dealt with under the NHS Lothian Management of Employee Capability Policy. If the issue relates to conduct, this may result in a disciplinary investigation under the Management of Employee Conduct: Disciplinary Policy. In either instance, the complainant will be informed that an investigation is being undertaken as per the relevant NHS Lothian policy, however for confidentiality reasons the complainant will not be informed of the specific employee outcome.

Where there is a need to invoke either of the above policies this will be taken forward by the investigative lead and the appropriate department head where this is not the investigative lead. These individuals will be responsible for keeping the named member of staff informed of the progress of the complaint and to provide them with relevant feedback

and advise them of the outcome. However, in doing so this should not delay any timescales.

6.6 Supporting staff named in a complaint by another member of staff

Where a complaint is raised by one member of staff in relation to another staff member this should be managed at a local operational management level and not as part of the complaints process. Depending on the nature of the issue raised, the appropriate policy route may be the Dignity at Work Policy (for allegations of bullying or harassment), the Equal Opportunities Policy (for allegations of discrimination) or the Freedom of Speech Policy (for concerns about the safety or quality of service provision). Allegations of fraud will be addressed through the Counter Fraud Procedures.

7. SUPPORTING THE COMPLAINANT

NHS Lothian is keen to support complainants through the complaints process and will, if required, meet with the complainant to discuss their options. This may include directing the complainant to other sources of help. When acknowledging a complaint the complaints team will provide relevant information leaflets on the process. There are a number of organisations that can provide support to individuals to make a complaint and the NHS Lothian Complaints Team will direct complainants to these resources. At the time of writing these include the following:

- Independent Advice and Support Services (IASS) from July 2011 Patient advice and support service (PASS)
- Citizen Advice Scotland (CAS)
- Independent Advocacy Agencies.

The Scottish Public Service Ombudsman (SPSO) has also published guidance on how to raise a complaint. This guidance asks three questions which may be helpful for the complainant to consider:

- What is their complaint?
- What does the complainant wish to achieve by complaining?
- Whether the complainant's expectations are realistic and achievable?

There is also interpretation and translation and communication support for complainants where English is not their first language. Further information on this can be found from at the link below:

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/General/Interpreting%20and%20Translation%20procedure.pdf>

Where a complainant's first language is not English, complaints booklets can be provided in other languages. Complaints staff will where appropriate monitor complaints in line with NHS Lothian's Equality and Diversity Strategy.

7.1 Contacting the Complainant

When a complaint is initially received it may be helpful to make contact directly with the complainant. There should be discussion and agreement between the NHS Lothian Complaints Team and the identified Investigative Lead as to who is most appropriate to make the initial contact. As this approach may encourage immediate management and resolution, in such circumstances it may be appropriate for the Investigative Lead or a member of the operational management team to make this initial contact.

At this time there is opportunity for whoever makes contact with the complainant to ensure a full understanding or to clarify any details of the complaint / concern. This opportunity can be vital, as any misunderstanding of the issues to be addressed can cause a delay with the response or indeed create further dissatisfaction for the complainant. Often this method of direct communication can resolve the issue, thus preventing escalation to the full complaints process. It may be that the complainant just wants to know that as a result of their expressed concern that action will be taken quickly and that others will not experience the same dissatisfaction.

In addition, it may be helpful to arrange a meeting between the complainant and the operational management staff to try to resolve any issues and thereby also prevent escalation to the full complaints process. Where this happens there should be negotiation between the operational management team and the nominated complaints officer as to whether the complaints officer is required to attend these meetings, or not.

8. ADMINISTRATION AND CONDUCT OF MEETINGS

Arranging meetings with complainants can be challenging however every effort should be made to ensure that the meeting is arranged at a suitable time and place to suit all parties. The practicalities of this will need to be negotiated between the operational management teams and the Complaints Team. This may mean arranging the meeting at a venue other than the operational staff's main place of work. This might also mean meeting the complainant at their home. In such circumstances a risk assessment should be undertaken and it is advisable that two staff attend such a meeting.

Where it is agreed that a meeting would be beneficial this should be arranged as soon as possible with the involvement of the staff concerned. It is the responsibility of the management team to identify the relevant people to be in attendance at the meeting in order for them to co-ordinate diaries and to arrange a suitable venue thereafter providing this information to the complaints staff. At least two members of NHS Lothian staff should be at such meetings. It is possible at this stage and certainly where the meeting has been offered immediately on receipt of the complaint, that the complaint could be considered as being managed through local resolution.

As part of the complaints process there is a national target of 20 days for providing a full response to a formal complaint. **Where it is considered that it might be beneficial to hold a meeting, the performance time clock should be suspended when the offer of a meeting is made and accepted, recommencing at the time of the meeting.**

It is vital at such meetings to have an individual in attendance who has the ability to take an adequate note of the meeting. It is not essential that a full minute is taken, however it should include a summary of the main points discussed and agreed points for action and this needs to be confirmed at the start and conclusion of the meeting. This function may be undertaken by a member of the operational management or complaints team. This duty requires to be negotiated prior to the event taking place. It must be noted however, that there will be circumstances where the complaints staff are there to provide support to both the complainant and the operational management team and it may not be appropriate for them to be the note taker, as this can prohibit full engagement in the conversation and the ability to provide the required support. In some circumstances, in particular where the issues are complex, it may be more beneficial to have a tape recording of the meeting. However, should this be a consideration in advance of the meeting and all parties must be in agreement to this step being taken. In addition where appropriate the services of an interpreter should be arranged

The complainant will be provided with a summary of all relevant points and agreed actions required. Where the tape recording has been instigated by the complainant or their representative a request for a copy of the tape should be made. In the event of such a circumstance NHS Lothian staff should also minute the meeting.

9. CATEGORIES OF FEEDBACK

NHS Lothian welcomes all types of feedback and the Complaints Policy describes three types of feedback, namely:

- Compliment
- Concern
- Complaint

In some instances the organisation may be asked by Members of Parliament (MP) or Members of the Scottish Parliament (MSP) to provide information relating to major service change or policy decisions, where requests for this type of information are received these will be recorded as an “enquiry”. There is an expectation that such enquiries will be dealt with timeously and within a maximum of ten working days. In most circumstances the responses to these enquiries will be signed off by the Chief Executive following validation by the relevant Director/ Executive Lead. In addition members of the public may make an enquiry and these should also be logged as such and forwarded to the relevant operational management team to enable them to provide a response to the Complaints Team.

Unique ID: NHSL.
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9.1 Receipt of Communication

Communications can come via any route, whether it is a compliment, concern or complaint. All communication that requires a written response should be sent electronically on the same day directly to Waverley Gate. This may include those issues that have not been resolved locally within the department/ward. The administrative staff will receive all communications, scan them and log them onto DATIX (Risk Management Information System) where they will be assigned a DATIX number. All communications (compliments, concerns and complaints) will be triaged by the administrative staff and / or the duty complaints officer. The email address (complaints.team@nhslothian.scot.nhs.uk) will be checked daily by the administrative staff and actioned accordingly.

NB. The complaints team do not require to be in receipt of all letters of thanks, however where there is significant compliment contained within a communication staff are encouraged to forward this to the complaints team for logging as part of their reporting process. At the time of writing this procedural document initiatives are in place whereby volunteers are being utilised to gather information on compliments and letters of thanks that are received within the local department.

9.2 Acknowledgement Letters

Where it is clear that a complaint pertains to a specific operational management team, the Complaint Team's administrative staff will:

- Acknowledge the complaint letter/telephone call to the complainant whilst identifying the relevant operational management team who will investigate the issue. This acknowledgement letter will be signed by a member of the administrative staff, with the exception of correspondence received from the Chief Executive's Office, ensuring national (3 working days) and local (2 working days) targets are met
- scan the complaint and log on to DATIX
- Email the letter / email / details of the telephone call to the relevant Lead Investigator, copying also the relevant complaints officer.

Across NHS Lothian Investigative Leads have been identified. The Complaints Team when forwarding communication will include their personal assistant or another previously nominated individual and or dedicated Complaints email address to expedite the process. A record of these agreed contacts will be retained by the Complaints Team.

9.3 Complex Acknowledgement Letter

Where the complaint highlights a number of issues and / or it crosses a number of different operational management teams or it is not obvious where the ownership lies or it involves other agencies (e.g. Local Authorities Social Work Departments). The

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Complaints Manager will identify which operational management team will lead in the management of the investigation process and take ownership of providing the final response. It is likely that this will involve discussion and negotiation with a number of investigative leads so that final ownership can be confirmed quickly thus ensuring that the organisation is able to provide a timely response to the complainant whilst meeting the national and local timescale targets. TRAK (or other patient administrative systems) may be used to inform this process.

Where there is a reluctance to take ownership of a complaint and its issues, this will be escalated to the relevant Director of Operations / General Manager and internally within the NHS Lothian Complaints Team structure. Where an issue of ownership remains in dispute, the NHS Lothian Complaints Manager in conjunction with the Nurse Director will allocate the complaint. The Complaints Manager will sign the acknowledgement letter identifying the relevant operational management team/s who will take the lead in the investigation. The agreed timescales will still apply.

Following agreement of ownership the complaints administrative staff will:

- Scan the complaint and log to DATIX
- Email the letter to the relevant investigative lead(s), copying the relevant complaints officer in to the email.

9.5 Acknowledgement Letter to be signed by the Chief Executive

There may be times when a letter of complaint is sent directly to the Chief Executive. When this happens the acknowledgement letter will be completed by the Complaints Team advising the complainant that correspondence has been passed to the Executive Nurse Director to investigate. Where appropriate consent will be requested at this point.

In these instances, the complaints administrative staff will:

- Scan and log the complaint on the DATIX system

Following which the office of the Chief Executive through the Corporate Services Manager will liaise with the Complaints Manager or in their absence the Duty Complaints Officer to ensure the acknowledgement letter signed and logged.

Dependant on the content or the source of the letter of complaint there will be occasions when the final letters of response will be signed off by the Chief Executive. This will be clarified prior to forwarding the investigative request to the operational management team.

9.6 Triggering the investigation

Once it has been decided to which operational management team the complaint belongs, the complaints administrative staff will forward communication as above and in addition will:

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- Inform the investigative lead of the relevant timescales (10 working days) that are required for the responses to be returned to the relevant Complaints Officer.

10. CONSENT FOR THE DISCLOSURE OF CONFIDENTIAL INFORMATION

Where a telephoned or written complaint is received that does not come directly from the individual (patient) named, within the complaint, a consent form requires to be completed by the individual who has been named confirming the release of information. Where possible the consent form will be partially completed by the complaints administrative staff and sent with the acknowledgement letter. Where there are delays with the consent forms being returned to the complaints team this will result in a delay with the final response being sent to the complainant. Where consent is required the performance time clock will be suspended until this is received. This should not, however prevent a primary investigation taking place. Where consent is not received, whilst a full investigation will be undertaken, only a limited response will be sent to the complainant and this will not contain any patient specific information or details. In the case of a parent complaining on behalf of a child under the age of thirteen, consent is not required.

It is acknowledged that from time to time complaints are received within the organisation from individuals who are expressing concern about care issues or service delivery being provided to an individual other than themselves, often the complainant does not wish the individual (patient) to know that a complaint is being made. In these circumstances it is often difficult to pursue the complaint but there is still a requirement to assure a complainant that their concerns have been taken seriously.

11. VULNERABLE PEOPLE

NHS Lothian is keen to ensure that it treats all service users in a way that is safe, effective, person-centred and timely. As an organisation NHS Lothian recognises that some people who use our service may be affected by disability, mental disorder / illness, physical or mental infirmity or be vulnerable in some other way. It is these people, who are most likely to require support through the complaints process.

Examples of people who may be vulnerable include those who have:

- Cognitive impairment (e.g. Dementia or Alzheimer's Disease)
- Mental, physical or learning disabilities
- Difficulties with communication / sensory impairment
- People who do not have English as a first language

This will also include the elderly and children and young people and those people who are managed under the Adults with Incapacity (Scotland) Act.

For the purpose of supporting complainants in these circumstances there are a number of relevant documents that should be considered, further information or advice should be obtained from either the NHS Lothian Complaints Team or through the operational line

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management structures. You should also consider the use of different advocacy groups that are available (see also section 7).

The Complaints Team will where appropriate record the ethnicity, age and gender of the complainant. In addition information leaflets are available from the Complaints Team for people whose first language is not English.

Examples of supporting documentation and guidance can be found in the Healthcare zone on the intranet and includes the following:

- Care management of adult patients with cognitive impairment
- Caring for adults with a learning disability
- Clinical documentation standards and guidance
- Confidentiality policy
- Consent policy
- Interpretation and translation services policy and procedure
- Adults with Incapacity Act
- Child & adult protection policy and procedures

12. COMPLAINTS RELATING TO PRISONERS

The Scottish Government have approved the transfer of Prisoner's healthcare from the Scottish Prison Service (SPS) to the National Health Service this change is due to take place in November 2011. A National Programme Board for Prisoners' Healthcare was established in early 2009 with responsibility for overseeing and steering the preparatory work and eventual operational transfer. This will also include Complaints handling. At the time of writing this document (June 2011) the day to day responsibility for complaint handling has not been transferred to the NHS Lothian Complaints Team.

13. COMPLAINTS RELATING TO VETERANS

All veterans are entitled to priority access to NHS hospital care for any presenting condition that can be attributed to their previous service. Veterans are able to use the NHS complaints system to resolve any breakdowns in the arrangements for priority treatment. However complaints relating to veterans should be prioritised in the same way as all other complaints received by the Complaints Team. Further information is available from CEL 8 and can be accessed here: http://www.sehd.scot.nhs.uk/mels/CEL2008_08.pdf

14. COMPLAINTS RELATING TO THE DECEASED

Where complaints are received which relate to someone who has died, confirmation is required as to who the legal next of kin is. At times this will involve discussions between the Duty Complaints Officer and the relevant operational management teams to determine the best way forward, recognising the sensitivities of those involved. All staff involved in the handling and investigation of complaints should be aware of the sensitivities of

handling such records. Where appropriate relatives should be assured that there are restrictions on the accessing of records, and where necessary staff should consult the office of the Director of Public Health.

15. RESPONSE LETTERS TO COMPLAINANTS

There must be agreement early in the process between the complaints team and the investigative lead as to who will draft the final response letter to the complainant to ensure there are no delays with the complainant receiving the response and that NHS Lothian meets both the national and local targets. However, in all instances these response letters must meet the “corporate” style. Where complaints span more than one operational management team it may be easier for these letters to be written by the complaints team as they will have access to all the responses, including those from the other management teams. It is expected that response letters will be sent to complainants within 20 working days.

The “corporate” style includes the following points:

- Letter is marked “**Private and Confidential**”
- NHS Lothian headed paper is used with the contact details of the complaints hub
- the title of the individuals named within the letter of complaint are correct
- the spelling of the individual’s name is correct
- any address referred to is correct
- any dates referred to are accurate
- key questions are clearly answered
- full details of the investigation, including who undertook this and the outcome
- where appropriate an apology is given for the complainant’s / patient’s experience
- every point of the complaint is investigated and responded to and if not why not
- where possible do not use technical or medical jargon
- use plain English / keep sentences short
- reports on any action taken to prevent any recurrence
- highlight any area of disagreement and explain why no further action can be taken
- ensures that the complainant is aware of what to do if they are dissatisfied with the response or require clarification
- information on how to contact the SPSO
- page numbers on the response letter.
- The letter should be signed and dated on the day that it is sent to the complainant

The final response letter should be proof read to ensure that all points of complaint have been considered and that the response letter is quality assured taking into account all the points above.

The complaints file including the full investigation should be maintained in a format that ensures that it can be submitted to the complainant should there be a request for access under the Data Protection Act.

16. HEALTHCARE RECORDS

It is recognised that staff will often need to use healthcare records to inform the complaints process and in particular during an investigation. At times this may mean that a number of staff are trying to access the healthcare record at the same time, particularly if the complaint crosses several operational management teams. There needs to be negotiation by all involved as to where, when and how staff, including the NHS Lothian Complaints Team, access these healthcare records. It is the responsibility of the Lead Investigator to ensure that the healthcare records are requested and made available to all staff involved. Original records must not leave NHS Lothian. If the healthcare record needs to be transferred between sites all staff are asked to follow the NHS Lothian Procedure for the Transportation of Healthcare records, which can be found on the intranet at the link below and must be followed at all times:

<http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/ehealth/policiesandprocedures/Documents/eHealth%20-%20Health%20Records%20Policy%20PP34%20-%20Transporting%20Casenotes.pdf>

17. TIME BARRED COMPLAINTS

There are national timescales for investigating complaints, which are as follows:

- Up to 6 months after the event which is the cause for the complaint
- Up to 6 months from the complainant becoming aware of a cause for complaint
- No longer than 12 months after the event unless new evidence is brought to light that was not previously known.

Where a complaint is received by the Complaints Team and the detail suggests that the complaint may be time barred. The complaints administrative staff should bring this to the attention of the Complaints Manager who will confirm if the complaint is time barred or consider if there are mitigating circumstances that suggest that there should be a review of the complaint. An initial review should be undertaken and a discussion should take place between the Complaints Manager and the Director of Operations / CH(C)P General Manager. The purpose of this discussion will be to identify and agree a suitable and appropriate way forward. Where there is disagreement /dubiety The final decision will be taken by the Executive Nurse Director.

Where it is deemed helpful to offer a meeting with clinical staff for example to provide resolution and closure following the death of a relative, it should be made explicit that this meeting will not be dealt with under the auspices of the NHS Lothian Complaints Procedure.

18. MANAGEMENT OF UNACCEPTABLE ACTIONS AND BEHAVIOURS OF INDIVIDUALS

There may be times where there will be individuals / service users whose actions or behaviours are considered unacceptable. Where this is the case NHS Lothian aims to manage these individuals, fairly but firmly. NHS Lothian believes that all complainants have the right to be heard, understood and respected. NHS Lothian also believes that staff, have the same rights. How staff manage these situations and individuals will depend on the nature and extent of the issue. This will always involve discussions between the relevant operational management team, the NHS Lothian Complaints Manager and where required escalated to the Executive Nurse Director and / or the Chief Executive.

NHS Lothian staff have the right to make the decision to end a telephone call if the caller is abusive, aggressive or offensive. The member of staff must however, inform the caller that their behaviour is unacceptable and that they are going to end the call. In these circumstances where the caller has raised an issue and the NHS Lothian Complaints Team can identify the caller / patient / complainant they will investigate in order to endeavour that a response can be provided.

Where a complainant repeatedly telephones, attends in person, sends irrelevant documents or raises the same issues, NHS Lothian may decide to restrict contact, by enacting the Unacceptable Actions and Behaviours Procedure however in these circumstances we will always tell the complainant what actions we are taking and why.

More detail on how to manage complainants whose behaviours are unacceptable is contained in the separate document 'Procedure for the Management of Unacceptable Actions and Behaviours'.

19. LINKS TO OTHER EXTERNAL ORGANISATIONS

The NHS Lothian Complaints Team has links to a number of external organisations and all complaints / concerns related communication with these organisations should be undertaken in the first instance via the NHS Lothian Complaints Manager.

In addition NHS Lothian will work with other support and advocacy organisations to address the issues raised in complaints where appropriate, and with the complainant's agreement. This might include the Independent Advisory Support Service (soon to become PASS) and other voluntary sector partners with specialist expertise or links to communities.

19.1 Scottish Public Services Ombudsman

The SPSO handles complaints about public services in Scotland, including Councils, the National Health Service, Housing Associations, Scottish Government and its agencies and departments, universities and colleges and most Scottish public authorities. The SPSO look in to complaints where a member of the public claims to have suffered injustice or hardship as a result of maladministration or service failure. They are the “last resort”, and look at complaints when complainants have been through the formal NHS complaints procedure.

There are very clear guidelines from the SPSO as to what they can and cannot investigate and further information on this can be found at www.spsso.org.uk

The SPSO will normally only consider complaints after they have been through the formal NHS complaints process. Once this process has been completed, a complainant can approach the SPSO to review their complaint. The SPSO services are free, independent, impartial and they will generally not investigate any complaints that are time barred. However the SPSO will not investigate complaints more than twelve months after the complainant discovered they had grounds to make a complaint.

Where complainants have contacted the SPSO, all future contact between the SPSO and NHS Lothian must be referred through the NHS Lothian Complaints Manager. The Complaints Manager will liaise with the Executive Nurse Director, on behalf of the Chief Executive. As part of the SPSO process, NHS Lothian may develop an action plan and take action as a result of their investigation and subsequent recommendations. This is to ensure that the organisation learns from these complaints and prevents recurrence of any issues. NHS Lothian is required to share with the SPSO what actions have been taken and these reports will be co-ordinated via the Executive Nurse Director and the NHS Lothian Complaints Manager.

The SPSO also publishes a publicly available monthly commentary and the NHS Lothian Complaints Manager will circulate this to all Lead Investigators for their local dissemination. This document provides a summary of complaints across the health service and local authorities and shares experiences of practice for organisational learning.

19.2 Information Services Division (ISD)

ISD provides valuable information that is used by organisations to drive improvements in service. Each year the ISD publishes complaints data on their website (www.isdscotland.org). This information allows for local and national benchmarking of complaints related performance data.

As an organisation NHS Lothian is required to submit their data to ISD on a quarterly basis. The NHS Lothian Complaints Manager will co-ordinate this, on behalf of the organisation. The information that is required to be submitted to ISD is

- % of all acknowledgement letters sent within 3 working days

Unique ID: NHSL.

Author (s): Complaints team

Category/Level/Type:

Version: 1

Status: Approved

Authorised by: clinical policy group

Date of Authorisation: June 2011

Review Date: June 2013

Date added to Intranet: June 2011

Key Words: Procedure complaints public patients

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- % of all response letters sent within 20 working days
- total number of complaints from each General Practitioner or Dentist across NHS Lothian

And in addition to this outcome, ISD requires the outcome of a complaint (e.g. upheld or not upheld). The outcome will normally be recommended by the relevant Complaints Officer who has not been directly involved with the investigation process.

19.3 Independent Advice and Support Services

The Independent Advice and Support Service (IASS) was established under a national framework agreed between the Scottish Government Health Department and Citizens Advice Scotland in March 2006. Each NHS Board funds the service within their area. The service provides support to people and provides them with information and any required support they need to access and make better use of NHS services.

The public access the service through the local Citizens Advice Bureaux of which there are ten in the Lothians. In the first instance, the local bureaux direct people to sources of information (leaflets, telephone contacts etc) and explore options available to the complainant towards resolving an issue or dispute. If the complaint is more complex they are referred to the full time caseworker, who will help the complainant raise a concern or complaint, and will contact third parties, accompany the complainant to meetings, and write letters on their behalf etc. The caseworker will liaise with NHS Lothian Complaints Team (Duty Complaints Officer). The caseworker provides advice and training to bureaux and promotes the service (e.g. laminated posters displayed in hospitals). Further information on the role of IASS can be found at: www.cas.org.uk/

19.4 Patient Rights Act

The Patient Rights Act became law in the Spring of 2011. The purpose of the act is to improve patients' experience of using health services and ensure that their healthcare is patient-focused. Amongst the measures which are included in the bill is the establishment of a Patient Advice and Support Service (PASS), which will replace IASS. The Patient Advice and Support Service will be staffed by Patient Rights Officers who will help and support patients to make complaints, provide information about health services and direct patients to other types of support such as advocacy. Health boards will have a duty to direct patients making a complaint to PASS and to ensure an adequate complaints process is in place. How this service will be managed should be known by July 2011.

19.5 Central Legal Office

There are times when complaints (or incident) may progress to a claim or litigation. Where the content of a complaint would suggest that this is possible these complaints must be immediately referred to the NHS Lothian Complaints Manager, who will discuss the complaint with the relevant Director of Operations or General Manager or if required the Executive Nurse Director. Where litigation or a claim is made, the complaints process will

be closed as both processes cannot run concurrently and the complainant advised of this to allow the claim or litigation to be resolved. Nevertheless an investigation should still be undertaken. Where advice is being sought from the Central Legal Office this should always be via the Complaints Manager.

19.5 Procurator Fiscal

There may be times when during a complaint investigation the Procurator Fiscal (PF) becomes involved, e.g. a family complain about the care their elderly relative is experiencing, where the elderly relative dies unexpectedly before the complaint can be fully investigated. The PF may then require a post-mortem to be undertaken. In such circumstances it may be that the complaint investigation continues but the organisation may not be able to respond to the complainant until the outcome / actions required, from the PF become known. Where this is the case NHS Lothian will write to the complainant informing them of this and telling them that they will be back in touch once the PF has concluded their review / investigation. During this time the organisation will still be able to address any issues or actions required.

20. REPORTING ARRANGEMENTS

NHS Lothian is required to provide reports to a number of different groups and committees across the organisation. The NHS Lothian Complaints Manager will support the wider complaints team to provide regular summary reports the purpose of which are to:

- inform the Board, the operational management teams and other senior individuals with accountability and responsibility for their part of the organisation as to the numbers, frequency, trends.
- demonstrate performance against the national and local targets aimed at driving performance and quality improvement

20.1 Performance Reporting Arrangements

To demonstrate improvements through sharing of experience, Quality Improvement Teams on behalf of the organisation will be asked to review the trend data as it relates to specific issues such as attitudes, behaviour and cultural issues.

To enable improvements in the overall reporting arrangements of complaints data across the organisation a reporting structure has been developed.

- **Weekly reports** – will be provided to the Investigative Leads by the complaints officer for their areas and to the Complaints Manager and Chief Nurse for Quality and Professional Standards
- **Monthly reports**- will be provided to the operational management teams, across the organisation. These reports will include all complaints information and on any open or

requested SPSO reports. These reports will be collated and sent to the Executive Nurse Director or the Executive Management Team.

- **Quarterly reports**-will be provided to Lothian NHS Board and the operational management teams

An aggregation of these monthly reports will enable both the complaints team and the operational management teams to provide information to local groups and committees e. g the healthcare governance and risk management and local Quality Improvement teams .

Aggregation of all data will be used to provide reports to Lothian NHS Board and committees (e.g. Lothian NHS Board meetings and NHS Lothian Healthcare Governance & Risk Management Committee). The operational management teams are encouraged to identify an individual to develop and analyse data specific to their areas of responsibility. These will be provided on a quarterly and an annual basis.

21. LEARNING LESSONS AND SHARING GOOD PRACTICE

NHS Lothian is keen to share lessons and experiences, in particular as a result of complaints to prevent recurrence. As part of the performance reporting arrangements each nominated complaints officer will prepare monthly reports for their relevant Quality Improvement (QI) Teams, which will focus on improving the quality of service provided to patients. The nominated Complaints Officers will participate, where possible, in these meetings. In addition, the Complaints Manager will meet with the Quality Improvement Teams at least once per annum to discuss the trends and themes for the relevant clinical areas and how the results of these findings can be used to develop QI action plans.

21.1 Quality Improvement

In addition the QI teams with each of the respective investigative leads will review the data for their respective areas seeking to monitor and demonstrate improvement. The data provided from the NHS Lothian Complaints Team and from the interactive website should be used to inform the QI teams on a regular basis. The NHS Lothian respective Complaints Officers should attend, wherever possible, the relevant QI team meetings.

Following review and investigation of each complaint, the investigative lead in conjunction with others, inclusive of respective complaints officer should consider the requirement for an action plan and the sharing of any lessons across the wider organisation. Lessons to be shared can be identified through the operational management teams and relevant committees/groups i.e. risk management. Agreement should also be in place between the complaints Officer and the investigative lead with regard to closure of the complaint and completion of required action. The investigative lead should further consider the need to monitor any improvement/change made.

22. LINKS WITH FAMILY HEALTH SERVICES AND OTHER INDEPENDENT CONTRACTORS

There are a number of independent contractors who provide services across the organisation, namely:

- General Practitioners
- Dentists
- Community Pharmacists
- Opticians

Through their contracts with NHS Lothian these independent contractors are required to have their own complaints procedures. The principles of these should encourage immediate and local management of issues, the identification of designated individuals to deal with the complaints and the meeting of national timescales. These being:

- Acknowledgement, receipt and / feedback re initial investigation of the complaint within three working days
- At the time of writing this document contractual arrangements require a full response within ten working days or if for a particular reason this is unachievable ensure that the complainant is kept informed and ensure progression and completion of investigation as quickly as possible.

There may be times when these complaints progress to the SPSO for their further investigation, where this happens NHS Lothian would encourage all independent contractors to make contact with the NHS Lothian Complaints Manager in order that they can be supported through the process.

22.1 Role of Honest Broker

In previous national guidance from the then Scottish Executive Health Department NHS organisations were asked to provide an honest broker role. This is now an out-of-date term which described an intermediary role between the complainant and the independent contractor. Although this term is now out of date, NHS Lothian continues to provide an intermediary role for complainants who wish to make a complaint but do not wish to contact the independent contractor directly. Further information on this role can be obtained from the NHS Lothian Complaints Team.

23. EDUCATION AND TRAINING

NHS Lothian will provide appropriate training for all staff involved in the complaints management process. It is recognised that staff will have differing needs and therefore an array of training will be made available. Further advice for staff can be obtained from the document 'Investigating and responding to a complaint'. Staff can choose to access to meet their learning needs identified in their personal learning plans or as a result of

Unique ID: NHSL.
Category/Level/Type:

Author (s): Complaints team

Status: Approved

Version: 1

Date of Authorisation: June 2011

Authorised by: clinical policy group

Review Date: June 2013

Date added to Intranet: June 2011

Key Words: Procedure complaints public patients

Comments:

service improvement requirements. The main focus of training for all staff will be around the issue of “good attitude” which underpins the core values of the organisation.

Training sessions that would be of benefit can be accessed through Training and Development and some that may be of particular assistance in dealing with complaints are:

- Customer awareness training
- Good attitude
- Report writing

In addition to the above, training will be provided by the NHS Lothian Complaints Team and will include:

- When things go wrong
- Complaints awareness
- How to handle complaints
- The complaints process “Can I help you”
- Investigating complaints
- Use of plain English
- Report and response writing
- Conduct and origination of a complaint meeting

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Unique ID: NHSL.

Category/Level/Type:

Status: Approved

Date of Authorisation: June 2011

Date added to Intranet: June 2011

Key Words: Procedure complaints public patients

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Version: 1

Authorised by: clinical policy group

Review Date: June 2013

Comments:

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Unique ID: NHSL.	Author (s): Complaints team	
Category/Level/Type:	Version: 1	
Status: Approved	Authorised by: clinical policy group	
Date of Authorisation: June 2011	Review Date: June 2013	
Date added to Intranet: June 2011		
Key Words: Procedure complaints public patients	Comments:	
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