Safeguarding
Managing Concerns and Complaints Policy

V4
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<thead>
<tr>
<th><strong>About this document</strong></th>
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<tr>
<td><strong>Document Management</strong></td>
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<td>Governance Procedure</td>
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<tr>
<td><strong>Description</strong></td>
<td>This Policy describes the activities and responsibilities involved in the process of dealing with concerns and complaints.</td>
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<tr>
<td><strong>Target audience</strong></td>
<td>All staff in Millbrook Healthcare</td>
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<tr>
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<td>Alex Underwood</td>
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<td><strong>Department</strong></td>
<td>Integrated Governance</td>
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<td><strong>Directorate</strong></td>
<td>Millbrook Industries Board</td>
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<td><strong>Approved by</strong></td>
<td>Millbrook Industries Board</td>
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<td>Local Authority Social Services and NHS Complaints (England) Regulations 2009</td>
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<td><strong>Internal distribution</strong></td>
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<tr>
<th>Author</th>
<th>ALEX UNDERWOOD</th>
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<tbody>
<tr>
<td>Reviewer</td>
<td>Phillip Campling</td>
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<td>Revision</td>
<td>V4</td>
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<tr>
<td>Date</td>
<td>June 2016</td>
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<td>Review</td>
<td>June 2018</td>
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Managing Concerns and Complaints Policy

1. Introduction

The Millbrook Healthcare Board will ensure that there are clear policies and procedures for the handling of concerns and complaints and that appropriate expertise and resources are available to enable its responsibilities to be effectively discharged.

This policy aims to ensure that concerns and complaints are handled effectively and without delay, with the aim of providing a satisfactory response to the complainant whilst being fair and open to all those involved.

In addition to this, we welcome service user feedback, good and bad. We recognise there is a need to view concerns and complaints in a positive light and that they can inform service improvement and act as a valuable contribution to the development of better quality service provision. We are committed to identifying and sharing lessons learned to help mitigate any further recurrence.

We are committed to promoting equality and diversity. No service user, or any other person involved in the investigation and resolution of a concern or complaint will receive unfair treatment as a result of raising a complaint or on the grounds of age, race, colour, ethnic or national origin, religious or equivalent belief system, political beliefs, gender, marital or partnership status, sexual orientation, disability, learning disability, gender reassignment, pregnancy/maternity status, trade union membership or non-membership, social class, domestic circumstances or any other condition or requirement which cannot be justified and which causes disadvantage. Appropriate assistance including reasonable adjustments should be offered to any person who may be at a disadvantage for any of these reasons.

2. Purpose and aim

The purpose of this policy is to describe the company's systems with regard to managing concerns and complaints. This policy explains the means by which a service user or their representative can raise a concern or complaint and the responsibilities of staff to whom the concern or complaint is addressed. It also outlines the action to be taken by the departments involved and offers guidance on good practice at each stage of the process.

3. Duties and responsibilities

Responsibility for ensuring compliance with this policy rests with the Managing Director. The Head of Integrated Governance is responsible for ensuring that all written concerns and complaints are fully investigated and responded to within the agreed timescales.

All staff have a duty and responsibility to read this policy and understand the expectations required of them should they be involved in the investigation of a complaint. All staff should be able to respond appropriately to a complainant and endeavour to achieve immediate
resolution. If this is not possible, all staff have a responsibility to escalate the concern/complaint in accordance with this policy.

**Head of Integrated Governance**

The Head of Integrated Governance has overall day to day responsibility for the management of concerns and complaints. The Head of Integrated Governance is also responsible for ensuring that lessons learned from complaints and concerns are fed back into the company and that changes and learning takes place as a result of these lessons.

**Governance Manager**

The Governance Manager will support and assist the Head of Integrated Governance in the day to day management of complaints received. This includes:

- Acknowledging the concern or complaint
- Maintaining the Complaint Log and Tracker for complaints received at Head Office
- Agreeing the process which will be undertaken and gaining consent where necessary
- Requesting an investigation
- Ensuring that managers are made aware of concerns and complaints for their respective areas/teams/services/depots
- Assisting both service users and staff through the process

**Customer Engagement Officer**

The Customer Engagement Officer will support the Governance Manager in the day to day management of complaints received and will be a first point of contact for staff and service managers should they have any queries or concerns around policy, procedure and management of feedback (concerns, complaints, comments and compliments).

**Service Managers**

Where necessary, the Service Managers will be tasked to respond to individual concerns and/or complaints and act as the Investigating Officer.

**Investigating Officer**

The Investigating Officer will be identified by the Head of Integrated Governance or the Governance Manager. The Investigating Officer will be a senior member of staff who may work within the depot/team/service against which a complaint has been. In certain cases and particularly if serious allegations are made as part of the complaint, it may be necessary for a senior member of staff from another depot/team/service to take on the role of Investigating Officer.

Investigating Officers have responsibility for the investigation of complaints that are assigned to them. Investigations must be carried out in line with this policy and associated procedures.

**All staff**

All Millbrook Healthcare employees must undertake the mandatory ‘Complaints Matter: Managing Feedback’ face to face training package and complete refresher e-learning training.
Any staff involved or requested to be involved in a complaint investigation by the Investigating Officer must co-operate fully.

Guidance is available to staff who are required to write witness statements under the Statement Writing Policy for Incidents and Complaints.

All staff are entitled to support from their line manager and the Integrated Governance team (Head of Integrated Governance, the Governance Manager and the Customer Engagement Officer) as part of the complaints process as appropriate.

4. Definitions

Being open

Being open involves:

- Acknowledging, apologising and explaining when things go wrong
- Conducting a thorough investigation into the incident, complaint or concern
- Reassuring service users, their families and carers that lessons learnt will help prevent incident occurring
- Providing support for those involved to cope with the physical and psychological consequences of what happened

In line with NHS practice, we should acknowledge, apologise and explain when a service user is harmed or has died as a result of an incident.

Duty of Candour

Following the Francis Report, it is a requirement for clinicians to be candid with service users about avoidable harm and for safety concerns to be reported openly and truthfully. Millbrook Healthcare must be accurate, candid and must not provide misleading information to service users, their families, carers, the public and our commissioners. Duty of candour is about openness, transparency and candour.

Principles of good practice for resolving concerns and complaints

Millbrook Healthcare aim to follow the Parliamentary and Health Service Ombudsman’s principles of good complaints handling by:

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

Complaint

A complaint is written or oral expression of dissatisfaction which has had an impact on an individual which requires an investigation and a formal response.
Concern
A concern is a written or oral expression of dissatisfaction, worry or disquiet that can be resolved without the need for a formal investigation or correspondence and within a short period of time.

Investigating Officer
This is the person identified as responsible for handling and investigating an individual complaint.

5. Policy content
The aim of this policy is to ensure an open and transparent process in which Millbrook Healthcare manages and responds to service user feedback.

Who can raise a concern or a complaint?
Anyone who is in receipt or has received services provided by Millbrook Healthcare can raise a concern or a complaint. In addition to this, a person who is affected or is likely to be affected by an action, omission or decision by the company can raise a concern or complaint.

Third parties can raise concerns or complaints, but only if they can show the appropriate consent to do so. Third parties can include MPs, commissioners, family members, friend, carer or an independent advocate. Where a service user is assessed as not being able to consent, the Head of Integrated Governance may confirm a person is suitable or nominate a suitable person to act on the service user’s behalf.

How to raise a concern or a complaint
Concerns and complaints can be raised by telephone or in writing (letter or email). They can also be made in person. In such a case, a written record must be made detailing the issue(s) requiring investigation. This must be agreed with the complainant at the outset and ideally signed by both parties.

If a concern or complaint is to be made in writing, it should be directed to the service lead in the first instance and can be sent by post or e-mail. There is a dedicated feedback email address that service users can send their comments, concerns and complaints to: feedback@millbrookhealthcare.co.uk

Complaints can also be logged via the Millbrook Healthcare website ‘Contact Us’ contact form.

Procedure for handling concerns
Local resolution should always include initial attempts at resolution within the relevant service. It can be escalated if unsuccessful or if specifically requested. Consideration should always be given to the seriousness of issues resolved at a local level and whether further actions should be taken.

The method of resolution should be decided upon in discussion with the complainant and should be proportionate to the complexity of the issue(s) raised.
Concerns should be logged on the MillFlow call event screen with all the relevant information so that if an investigation is required, it can commence without any undue delay.

Depot or service managers and staff can try to resolve any concerns raised by service users, their families or carers about the services they have received.

If the individual reporting the concern is not satisfied with the outcome it should be escalated and be managed under the complaints process.

**Procedure for handling complaints**

<table>
<thead>
<tr>
<th>Days Taken</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Concern/complaint received by depot/service or Head Office and logged on MillFlow. Letter of acknowledgement to be sent out within 3 working days.</td>
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<tr>
<td></td>
<td>Copy of concern/complaint, corresponding incident report form (if applicable) and statement template to be sent to Investigating Officer</td>
</tr>
<tr>
<td></td>
<td>Investigating Officer receives statements and compiles draft response letter and send copies to Integrated Governance team if applicable</td>
</tr>
<tr>
<td></td>
<td>Draft response letter checked to ensure all issues have been responded to. Amendments and updates to be made if required</td>
</tr>
<tr>
<td></td>
<td>Second or final draft to be reviewed and sent to Head of Integrated Governance for review if required</td>
</tr>
<tr>
<td></td>
<td>Head of Integrated Governance to send queries/comments if appropriate</td>
</tr>
<tr>
<td></td>
<td>Final response to be either printed and signed for posting or converted to a PDF document if sending electronically</td>
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<tr>
<td></td>
<td>Some responses may need a covering letter and sign off by the Managing Director (e.g. reputational issues, serious clinical incident)</td>
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</table>
**Time limit for making a complaint**

The timescale within which a complaint must be made is 12 months from the date on which the incident occurred or the matter came to the attention/notice of the complainant.

Best practice guidelines (as regulated for NHS organisations) set out that the company has the discretion to investigate beyond this time, especially if there is good reason for a complaint not being received within the 12 months. The time limit can, and should, be waived if it is still practical and possible to investigate the complaint.

**Procedure for handling and responding to multi-agency concerns and complaints**

As soon as a complaint is received which relates to a number of agencies and organisations, the Customer Engagement Officer will write to the complainant to notify them that this is a multi-agency complaint, and seek their agreement for details of the complaint to be passed to the other agency(s) involved.

Once and if the complainant agrees, the Customer Engagement Officer will pass the details to the Complaints Manager of the second agency and agree how to co-ordinate the response and how the response will be provided. Wherever possible, a single response will be provided to the complainant.

If the second agency is co-ordinating the response, we will provide our response in no more than 10 working days to ensure the second agency has sufficient time to compile the information and formulate a response.

**6. Training requirements**

All new starters working in a service user facing role will complete the mandatory ‘Complaints Matter: Managing Feedback’ face to face training package as part of their local induction process.

The e-learning customer service training is mandatory for all service user-facing staff. This is available from the e-learning site and links directly to an individual's training record. It can also be completed as a refresher unit and this is recommended every 3 years. Clinical staff must be compliant with communication e-learning in addition to customer service training.

**7. Review and monitoring**

This policy will be reviewed every two years. The next review will be in June 2018.

The policy will be reviewed by the Head of Integrated Governance.
8. Appendix

Appendix A: Performance targets and time limits
Appendix B: Procedure for handling unreasonable and/or persistent complainants
Appendix C: Consent statement
Appendix D: Complaint handing checklist and flowchart
Appendix E: Complaint escalation
Appendix F: Complaint grading matrix
Appendix A: Performance Targets and Time Limits

Time Limits

Written complaints should be forwarded to the respective service manager immediately. Any written complaints received at Head Office will be forwarded to the Integrated Governance team upon receipt.

Receipt of complaints must be acknowledged to the complainant within three working days by letter. This letter will outline the next steps and can, if appropriate, include an offer of a meeting.

The Investigating Officer will ensure timely investigation and preparation of a draft response to be provided to either the service manager (if not them) within a pre-negotiated timeframe and no more than 20 working days of receipt of the complaint. In exceptional cases this may not be possible and this should be escalated to the Integrated Governance team as appropriate.

It is best practice that the final response is sent to the complainant before the deadline following receipt of the complaint. However, in exceptional circumstances this can be extended with the agreement of the complainant. The period of extension will be discussed with the Investigating Officer to ensure it is realistic and achievable.

For those complaints requiring a meeting in the first instance rather than a written response, a suitable date will be negotiated with the complainant and relevant staff members by the Integrated Governance team.

An Investigating Officer will be appointed to investigate (if appropriate) and the timescale will fit in with the date of the meeting. A recording of the meeting will be taken (with the complainant’s consent) and provided together with a written summary of the issues discussed and any action(s) to be taken.

Concerns should be acknowledged immediately when received. Concerns can be acknowledged either verbally or in writing. Where a concern has been received, it should be resolved and responded to locally. The timescale for responding to a concern is dependent upon respective wheelchair or community equipment service contracts. However, the company’s expectation is that all concerns should be resolved within a maximum of 48 hours following receipt.

If the individual raising the concern is not satisfied with the response, then their concern(s) can be escalated to a formal complaint and the complaints process will apply.
Appendix B: Procedure for Handling Unreasonable and/or Persistent Complainants

Introduction

Unreasonable and/or persistent complainants can be a significant problem and workload burden for all staff involved. The difficulty in managing such complainants places a strain on time and resources and can cause undue stress for staff who may need support. Whilst staff are trained to respond with patience and empathy to the needs of complainants, there are times where there is nothing further that can be done to bring a real or perceived problem to resolution. A persistent complainant should be protected by ensuring that they receive a response to all genuine grievances and are provided with details of independent advocacy.

Complaints are processed in line with company policy and every effort will be made to ensure that no genuine element of a complaint has been overlooked or inadequately addressed. During this process, however, staff may come into contact with a small number of complainants who require a disproportionate amount of time and resources whilst dealing with their complaint.

This procedure will only be implemented with the full authorisation of the Millbrook Healthcare Board having being sponsored to them by the Head of Integrated Governance (or a deputy in their absence).

This procedure recognises that those involved in the complaints process may also come into contact with unreasonable and/or persistent clients, or those seeking to use the service inappropriately.

Criteria for identifying an unreasonable and/or persistent complainant

Complainants (and/or anyone acting on their behalf) may be deemed to be unreasonable and/or persistent where previous or current contact with them demonstrates that they have met two or more (or are in breach of one) of the following criteria:

- Persists in pursuing a complaint where the complaints process has been fully and properly implemented and exhausted
- Changed the substance of the complaint or persistently raises further issues or seeks to prolong contact by unreasonable raising further concerns or questions upon receipt of a response
- Unwilling to accept or acknowledge documented evidence as being factual (e.g. care records, call event records etc) or denies receipt of an adequate response despite correspondence specifically answering their questions and concerns being provided
- Do not clearly identify the precise issues that they wish to be investigated nor provide clarification on the issues when requested by the Investigating Officer
- Focus on trivial and insignificant matters to an extent that it is out of proportion to its significant and continue to focus on this point. Please note, however, that in applying this rule the definition of ‘trivial’ is subjective
- Failing to engage with staff in an appropriate manner. For example, continuous use of unacceptable language, secretly recording telephone calls without the consent of the other parties involved. Continual refusal to accept or honour communication plans, behaving in an abusive, threatening and aggressive manner on more than one occasion in spite of warnings about the company’s zero tolerance stance. It may be necessary to make it clear to complainants at the outset of any complaint investigation that such behaviour is unacceptable and will not be tolerated under any circumstances.

- If the nature of harassment, abusive or aggressive behaviour is sufficiently serious this could be reason enough to classify the complainant as unreasonably persistent. Staff must acknowledge that in stressful, anxious and distressed circumstances, service users and complainants can act out of character. Any and all incidents of harassment, abusive or aggressive behaviour must be reported on an incident report form in line with the company’s incident reporting policy and procedure.

**Possible options for dealing with complainants prior to classifying as unreasonable and or persistent**

Consideration will be given as to whether any further action can be taken prior to classifying a complainant as unreasonable and/or unreasonably persistent. This might include:

- Trying to resolve matters before invoking this procedure by drawing up a signed agreement with the complainant which sets out a code of conduct for both parties. If this is not adhered to then consideration can be given for the next step(s)

- The Head of Integrated Governance will consider whether the assistance of an advocate might be helpful in a formal complaint where not previously used

**Invoking the unreasonable and or persistent procedure**

When complainants have been identified as meeting the criteria and all possible options have been exhausted, the Head of Integrated Governance will raise the matter to the Board. The Board will consider any evidence of this behaviour and then make the decision as to whether to classify the complainant as unreasonable or persistent.

If the Board considers that a complainant meets the criteria they will then be notified in writing of this. Written information will also be copied to any and all other parties involved in the complaint. A record will be kept for future reference of the reasons why a complainant has been deemed as unreasonable and/or persistent.

The Board may decide to deal with the complainant in one or more of the following ways:

- If it is clear that the complainant meets the criteria, they should be written to inform them that if their behaviour persists they may be classified as an unreasonable and/or persistent complainant. A copy of the policy and associated documentation will also be provided to the complainant. This correspondence will also be copied to any and all other parties involved in the complaint

- Decline contact with the complainant in person, by telephone or letter or any combination of these, providing that at least one form of contact is maintained. It may be useful to consider contact via a third party
• Notify to the complainant that all the points raised have been responded to in full and that there is nothing more to add and continued contact would serve no beneficial purpose. If the local NHS commissioner has attempted to resolve the issue(s) then advise the complainant of this also

• In extreme cases of harassment and/or verbal abuse, we will notify the local NHS commissioner and we reserve the right to pass an unreasonable or persistent complainant to a legal representative for further advice

• Any postal correspondence during this process will be sent by Royal Mail recorded delivery (2nd class postage is acceptable)

**Withdrawing a persistent and/or unreasonable status**

Once a complainant has been determined as persistent and/or unreasonable there needs to be a mechanism for withdrawing this status at a later date. For example, if the complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear sufficiently appropriate.

Staff will previously have used discretion in recommending persistent and/or unreasonable status at the outset and discretion should similarly be used in recommending that this status be withdrawn, when appropriate. This decision will only be taken by the Head of Integrated Governance and the Board.

Once a complainant who had been deemed persistent or unreasonable is no longer considered to be such, normal contact will be resumed with them and the company complaints procedure will once again apply.

**Requesting a review of the decision**

If a complainant, or someone with authority to act on their behalf, disagrees with the decision to classify him/her persistent or unreasonable, they may put their reasons in writing and address this to the Managing Director. Upon receipt of the request the chairman will reconsider the decision. The Managing Director will notify the complainant in writing of the outcome.
Appendix C: Consent Statement

Consent Statement

<table>
<thead>
<tr>
<th>Full Name of Complainant:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Address:</td>
<td>--</td>
</tr>
<tr>
<td>Relationship to Service User:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>--</td>
</tr>
<tr>
<td>Date of Birth:</td>
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</table>

I confirm that the above named person, ___________________________, is able to act as my representative and take forward the complaint on my behalf.

I, ___________________________, give my permission for Millbrook Healthcare to review/investigate this complaint and where necessary obtain disclosure of relevant personal and confidential information relating to me.

Millbrook Healthcare may reply to my representative, ___________________________, and that any such action will not constitute a breach of my confidentiality concerning the medical history of myself or the subject of the complaint.

I confirm that the information set out above is true and accurate.

Signature of service user: ___________________________

Signature of complainant: ___________________________
Appendix D: Complaint Handling Checklist and Flowchart

- **What's the problem?** How serious is it? Can I work round it or should a complaint be made?
- **Am I someone who has the right to make a complaint?** Only some people have the right to complain.
- **Who should I complain to?** You can either complain to us directly, to our NHS commissioners or to your MP.
- **What is the desired outcome?** The complaints process can give you the desired outcome, but not if you want compensation.
- **Is help required to make a complaint?** An advocate can assist in making a complaint on behalf of a service user.

![Flowchart](image-url)

- **Discuss the problem with us**
  - YES
  - If it can be sorted within 24 hours, there’s no need to take it any further. Can a staff member resolve the issue(s) within 24 hours?
    - YES
    - If it can be resolved, we will advise what steps we will take to do so and provide feedback once the steps have been taken.
      - YES
      - The problem is resolved.
    - NO
    - Make your complaint to us. We will acknowledge it in no more than 3 working days (subject to specific contractual requirements). We may also offer to meet you in person to discuss the issue(s).
      - YES
      - Did the meeting with our team resolve the issue(s)? If no meeting was completed, were you satisfied with the outcome of your complaint?
        - YES
        - If you remain dissatisfied with our handling of your complaint, you can escalate your concerns to our commissioners. We will provide their contact details to you as part of the complaint response process.
          - NO
Appendix E: Complaint Escalation

Should a complainant not be satisfied with our handling of their complaint and the response provided, they can escalate their concerns to the ombudsman. Which ombudsman they need to escalate their concerns to depends on the contract and service being provided.

**Wheelchair Services**

Parliamentary and Health Service Ombudsman

Millbank Tower, Millbank, London, SW1P 4QP

[http://www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Tel. (0345) 015 4033

**Community Equipment Services**

Local Government Ombudsman

PO Box 4771, Coventry, CV4 0EH

[http://www.lgo.org.uk](http://www.lgo.org.uk)

Tel. (0300) 061 0614
## Appendix F: Complaint Grading Matrix

<table>
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<th>Likelihood of recurrence</th>
<th>Level</th>
<th>Impact / Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Insignificant</td>
</tr>
<tr>
<td>Certain</td>
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</tr>
<tr>
<td>Likely</td>
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<td>4</td>
</tr>
<tr>
<td>Possible</td>
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</tr>
<tr>
<td>Unlikely</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Rare</td>
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</tr>
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</table>

### Level Description / examples

<table>
<thead>
<tr>
<th>Level</th>
<th>Description / examples</th>
<th>Handling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>No harm administrative issue(s), poor attitude or incorrect information provided</td>
<td>Should not require an intense investigation or high level input to resolve. Should be completed quickly without the need for written statements. A final response should be able to be provided within a shorter timescale.</td>
</tr>
<tr>
<td>Moderate</td>
<td>No impact or risk to provision of care. However, if unsatisfactory experience related to care there is minimal impact. No real risk of litigation (e.g. staff attitude)</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Potential harmful – lack of information, provision of care questioned</td>
<td>Will require a more in depth investigation and some managerial input. Such a complaint should be investigated quickly. Evidence will need to be collated and provided informally with the response. A final response should be completed in a reasonably short timescale.</td>
</tr>
<tr>
<td>Extreme</td>
<td>Harmful – service provision concerns, death, serious injury and breach of duty of care</td>
<td>These complaints will require an intensive investigation.</td>
</tr>
<tr>
<td>Significant issues regarding standards, quality of service provision and care, safeguarding or denial of rights. May cause lasting problems. Possibility of litigation and reputational risk. Abuse, neglect and breach of human rights. Will require immediate and in depth investigation. May involve serious safety issues and high probability of litigation. Unexpected service user death, significant clinical/therapeutic error.</td>
<td>It will not be possible to complete a quick investigation as statements may need to be taken. Expected timescales for completion will be up to the 40 day deadline.</td>
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</table>