

Policy & Procedure Title	Complaints Management (PC0421)		
Originator / Reviewer	Director of Nursing, Governance & AHPs		
Approved By	Chief Executive	Date of original implementation	Sept 2010
Reviewed	April 2021	Next Review	February 2024

1. POLICY OVERVIEW

1.1 St Catherine's Hospice (Hospice) offers a wide range of services to the local community and our aim is to provide the best possible quality of care and service. However, we do recognise the value compliments, comments and complaints have on the planning and 'fine tuning' of our service provision and as such we are always open to comments and suggestions as to how we may improve and develop Hospice services.

1.2 There may be times when our service users'¹ expectations have not been met and they will need to voice their feelings. Making a complaint is one way that people can make their views known when their expectations have not been met.

1.3 Complainants need to feel that their views have been acknowledged and that we will review those aspects of our service that have fallen short of their expectations.

2. POLICY STATEMENT

2.1 This complaints policy refers to both clinical and non-clinical complaints and it is designed to manage, respond to and resolve complaints effectively. This is achieved through a process:

- Which is available to complainants.
- Provides a simple system for making complaints about any aspect of the service provided.
- Is a rapid and open process with designated timescales and a commitment to keep the complainant informed on the progress of the investigation.
- Is fair to staff and complainant.
- Maintains the confidentiality of the patient, complainant, and staff member(s)
- Provides the opportunity to learn from the complaint to improve services.

3. DEFINITIONS & GUIDANCE

3.1 Complaint

A formal expression of significant dissatisfaction requiring a response (this may be an action or a verbal or written response).

¹ Service Users includes patients, carers, visitors, donors & fund raisers.

3.2 Verbal Complaints

An issue is raised as a complaint and it is possible to resolve it at that time to the complainant's satisfaction without the need to instigate a formal process. This may include a situation where a senior member of staff is called to explore a situation because the complainant is not satisfied with immediate attempts at local resolution.

Unless the complainant puts their concern in writing, this continues to be considered a verbal complaint; however, these concerns may provide valuable learning opportunities. The most senior person handling the situation may use their discretion in considering the value / relevance of summarising the concerns and any actions taken and forward to their line manager.

In some instances, it may be preferable to use the Datix reporting system. Senior staff must use their own professional judgment in relation to how they report the incident / matter.

3.3 Written Complaints

The complainant makes their concern known in writing or feels that local resolution is not satisfactory and takes a formal route.

A staff member may be required to record the concerns on the complainant's behalf e.g. the complainant is visually impaired, is unable to write. It is inappropriate for a staff member to assist the patient if they are the subject of the complaint.

Where a staff member assists the complainant with the writing of a complaint, the complainant must sign the document. The staff member will provide the complainant with a photocopy of the complaint document.

Alternatively, staff may provide advice about agencies that will provide assistance in pursuing their concerns e.g. Citizens' Advice Bureau, Patient Advice and Liaison Service (PALs).

3.4 Vexatious / Habitual Complaints

This is where there is persistence in pursuing a complaint when the Hospice Complaints Policy has been fully utilised and exhausted.

Changing the substance of a complaint or persistently raising new issues whilst a complaint is being investigated.

Unwilling to accept documented evidence e.g. documentation of treatment being administered.

Physical violence, verbal abuse / aggression has taken place or been threatened.

3.5 INFORMATION FOR PATIENTS / CARERS ABOUT COMPLAINTS

The leaflet, Compliments, Comments and Complaints² and details of the local PALs is available in each admissions pack for patients. Copies of these are also available in the information area of the Inpatient Unit and on the main reception desk.

3.6 RECEIPT OF COMPLAINTS

- **Complaints made ‘face to face’** - Staff will make every effort to resolve complaints presented to them immediately. Staff members will use their discretion, based on the guidance in this Policy, as to what constitutes a verbal complaint, documenting the issues raised if they consider it appropriate.
- **Complaints received via a telephone call** - Every effort will be made to resolve the situation at the time. Callers, who are not satisfied with attempts at local resolution, must be offered the opportunity to raise their concern in writing as detailed below. Staff must offer to supply the leaflet, Compliments, Comments, and Complaints
- **Written Complaints** - Written complaints should be addressed to the PA of the Chief Executive Officer (CEO). Alternatively, complaints may be made by email to complaints@stcatherienes.co.uk . This address will be monitored by the PA to the CEO. Whichever mode of contact is chosen; the PA will immediately bring the matter to the attention of the relevant director.
- **Anonymous Complaints** - The CEO and appropriate Director will consider whether to investigate anonymous communications on an individual basis. Their decision will be recorded on the ‘report of a verbal complaint form’ (see appendix 1) and stored / filed with other complaints documentation.
- **Complaints made by staff** - Concerns expressed by staff are beyond the boundaries of this Policy and are addressed by the Grievance or Freedom to Speak Up policies.

3.7 TIME LIMITS

- **Initiating Complaints** - It is helpful for a complaint to be made at the time the concern arises or shortly afterwards. Complaints made more than three months from an incident causing concern, or, more than three months from the date of discovering the problem, are more difficult to investigate. However, it is accepted that in the case of bereaved people they may not feel able to make a complaint for a while due to the emotional distress associated with loss. Every effort will be made to conduct a reasonable investigation and address the concerns raised.

Complaints made 12, or more, months following the event, or 12, or more, months from the realisation of the event, will not be investigated. The complainant will however still receive a response explaining why an investigation is not possible.

- **Response Times** - Complainants will receive an acknowledgment of their complaint within five working days of the Hospice receiving it. A response will usually be made

² These leaflets are generic and used by all hospice departments and companies.

using the same method of communication in which a complaint was received if it is considered reasonable to do so, particularly on grounds of confidentiality.

Every effort will be made to complete the investigation and inform the complainant of the outcome within **10** working days for non-clinical complaints and **25** working days for clinical complaints. When this is not possible, e.g. key staff are away from work, the complainant will be kept informed of progress and the reasons for delays

3.8 POTENTIAL LEGAL CLAIMS - Where a complainant indicates or implies that legal action may be taken or compensation sought, the CEO will seek legal advice.

Suggestion of legal action will not prevent a full investigation, explanation, and appropriate apology being given; an apology (that must be appropriately worded as an apology only) is not an admission of liability.

For information, please refer to Appendix 1: Reporting procedures for employee and public liability claims.

3.9 INVESTIGATION, STAFF SUPPORT AND FINAL RESPONSE - Investigation may include collecting staff / volunteer statements, interviewing staff / volunteers, conciliation meetings. It is considered good practice to involve all relevant members of staff / volunteers to achieve a fair and balanced account of events; this may include medical, admin / clerical, nursing staff.

Staff can become negatively affected by complaints and support will be made available from their line manager during the period of investigation.

Final responses will be from the CEO and her nominated officer. The response will be factually correct and include:

- Details of the methodology of the investigation
- Consideration of each of the points raised by the complainant with a full explanation or reason(s) why it is not possible to comment on a particular matter.
- An explanation and where appropriate, an apology.
- Details of any action taken or lessons learned resulting from the complaint and / or its investigation.
- Contact details of the CEO for further discussion/queries.
- Complainants will be assured that their complaint and the response will be anonymous and reported to relevant committees e.g. the Patient Care Committee and the Board of Trustees.

Complainants will be advised of their right to refer concerns to the Parliamentary and Health Services' Ombudsman

3.10 REPORTING OF COMPLAINTS AND ACTION TAKEN

- A record of complaints relating to non-clinical aspects of Hospice services will be reported to the relevant committees.
- A summary of clinically related complaints is reported to the Patient Care Committee
- Each of the committees will report an overview of complaints to the full Board of Trustees.

- Complaints will be reported to the local NHS commissioning representative (as required in any service level or grant agreement).

Consideration will be given to the CQC's Statutory Notification Guidance with complaints are investigated

(http://www.cqc.org.uk/sites/default/files/20161101_100501_v7_guidance_on_statutory_notifications_ASC_IH_PDC_PA_Reg_Persons.pdf)

- Complaints will be reported to the Fundraising Regulator (as a component of the annual self-assessment process).
- Lottery complaints received &/or escalated to the Independent Betting Adjudication Service Ltd (IBAS) are recorded and reviewed by the Gambling Commission on a two yearly basis.

*Where the complaint relates to a safeguarding issue, or the investigation reveals a safeguarding concern, it is the responsibility of either the CEO, Director of Nursing, Governance & AHPs or Medical Director to inform the Care Quality Commission via the nominated assessor / inspector³. In addition, such matters must be reported to the local Safeguarding Board.

3.11 VEXATIOUS / HABITUAL COMPLAINTS

3.11.1 The CEO, Director of Nursing, Governance & AHPs, and / or Medical Director will discuss clinical complaints considered in this category with the Hospice Chairperson. All relevant notes, minutes etc. will be kept within the complaints log.

3.11.2 The CEO and relevant Director will discuss non-clinical complaints considered in this category with the Hospice Chairperson. All relevant notes, minutes etc. will be kept within the complaints log.

3.12 BENEFITING FROM COMPLAINTS

3.12.1 The aim of the hospice is to create a culture where complaints are used productively and those who make a complaint will feel:

- Confident and at ease in expressing their feelings.
- That their views are respected
- That their complaint will be acted upon without breach of confidentiality
- That their expression of dissatisfaction will bring a speedy response
- That the organisation will learn and develop

4. PROCEDURE

4.1 VERBAL COMPLAINTS

- Verbal complaints should be immediately resolved, or within two working days, whenever possible. They should be given the same attention as formal written complaints.

³ See Regulation 13 (part 3) and Regulation 18 (part 4). In particular, the reporters' attention is drawn to Regulation 18, subsection 5b.

- The first responsibility of the recipient of a complaint is to ensure, before doing anything else, that any remedial action, attention to health care needs, or change in procedures is dealt with immediately. This may require urgent action before any matters relating to the complaint are tackled.
- Members of staff are required to make every attempt to resolve the complaint in the most sympathetic and effective way possible. The resolution of such a complaint might require the member of staff to discuss the complaint with others who may have had some involvement with or knowledge of the complaint, and to gather other relevant information. To maintain confidentiality, the complaint should not be discussed with staff that are not involved in the incident.
- A record should be made of verbal complaints and given to the Director (or appointed representative) responsible for the service the complaint relates to.
 - Complaint records should be kept separately from Health records, subject to the need to record any information strictly relevant to the health of the patient concerned.
- If a verbal complaint cannot be resolved at the time it is made, or if it is of a complex nature a written report should be submitted to the Director (or appointed representative) responsible for the service the complaint relates to. The complaint should then be dealt with in accordance with the procedure for written complaints. In all cases, a report should be retained of all oral complaints, listing complainants, date, and nature of complaint and action taken and by whom.

Table A: provides guidance and advice for staff on the management, and potentially the local resolution, of verbal complaints (see page 10).

Upon receipt of a 'face to face' verbal complaint, refer to the **Action sheet** on page 12.

4.1 WRITTEN COMPLAINTS

- Complaints must be passed immediately to the Team Manager and copied to the relevant Director.
- The person in receipt of the complaint will ensure that a letter of acknowledgement of receipt of the complaint is sent to the complainant within five working days in the Director's name
- Following the meeting a letter will be sent confirming the outcome of the discussion and any action agreed at the meeting.
- Responses should be furnished within two weeks for non-care related complaints. The complainant must be kept advised if investigation into the complaint takes longer than two weeks to complete. complaints made about clinical services may take up to 25 working days
- An account of activity in managing the complaint will be maintained using the complaints' chronology form
- Complaints' files are maintained by relevant Directors through the Hospice PA

Table B: provides clarity in relation to the roles and responsibilities of staff members in the management of written complaints (see page 11).

4.3 SOCIAL MEDIA - For complaints received using Social Media, please refer to the Social Media Policy which includes a 'Flowchart for Negative Comments relating to Social Media'.

4.4 DISSATISFIED COMPLAINANTS

If a complainant is dissatisfied with the response, a Chief Executive's Review may be requested in writing within **20** working days of receiving the written reply at the end of the internal investigation. The complainant must be advised of this right.

The purpose of the CEOs Review will be to establish whether the complaint has been properly investigated and the process properly followed and answered, with a view to mediation / conciliation.

If a complainant remains unhappy with the outcome of the CEOs review they must be informed of their rights to contact the Care Quality Commission, Fundraising Regulator, The Independent Betting Adjudication Service Ltd, the Charity Commission, Trading Standards, Environmental Health or Food Standards Authority, as appropriate.

The Care Quality Commission is not a complaints agency, nor do they have statutory powers to investigate complaints. However, where necessary they will use their inspection powers to undertake enquiries to determine whether a provider's complying with the Private and Voluntary Health Care (England) Regulations, 2001.

Contact the **CQC National Customer Service Centre** by:

T: 03000 616161 or Online Contact Form ([Contacting our Newcastle office | Care Quality Commission \(cqc.org.uk\)](#))

Were it is felt that a complaint has not been resolved then the complainant can contact the Parliamentary & Health Service Ombudsman (PHSO) www.ombudsman.org.uk

Fundraising Regulator

The Fundraising Regulator is the independent regulator of charitable fundraising who were established following the cross-party review of fundraising self-regulation (2015) to strengthen the system of charity regulation and restore public trust in fundraising.

Their role as regulator is to:

- Help protect donors and encourage best practice in fundraising.
- Investigate complaints about poor fundraising practice and the Fundraising Preference Service allows you to control what you receive from fundraisers.

Their address is: 2nd floor, CAN Mezzanine Building, 49-51 East Road, London, N1 6AH

Fundraising Regulator staff are available to assist and advise members of the public, Charities and fundraising organisations.

T: 0300 999 3407

E: admin@fundraisingregulator.org.uk

Any lottery dispute that cannot be resolved should be referred to **The Independent Betting Adjudication Service Ltd (IBAS)**

Their address is:

PO Box 62639 London EC3P 3AS

Tel. 020 7347 5883

email adjudication@ibas-uk.co.uk

<http://www.ibas-uk.com>

4.5 HELP WITH COMPLAINTS - Many complainants have difficulties with expressing themselves orally and, more often, in the written word. Members of staff should be aware of these potential difficulties and be sensitive to the need to help people overcome them.

5. REVIEW

5.1 In order to ensure that the Complaints Management policy and procedures continue to meet the Hospice's aims and complies with the objectives, the policy will be monitored and reviewed on a three yearly basis or earlier if there is a change in primary or secondary legislation, substantial / national guidance or significant occurrence.

6. TO WHOM DOES THIS POLICY APPLY?

6.1 This Policy applies to all hospice teams and companies.

7. TRAINING / POLICY AWARENESS

7.1 Staff Training Requirements

All staff members working in clinical areas are required to read the complaints management policy and procedure and sign acknowledgment of having done so.

Both clinical and non-clinical staff will receive training on complaints management during their induction period. Team leaders and members of the senior management team are available to provide guidance and support to staff in relation to the handling complaints.

All staff receive training on conflict resolution in generic mandatory training.

8. TRUSTEES RESPONSIBILITIES

8.1 It is the Trustees responsibility to ensure a Complaints Management Policy and supporting Procedures are available.

9. CHIEF EXECUTIVE RESPONSIBILITIES

9.1 It is the CEO's responsibility to ensure that the complaints process is robust, accessible and used positively to improve patient care and service user experience.

10. DIRECTOR RESPONSIBILITIES

- It is the Director of Nursing, Governance & AHPs and the Medical Director's responsibility to ensure clinical procedures reflect current legislation / formal guidance.
- Each of the Directors are responsible within their own teams for responses and recording described in this document.
- The Complaints Management policy and procedures are available to all employees.
- The policy and procedures are applied fairly and consistently.
- All senior management will be responsible for addressing any misuse or abuse of this policy and procedures
- The policy and procedures will be kept under review to ensure that it effectively meets the needs of the Hospice and its employees.

11. MANAGERS' RESPONSIBILITIES

11.1 It is each team manager's responsibility to ensure that:

- The Complaints Management policy and procedures are available to all employees and relevant volunteers.
- Employees have read and understood the policy.
- They adhere to the policy.
- All managers will be responsible for addressing any misuse or abuse of the Complaints Management policy and procedures.

12. EMPLOYEE'S & VOLUNTEER'S RESPONSIBILITIES

12.1 Employees are expected to:

- Have read and understood the policy.
- Adhere to the policy and associated procedures as relevant to their roles.

12.2 Volunteers are required only to refer complaints to the person in charge of the business area in which they work.

13. REFERENCES

Being Open – communicating patient safety incidents with patients and their carers, 2009, (National Patient Safety Agency)

- Independent Complaints Advocacy Service
North West: 0300 456 8350

Listening, improving, responding: a guide to better customer care, 2009, (Department of Health)

- Handbook to the NHS Constitution (last updated Feb 21), (Department of Health)
- NHS Litigation Authority (NHSLA) guidance about complaints
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- The Principles of Good Complaint Handling, 2008, (Parliamentary and Health Service Ombudsman)
- The Gambling Commission Gambling Act 2005
<http://www.gamblingcommission.gov.uk/Home.aspx>
- Trading Standards Institute (Retail outlets)
<http://www.tradingstandards.gov.uk/>
- Food Standards Agency via the Food Safety Team
<http://www.food.gov.uk/>
- Environmental Health, South Ribble Borough Council, Civic Centre, West Paddock, Leyland, PR25 1DH
- Safeguarding Adults & Safeguarding Children Policies
- www.nhs.uk/nhs-services/hospitals/what-is-pals-patient-advice-and-liaison-service/
- www.ombudsman.org.uk (PHSO)

TABLE A: Managing a Verbal Complaint

Guidance for staff

Applies to all staff dealing with informal complaints

Find out the name, telephone number and address of the person to whom you are speaking.

Listen carefully and actively to the details of the complaint paying attention to –

1. What exactly the complaint is about.
2. If you are unable to deal with the complaint, let the complainant know that but ensure they also know to whom you are going to pass their concerns onto.
3. In the case of a telephone call, establish if the caller is the patient. If not, establish their relationship to the patient, taking care not to breach patient confidentiality.
4. Does anything need to be done immediately to ensure health, or the safety needs, of the patient are met?
5. Consider if you are confident to deal with the situation or if you need to ask someone more senior to take over or receive advice from.
6. Check that your summary of the complaint matches the complainant's view.
7. Always offer the complainant a copy of the Compliments, Comments and Complaints leaflet (this can be posted out; please advise one of the medical secretaries to do this ASAP).

1. Empathise with the complainant without becoming emotionally involved.
2. Tell the complainant who you are and what you intend to do about their concerns.
3. If you can't deal with the issue yourself, tell the complainant who you are passing it onto
4. Ask the complainant if they want to be contacted by the person you are passing the issue onto.
5. Always inform your line manager of complaints, even when they have been resolved at a local level.
6. Consider the value of completing a Datix form or free text summary and forward to your line manager for review and audit.

TABLE B: Managing a Written Complaint

Roles and responsibilities

Administrative Staff	<p>Any written complaints received must be brought to the attention of the Chief Executive and / or appropriate Director immediately. All correspondence to complainants must be awarded a high priority.</p> <p><i>Electronic logs are maintained by the Administration Team, the Head of Medical Secretaries and the Lottery manager. All complaints are audited.</i></p>
Chief Executive / Appropriate Director	<p>The Chief Executive / Director will acknowledge receipt of the complaint, in writing, within five working days. The complainant will be informed of any delays in the investigatory process.</p> <p>The Chief Executive / Director will agree the investigation strategy and appoint an appropriate person to undertake the investigation [the investigating officer].</p>
Chief Executive / Director	<p>The Chief Executive / Director will make a written response to the complainant outlining the findings, any changes instigated and lessons learned.</p> <p>The Director whilst maintaining confidentiality, will summarise the complaint and subsequent actions to –</p> <ol style="list-style-type: none"> 1. The relevant Committee (via the quarterly report) 2. Local NHS Commissioners (via service level agreement review meetings) 3. Relevant regulatory body e.g. Fundraising Regulator, Gambling Commission, etc. <p style="text-align: center;">IMPORTANT NOTE</p> <p>If a complaint clearly relates to a safeguarding matter, or during the course of the investigation a safeguarding issue is revealed, the CEO, Director of Nursing, Governance & AHPs or Medical Director must agree which of them will report the matter without delay to the CQC and Local Safeguarding Board.</p>
Investigating Officer	<ol style="list-style-type: none"> 1. The investigating officer will, in liaison with the Chief Executive / Director, devise an investigation plan which may include requesting of statements, interviews and reviewing documentation. 2. The investigating officer will maintain a file of related statement and account of activity using the standard form (see appendix 2) <p>The investigating officer will inform the Chief Executive / Director of any anticipated or actual delays in the investigatory process.</p> <p>The investigating officer will present their findings to the Chief Executive / Director .</p>

A VERBAL COMPLAINT IN A FACE-TO-FACE SITUATION - STAFF ACTION SHEET

If you receive a complaint:

- Listen to the complainant.
- Be courteous and understanding.
- Find out what is causing the problem.
- Consider whether you can immediately resolve the complaint.
- If you can resolve the complaint ensure that the complainant is happy with the outcome.
- If you are unable to resolve the complaint refer to your Line Manager.
- Ensure that the complaint is dealt with in a timely manner.
- Ensure that the complaint is reported to your Line Manager even if you have been able to resolve the problem.
- Complaints are confidential. Please do not discuss the complaint with anyone other than your Line Manager except in so far as it is necessary to resolve the complaint.

If the complaint cannot be resolved immediately:

- The complainant must be given a copy of the Hospice information leaflet 'Compliments, Comments and Complaints'
- The complainant must be offered any possible assistance to help them make their complaints. for example, an interpreter
- The complainant must be advised of their right to obtain independent advice, for example, from the Citizen's Advice Bureau
- The complainant must be advised of their right to complain to the relevant regulatory body if their complaint cannot be satisfied by the Hospice.

(Select as appropriate: Care Quality Commission (CQC) for Care related complaints, Fundraising Regulator if it relates to complaints about a charity's fundraising activities, the Independent Betting Adjudication Service Ltd (IBAS) for lottery complaints, Environmental Health if a complaint relates to standards of hygiene, Trading Standards if a complaint relates to our Retail outlets and the Food Standards Agency via the Food Safety Team).

- The Chief Executive / Director of Nursing, Governance & AHPs must be informed of the complaint immediately.
- Any requests for information received from the media must be referred to the Chief Executive / relevant Director. No comments whatsoever should be made.

Refer to the Complaints Management Policy for further information.

DOCUMENT CONTROL

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POLICY APPROVAL

This policy was approved as follows:

Name	Role	Date	Signature / Sign Off
Lynn Kelly	Chief Executive		
Jimmy Brash	Director of Nursing, Governance & AHPs	10/05/21	Email
Andrew Fletcher	Medical Director	21/04/21	Email
Lorraine Charlesworth	Director of Community & Income		
Sue Clemson	Director of Finance & Business		
Sarah Walker	Director of Communications	12/05/21	Email

REVISION HISTORY

Date	Version	Author	Description
05/02/15	v1.1	YW	Revised complaints management to cater for whole Hospice and new format.
11/02/15	v1.2	S Kennard	Reference to the Hospice Lotteries Association as guided by the Gambling Commission (pages 4, 7, 9 & 12).
11/02/15	v1.2	YW	Amended CQC outcome to reflect revised Regulation number (page 5, reference 3).
11/02/15	v1.2	S Clemson	Add Trading Standards complaint relating to retail outlets, Food Standards Agency via the Food Safety Team, Environmental Health, South Ribble Borough Council if complaint about standards of hygiene, food poisoning at the Hospice or Mill to Reference section (pages 9 & 12).
18/03/15	V1.3	S Greenhalgh	Trustee Review replaced with CEOs review (Pg6), complaints management to be controlled by individual directors not CEO (pgs 5-6)

05/04/17	V2.1	J Brash	Removed bullet 3 under written complaints (pg6). Removed "complaints will be reposted to the CQC (as a component of the annual self-assessment)" - no longer required. Added "Consideration will be given to the CQC's Statutory Notification Guidance when complaints are investigated". Response letter template amended.
03/05/17	V2.2	J Brash / S Greenhalgh	Added 'Insurance Reporting Guidelines' and reference to it on page 4.
13/09/17	V2.3	Y Waterfield	All reference to FRSB removed and Fundraising Regulator details added (pages 7 & 8)
08/03/18	V2.4	Y Waterfield	Amended approver details.
22/08/18	V3.1	J Brash	Page 4. Added a bullet point re advising complaints of their right to contact the Ombudsman Page 6. Changed the acknowledgment time to five days. And added a sentence about using the chronology log. Page 11. Removed reference to the report of a verbal complaint form. Page 12. Added a sentence to the flow about using the chronology log. Removed the reference to summary log. Added the chronology log form as appendix 2
20/04/21	V3.2	YW/AF	Reviewed. Removed references to Day Therapy & complaints log appendix 2.
28/07/21	V4.1	JB	Amended para 3 of 3.6 'Written Complaints' on page 3.