

Complaints policy - policy number: SCTOP02

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- Author: Imaging Manager
- Person responsible: CEO

Board or Committee	Approval Date	Name	Position
Operational Management Committee	17/09/18	James Kraft	CEO

Amendment Record

Version	Date	Actioned By	Description
V1	March 2018	A Mungate	First Draft
V1.1	August 2020	IM	Update and revisions draft

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Equality Impact Assessment Template

		Yes/No	Comments
1.	Does the document/project affect any group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic Origins	No	
	• Nationality	No	
	• Gender	No	
	• Gender Reassignment	No	
	• Culture	No	
	• Pregnancy & Maternity	No	
	• Religion or Belief	No	
	• Sexual Orientation	No	
	• Marriage or Civil Partnership	No	
	• Age	No	
	• Disability – learning disabilities, physical disabilities, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	

3.	If you have identified potential discrimination, are there exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the document/project likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/project without impact?	N/A	
7.	Can we reduce the impact by taking different action?	No	

Completed by

Name: Julian Tsang	Position: Imaging Manager	Date Completed: August 2020
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1. STATEMENT

The Standing CT Company ("Company") endeavours to handle all concerns, issues or complaints that may arise accordingly, under the guiding principles as set out in this policy.

2. PURPOSE

This statement has been put together to outline the Company's procedures for managing and handling complaints.

3. SCOPE

This statement applies to all employees, patients and visitors of Company.

4. DUTIES AND RESPONSIBILITIES

The CQC Registered Manager holds the overall responsibility for ensuring the development, implementation and operation of this policy regarding complaints. The Registered Manager will lead and oversee the process of the implementation of this policy, as well as monitoring its compliance and effectiveness.

The CQC Registered Manager will act as the designated complaints manager for the Company and will be:

- Responsible for managing the procedures for handling and considering complaints.
- Responsible for ensuring that action is taken if necessary in the light of the outcome of a complaint or investigation.
- Responsible for the effective management of the complaints procedure.

5. PRINCIPLES

The following principles form and underpin the management of complaints and the relationship with consumers, patients and third parties throughout that process.

A - Commitment to effective complaint management

STANDING CT commitment to the appropriate management of complaints by providing sufficient leadership and embedding a culture that values feedback for improvement opportunities. Adequate resources, training and support to staff, should assist in creating and maintaining such a culture.

B - Rights and Responsibilities of consumers and carers

People who are involved in the complaints process are treated with respect and dignity. The process ensures that their concerns are treated as genuine, investigated and they are involved in the decisions/outcomes. Complainants also respect the role of the staff responding to their complaint.

C - Promotion, accessibility and transparency

People who receive health care should be encouraged to provide feedback. The process for lodging compliments, concerns or complaints should be clear and easily accessible. An open, receptive and transparent approach should be in place when addressing the feedback.

D - Responsiveness

Complaints should be acknowledged and addressed in a timely manner in accordance with the timeframes and risk profile as outlined in this Complaints Policy. Staff should be empowered to address complaints early and fairly.

E - Privacy and disclosure

Established procedures in place to ensure complaints are recorded, investigated and resolved in a fair and confidential manner.

F - Fairness and accountability

Each complaint should be addressed in an equitable, objective and unbiased manner, be treated as legitimate and investigated without prejudice. Accountabilities should be established with monitoring and escalation of complaints when appropriate.

G - Continuous service improvement

Feedback is used to initiate the implementation of local and service-wide practice improvements, including the practices relating to the management of complaints.

The Standing CT Company will:

- publicise for patients how complaints can be made and how any concerns or issues can be raised
- aim to resolve any concerns or issues without recourse to the need to make use of the formal complaints policy whenever possible
- acknowledge receipt of a complaint and offer to discuss the matter with the complainant within three working days
- deal efficiently with complaints and investigate them appropriately
- write to the complainant on completion of any investigation explaining how it has been resolved, what appropriate action has been taken
- indicate that recourse to independent arbitration or mediation can be made by a patient if they are still unhappy
- assist the complainant in following the complaints procedure or provide advice on where they may obtain such assistance
- no create adverse consequences - complainants do not experience retribution but are encouraged to make their voice heard. Any adverse treatment as a result of a complaint shall not be tolerated.

If a complaint is made verbally and is resolved to the complainant's satisfaction within 24 hours, it need not be responded to formally.

6. PROCEDURE

This Standing CT procedure is open, transparent and available to all. Points of contact will include but not limited to:

- 6.1.1. In person – verbal
- 6.1.2. Telephone
- 6.1.3. In writing – email, fax, sms or letter

For avoidance of doubt there are no costs involved at any time, in terms of a monetary value, associated with the Standing CT Complaints Procedure. There are no fees or charges involved in making a complaint.

6.1 Period within which complaints can be made

The period for making a complaint is normally:

- 12 months from the date on which the event which is the subject of the complaint occurred; or
- 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

The Company has discretion to vary this time limit if appropriate. i.e. where there is good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the CQC Registered Manager takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, clinical guidelines or

other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

6.2 Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the CQC Registered Manager, who must:

- a) Acknowledge the complaint within 3 working days verbally or in writing and at the same time,
 - o offer to discuss, at a time to be agreed with the complainant
 - o decide the manner in which the complaint is to be handled,
 - o ascertain the period within which the investigation of the complaint is likely to be completed and the response is likely to be sent to the complainant.
- b) From the discussion, a complaint action plan should be developed.

6.3 Complaints Action Plan

If the complainant does not accept the offer of a verbal discussion in an effort to resolve matters, the CQC Registered Manager or someone designated to act on their behalf will notify the complainant in writing of the time period within which it is intended to respond to the complaint.

If a clear plan and a realistic outcome can be agreed with the complainant from the start, the issue is more likely to be resolved satisfactorily. Having a plan will help the Company to respond appropriately. It also gives the person who is complaining more confidence that the Company is taking their concerns seriously.

If someone makes a complaint, the person making the complaint will want to know what is being done and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation. To help judge how long a complaint might take to resolve, it is important to:

- o address the concerns raised as quickly as possible
- o stay in regular contact with whoever has complained to update them on progress
- o follow closely any agreements made – and, if for any reason this is not possible, then explain why.

Standing CT shall provide the complainant with information about the complaints management process, contact details for the complaints management staff, and expected timeframes for resolution of the complaint.

Standing CT shall assess the level of response that is appropriate for the complaint by referring to the risk based decision matrix in the Appendices of this policy:

- Level 1 response – front line resolution
- Level 2 response – internal complaint management
- Level 3 response – escalation to external agency (this would only occur if the complainant is not satisfied with the outcome from the initial complaint to the service)

For Level 1 responses staff at a site local level and the Imaging Manager should be notified of the complaint, priority of response is appropriate to the complaint and logistic considerations of the service day and site, but should be same day, preferably at the time of complaint. Investigated locally and responded to accordingly.

For Level 2 responses notification should include staff as per Level 1 and the CQC Registered Manager, Business Support Manager and CEO (if deemed appropriate by the CQC RM and BSM). Complaint should be acknowledged verbally or in writing within 3 working days, response in writing within 28 days of initial complaint. An investigation is carried out as per guidelines set out in this policy.

For Level 3 responses notification to include all as per Level 2 and the CEO and MAB or STANDING CT Board members as appropriate dependent upon complaint. Complaint should be acknowledged verbally or in writing within 3 working days, response in writing within 28 days of initial complaint. An investigation is carried out as per guidelines set out in this policy.

Assessment of the complaint considers a range of relevant factors, such as the:

- issues that comprise the complaint
- seriousness of the complaint informed by the risk assessment score
- whether it indicates the existence of a systemic problem or involves an issue of public interest.

Assessment considers the complainant's expectations about the outcome and if they are realistic and whether they should be managed.

Standing CT has appropriate review processes in place for complaints with significant risks including the review and sign-off by senior management once the investigation has been completed and recommendations have been implemented and evaluated.

It is good practice to review any case lasting more than six months, to ensure everything is being done to resolve it.

6.4 Investigation and Responses to Complaints

During the investigation, the complainant will be kept informed of progress either verbally or in writing as agreed with the complainant.

The target date for responding to a written complaint is 28 days.

The response must be signed by the CQC Registered Manager and include:

- an explanation of how the complaint has been considered;
- the conclusions reached in relation to the complaint, including any remedial action to be taken
- details of how to seek arbitration or mediation if the complainant remains dissatisfied.

Investigate the Complaint (refer to Appendices for guidance flow chart)

- The investigation will be carried out by the CQC RM or the BSM, acting as the Complaints Officer, who will liaise with all relevant parties as required.
- The Complaints Officer will initiate the investigation of the complaint once all steps have been taken to remove or treat any immediate harm caused by the action about which the complaint is being made.
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- may request any documents and communicate with any persons he or she believes can assist with the investigation of the complaint.
- The Complaints Officer may also request further information about the complaint from the complainant to enable a full and proper investigation of the complaint.
- In addition, a complainant may make written representations in support of his/her complaint and such representations will be considered by the Complaints Officer.
- For some very complex cases or where deemed appropriate, the Complaints Officer may establish and lead an investigation team, consisting of all relevant persons and staff with expertise and knowledge to carry out the investigation. The size and membership of this investigation team will be dependent on each complaint and will be determined by the Complaints Officer. Each member of the investigation team should support the investigation in an unbiased and unprejudiced manner.
- The investigation team will identify the terms of reference of the team and this will be signed by all persons involved. The terms of reference determine the objectives of the investigation team and the limits of its responsibility and authority. This is overseen by the Operations Management Board (OMB).
- All information obtained by the Complaints Officer (and investigation team where appropriate) in the course of investigating a complaint will be deemed to be confidential information and he or she may not discuss, communicate or disclose it except where necessary for the proper investigation of the complaint. (Health Act 2004 (Complaints) Regulations 2006).
- Where the investigation of the complaint highlights that the complaint or part of the complaint indicates an employee related issue then this issue is referred by the Complaints Officer to the BSM for appropriate action under the relevant processes.

Best Practice governing the investigation process

- The investigation will be conducted thoroughly and objectively with due respect for the rights of the Complainant and the rights of the service/staff members to be treated in accordance with the principles of natural justice.
- The Complaints Officer will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the Complaint Officer may request appropriately qualified persons to carry out clinical assessments, validation exercises etc.
- Ensure that the person investigating the complaint has not had significant involvement in the issue(s) under review and does not have a personal interest in the outcome
- Confidentiality will be maintained throughout the investigation to the greatest extent consistent with the requirements of fair investigation.
- A written record will be kept of all meetings relating to the complaint. These records should be kept in a separate complaints file, treated in the strictest confidence and stored in a secure environment.
- The Complaint Officer may interview any person who they feel can assist with the investigation. Staff are obliged to co-operate fully with the investigation process and will be fully supported throughout the process. (link to Supporting Staff).
- Staff who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.
- It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way.
- Where legal proceedings are foreseeable, STANDING CT requires the investigation to be conducted in accordance with established rules of evidence.

6.5 Escalation of Complaint

The following routes will be open to patients in the event that a complaint cannot be satisfactorily resolved directly with the Company.

i) NHS Patients can contact the following services for help:

a) Health Service Ombudsman

- By phoning 0345 015 4033 (textphone 0300 061 4298 for people who are deaf or have problems using a standard phone).
- By sending an email to: phso.enquiries@ombudsman.org.uk
- By texting 'call back', with your name and mobile number to 07624 813 005. Someone will then call you.
- By writing to:
Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank
London, SW1P 4Q

b) Local Commissioning Body (e.g. Clinical Commissioning Group) or the **Department Of Health/Secretary Of State For Health.**

c) The Patients Association

This is a national health care charity that highlights patients' concerns and needs. It provides advice aimed at helping people to get the best out of their health care and tells patients where they can get more information and advice. Contact the Patients Association's helpline on 0845 608 4455 or visit: www.patients-association.org.uk.

d) Care Quality Commission

Phone number: 03000 616161
Email address: enquiries@cqc.org.uk
Website: www.cqc.org.uk

ii) Private patients can contact:

Independent Healthcare Sector Complaints Adjudication Service (ISCAS)

ISCAS is an organisation that represents many independent health care organisations. It has a code of practice for its members on dealing with patients' complaints, and it can look into your complaint if you are unhappy with the response you have received from a service. For their contact details are as follows:-

70 Fleet Street
London
EC4Y 1EU
020 7536 6091
www.iscas.org.uk

iii) All individuals can contact:

Citizens Advice Service

Citizens Advice us a national charity and network of local charities offering confidential advice online, over the phone, and in person, for free
www.citizensadvice.org.uk

7. UNREASONABLE / VEXACIOUS COMPLAINTS

Each complaint will be addressed in an equitable, objective and unbiased manner, treated as legitimate and investigated without prejudice. The Standing CT Complaints management system recognises the need to be fair both to the complainant, the Standing CT service and/or the person against whom the complaint is made.

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the patient:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted
- A witness may be present for all contacts
- Repeated complaints about the same issue will be refused
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records.
- Only acknowledge correspondence regarding a closed matter, not respond to it

8. COMPLAINT REMEDIES

Where STANDING CT finds that an injustice has been caused by maladministration, we seek a remedy that would, so far as possible, put the complainant back into the position he or she would have been in but for the fault.

In the interests of fairness and consistency, while recognising that each case has to be considered on its own merits in the light of the particular circumstances, we aim to achieve similar remedies for similar injustices.

For Level 1 complaints the local on-site STANDING CT staff shall have authority to determine suitable non-monetary actionable remedies for which they are authorised to utilise.

For Level 2 and above complaints any remedies, including all monetary, will require discussion and agreement from at least one member of the OMB. For more serious complaints discussion at an OMB meeting may be needed.

Please refer to the 'Remedies - Guidance on good practice' in the Appendices below.

9. CONFIDENTIALITY

All complaints will be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of the patient's medical records, the CQC Registered Manager or someone designated to act on his behalf will inform the patient or person acting on his/her behalf if the investigation may involve disclosure of information contained in those records to a person other than the company, or an employee/contractor working for the organisation.

Complainants are advised how their personal information is likely to be used at the time a complaint is first acknowledged.

10. AUDIT

The operation and effectiveness of this policy will be incorporated into the Company's ongoing audit programme.

As required, anonymised summaries of complaints will be provided to the Care Quality Commission upon request.

Appendices

Risk Based Decision Matrix – Response Level

Risk Based Approach - Risk Model (Initial Decision Matrix)

Possible injury risk/ possible health risk	Number of possible casualties at one time				
Serious Personal Injury (fatal or major) or Serious Health Effect (permanent, progressive or irreversible condition, or permanently disabling)	Multiple	Red	Red	Red	Amber
	Single or low	Red	Red	Amber	Amber
Significant Injury (RIDDOR reportable) or Significant Health Effect (non-permanent, reversible or non-progressive condition, or temporary disability)	Multiple	Red	Amber	Amber	Green
	Single or low	Amber	Amber	Green	Green
Minor Injury (non-RIDDOR, first-aid only) or Minor Health Effect (conditions not included above)	Multiple	Amber	Green	Green	Green
	Single or low	Green	Green	Green	Green
	Likelihood	Probable	Possible	Remote	Nil/negligible

Colour key

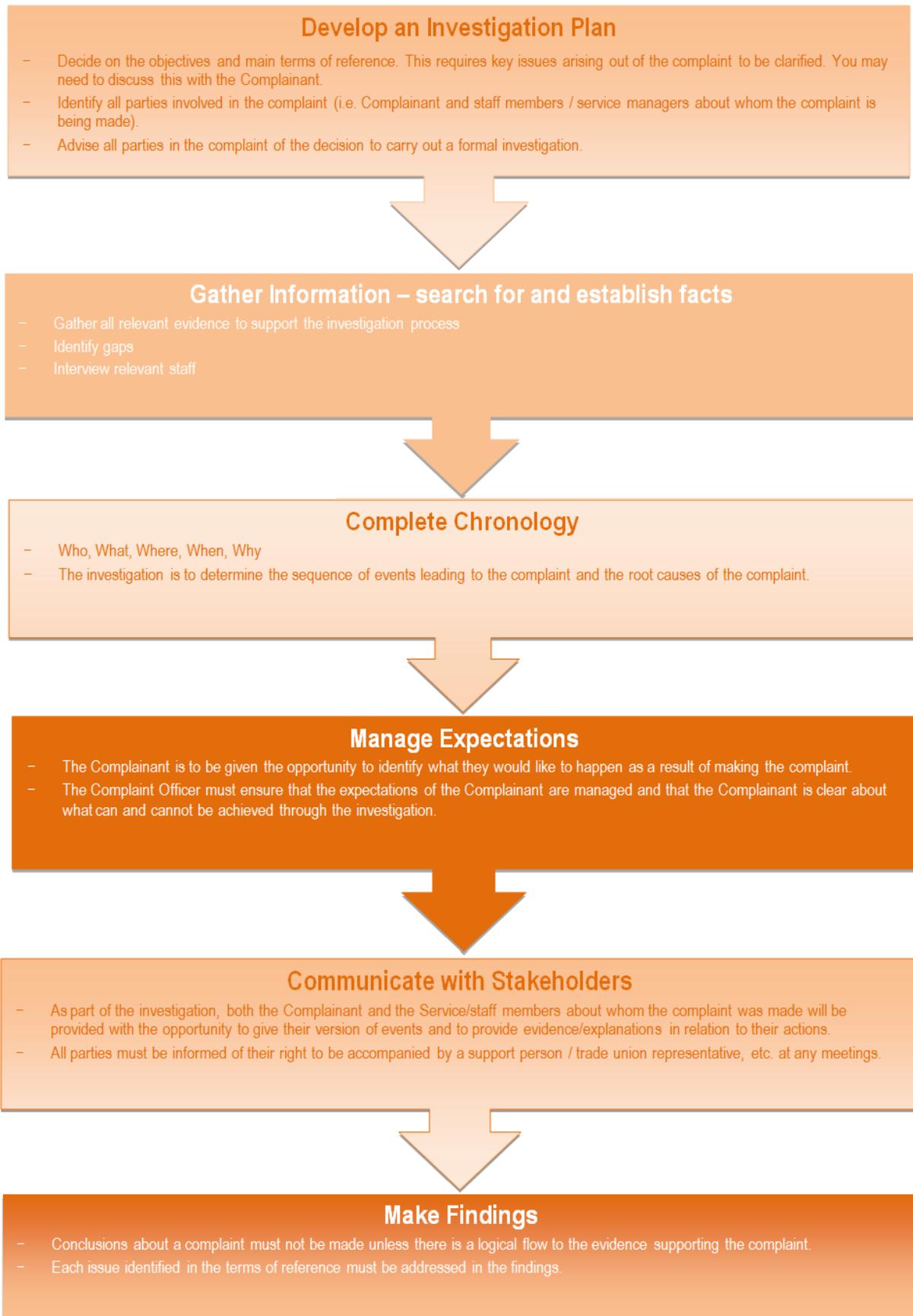
Red = follow up complaint as a priority

Amber = follow up complaint
Green = do not follow up complaint

GREEN – **STANDING CT LEVEL 1 RESPONSE**

AMBER – **STANDING CT LEVEL 2 RESPONSE**

RED – **STANDING CT LEVEL 3 RESPONSE**

Investigation Guidance Flow Chart:

Remedies - Guidance on good practice

This guidance note sets out the guidelines Standing CT use when considering remedies for justified complaints. Where we find that an injustice has been caused by maladministration, we seek a remedy that would, so far as possible, put the complainant back into the position he or she would have been in but for the fault.

In the interests of fairness and consistency, while recognising that each case has to be considered on its own merits in the light of the particular circumstances, we aim to achieve similar remedies for similar injustices. With this in mind, we have devised the guidelines described in this note.

We apply these guidelines both in our formal reports and in considering proposals for 'local settlements'.

The aim of these guidelines is to promote consistency in remedies. Each case has to be considered on its own merits in the light of the particular circumstances, but as far as possible broadly similar complaints, if justified, should receive broadly comparable remedies

General principle of remedies:

The remedy needs to be appropriate and proportionate to the injustice. It should, as far as possible, put the complainant in the position he or she would have been in but for the maladministration.

There will be many circumstances where this cannot be achieved because of the passage of time or of events which have occurred. In such cases financial compensation may be the only available approach.

Views of complainants:

During our investigations, we try to find out the views of complainants about remedies if their views are not already apparent from what they said when first making the complaint. We will always take account of complainants' views. But we must arrive at our own decisions about what would be a satisfactory remedy

Apology:

It might be expected that, as a matter of course, STANDING CT would make an apology where appropriate.

In some circumstances an apology is in itself all that is required by way of a remedy.

Elements in a remedy:

There are a number of elements which, depending on the circumstances, could be considered in assessing a remedy. These elements are referred to in sections A–P below. In some cases one of these elements will be all that is required. In others a combination of elements will be appropriate:

A Specific action

Consideration should always be given to whether there is some practical action which would provide all or part of a suitable remedy. This may be appropriate, in particular, when the injustice stems from failure to take some specific action. So, for example, the action required might be to:

1. Offer to scan patient next if scan delayed or patient running late
2. Offer to re-schedule as relevant
3. Offer to investigate and resolve concerns immediately or to do so in an agreed timeframe
4. Offer to complete an action at the next immediate opportunity

Consideration should also be given to any practical action which complainants themselves might suggest. This includes any imaginative suggestions which might not be directly related to the subject of the complaint, but which complainants themselves would consider an acceptable remedy.

B Financial compensation

Financial compensation may be appropriate if, for example:

- STANDING CT has taken the appropriate action but has delayed in doing so and the delay has caused injustice;
- there is no practical action which would provide a full and appropriate remedy;
- the complainant has sustained financial loss or has suffered stress and anxiety.

Compensation needs to take account of all the particular facts of the case. In deciding what would be appropriate, the elements set out in sections C–P below should be considered where relevant.

Sometimes it may be appropriate to pay some of the compensation to someone other than the complainant who has been affected. For example:

- compensation could be paid partly to a parent and partly to a child;
- part of the compensation paid to the complainant could be earmarked for a particular purpose for the benefit of a child or other person;
- some part of the compensation could be put in trust for the benefit of a child on reaching majority;
- if the complainant is making the complaint partly or wholly on behalf of other people, compensation could be paid also to those other people.

C The effect of the complainant's own action

Where appropriate, compensation should take into account the effects of the complainant's own action. Examples would be:

- where delay in dealing with the matter was partly the fault of the complainant and partly the fault of STANDING CT;
- where the complainant has not taken action to mitigate the effect of the maladministration and could reasonably have been expected to do so
- where the complainant did not take advantage of an available alternative
- where the actions of the complainant were unreasonable, for example, by pursuing a complaint in unnecessary and excessive detail

If a complainant is affected, either temporarily or long term, by a mental or physical impairment, that may need to be considered. It may be relevant to take into account the extent to which, in the circumstances at the relevant time, the complainant might reasonably have been expected to act.

D Money not paid to the complainant

Where money due to the complainant has not been paid, it will normally be a straightforward matter to include in the calculation of the remedy a sum representing the unpaid money.

In some cases, interest on the payment may be justified – see 'Interest' section below.

E Quantifiable loss

The complainant may, quite reasonably, have incurred costs which would not have been necessary but for the maladministration. In that case, reimbursement (in whole or in part) may be appropriate. Examples may include:

- cost of travel to scan site
- cost of child-care
- time off work

In all such cases, what has to be decided is whether it was reasonable for the complainant to incur these costs, and whether they resulted from the maladministration.

Normally, compensation in these cases will relate to reasonable actual expense incurred

F Loss of a non-monetary benefit

The injustice may be that the complainant (or the person on whose behalf the complaint was made, or some other person affected, for example a child of the complainant) has been deprived of a non-monetary benefit which he or she would have received if there had been no maladministration.

Quantifying the loss of such benefits may not be easy. However, in some circumstances (but certainly not all cases), there may be an objective measurement available, and that may be taken into account as an indication of the lost benefit.

It has to be borne in mind, however, that the cost to STANDING CT of what should have been done is only one factor to be taken into account. It is not a formula to be automatically applied. The effect on the complainant (or other relevant person) has to be considered.

Where there is no objective assessment of such a kind available, a reasonable broad assessment needs to be made.

G Loss of value

Where something owned by the complainant has lost value, an objective assessment of the loss may be possible, assessed where appropriate by an independent valuer.

Relevant where there is damage to possessions. Where items of relatively low value are involved, it would not normally be appropriate to seek an independent valuation. In such cases, a reasonable judgement should be made taking account of the comments of the complainant and the authority.

H Lost opportunity

Sometimes the injustice may be that the complainant was deprived of an opportunity. For example, the complainant may have been deprived of a right of appeal because STANDING CT did not inform him or her of that right.

Compensation for a lost opportunity may sometimes be a fairly small sum, because it is only the loss of the opportunity which is certain and the actual outcome which would have occurred cannot be known.

In other cases it may be reasonably certain what the outcome would have been, and that it would have been beneficial to the complainant. Compensation could then have regard to the effect of that outcome. Conversely, if it is reasonably

certain that the outcome would not have been of benefit to the complainant, any compensation would be a small sum to reflect just the loss of opportunity itself.

J Distress

Compensation may be considered for what might generally be characterised as 'distress' (including stress, anxiety, frustration, uncertainty, worry, inconvenience or outrage). This needs to have regard to all the circumstances including:

- the severity of the distress;
- the length of time involved;
- the number of people affected (for example, members of the complainant's family as well as the complainant);
- whether the person affected is vulnerable and affected by distress more severely than most people; and
- any available professional opinion about the effects on any individual.

This element may be a moderate sum of a few hundred pounds or less. But in cases where the distress has been severe and/or prolonged, a more substantial sum may be justified.

K Professional fees in pursuing dispute

It may sometimes be appropriate to recognise that the nature of the complainant's difficulty with STANDING CT was such that expenditure on professional fees in pursuing the dispute was justified; for example, legal fees or fees for a specialist consultant.

In all such cases, what has to be decided is whether it was reasonable for the complainant to incur these costs in the circumstances of the case, and whether they resulted from the maladministration. Factors which could be taken into account may include:

- the complexity of the case;
- the circumstances of the complainant;
- whether the complainant is vulnerable; and
- whether the complainant could reasonably be expected to pursue the matter without professional assistance.

Where appropriate, the recommendation may be for a contribution to costs rather than reimbursement of the whole of the expenditure. (For example, because it was reasonable to engage a solicitor, not at the outset but at a later stage, or because the amount of professional advice commissioned was disproportionate.)

In respect of legal fees it may be relevant to establish whether any of the costs were paid with assistance from the Legal Services Commission.

L Time and trouble

Consideration should be given to the question of whether a payment should be included for the time taken and the trouble the complainant has incurred in pursuing the complaint with STANDING CT and the Ombudsman.

Care has to be taken not to confuse the question of time taken and trouble incurred in pursuing the complaint on the one hand with the element for distress (see Section J above) on the other

M Offsetting compensation

In circumstances where the complainant owes money to STANDING CT it would usually be appropriate to take that point into account. So if the compensation is the lower of the two amounts it would be offset against the debt. If the compensation is greater than the debt it could be used partly to pay the debt with any balance paid to the complainant. This can apply in relation to STANDING CT as a whole and need not be confined to the department concerned in the complaint.

Offsetting this would not be suitable if the action which is being criticised was itself an attempt to offset. This could be the case if the complainant was entitled to a sum of money for a specific purpose. However, offsetting might be reasonable for other elements of compensation, for example a 'time and trouble' payment.

N Interest

It may be appropriate to consider the inclusion of an interest calculation where, for example:

- a specific sum of money owed to the complainant was not paid at the proper time; or
- the complainant has had to expend money which would not have been necessary but for the maladministration.

STANDING CT would need to consider an appropriate interest rate. Interest should start from the point where the complainant spent the money or did not receive money due, and should be applied until the date when payment is made.

P Formula

Sometimes it may be appropriate to express a remedy, not as a sum of money, but as a formula which sets out how STANDING CT should itself calculate the requisite sum of money. Where relevant, this needs to include reference to any continuing problem so that the formula is designed to encompass the future as well as the past.

Q Wider implications

It may sometimes be clear that other people, and not just the person involved in the complaint, have been – or may have been – similarly affected. We can only formally recommend a remedy for the person who has made a complaint or a person on whose behalf a complaint has been made. But, in appropriate circumstances, STANDING CT would consider the situation of other people with a view to applying a similar remedy