


<b>Title:           Complaints Policy and Procedure</b>		  <b>Newham Clinical Commissioning Group</b>
<b>Number:</b>	<b>Version: 1.0</b>	
<b>September 2012</b>		

## Contents

1	Purpose and scope .....	2
2	Responsibilities .....	2
3	Policy Statement: Aims and Objectives .....	4
4	Definition of a complaint.....	4
5	Procedure .....	5
5.1	Timescales .....	5
5.2	Consent .....	5
5.3	Documenting the complaints process .....	6
5.4	Immediate action .....	6
5.5	Potential remedies .....	6
5.6	Supporting staff who are the subject of complaints .....	6
5.7	Service Improvements and Clinical Governance.....	7
6	Monitoring, audit and evaluation .....	7
7	Records .....	8

# 1 Purpose and scope

Newham CCG (NCCG) is committed to encouraging and responding to feedback from patients. On occasions, feedback will take the form of a complaint. Implementation of this document enables NCCG to implement the National Health Service Complaints Regulations 2009 [1,2]. It sets out the processes for receiving, investigating, responding to complaints within standard timeframes. It also describes the process for local resolution, learning from complainants and supporting staff.

This document applies to staff who work within NCCG.

NCCG has a commitment to ensure that no complainant is treated in a less favourable manner than others on grounds of age, creed, colour, disability, ethnic or national origins, medical condition or marital status, nationality, race sex, or sexuality nor is placed at a disadvantage by the application of conditions or requirements which cannot be shown to be justifiable.

# 2 Responsibilities

Party	Key responsibilities
The Accountable Officer (Chief Officer)	<ul style="list-style-type: none"> <li>• Have ultimate accountability for the quality of care within the organisation and are responsible for responding in writing to complaints.</li> </ul>
Head of Governance and Engagement (HOGE)	<ul style="list-style-type: none"> <li>• On receipt of a written complaint ensure that a copy has been provided to the HOGE.</li> <li>• Identify an Investigating Officer who is suitably independent of the events leading to the complaint. This could be the Head of Service.</li> <li>• Ensure that any members of staff referred to in the complaint are informed.</li> <li>• Ensure that the investigation is completed and the investigation report/draft response sent to the complaints department within the established time limits.</li> <li>• Ensure that the response addresses all the concerns raised.</li> <li>• Attend meetings with the complainant, where direct involvement will help resolution of the complaint.</li> <li>• Ensure an action plan is drawn up (where appropriate) as a result of the complaint.</li> <li>• Be responsible for the implementation of the action plan.</li> <li>• Provide a progress report on the action plan when requested.</li> <li>• Take action on any recommendations arising from an Ombudsman's report.</li> <li>• Support, and ensure staff against whom the complaint is made feels supported during and after the investigation</li> </ul>

Party	Key responsibilities
Investigating Officer	<ul style="list-style-type: none"> <li>• Investigate the circumstances of the complaint within the set timescale.</li> <li>• Retain copies of staff statements, relevant extracts of medical records and any other relevant documentation in the complaints file.</li> <li>• Attend meetings with the complainant, where direct involvement will help resolution of the complaint.</li> <li>• Ensure that should there be a delay in completing the investigation, the HOGE is notified of the reason for the delay and can contact the complainant to ask for an extension of the investigation period.</li> <li>• Prepare an investigation report and draft letter of response, integrating responses from other services where appropriate.</li> <li>• Carry out a risk assessment of the situation and draw up an action plan. This can be done with the Director/Service Manager.</li> </ul>
Business Manager	<ul style="list-style-type: none"> <li>• Maintain a database and acknowledge all formal complaints.</li> <li>• Obtain consent to disclose information if complainant is not the patient.</li> <li>• Distribute complaint letter/details to appropriate staff.</li> <li>• Maintain contact with Service Manager and/or Investigating Officer to ensure good progress of complaint and on-going support/advice is available</li> <li>• Ensure extended investigating periods are negotiated where appropriate.</li> <li>• Attend meetings where direct involvement will assist resolution.</li> <li>• Organise and/or provide alternative dispute resolution where appropriate</li> <li>• Edit the response that is submitted along with the investigation report</li> <li>• Support services with carrying out investigations should the need arise</li> <li>• Send the final response letter to the Chief Officer for approval and signature.</li> <li>• Arrange for a copy of the signed response to be sent to all relevant parties</li> <li>• Maintain a record of all action plans and changes in practice resulting from complaints.</li> <li>• Obtain a progress report on actions at regular intervals and provide regular updates to the Investigation Management Group meeting.</li> <li>• Provide all relevant information to the Health Service Ombudsman on request as part of the investigation process.</li> </ul>

### **3 Policy Statement: Aims and Objectives**

The main objective of the policy is to deal with complaints concerning patients/users as quickly, appropriately and as close to the source of the problem as possible. This intention is reinforced by the Patient Advice and Liaison Service (PALS) that assists people to deal with their queries and concerns in an informal way.

This policy aims to achieve:

- Ease of access for complainants by empowering all staff to receive and, where appropriate, respond to complaints.
- A rapid, open, truthful, fair, conciliatory response which meets the needs of the complainant whilst being fair to staff.
- A high profile for complaints within the CCG.
- A means of providing information to management in order that, where appropriate, services can be improved.
- NCCG welcomes feedback on its services from service users and their relatives and/or carers as this is an opportunity for the organisation to learn from complaints, leading to the prevention or recurrence of incidents and complaints. Steps will be taken to ensure that it is easy to make written comments or complaints about the service, throughout the organisation.
- The expectation that staff will listen and to take expressions of dissatisfaction seriously, including comments and concerns as well as complaints.

### **4 Definition of a complaint**

The NHS has suggested that one definition of a complaint is 'An expression of dissatisfaction that requires a response'. This is an extremely wide definition and it is not intended that every minor concern should warrant a full-scale complaints investigation.

Rather, the spirit of the complaints procedure is that front line staff are empowered to resolve minor comments, issues and problems immediately and informally or to offer the assistance of the Patient Advice and Liaison Service (PALS). The CCG will therefore seek to distinguish between requests for assistance in resolving a perceived problem and an actual complaint. All issues will be dealt with in a flexible manner, which is appropriate to their nature and the latter will be dealt with strictly in accordance with the complaints procedure.

Whenever there is a specific statement of intent on the part of the caller/correspondent that they wish their concerns to be dealt with as a complaint, they will be treated as such.

## **5 Procedure**

### **5.1 Timescales**

The NCCG expects complaints to be responded to in accordance with the following timeframes:-

Day 1 – complaint received in writing

Day 2 – Complaint sent to relevant Head of Service

Day 3 – Investigator appointed. The HOG E will ensure the investigator understands the remit. The investigator commences the investigation on the day they are appointed and conducted with the terms of reference.

Day 3 – Member of staff / contractor / member of CCG against whom the complaint is made is advised and supported as appropriate. Note – if a complaint is made against a member of the CCG it is assumed that the chair of the CCG is in effect taking the role of the Head of Service.

Day 3 – The complaint is acknowledged in writing to complainant.

Day 14 – Draft report is submitted by investigator for comment to all contributors and Head of Service / Chair. If there is an admission of liability by the CCG legal advice must be sought

Day 19 – Investigator finalises report and submits to HGOE for approval

Day 21 – Response sent to complainant

However, where it is not possible to achieve the above timeframes the complainant will be notified and kept up to date accordingly.

### **5.2 Consent**

Complainants should normally be current or former patients or nominated representatives, which can include a solicitor or a patient's elected representative, for example an MP.

Staff should never assume that someone complaining on behalf of a patient has authority to do so. The investigation of a complaint does not remove the need to respect a patient's right to confidentiality.

Patients over the age of 16 whose mental capacity is unimpaired should normally complain themselves.

Children under the age of 16 who are able to do so may also make their own complaint.

If someone other than the patient makes a complaint, staff will need to make sure they have authority to do so. If the person submitting the complaint is not the same person to whom the information pertains, the complaints department will liaise with the complainant to ensure that consent is obtained.

If patients lack capacity to make decisions for themselves, the representative must be able to demonstrate sufficient interest in their welfare and be an appropriate person to act on their behalf. This could include a partner or relative or someone appointed under the Mental Capacity Act 2005 with lasting power of attorney. If the power of attorney covers the person's welfare, this could include making complaints at a time when that person lacks capacity.

In certain circumstances, the complaints regulations impose a duty upon the responsible body to satisfy itself that a representative is an appropriate person to make a complaint. For example, if the complaint is about a child, the CCG must satisfy itself that there are reasonable grounds for the representative to make the complaint, and not the child concerned.

If the patient is a child or a patient who lacks capacity, staff must also be satisfied that the representative is acting in the best interests of the person on whose behalf the complaint is made. If the responsible body is not satisfied that the representative is appropriate, it must not consider the complaint and must give the representative reasons for the decision in writing.

### **5.3 Documenting the complaints process**

NCCG is committed to the production and maintenance of documentation which demonstrates the effectiveness of its systems and decisions made. This commitment extends to documentation pertaining to the complaints process. Patients and staff have a right to request access to all documentation produced as a result of a complaint. Request to access this information will be made and processed in accordance with NCCG procedures. Additionally, all documentation produced during the complaints process will usually be disclosable in the event of a claim.

It is therefore imperative that all documentation is produced and maintained in accordance with the principles of accuracy and clarity of meaning.

The complaints process will usually produce the following:

- 5.3.1 Informal complaints log: services will keep a record of all issues, positive and negative feedback and informal complaints. These will be used by service managers to identify opportunities for service improvement.
- 5.3.2 On completion of the investigation process, the lead investigator will forward all documents and emails arising from the investigative process to the HGOE.
- 5.3.3 This file will constitute the central record and will be referred to in the event of a request for information. Following sign off of key documents, including the investigation report, response letter and action plan, it will not be usual to retain drafts.
- 5.3.4 Copies of complaint letters and responses should not be placed in the patients medical records as medical records are for the recording of the patient's health only.

### **5.4 Immediate action**

When an issue is reported to NCCG, the line manager is responsible for ensuring that there is an assessment of the immediate actions which need to be taken. This will include consideration of initiating other policies and procedures.

If the complainant is a regular patient of the person against whom the complaint is made, the line manager &/or Head of Service will assess the appropriateness of who should provide on-going care both during and after the complaint process. This will be agreed following consultation with the complainant and staff. This consultation process will minimise the risk of complainants feeling they are treated differently in a manner in which they do not wish to be as a result of the complaint.

Line managers will also assess individual staff needs for immediate and on-going support.

### **5.5 Potential remedies**

When patients make a complaint, they will usually expect feedback on actions taken and lessons learnt. In order to enable complainants to be satisfied with the response to a complaint, it is advantageous to clarify what outcome they are looking for at the start of the investigation process. This will usually be the role of the complaints team. Although, not exhaustive, the following is a summary of potential remedies:

- An apology – Any patient who has had the misfortune to suffer through an error of whatever nature should receive a full explanation and a genuine apology. NCCG encourages staff to adopt this approach and to make a clear expression about what we are sorry for. There are no legal concerns about taking this course of action: it is quite different from admitting liability.
- They want an explanation of what happened and why
- Financial compensation
- Assurance that the same will not happen to others

### **5.6 Supporting staff who are the subject of complaints**

In accordance with NCCG's commitment to improving services and patients experience of its services, NCCG encourages feedback from patients. Feedback will sometimes take the form of a

complaint. NCCG recognises that this can cause anxiety and stress for some staff who are involved in the complaints process. The following outlines the mechanisms in place to support staff:

Staff and members of the CCG will be protected from persistent complainants.

Staff can contact the / Unions/ Occupational Health / PALS for advice and support.

If the complainant is a regular patient of a member of the ccg against whom a complaint is made, the line manager &/or Head of Service will assess the appropriateness of who should provide on-going care both during and after the complaint process. This will be agreed following consultation with the complainants and staff.

When a complaint is reported to the Head of Service, they will ensure that the member of staff / member of CCG against whom the complaint is made; is advised of the issues raised.

The Head of Service will assess the immediate and on-going needs of the people affected or involved and ensure prompt medical or other appropriate care and support is provided. For staff this may include referral to staff counselling. Further advice may be sought from the Human Resources department.

Any discussions about the support offered to and or given to staff will be documented in the complaints file, and where relevant, in the relevant staff members personnel record.

## **5.7 Service Improvements and Clinical Governance**

Whilst it can initially be difficult to see the positive side of complaints and negative feedback, NCCG is committed to promoting this benefit.

The purpose of an investigation, irrespective of whether it is an informal or formal investigation which took a short time or number of weeks to undertake, it is to identify if the service can benefit from changes in processes.

If changes are required, the local manager is responsible for ensuring that the need for change is documented. This will usually in the form of an action plan. They are also responsible for monitoring implementation of actions.

Action plans arising from formal complaints will be agreed as part of the process for final sign off of the investigation report and final response. Heads of Service are responsible for monitoring implementation of the complete action plan.

All action plans will include implementation deadlines. In the lead up to the last date on the action plan (which indicates that the entire action plan is then completed) the complaints department will request receipt of an updated action plans which confirms implementation. This will be reported to the investigation management group.

At the point of initial acknowledgement of receipt of the complaint, complainants are advised that they will be sent a satisfaction survey. The HOGGE will ensure that a satisfaction survey is sent to complainants usually within 8 weeks of the case being concluded.

The emphasis of this questionnaire is to request feedback on the way in which their complaint was handled. This will enable the CCG to review and improve the patient's experience of the complaints process. Unless requested, complainants do not automatically receive feedback from the satisfaction surveys. The results of these satisfactions are published in the CCG annual complaints report.

## **6 Monitoring, audit and evaluation**

It is anticipated that the National Health Service Commissioning Board (NHSCB) will monitor CCG performance.

The HGOE will prepare and submit quarterly reports to the CCG Board. The reports will specify the number of complaints received, identify the subject matter, summarise the handling of the complaint including the outcome, deadline met and identify any cases dealt with by the Parliamentary and Health Service Ombudsman.

## 7 Records

Description	Where kept	How long	Disposal
Complaints investigation file	Head Office	10 years from date of completion	Shredding
Complaints annual report	Head Office		