

POLICY FOR THE MANAGEMENT OF COMPLAINTS

Version 2.03

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Policy statement:	This policy describes the controls in place to effectively manage complaints and outlines the procedures within West Hampshire CCG for investigating and resolving complaints.
Responsibility for dissemination to new staff:	At induction and by line managers
Mechanisms for dissemination:	All policies are published on the CCG intranet and website. All new and revised policies are promoted to staff through the CCG internal newsletter.
Training implications:	All staff will be expected to have a working knowledge of the complaints procedure and will be familiarised with this policy as part of their induction.
Further details and additional copies available from:	Website: http://www.westhampshireccg.nhs.uk/downloads/categories/policies-and-guidelines Intranet http://nww.intranet.westhampshireccg.nhs.uk/index.php?option=com_docman&view=list&slug=clinical-and-service-user-related&Itemid=110&layout=table
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2	July 2013	Diane Law	Clinical Governance Committee: 1 August 2013 Corporate Governance Committee: 17 September 2013	Complete review / rewrite of Complaints Policy originally approved by CCG Board in September 2012, taking into account new guidance and CCG taking over managing of its own complaints.
2.02	October 2015	Diane Bittlestone	Clinical Governance Committee / CCG Board: November 2015	Full review. Amendments to flow chart appendices to reflect current processes.

POLICY FOR THE MANAGEMENT OF COMPLAINTS

SUMMARY OF KEY POINTS TO NOTE

This policy describes the controls in place to effectively manage complaints and outlines the procedures within West Hampshire CCG for investigating and resolving complaints. Specifically:

- Complaints are usually made in writing, but can also be accepted verbally. All complaints, whether oral or written, must receive a written acknowledgement in writing within three days of receipt.
- Under the NHS Complaints Regulations 2009, a complainant can choose to approach either the provider or CCG to make a complaint, but not both
- There is a time limit of 12 months after the date of the incident that caused the complaint, or 12 months from the date on which the matter came to the attention of the complainant. This can be waived if it is still practical and possible to investigate the complaint and the complainant can demonstrate reasonable cause for delay in making the complaint. It will be the decision of the Patient Experience and Complaints Manager if the time limit can be set aside.
- All complaints should be considered in relation to the CCG's responsibility to safeguard children and vulnerable adults. Should any complaint raise concerns, a referral should be made in accordance with either the CCG Safeguarding Children Policy or the Safeguarding Vulnerable Adults Policy.
- Where it is agreed that the CCG will handle the complaint rather than the provider or where it has been agreed that the CCG will co-ordinate the response, consent will be required from the complainant to obtain access to relevant medical records and/or to disclose information in order to seek a response from the provider organisation(s). If the complainant is not the patient and consent is required, this will be sought by the Patient Experience and Complaints team.
- Care will be taken at all times throughout the complaints procedure to ensure that any information disclosed about the patient/service user is confined to that which is relevant to the investigation of the complaint. .
- As soon as reasonably practicable after completing the investigation, the CCG will send a formal response in writing to the complainant. West Hampshire CCG's standard for providing a response to complainants is 25 working days.
- If following all attempts to resolve a complaint locally the complainant remains dissatisfied they will be notified that local resolution has reached conclusion and that they can ask the Parliamentary and Health Service Ombudsman (PHSO) to consider their case. Information on the PHSO will be routinely given to complainants at the completion of local resolution.
- Letters of thanks and compliments will be acknowledged in writing on behalf of the Chief Officer and will also be shared with the staff involved. Compliments regarding provider organisations will be shared with the organisation's complaints team for dissemination to the appropriate manager for the team or individual named in the compliment.

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POLICY FOR THE MANAGEMENT OF COMPLAINTS

1. INTRODUCTION AND PURPOSE

- 1.1 West Hampshire Clinical Commissioning Group (CCG) is committed to maintaining the highest possible standards of care. When things go wrong or are perceived to have fallen below the required standards, West Hampshire CCG is committed to providing an accessible and impartial complaints service to those people personally affected by services provided. West Hampshire CCG welcomes and actively encourages all service users and their carers to comment on their experience and will ensure that complaints are responded to in an open and honest way.
- 1.2 West Hampshire CCG is the host organisation for Continuing Health Care and Funded Nursing Care for Hampshire (excluding Southampton, Portsmouth and Isle of Wight) and will manage complaints as per this policy on behalf of North Hampshire, North East Hampshire and Farnham, South Eastern Hampshire and Fareham and Gosport CCGs.
- 1.3 West Hampshire CCG have invested in a Datix complaints database to capture information from complaints in a consistent and robust way and to aid the management of complaints in a consistent and timely manner.
- 1.4 West Hampshire CCG is committed to equality of opportunity and no complaint will be treated differently to any other on the grounds of race, disability, age, religion or belief, gender or sexual orientation.
- 1.5 West Hampshire CCG recognises that comments and complaints are a valuable source of information from service users about the quality of the services it commissions. It is essential that all complaints and suggestions for improvement are received positively, are investigated thoroughly and promptly, and responded to in an open and sympathetic manner, with action taken, where appropriate, to prevent a recurrence of the circumstances leading to the complaint. Complaints outcomes will be shared with CCG Quality and Performance teams to ensure that the learning from complaints is monitored via contract monitoring and clinical quality review meetings (CQRMs).
- 1.6 West Hampshire CCG also recognises the complaints process needs to take account of the individual needs of the patient and/or complainant. Complainants will therefore be invited to discuss the handling of their complaint in person or by telephone to agree a timescale and confirm their desired outcome.

2. SCOPE AND DEFINITIONS

2.1 Scope

- 2.1.1 This policy describes the controls in place to effectively manage complaints and outlines the procedures within West Hampshire CCG for investigating and resolving complaints. It incorporates the guidance from:

- Department of Health: Listening, Responding, Improving – a guide to better customer care (26 February 2009)
- Parliamentary and Health Service Ombudsman (PHSO) Ombudsman's Principles (10 February 2009)
- Health and Social Care Act 2012 including provisions related to the NHS Constitution (Section 3a)
- Francis Report Section 9 (Effective Complaints Handling) recommendations 109 -122
- Guide to good handling of complaints for CCGs, NHS England (May 2013).

2.1.2 West Hampshire CCG has a statutory obligation to investigate all complaints under the Local Authority Social Services and NHS Complaints (England) Regulations 2009 http://www.opsi.gov.uk/si/si2009/uksi_20090309_en_1 which came into force on 1 April 2009; from 1 April 2009 the Government introduced a simple two stage process for handling Health and Social Care complaints:

- Local Resolution
- Review by Parliamentary Health Service Ombudsman

2.1.3 West Hampshire CCG is committed to meeting the standards laid down in these Regulations. It will provide an accessible and impartial complaints service. It will respond actively and positively in a timely and effective manner from complaints and implement changes to prevent problems from recurring.

2.2 What is a complaint?

2.2.1 A complaint usually relates to either a concern or dissatisfaction about a service the West Hampshire CCG commissions or hosts on behalf of other organisations (e.g. Continuing Health Care and Funded Nursing Care). Commissioned services are those that are paid for by the West Hampshire CCG but provided by other organisations such as hospitals and community care providers.

Complaints relating to West Hampshire CCG functions, which may include:

- Complaints about commissioning decisions;
- Complaints about appeals processes (individual patients) for Continuing Health Care or Individual Funding Requests; or
- Complaints about internal processes and procedures relating to health services delivered to the public.

2.2.2 It is not intended that every minor concern should warrant a full scale investigation and frontline staff are empowered to try to resolve minor concerns immediately and informally. The CCG will seek to distinguish between requests for assistance in resolving a concern (which will be dealt

with in a flexible manner, appropriate to the needs of the complainant) and a complaint which requires a full investigation and response.

2.3 Issues which cannot be managed through the complaints procedure

- Matters where the complainant has either instigated formal legal action or notified in writing that he/she intends to do so, where progressing the complaint might prejudice subsequent legal or judicial action.
- Complaints made by an NHS body which relate to the functions of another NHS body
- Complaints about independent private providers (providing private non NHS treatment)
- Issues which have been investigated by the Health Service Ombudsman.
- A complaint made by an employee of a local authority or NHS body about any matter relating to employment.
- A complaint which is made orally and is resolved to the complainant's satisfaction within 24 hours.
- A complaint which has previously been made and resolved to the same complainant and where local resolution has been exhausted.
- A complaint which is, or has been, investigated by a Health Service Commissioner under the 1993 Act.
- A complaint arising out of the alleged failure by West Hampshire CCG to comply with a request for information under the Freedom of Information Act 2000.

3. PROCESS / REQUIREMENTS

3.1 Who can complain to the CCG?

- 3.1.1 Under the NHS Complaints Regulations 2009, a complainant can choose to approach either the provider or CCG to make a complaint, but not both. Each contacted provider or CCG has its own complaints procedure based on NHS Complaints legislation.
- 3.1.2 For areas of responsibility of organisations within the local NHS, refer to Appendix 1.
- 3.1.3 A person or organisation who wishes to raises a complaint is known as a 'complainant'. Complainants can include:
 - A person who is receiving, or has received, NHS services
 - A representative acting on behalf of someone who:
 - has died
 - is a child
 - is unable to make the complaint themselves due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005 or

- has requested that the representative acts on their behalf.

- 3.1.4 Complaints can be made by the next of kin about a deceased patient's care, a child, or any patient who is unable by reason of physical or mental incapacity (or any other incapacity) to make the complaint themselves. In the case of a patient who has died or who is incapable, their representative must be a relative or other person who is considered to have had or has 'sufficient interest' in their welfare and is a suitable person to act as their representative or/and an executor.
- 3.1.5 If a Member of Parliament (MP) makes a complaint on behalf of a constituent, it will be considered that the MP has obtained consent from the patient prior to contacting the CCG (in line with the Data Protection Act (Processing of Sensitive Personal Data) – (Elective Representatives) Order 2002. Constituents raising concerns regarding a third party will require the consent of the third party.
- 3.1.6 Assistance will be given to complainants in accessing the complaints procedure. This includes providing an appropriate and acceptable response to complainants who are unable to read English or have sight or hearing difficulties.
- 3.1.7 The Patient Experience and Complaints team is available Monday – Friday 08.30 – 16.30; an answerphone is available outside of these hours. The team can be contacted by letter, email, telephone or in person either at Omega House or at a venue of the client's choosing.

3.2 Verbal complaints

- 3.2.1 Complaints are usually made in writing, but can also be accepted verbally. Verbal complaints should be recorded in writing and the complainant asked to confirm the issues to be investigated.
- 3.2.2 All complaints, whether oral or written, must receive a written response. Where the complaint is made orally, the Patient Experience and Complaints Service or other complaints handler must make a written version of the complaint that includes the following: the name of the complainant, who the complaint relates to if not the complainant, contact details, the subject matter of the complaint and the date on which it was made and what action the complainant wishes to be taken. This will be forwarded with the acknowledgement letter, to the complainant, for their agreement.

3.3 Time limits for making complaints

- 3.3.1 There is a time limit of 12 months after the date of the incident that caused the complaint, or 12 months from the date on which the matter came to the attention of the complainant. However, the time limit should not be presented as an obstacle to the investigation of the complaint. The time limit can, and should be, waived if it is still practical and possible to investigate the complaint (the records still exist and the individuals

concerned are still available to be questioned) and the complainant can demonstrate reasonable cause for delay in making the complaint. It will be the decision of the Patient Experience and Complaints Manager if the time limit can be set aside.

- 3.3.2 The greater the time lapse, the more difficult it will be to investigate events and in some cases the response may be totally reliant on records made at the time. This should be explained to the complainant at the outset and reinforces the need for good record keeping by staff at all times.

3.4 Risk assessment of the complaint

- 3.4.1 Upon receipt of a complaint the Patient Experience and Complaints Manager will assess the issues raised for wider governance issues, such as patient safety issues or potential poor performance concerns.
- 3.4.2 The complaint will be risk rated to determine the level of risk to the organisation and the level of investigation required using a RAG risk matrix. See Appendix 2.

3.5 Safeguarding children or vulnerable adults

- 3.5.1 All complaints should be considered in relation to the CCG's responsibility to safeguard children and vulnerable adults. Should any complaint raise concerns, a referral should be made in accordance with either the Safeguarding Children Policy or the Safeguarding Vulnerable Adults Policy. If there is any doubt, the issue should be discussed with the Designated Nurse for Safeguarding Children or the Consultant Nurse for Safeguarding Adults.

3.6 Acknowledging the complaint

- 3.6.1 All correspondence received by members of the board must be acknowledged immediately and the correspondent notified that their complaint has been forwarded to the Patient Experience and Complaints team for their attention.
- 3.6.2 All complaints received will be acknowledged in writing within three days of receipt. Further acknowledgement will be provided when the signed verbal statement is received by the complaints team.
- 3.6.3 At the time of acknowledging the complaint the complaints team must offer to discuss and agree a plan of action with the complainant for handling the complaint, which includes:
- When the investigation is likely to be completed
 - What reasonable outcome is desired
 - When the response is likely to be sent. It is the expectation that all complaints will be responded to within 25 working days (following receipt of appropriate consent) however, in exceptional circumstances the complainant will be kept informed of any delays

- Offer an early meeting if appropriate
 - What the issues are that the complainant wants raised/addressed and
 - Advising the complainant of advocacy services, such as Independent Health Complaints Advocacy (IHCA) (see section 3.19).
- 3.6.4 The agreed actions, questions and timescales for response will be confirmed in writing to the complainant.
- 3.6.5 If the complainant does not take up the offer of a discussion, the complaints team should determine the response period and the complainant will be notified of this in writing.
- 3.6.6 Where it is agreed that the CCG will handle the complaint rather than the provider or where it has been agreed that the CCG will co-ordinate the response, consent will be required from the complainant to obtain access to relevant medical records and/or to disclose information in order to seek a response from the provider organisation(s).
- 3.6.7 If the complainant fails to provide written consent they will be notified in writing of the elements of the complaint that are unable to be investigated and responded to.

3.7 Consent

- 3.7.1 If the complainant is not the patient and consent is required, this will be sought by the Patient Experience and Complaints team. A Consent Request form (see Appendix 3) will be sent to the complainant requesting the written consent of the patient involved in the complaint. The investigation of concerns raised will not commence until the signed consent form has been received by the Patient Experience and Complaints team. The date consent is received will act as the date the investigation commences.
- 3.7.2 Please refer to 3.8.3 regarding the sharing of information with other agencies or organisations.
- 3.7.3 Situations where consent would not be required include:
- When the complainant is acting on behalf of a relative who has died or is unable to make the complaint themselves due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005
 - When the complainant is the parent, or guardian, of a child under 16 years or
 - In the case of a patient who has died or who lacks capacity, the representative must be a relative or other person who is considered to have sufficient interest in the welfare of the deceased and is a suitable person to act.

- 3.7.4 It is for the Patient Experience and Complaints Manager, in discussion with an Associate Director / Director of Quality, to determine whether the complainant has “sufficient interest” in the deceased or incapable person’s welfare to be considered suitable to act on their behalf. If the Patient Experience and Complaints Manager is of the opinion that a representative does/did not have sufficient interest in the person’s welfare, or is unsuitable to act as a representative, they must notify that person in writing stating their reasons

3.8 Confidentiality / sharing of complaint information

- 3.8.1 Care will be taken at all times throughout the complaints procedure to ensure that any information disclosed about the patient/service user is confined to that which is relevant to the investigation of the complaint.
- 3.8.2 Information will only be disclosed to people who have a demonstrable need to know it, for the purpose of investigating the complaint or ensuring that the complaints process is followed.
- 3.8.3 In transferring complaints between agencies (including the Parliamentary and Health Service Ombudsman) confidentiality will be maintained at all times. Every effort will be made to obtain the patient/service user’s (or their representative’s) consent before sharing confidential information with another body or organisation.
- 3.8.4 Consent will be obtained in writing or where this is not possible the Patient Experience and Complaints Manager will seek guidance from the Caldicott Guardian.

3.9 Investigation

- 3.9.1 The Patient Experience and Complaints Lead will arrange for the complaint to be investigated in the most appropriate manner to resolve it speedily and efficiently. The purpose of investigation is not only “resolution” but also to establish the facts, to learn, to detect poor practice and to improve services. **The investigation into a complaint must:**
- **Be undertaken by a suitable person** and the Patient Experience and Complaints Lead should ensure an appropriate level of investigation.
 - Be conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner.
 - Not be adversarial and must uphold the principles of fairness and consistency.
 - Include a risk assessment process which should be applied to all complaints to allow serious complaints, such as those involving unsafe practice, to be identified. See Appendix 2.
 - Methods used for investigation should follow the National Patient Safety Association (NPSA) principles of root cause analysis, accessible via: <http://www.nrls.npsa.nhs.uk/resources/collections/root-cause-analysis/> .

- 3.9.2 During the investigation the Patient Experience and Complaints lead will keep the complainant and all those involved, informed as far as reasonably practicable as to the progress of the investigation.
- 3.9.3 The Patient Experience and Complaints Lead will identify at an early stage whether it would be helpful to introduce conciliation.
- 3.9.4 If for any reason a response cannot be made within the agreed timescale the complainant will be contacted by the Patient Experience and Complaints team and an extension to the specified revised timescale will be agreed. This will be in writing where possible.
- 3.9.5 The Patient Experience and Complaints Manager will forward the complaint to the appropriate lead for investigation, with details of the issues to be investigated and the timescale for the response. See Appendix 4.
- 3.9.6 **The investigation officer will:**
- Establish what happened, what should have happened and who was involved and make written records of the investigation/staff statements
 - Make sure that where appropriate, a sincere apology is made
 - Identify what actions can be implemented to ensure that there is no recurrence and address any training issues and learning points and
 - Draft a report addressing the issues raised by the complainant and detail what actions are being taken to prevent a recurrence in the future.

3.10 Response

- 3.10.1 As soon as reasonably practicable after completing the investigation, the CCG will send a formal response in writing to the complainant which will be signed by the Chief Officer or nominated responsible person. It is good practice for letters to be as conciliatory as possible and include apologies as appropriate. West Hampshire CCG's standard for providing a response to complainants is 25 working days.
- 3.10.2 The response will also:
- Offer an explanation of how the complaint has been investigated, address the concerns expressed by the complainant and show that each element has been fully and fairly investigated.
 - Report the conclusion reached including any matters where it is considered remedial action is needed.
 - Include an apology where things have gone wrong, report the action taken or proposed to prevent recurrence.
 - Indicate that a named member of staff is available to clarify any aspect of the letter.

- Advise the complainant of their right to take their complaint to the Ombudsman if they remain dissatisfied with the outcome of the complaints procedure.
- 3.10.3 The response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms, but where these must be used to describe a situation, events or condition, an explanation of the term should be provided.
- 3.10.4 The Patient Experience and Complaints team will forward the formatted, written response, including the investigation report, for the approval of:
1. The investigating officer and relevant director.
 2. The response will then be forwarded for final approval to the Chief Officer (or nominated deputy).
- 3.10.5 If the complainant is satisfied with the response the case will then be closed. The issues giving rise to the complaint and any changes made to practice or procedures as a result of the investigation will be subject to on-going review through the quality teams, CQRM and/or contract review management.
- 3.10.6 If a complainant is dissatisfied with the response, every effort will be made to achieve a satisfactory outcome at local level by:
- Identifying outstanding issues
 - Arranging further meetings
 - Providing a further written response
 - Involving a conciliator, where appropriate and
 - Considering redress where appropriate (see Appendix 5).
- 3.10.7 If following all attempts to resolve the complaint locally the complainant remains dissatisfied they will be notified that local resolution has reached conclusion and that they can ask the Parliamentary and Health Service Ombudsman (PHSO) (see section 3.18) to consider their case. Information on the PHSO will be routinely given to complainants at the completion of local resolution.
- 3.10.8 All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint file in chronological order. A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman.
- 3.10.9 Where appropriate, alternative methods of responding to complaints must be considered, this may be through an immediate response from front-line staff, a meeting, or direct action by a senior person.

- 3.10.10 It may be appropriate to conduct a meeting where requested by the complainant or be considered in:
- Complex cases, where there is serious harm/death of a patient, cases involving those whose first language is not English or
 - Cases where the complainant has a learning disability or mental health illness (and other capacity challenges).

3.11 Conciliation meeting

- 3.11.1 A meeting can be offered as part of the local resolution process and the Patient Experience and Complaints Manager can arrange some form of dispute resolution to aid this process, including the use of a conciliator. Following such meetings, notes of any agreements or actions to be taken should be provided to the complainant and staff in attendance.

3.12 Protocol for managing persistent or unreasonable complainants

3.12.1 Introduction

This protocol is necessary for managing the very small minority of complainants who are unreasonable in their expectations of the NHS complaints procedure. This policy should only be considered when all other avenues have been exhausted and then always in line with the NHS Complaints Procedure. All possible assistance will be employed, included Advocacy Services and Independent Health Complaints Advocacy (IHCA) before the policy is invoked.

3.12.2 Definition of an unreasonable complainant

Complainants (and/or anyone acting on their behalf) may be deemed to be unreasonable where previous or current contact with them shows that they meet two or more of the following criteria, where complainants:

- Persist in pursuing a complaint where Stage 1 of the NHS Complaints Procedure (Local Resolution) has been fully and properly implemented and exhausted and the complainant is unwilling to move to the next stage and refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO).
- Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints; consideration should be given to agencies that may assist the complainant with making their complaint.
- Are unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, General Practitioner manual or computer records, or nursing records, or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.

- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of staff and, where appropriate, those of IHCA or other agencies to help them specify their concerns, and/or where the concerns identified are not within the remit of West Hampshire CCG to investigate.
- Focus on a trivial matter to an extent, which is out of proportion to its significance, and continue to focus on this point. (It is recognised that determining what is a 'trivial' matter can be subjective and careful judgement must be used in applying this criterion).
- Have threatened or used actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will thereafter only be pursued through written communication. (All such incidents should be documented as an adverse event and entered onto Datix).
- Have in the course of addressing a registered complaint, had an excessive number of contacts with West Hampshire CCG placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, e-mail or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgement based on the specific circumstances of each individual case).
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this. They should document all incidents of harassment).
- Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of the other parties involved. (The tape recording of a telephone conversation without consent may amount to a criminal offence contrary to Section 1 of the Regulation of Investigatory Powers 2000).
- Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

3.12.3 Options for dealing with habitual or unreasonable complainants

- 3.12.3.1 Where a complainant has been identified as habitual or unreasonable in accordance with the above criteria, the Chief Officer and Chairman (or appropriate deputies in their absence) will determine what action to take. The Chief Officer (or deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as habitual or unreasonable complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g. clinical practitioners, Conciliator. Independent Health Complaints Advocacy, Member of Parliament. A record must be kept for

future references of the reasons why a complainant has been classified as habitual or unreasonable.

3.12.3.2 The Chief Officer and Chairman (or deputies) may decide to deal with a complainant in one or more of the following ways:-

- i. Try to resolve matters, before invoking this policy, by drawing up a signed “agreement” with the complainant which sets out a code of behaviour for the parties involved if West Hampshire CCG is to continue processing the complaint. If these terms were contravened consideration would then be given to implementing other action as indicated in this section.
- ii. Once it is clear that a complainant meets any one of the criteria above, it may be appropriate to inform them in writing that they may be classified as habitual or unreasonable complainants, copy this policy to them, and advise them to take account of the criteria in any further dealings with West Hampshire CCG. In some cases it may be appropriate, at this point, to suggest that complainants seek advice in processing their complaint, e.g. through the Independent Health Complaints Advocacy.
- iii. Decline contact with the complainant either in person, by telephone, by fax, by letter, by e-mail or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party. (If staff are to withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to be used at such times).
- iv. Notify the complainant in writing that the Chief Officer has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- v. Inform the complainant that in extreme circumstances West Hampshire CCG reserves the right to pass unreasonable complaints to West Hampshire CCG’s solicitors.
- vi. Temporarily suspend all contact with the complainant or investigations of a complaint whilst seeking guidance from the Strategic Health Authority or legal advice, or other relevant agencies.

3.12.4 Withdrawing habitual or unreasonable status

Once complainants have been determined as habitual or unreasonable there needs to be a mechanism for withdrawing this status at a later date if, for example:

- i) Complainants subsequently demonstrate a more reasonable approach
or

- ii) If they submit a further complaint for which normal procedures would appear appropriate. Staff should previously have used discretion in recommending habitual or unreasonable status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Chief Officer and/or the Chairman (or their deputies). Subject to their approval, normal contact with the complainant and application of NHS complaints procedures will then be resumed.

3.13 Process for complaints received about NHS providers

- 3.13.1 In the majority of cases when a complaint is received the provider will normally be given the opportunity to respond to the complaint. The complaint will be acknowledged verbally or in writing within three working days and consent will be sought to forward the complaint to the provider.
- 3.13.2 When consent is received the complaint will be passed to the provider who will handle it in accordance with the NHS complaints procedure. A letter confirming that the complaint has been passed to the provider will then be sent to the complainant.
- 3.13.3 There may be occasions when West Hampshire CCG considers it appropriate to handle the complaint rather than the provider. This decision will be taken once all mitigating circumstances have been taken into account, including the complainant's wishes, seriousness of complaint or significant patient safety issues or where there appears to be a pattern. In such cases both the complainant and provider will be notified.
- 3.13.4 Providers will be requested to copy their complaint response to West Hampshire CCG for collation of trends and monitoring service improvement.
- 3.13.5 West Hampshire CCG will ensure via contractual agreement that all NHS providers and any private provider with whom it has a contract or service level agreement have arrangements in place for handling complaints made about services they provide that is comparable with the NHS complaints procedure.
- 3.13.6 All providers will via contractual agreement be asked to report on the number and nature of complaints, concerns, comments and compliments received on an annual basis. This will include evidence of all lessons learned and improvements to services to prevent a reoccurrence of similar complaints.

3.14 Process for handling joint NHS and local authority complaints

- 3.14.1 When complaints are received about both health and local authority services, with the complainants consent, the organisations involved will co-operate with each other to deal with the aspects of the complaint that

relates to them. Both agencies will agree who will lead on the complaint and will aim to provide a single co-ordinated response.

- 3.14.2 The Chief Officer (or nominated deputy) will sign the response. Irrespective of lead responsibility each organisation retains its duty of care to the complainant and must handle its part of the complaint in accordance with its own procedures.

3.15 Process for complex complaints that span several NHS organisations

- 3.15.1 Where a complaint is received that spans a number of NHS provider organisations, West Hampshire CCG will seek assurance that there will be a coordinated approach to the handling of the complaint across the various parties involved, prior to passing the complaint to the agreed lead organisation.
- 3.15.2 The organisation who will lead in the handling of the complaint will be agreed following discussion with the parties involved. This decision will be made taking into account the organisation that has the greater part in the complaint as well as the complainant's wishes.
- 3.15.3 Where the complaint is particularly complex or where serious patient safety issues have been identified, West Hampshire CCG may choose to co-ordinate the response or lead in the investigation of the complaint with the complainant's consent, rather than the providers.

3.16 Process for handling complaints about non-NHS services

- 3.16.1 Occasionally complaints are received about services not provided by the NHS, e.g. private treatment. In such cases, wherever possible, the Patient Experience and Complaints Manager will advise the complainant of the correct agency to contact and will offer to forward the complaint for investigation to the relevant independent provider or private care organisation. Beyond this West Hampshire CCG will have no further input or involvement.

3.17 Plaudits

- 3.17.1 As a balance to complaints, it is important that letters of thanks and compliments are recorded by West Hampshire CCG. All plaudits should be forwarded to the Patient Experience and Complaints Service who will prepare a letter of acknowledgement to the sender on behalf of the Chief Officer which will also be shared with the staff involved.
- 3.17.2 Compliments regarding provider organisations will be shared with the organisations complaints team for dissemination to the appropriate manager for the team or individual named in the compliment. The compliment will be logged on Datix as a compliment for the appropriate organisation and service.

- 3.17.3 All compliments will be incorporated into quarterly and annual performance reports.

3.18 Parliamentary and Health Service Ombudsman

- 3.18.1 If a complainant remains dissatisfied at the end of local resolution, they can put their complaint to the Health Service Ombudsman. The Ombudsman can carry out independent investigations into complaints about poor treatment or service provided through the NHS in England. The PHSO have published the Principles of Good Complaints Handling which encompasses:

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

This is the final stage in the NHS Complaints Procedure.

3.19 Independent Health Complaints Advocacy (IHCA)

- 3.19.1 The Independent Health Complaints Advocacy (IHCA) offer an independent service to advise complainants about making a complaint concerning NHS services. The Patient Experience and Complaints Manager will provide information about the service that IHCA offers to service users. The service will provide general support and may help to write letters or accompany complainants to meetings in an effort to resolve issues.

3.20 Satisfaction survey

- 3.20.1 The Patient Experience and Complaints Service will ensure that a satisfaction survey is sent to complainants when the case has been concluded to check whether they were satisfied with how their complaint has been handled or if they have any suggestions on how this could have been improved. The evaluation will ask questions on:
- Access to the complaints procedure;
 - Experience of the complaints procedure;
 - Equality and Diversity – ethnic and disability monitoring; and
 - Outcome.
- 3.20.2 This will enable the West Hampshire CCG to monitor the effectiveness of the Complaints Policy and Procedures. The results of the evaluation will be published on the West Hampshire CCG website.

3.21 Learning from and monitoring of complaints

- 3.21.1 West Hampshire CCG's philosophy for the management of complaints is to recognise their positive value through the effective monitoring of complaints. In applying these principles and sharing the learning we can all effect change.
- 3.21.2 West Hampshire CCG will use the intelligence gained from complaints information (individual complaints received and provider annual complaints reports) to develop a greater awareness of services commissioned and where these may not meet quality standards.
- 3.21.3 The Clinical Governance Committee (CGC) will receive quarterly reports as part of governance and performance reporting. The reports will identify any trends and patterns arising from complaints, and any subsequent action taken as a result of lessons learned.
- 3.21.4 An annual report will be prepared for the CGC on the handling and consideration of complaints, outlining actions, monitoring compliance and outcomes. This should include:
- Each complaint received
 - The subject matter of each complaint – some will involve several issues
 - The outcome of each complaint / issue (whether it is well founded or not)
 - The agreed timeframe to respond to the complaint and any extensions agreed
 - Number of complaints received
 - Number of complaints found to be well founded / upheld
 - Number of complaints referred to the Health Services Ombudsman.
- 3.21.5 In addition to this, summarise:-
- Subject matter of complaints;
 - Any matters of importance arising out of the complaints, or the way in which they were handled;
 - Any matters where action has been or is to be taken to improve services as a result of the complaint.
- 3.21.6 It is important that lessons are learnt from a complaint and when things go wrong that blame is not apportioned to an individual. However, staff will be held accountable if a complaint is upheld against any of their actions. Support and training will be made available if necessary and appropriate and staff should have access to support throughout the investigation if they wish.

- 3.21.7 Complaint reports will be made available on the West Hampshire CCG website. The website will also be updated quarterly with examples of the themes identified and the actions that have been taken to bring about change, in order to demonstrate that the CCG are listening to and learning from complaint

4. ROLES AND RESPONSIBILITIES

4.1 Responsibilities

- 4.1.1 Each individual who handles complaints is required by the CCG to have a West Hampshire CCG address NHS net account. All complaints with patient identifiable data will only be electronically shared via NHS net.
- 4.1.2 It is the responsibility of all directorates and teams to adhere to the Complaints Policy and to meet the timescales required to comply with the legislative requirements. This will enable West Hampshire CCG complaints to be managed in a timely, professional way and adherence to this this will be performance managed.
- 4.1.3 Staff will be made aware of the complaint and asked to prepare written or verbal statements as part of the investigation. Staff are required to co-operate with the complaints procedure as part of their terms of employment. Where an employee refuses to give an interview or a written account without reasonable grounds, appropriate and proportional action will be taken.
- 4.1.4 Where the complaint relates to a clinical matter, written reports from an appropriate clinician should be obtained. These reports can be potentially disclosed to the complainant and therefore must be written in plain English and without jargon or abbreviations and should contain only facts and clinical opinions.

4.2 Roles

4.2.1 Chief Officer

The Chief Officer is responsible for ensuring compliance with the arrangements made under the Local Authority Social Services and NHS Complaints (England) Regulations 2009, and in particular ensuring that action is taken if necessary in the light of the outcome of a complaint.

4.2.2 Director of Quality (Board Nurse)

The Director of Quality (Board Nurse) is responsible for overseeing the complaints management process, ensuring that complaints are handled in accordance with the policy, in line with the CCG ethos and to the highest possible standard. The Director of Quality (Board Nurse) will keep up to date with current legislation and advise others as appropriate.

4.2.3 Patient Experience and Patient Experience and Complaints Manager/s

- 4.2.3.1 The Patient Experience and Patient Experience and Complaints Manager/s is/are responsible for the day-to-day handling of complaints and will be readily available to receive complaints, support staff with the local resolution process and to give information and advice where required.
- 4.2.3.2 Where appropriate, the Patient Experience and Patient Experience and Complaints Manager/s will also arrange a conciliation service to assist in the resolution of complaints. Information will also be relayed to the complainant regarding advocacy services that are available. The Patient Experience and Complaints Manager/s will co-ordinate and collate all the information required in order to produce a response to the complainant. The Patient Experience and Complaints Manager/s will support the Investigating Managers in monitoring actions arising as a result of a complaint investigation.
- 4.2.3.3 The Patient Experience and Complaints Manager/s is/are responsible for entering information onto the risk management database and producing appropriate reports as required, including the collection of data to enable the annual complaints return to the Department of Health. The Patient Experience and Complaints Manager/s will keep up to date with current legislation and advise others as appropriate.

4.2.4 Investigators

The investigator is responsible for undertaking the detailed investigation of complaints, to provide information in order that the Patient Experience and Complaints Manager/s can draft the written response for review by the director of the service, prior to signature by the Chief Officer or nominated director. The investigator will establish the underlying causes of complaints and ensure that these are properly understood, lessons are learned and where appropriate, improvements to patient care are implemented. The investigator is also responsible for ensuring that any actions arising from complaints are implemented and the outcome is fed back to the Patient Experience and Complaints Manager/s.

4.2.5 Managers

Managers are responsible for ensuring that complaints are investigated in accordance with this policy; working with the Patient Experience and Complaints Manager/s to ensure satisfactory resolution of complaints, including the implementation of any lessons learned.

4.2.6 All Staff

All staff, including temporary and agency staff, are responsible for:

- Compliance with relevant process documents.
- Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.

- Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.
- Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
- Attending training / awareness sessions when provided.

5. TRAINING

- 5.1 All staff will be expected to have a working knowledge of the Complaints Procedure and will be familiarised with this policy as part of their induction.
- 5.2 It should be made clear to staff that all material relating to a complaint will be made available to all personnel involved in investigating the complaint. This may include external investigations e.g. Parliamentary and Health Service Ombudsman. Particular attention should be paid to the content and standard of electronic mail messages about complaints and hard copies should be retained within the relevant complaints file.
- 5.3 It is the responsibility of all line managers to ensure that the lessons learned from complaints are used as part of the continuing professional development for all staff. There should additionally be training available to staff to undertake investigator's training so as to be able to provide the standard of investigation and investigation report required for complaint responses.
- 5.4 Investigators will require a higher level of complaints training to ensure a thorough and comprehensive investigation and response.

6. EQUALITY ANALYSIS

- 6.1 This is a legal requirement under the Equality Act 2010. See Appendix 6.

7. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

- 7.1 At the resolution of a complaint an evaluation will be carried out on the way the complaint was handled. This will take the form of a questionnaire being sent to all complainants whose complaints have been resolved. The evaluation will ask questions on:
- Access to the complaints procedure
 - Experience of the complaints procedure
 - Equality and Diversity – ethnic and disability monitoring
 - Outcome
- 7.2 This will enable West Hampshire CCG to monitor the effectiveness of the Complaints Policy and Procedures. The results of the evaluation will be published on the West Hampshire CCG website.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed on a three yearly basis.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 Other related policy documents

- Reference should be made to the individual PCT policies which were used to assist in the development of this policy: SHIP Cluster (Southampton, Hampshire, Portsmouth) PCT Complaints Policies.
- Continuing Healthcare / Funded Nursing Care Choice & Equity Policy (March 2013)
- Continuing Healthcare / Funded Nursing Care Operational Policy - Hampshire (March 2013)
- Data Protection Policy (July 2012)
- Freedom of Information Policy (Sept 2012)

9.2 Legislation and statutory requirements

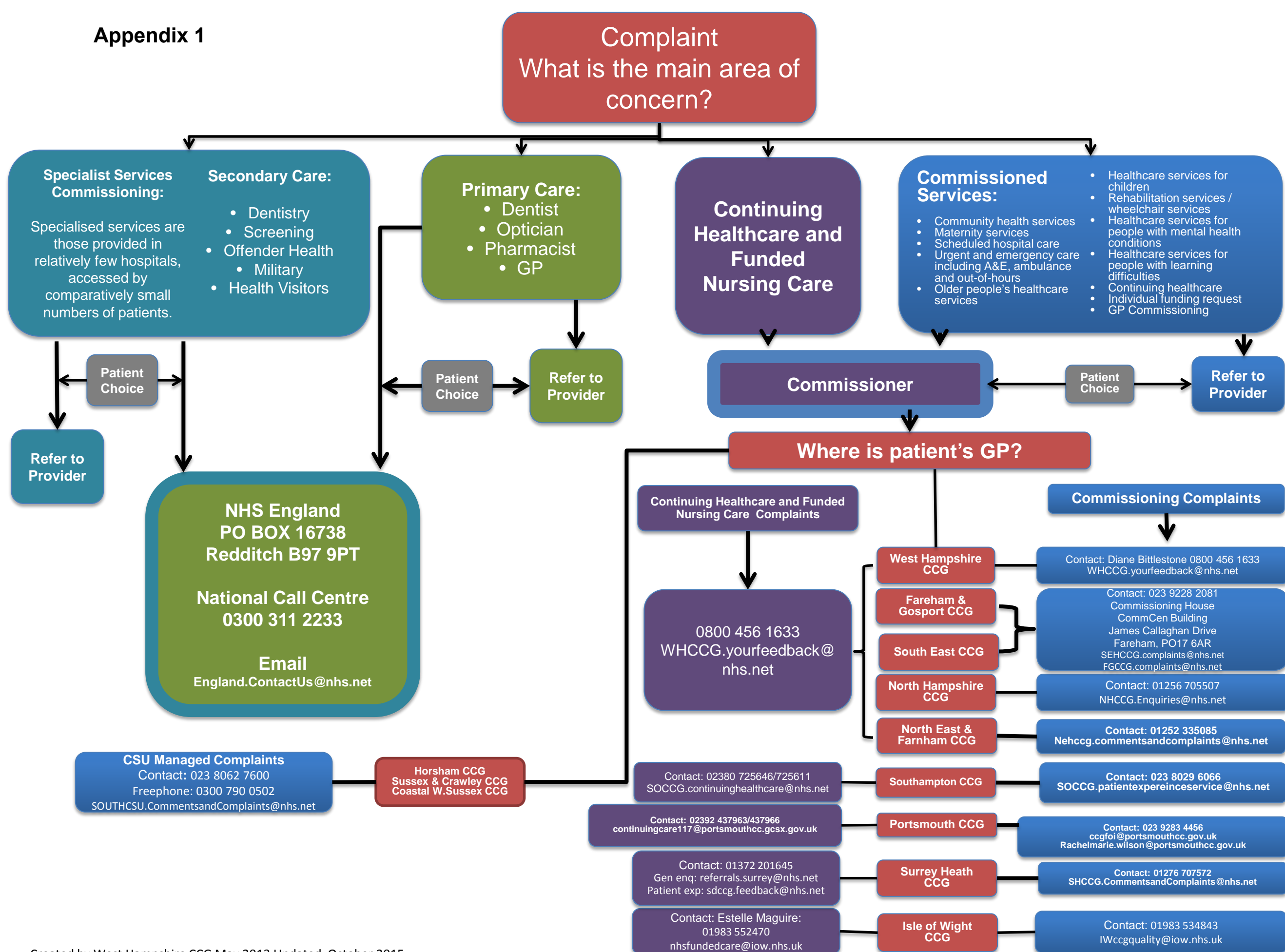
- Department of Health. (2009) Local Authority Social Services and National
- Health Service Complaints (England) Regulations. London. HMSO.
- Department of Health. (2009) The NHS Constitution for England. London. HMSO.
- Equality Act 2010. London. HMSO.

9.3 Best practice recommendations

- HMSO. (2009) A guide to better customer care, 2009
- PHSO. (2009) Principles of Good Administration
- PHSO. (2009) Principles of Remedy
- PHSO. (2008) Principles of Good Complaint Handling
- Department of Health. (2008) *Records Management: NHS*
- PHSO. (2015) My expectations for raising concerns and complaints

10. APPENDICES

- Appendix 1 Hampshire CCG complaints signposting tool
- Appendix 2 Assessing how serious a complaint is (RAG matrix)
- Appendix 3 Consent Request Form
- Appendix 4 West Hampshire CCG internal complaints process flowchart
- Appendix 5 Remedy and Redress
- Appendix 6 Equality Analysis Tool



Appendix 2

ASSESSING HOW SERIOUS THE COMPLAINT IS

By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken. Many NHS and social care organisations use a three-step process to gauge the impact of complaints on the people involved, the potential risks to the organisation and the response required.

It is useful to categorise a complaint when you first receive it, and then review that category based on the results of any investigation. It is also important to remember that a complaint can have a very different effect on an organisation compared with an individual. This is especially important if someone is vulnerable for any reason, such as poor health, communication difficulties or recent bereavement.

The level of risk associated with each complaint is assessed in accordance the matrix detailed below. This identifies both the likelihood of recurrence and severity. Any risks which are categorised as extreme (scoring 15 or above) on the matrix must be brought to the attention of the Risk Manager and the appropriate Director as soon as possible, who will consider inclusion on the appropriate Directorate Risk register, and according to the nature of the risk, the Corporate Risk Register or Board Assurance Framework (i.e. if the risk threatens the delivery of the CCG's strategic objectives). In all cases, controls and planned mitigating actions will need to be identified and included on the risk register. If more immediate action is required, for example if the risk relates to an urgent patient safety issue, the Head of Quality and Patient Safety should also be consulted.

Lower scoring risks may also be escalated to Directors for inclusion on Directorate Risk Registers, where they will be monitored and addressed accordingly and in proportion to the risk. In some instances, where there is a potential impact on the CCG's strategic objectives, they may also need to be reflected on the Corporate Risk Register or Board Assurance Framework. Advice should be sought from the Risk Manager in cases of doubt.

These complaints will also be shared with the Commissioning and Quality Manager for the services involved to ensure that highlighted risks are managed through contract monitoring meetings and Clinical Quality Review Meetings.

It is important to review that RAG rating on conclusion of the investigation and score actions as appropriate.

The following process can help you assess the seriousness of an issue and take the relevant action.

Step 1: Decide how serious the issue is

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care.
	OR
	Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.

Medium Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.

High Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.

OR

Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

Step 2 Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or 'one-off' – slight or vague connection to service provision
Unlikely	Rare – unusual but may have happened before
Possible	Happens from time to time – not frequently or regularly
Likely	Will probably occur several times a year
Almost Certain	Recurring and frequent, predictable

Step 3 Categorise the risk

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

Examples of Different Types of Incidents

Low	Simple, non-complex issues	Delayed or cancelled appointments Event resulting in minor harm (e.g. cut or strain) Loss of property Lack of cleanliness Transport problems Single failure to meet care needs (e.g. missed call-back bell). Medical records missing
Moderate	Several issues relating to a short period of care	Event resulting in moderate harm (e.g. fracture) Delayed discharge Failure to meet care needs Miscommunication or misinformation Medial errors Incorrect treatment Staff attitude or communication
High	Multiple issues relating to a longer period of care, often involving more than one organisation or individual	See moderate list Event resulting in serious harm (e.g. damage to internal organs)
Extreme	Multiple issues relating to serious failures causing serious harm	Events resulting in serious harm or death Gross professional misconduct Abuse or neglect Criminal offence (e.g. assault)

West Hampshire Clinical Commissioning Group

Headquarters

Omega House
112 Southampton Road
Eastleigh
Hampshire
SO50 5PB

Free phone 0800 456 1633

Email: WHCCG.YourFeedback@nhs.net

Statement of consent for disclosure of records

Complainant's Name: _____

Complainant's Address: _____

Telephone Number: _____

Patient's Name: _____

Patient's Date of Birth: _____

I hereby give my consent for my personal and/or clinical information to be shared with the following Provider/s or individuals in order that the complaint that has been raised on my behalf may be fully investigated.

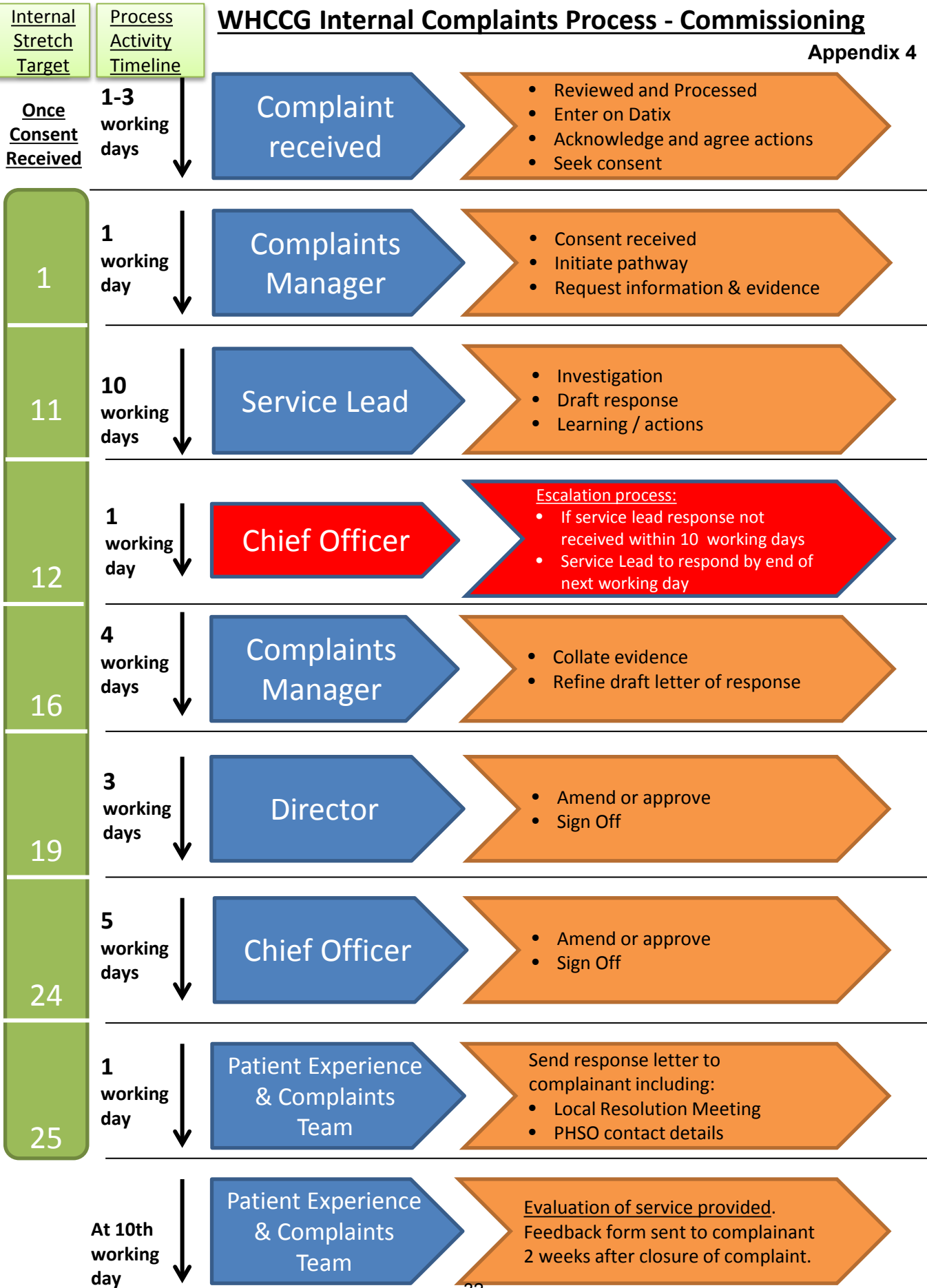
1. List providers.....
2. Etc
- 3.

I understand that information shared must be used solely for the purpose for which it was obtained. I further understand that my consent will expire at the conclusion of the NHS complaints process.

Patient's signature: _____

Date: _____

When completed please return one copy of this form in the enclosed reply paid envelope, keeping the other copy for your records.



WHCCG External Complaints Process - Commissioning

Appendix 4

Process
Activity
Timeline

Once
Consent
Received

1-3
working
days

Complaint
received

- Reviewed and Processed
- Enter on Datix
- Acknowledge and agree actions
- Seek consent

1
working
day

Complaints
Manager

- Consent received
- Initiate pathway
- Share with provider(s) to obtain information and evidence

Timescale
agreed
with
Provider(s)

Provider(s)

- Investigation to be carried out
- Provide written response
- Response to show learning & outcomes

10
working
days

Service Lead

- Provider response shared for:
- Investigation
 - Response
 - Learning / actions

1
working
day

Chief Officer

- Escalation process:
- If service lead response not received within 10 working days
 - Service Lead to respond by end of next working day

4
working
days

Complaints
Manager

- Collate evidence
- Refine draft letter of response

3
working
days

Director

- Amend or approve
- Sign Off

5
working
days

Chief Officer

- Amend or approve
- Sign Off

1
working
day

Patient Experience
& Complaints
Team

- Send response letter to complainant including:
- Local Resolution Meeting
 - PHSO contact details

At 10th
working
day

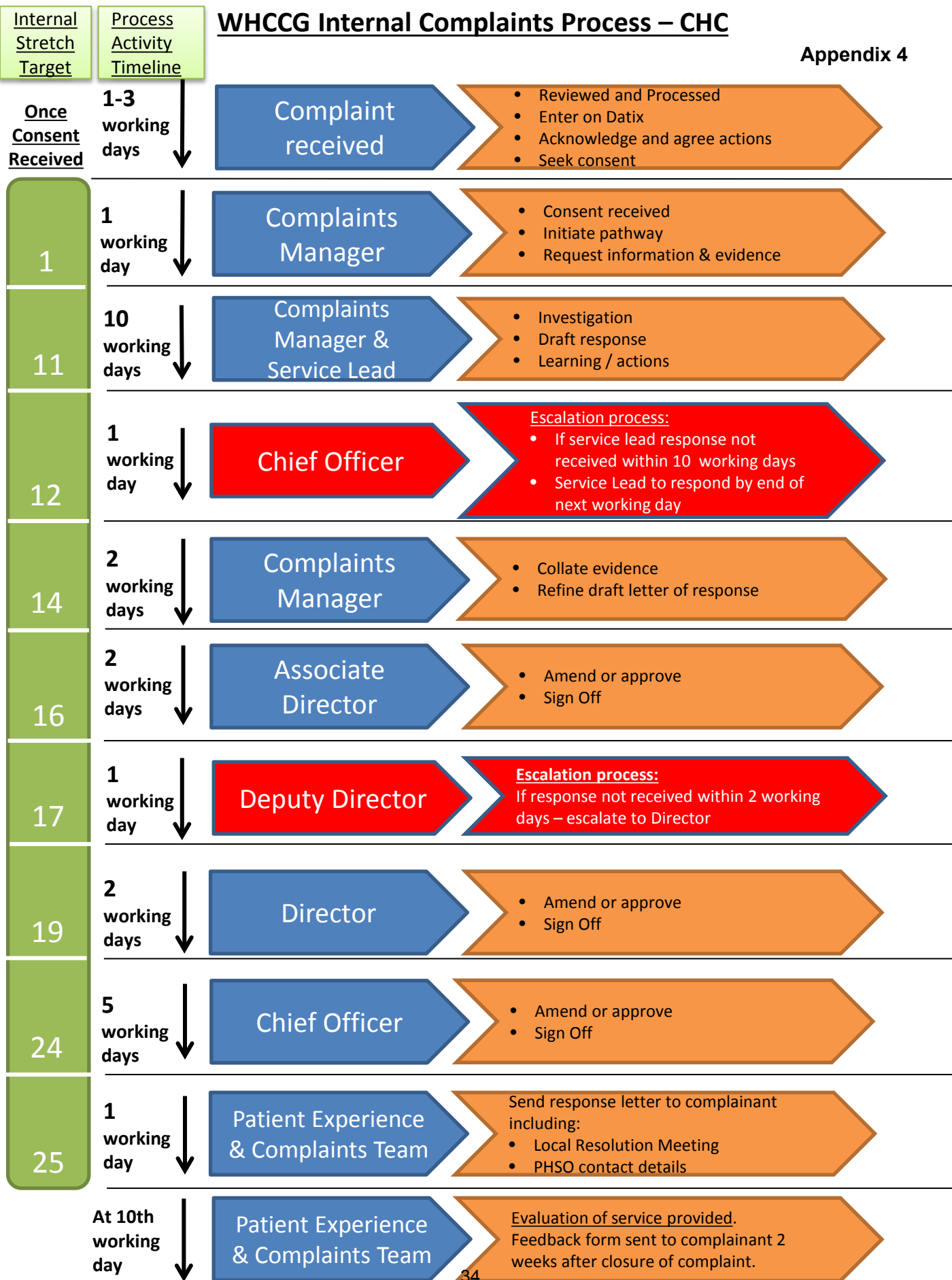
Patient Experience
& Complaints
Team

- Evaluation of service provided.
Feedback form sent to complainant
2 weeks after closure of complaint.

TIMESCALE AS AGREED WITH COMPLAINANT

WHCCG Internal Complaints Process – CHC

Appendix 4



Once
Consent
Received

1-3
working
days

Complaint received

- Reviewed and Processed
- Enter on Datix
- Acknowledge and agree actions
- Seek consent

1
working
day

Complaints
Manager

- Consent received
- Initiate pathway
- Request information & evidence

Timescale
agreed
with
Provider(s)

Provider(s)

- Consent received
- Initiate pathway
- Request information & evidence

10
working
days

Complaints Manager &
Service Lead

- Investigation to be carried out
- Provide written response
- Response to show learning & outcomes

1
working
day

Chief Officer

- Escalation process:
- If service lead response not received within 10 working days
 - Service Lead to respond by end of next working day

2
working
days

Complaints
Manager

- Collate evidence
- Refine draft letter of response

2
working
days

Associate Director

- Amend or approve
- Sign Off

1
working
day

Deputy Director

- Escalation process:
- If response not received within 2 working days – escalate to Director

2
working
days

Director

- Amend or approve
- Sign Off

5
working
days

Chief Officer

- Amend or approve
- Sign Off

1
working
day

Patient Experience
& Complaints Team

- Send response letter to complainant including:
- Local Resolution Meeting
 - PHSO contact details

At 10th
working
day

Patient Experience
& Complaints Team

- Evaluation of service provided.
- Feedback form sent to complainant 2 weeks after closure of complaint.

TIMESCALE AS AGREED WITH COMPLAINANT

Appendix 5

Remedy and Redress

The Health Service Ombudsman's Principles for Remedy (March 2007, updated February 2009), sets a clear direction that providing fair and proportionate remedies is an integral part of good customer service and complaints handling. The underlying approach promoted by the Principles for Remedy is for the service provider to restore the complainant to the position they would have been in if the maladministration or poor service had not occurred.

Redress and remedy following a complaint being partially or fully upheld could include:

- An apology
- Reassessment of a need
- Provision of a service
- Change of procedure to prevent recurrence (the complaint should be advised)
- Occasionally a "time and trouble" ex gratia payment.

Remedies should be fair, reasonable and proportionate to the injustice of hardship incurred.

Financial compensation would not be appropriate in every case but should be considered for upheld complaints on a case-by-case basis.

Decisions to make payments should be endorsed by the CCG Director of Finance/ Chief Officer. Such decisions should take into account the following factors:

- How much the complainant has demonstrably lost financially or what extra costs they have incurred
- The impact on the individual, for example whether the events contributed to ill health or led to prolonged or aggravated injustice or hardship
- The length of time taken to resolve a dispute or complaint
- The trouble the individual was put to in pursuing the dispute or complaint

In reviewing complaints referred to them, the Health Service Ombudsman may recommend that a payment be made. All recommendations, both for financial and non-financial redress, will be considered by the Quality Director (Board Nurse) for relevant cases.

Where the recommendation to make a payment is not implemented, the reasons will be explained to the complainant and the Health Service Ombudsman in writing. Where the CCG is investigating complaints about a primary, secondary or tertiary care provider, the provider (rather than the CCG) would be responsible for making any payments given as remedy at local resolution or following Health Service Ombudsman review.

Any payments made by way of remedy under the complaints process would be logged in the Register of Losses & Special Payments in line with the CCG's Standing Financial Instructions and this must be notified to the finance department at the time of raising the Payment Request Form.

Financial Redress Matrix

Parliamentary and Health Service Ombudsman –principles for remedy

The Matrix is to be independently completed by both the Patient Experience and Complaints Manager and appropriate Director having fully considered the complaint, responses and actions/ learning. It is necessary to take each category in turn and consider to what extent the complainant/ patient has been affected by the maladministration and / or poor service identified within the complaint investigation.

Grade	£ +/-	Effects of clients own actions	Quantifiable loss	Loss of value (example damage to possessions)	Lost opportunity	Distress- anxiety inconvenience worry and uncertainty	Professional fees (consequence of maladministration?)	Time and trouble in pursuing complaint.
1 low	25							
2								
3								
4								
5								
6								
7								
8								
9								
10 High								
Total								
Other								

<http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-for-remedy/8>

Analysing the Impact on Equality

1. Management of Complaints Policy
2. This policy sets out the process for handling complaints, generated by patients, carers and the general public, by the Clinical Commissioning Group.
3. Staff, patients, service users, carers.
4. What evidence do you have of the potential impact (positive and negative)? <ul style="list-style-type: none"> Complaints leaflet has a translated passage giving details of how to obtain the leaflet in different languages, in large print, braille or recording. The Policy and procedures reflect statutory regulations in relation to who can make a complaint on behalf of a child, or is unable to make a complaint due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005. The policy demonstrates protocols for equality of access. Contact can be made with the Patient Experience and Complaints Service by phone, mail, email or in person. The team will meet with clients in their own home where appropriate. Patient and Public Involvement events has representative present to promote policy via the Patient Experience Service leaflet. Independent Complaints Advocacy is available to anyone making a complaint.
4.1 Disability Impact - none
4.2 Sex (Impact on men and women, potential link to carers below) Impact - none
4.3 Race (Consider different ethnic groups, nationalities, Roma Gypsies, Irish Travellers, language barriers, cultural differences). Impact - none
4.4 Age (Consider across age ranges, on old and younger people. This can include safeguarding, consent and child welfare). Impact – none

Appendix 6

4.5 Gender reassignment (Consider impact on transgender and transsexual people. This can include issues such as privacy of data and harassment).
Impact - none
4.6 Sexual orientation (This will include lesbian, gay and bi-sexual people as well as heterosexual people).
Impact - none
4.7 Religion or belief (Consider impact on people with different religions, beliefs or no belief)
Impact - none
4.8 Marriage and Civil Partnership
Impact - none
4.9 Pregnancy and maternity (This can include impact on working arrangements, part-time working, infant caring responsibilities).
Impact - none
4.10 Carers (This can include impact on part-time working, shift-patterns, general caring responsibilities, access to health services, 'by association' protection under equality legislation).
Impact - none
4.11 Additional significant evidence (See Guidance Note)
5 Action planning for improvement (See Guidance Note)

Sign off
Name and signature of person who carried out this analysis Diane Bittlestone
Date analysis completed 29/07/2013
Name of responsible Director Andrea O'Connell, Quality Director, Board Nurse