

COMPLIMENTS, COMMENTS, CONCERNS AND COMPLAINTS POLICY AND PROCEDURES

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SECTION 1

COMPLIMENTS, COMMENTS, CONCERNS AND COMPLAINTS POLICY

1.1. Introduction

The NHS does whatever it can to make sure patients are treated properly and promptly. Sometimes things do go wrong and when they do patients have every right to raise a concern, comment or make a complaint, have it considered and receive a response from the NHS organisation concerned.

Bradford district and Craven CCGs are committed to patient centered care and to continuous service improvement. As a part of this process, the CCGs will deliver an effective process to deal with patient concerns, comments and complaints. The organisation is also keen to receive compliments which can also be used to build on and share good practice. This policy is based on the 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, (statutory instruments 2009 No 309) which came into force on 1 April 2009 and the guidance issued to support these, Listening Responding and Improving, 'a guide to better customer care'. The recommendations from the Robert Francis QC report and other independent inquiries and reviews have also been taken into account, alongside NHS England's good practice guidance and the Parliamentary and Health Service Ombudsman's publication, a user-led vision for raising concerns and complaints.

This policy and the procedures set out in section 2 outlines the process by which complaints, concerns, comments and compliments are handled when raised by or on behalf of our patients. Some of the patients/clients we serve may have difficulty in expressing their concerns. All staff are encouraged to try and make it easier for patients to express their opinions. It is recognised that many informal complaints, concerns and comments made or raised on behalf of patients are effectively dealt with in on the spot by staff and managers, and via the CCGs' Patient Support Team and/or the appropriate department within our provider organisations, such as Patient Advice and Complaints Teams/ Patient Experience Teams for example. Where this is not possible, or on the persons request, staff ensure that patients, carers or their relatives are able to access the formal complaints procedure.

1.2 Definitions

The CCGs value feedback about its services, its staff and/or the NHS services it commissions and in doing so listens to what our patients, or someone on their behalf, tell us about their experience. The CCGs records all the feedback it receives;

Compliments

The CCGs welcome positive feedback, this is an opportunity to acknowledge, recognise and share good practice across services with an aim to seek improvement and celebrate success. All compliments together with positive feedback are recorded.

Comments

The CCGs receive a number of comments which may include a person's opinion or suggestion regarding NHS services and/or organisations across the district. These are also recorded and feed into the CCGs patient experience reporting.

Concerns (Informal complaints)

Patients, or someone on their behalf, can raise concerns about the services or the care and treatment they receive. These are usually dealt with locally by a service manager for example or the CCGs Patient Support Team or with our local providers who also have central patient advice and complaints teams. In the majority of cases patient concerns are resolved verbally, although some people prefer an informal written response which is out with the formal complaints process.

Complaints

A complaint is an expression of dissatisfaction which a person wishes to be dealt with as a formal complaint requiring an investigation and a written response from the CCGs' Chief Officer or a Clinical Chair, or on their behalf by an appropriate senior manager.

1.3. Aim

The most satisfactory outcomes are achieved when concerns and complaints are dealt with fully and effectively at local resolution, i.e. within the organisation where the complaint occurred. The intention of this Policy for handling NHS Compliments, Comments, Concerns, and Complaints is to ensure that there are efficient and effective arrangements in place to be compliant with statutory obligations and ensure the process is transparent, open and easily understood by all staff and anyone who may wish to raise an issue about any aspect of their care and treatment provided and that organisations identify learning.

The CCGs will;

1. Ensure that complainants/patients/carers or their relatives are treated in a positive manner by all staff when they provide feedback, including making a complaint or when raising a concern, comment or compliment.
2. Ensure that people are given appropriate help and advice.
3. Make it easier and simpler for people wishing to raise a concern or make a complaint.
4. Achieve early resolution by providing responses that are proportionate to the concerns or complaint made and meet the needs of the complainant.
5. Provide an opportunity for learning and development.
6. Make changes in practice as a result of feedback, where this is required.
7. Deal with concerns, complaints, feedback raised by staff, health professionals, clinicians other organisations, including Members of Parliament (MPs) and Councillors (Cllrs) as appropriate.

1.4. Scope

The framework for handling complaints is a two stage process. The fundamental objective for handling complaints is to facilitate effective complaints handling at local level (including the resolution of informal concerns raised) and to encourage organisational learning. If unresolved then the complainants would have a right to approach the Parliamentary and Health Service Ombudsman (PHSO).

This policy and the procedures apply to all staff in relation to any complaints, concerns, comments or compliments raised by the public, patient's and/or their relatives/carer's about services provided or commissioned by the CCGs and will work in conjunction with other NHS providers or commissioners of service (NHS England or Local Authority) as and when appropriate.

Concerns or complaints raised by staff, health professionals/clinicians or organisations will also be dealt with as appropriate taking into account the principles outlined in this policy and procedure.

1.4.1 Complaints outside the scope of the NHS complaints regulations 2009 - 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009)

The following complaints are not required to be dealt with in accordance with these regulations;

- The subject of the complaint is such that it can quickly and effectively be resolved by a member of staff or by the relevant Directorate; (*ie a concern/informal complaint raised*)
- A complaint made by an NHS body, which relates to the exercise of its function by another NHS body;
- A complaint made by a member of staff about matters relating to their contract of employment;
- A complaint made by an independent provider about any matter relating to arrangements made by an NHS body with that independent provider;
- A complaint that has been investigated previously by the Healthcare Commission or the Parliamentary Health Service Ombudsman;
- A complaint arising out of the alleged failure by an NHS organisation to comply with a request for information under the 'freedom of information act 2000 (20)'
- When an NHS organisation decides that it is not required to consider the complaint under these regulations.

However all concerns and complaints received by the CCGs should be investigated and response made by the Patient Support Team or appropriate Director, Senior Manager or Chief Officer/Clinical Chair when necessary.

1.5. Principles of good complaints handling

The Parliamentary and Health Service Ombudsman (PHSO) has published a set of 'Principles of Good Administration'. The CCGs are committed to these principles which should be taken into account in its handling of complaints:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

A full set of the Principles, together with supporting information, can be found at:
www.ombudsman.org.uk

In addition, when the government published 'Hard Truths', its response to Robert Francis' inquiry into the failings at Mid Staffordshire NHS Foundation Trust, the PHSO, the LCO (Local Government Ombudsman) and Healthwatch England committed to developing a user-led 'vision' of the complaints system (appendix 4).

This vision aims to align the health and social care sector on what good looks like from the user perspective when raising concerns and complaints about health and social care. It also allows

measurement of progress so that organisations can determine the action they need to take to improve.

1.6. The key functions of the complaints process

The systems and arrangements in place should;

- Be simple, conciliatory and flexible.
- Treat each case according to individual nature and the complainants expected outcome
- Focus on satisfactory outcomes, with swift early resolution.
- Ensure there is joint working across organisational boundaries to resolve complaints that involve one or more organisation, involving both NHS and Social Care.

The system to centre on people's needs and wishes;

- The processes for raising concerns or complaints are accessible to patients, relatives or their carers, from front line staff, service managers, the CCGs' Patient Support Team and by the appropriate central team within our providers' such as Patient Advice and Complaints teams.
- Encourage and empower people to come forward with complaints and concerns
- Communicate early with patients/complainants.
- Open early dialogue with complainants to discuss and agree the manner in which their concerns or complaint will be dealt with, i.e. how their issues are handled and by who and by exploring what will help resolve the matter.

The systems set up should seek to;

- Ensure lessons are learnt from individual concerns and complaints and that those lessons lead to service improvement and/or reduce patient harm.
- Develop action planning to ensure implementation, collate evidence of the improvements and changes made, and share these in the response to complainants.
- Share the lessons organisation wide and not just in the area where the complaint was made.

The CCGs will ensure that patients, relatives or their carers receive a high quality service in respect of processing their compliments, comments, concerns and complaints; The CCGs will record and deal with all compliments, comments, concerns and complaints brought to notice. Concerns and complaints will be taken seriously and will be dealt with efficiently in a conciliatory fashion with the main aim of satisfying the patients/complainant. The CCGs will demonstrate its intention to put the needs of its patients first.

The CCGs will use the information from compliments, comments, concerns and complaints as an opportunity to influence learning from issues that have been raised and take actions to continuously improve and monitor its standards of care, and as such will inform patient experience reporting.

1.7. Open, transparent and fair culture

The CCGs makes every effort to promote an open, transparent and fair culture and is committed to improving communication with patients and carers when things go wrong. The CCGs are keen to support all service areas in being open and honest with patients, the public and with staff when concerns have been raised or complaints have been made.

The procedures have been set up to be fair, flexible and conciliatory to give patients the opportunity to raise issues of concern, but also to give NHS organisations and it's staff the chance to provide an appropriate explanation about what happened, an apology and details of the lessons learned, actions taken as a result to improve patient care and/or to reduce patient harm. All staff are aware of, and adhering to, a Duty of Candour.

Patients, carers or relatives should not be discriminated against as a result of making a complaint or raising their concerns, their care and treatment should not be affected. Staff are briefed within induction and training awareness sessions to prevent or minimise the chances of discrimination being raised as an issue. Complaints are not recorded or filed within patient records, which will limit the number of staff being aware that a complaint has been made. In addition confidentiality is maintained and the complaint is only shared with the appropriate managers and staff involved.

1.8. Confidentiality/Data Protection

This policy should be read in alongside the CCGs' Information Governance policies and in particular the Information and Governance and Data Security User Handbook, which ensures that all staff understand their obligations with regard to any information they come into contact with in the course of their work. The policy is linked and written to ensure compliance with the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018 and other associated and related legislation and guidance, contractual responsibilities that support the assurance standards of the Data Security and Protection Toolkit.

The requirement to maintain confidentiality is absolute during the handling of any concerns raised, complaint made or feedback received. Information should only be shared within the CCGs with the service area and/or individual complained against or those involved in any way or with any member of staff with responsibilities in the investigations, unless appropriate consent is obtained in individual cases. Consent should be sought as appropriate to share feedback information, a complaint or concern with another NHS or Independent organisation.

The DPA / GDPR prohibits information use and disclosure without consent, effectively providing individuals with a degree of control over who sees information they provide in confidence. This duty could be overridden only if there was a statutory requirement, a court order or, in exceptional circumstances, an overriding public interest to disclose the information.

In instances where any member of staff are in any doubt regarding confidentiality, they should seek the advice from their line manager or an Information Governance Officer and/or the Caldicott Guardian.

There may be instances whereby confidentiality should be disregarded for example;

- When client threatens to injure another person
- Poses any risk to him/herself or others
- When client discloses details about abuse of children or adults
- When client expresses strong suicidal tendencies

However advice should be taken from Information Governance, the Caldicott Guardian and/or the appropriate Director or Senior Manager.

1.9. Monitoring/reporting

The Patient Support Team will record all feedback, including compliments, comments, concerns and complaints received about the services of the CCGs and/or in relation to the services commissioned. Outcomes are also recorded, and details of any action plans developed where appropriate. The feedback and outcomes inform Grassroots reporting which captures overall patient experience for the Joint Quality Committee (JQC) and forms part of the Performance, Quality and Assurance processes with regard to contract monitoring. In addition to Grassroots, the issues relating to Primary Care, regarding the CCGs' member practices are also fed into other appropriate groups and committees. Concerns and complaints are discussed at the respective provider Quality Performance Group or Contract Monitoring Board, which ever appropriate where senior management of the CCGs and provider organisation are in attendance.

The Patient Support Team will produce an annual report for each CCG and other ad-hoc reports and information as and when required.

The reporting of concerns and complaints information will continue to be developed to include information from provider organisations commissioned by the CCGs. In line with the Francis recommendations, the CCGs will seek assurance from any provider organisation commissioned about the handling of complaints and concerns raised, themes and trends together with the outcome, any learning and/or any changes made in practice as a result.

Information contained within the reports will, as appropriate, include

- The numbers of cases handled, (compliments, comments, concerns and complaints) and the organisations involved.
 - The type or subject matter, cause for concern/complaint and the service area involved.
 - Themes and trends, including repeats or increases, with commentary about any patterns of potential concern.
 - The number of formal complaints upheld.
 - Details of any risk assessments and actions taken to mitigate the risk in relation to any complaint (s).
 - Whether the cases have been handled within performance targets, including 'response periods' and where the period was amended, and where targets are not met then an exception report should be made in each individual case.
 - Details of cases dealt with by the Parliamentary Health Service Ombudsman (second stage of the procedure).
 - An analysis of the outcomes of complaints.
 - Summary of lessons learnt or actions taken to improve services or prevent/minimise the likelihood of reoccurrence as a result of complaints and including how the impact of any changes in policy/practice will be measured.
 - What the information shows about people's experience of complaining – and whether action is required as a result;
- and
- Triangulation with other soft intelligence and feedback that may suggest areas for improvement. (grass roots reporting)

Annual reports will detail the number of cases with, together with an analysis of the themes and trends and of any actions taken, implemented as a result and whether performance targets were met in relation to formal complaints with the exception reports where appropriate.

The CCGs will also report the number of cases referred to the Parliamentary and Health Service Ombudsman, including a summary of the complaints, the outcomes and any matters of general importance or in which the complaint was handled.

1.9.1 Primary care reporting

NHS England is responsible for complaints management for any primary care complaints it receives, including those involving the CCGs' member practices. However, the CCGs will work closely with the Local Area Team of NHS England in the sharing of information and will for example;

- Review complaints reports with or on behalf of the area team
- Identify any patterns, themes or trends across the CCG area
- Work with member practices to identify how best to improve the quality and
- Help monitor and evaluate the actions taken in response to complaints

The reports are shared with the CCGs Head of Primary Care Contracting and shared with the relevant groups and committees.

1.10. Healthwatch / Overview and Scrutiny Committee

The Overview and Scrutiny Committees and Local Healthwatch have the right to access detailed information about complaints, although respect needs to be given to the requirement of patient confidentiality.

Healthwatch England is the independent consumer champion for health and social care in England. They ensure that the voices of consumers and those who use services reach the ears of decisions makers. Healthwatch is driven by what people tell them, good or bad they want to know what people think of the health and social care services they receive in Bradford district and Craven. Gathering views is an important part of how Healthwatch will improve health and social care services. They record all the views and concerns that they hear from people, and look for patterns which show them how to prioritise their work. Healthwatch work jointly with the CCGs to ensure the CCGs and service providers hear these concerns and use this information to shape and improve services, by feeding information in to Grassroots reporting.

A representative of Healthwatch is a member of the Joint Quality Committee (JQC) where the Grass roots report and Commissioning Intelligence reports are provided.

1.11. Care Quality Commission (CQC) / Monitor

The CCGs will ensure that complaints information is accessible to the CQC and Monitor and will cooperate as appropriate in relation to any particular case.

The CCGs will also seek assurance from the provider organisations that they comply with the requirements of the CQC and Monitor in relation to concerns and complaints, which forms an element within their overall inspection.

1.12. Implementation of this policy

This policy has been revised to reflect the development of CCGs and NHS England's guidance to ensure compliments, comments, concerns, complaints are dealt with, and in particular that 'formal' complaints are handled in accordance with the NHS complaints regulations 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009,

(statutory instruments 2009 No 309) which came into force on 1 April 2009 and the guidance issued to support these, Listening Responding and Improving, 'a guide to better customer care'.

Staff should already be familiar with the principles, requirements and responsibilities. Advice is available from the Patient Support Team. However training and awareness sessions, including appropriate updates, will be required for all staff and specifically the managers who are responsible for the investigations, the response, and for taking actions and ensuring learning is achieved.

1.13. Equality Impact Assessment

This policy and procedure for managing compliments, comments, concerns and complaints has been assessed for its impact upon equality. The CCGs are committed to ensuring that the way services are provided and the way in which staff are recruited and treated reflects the individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. The impact assessment is set out in appendix 7.

1.14. Monitoring compliance and effectiveness of this policy and procedures

The lay member with a responsibility for Patient and Public Involvement, and nominated to take an interest in this policy and procedure will be assured that effective systems are in place. Information will be reported to the Joint Quality Committee.

To assist with the monitoring of this policy and handling of complaints with provider organisations, standards for complaints handling will be developed and included within contracts and monitored as part of their overall quality and performance review.

The annual complaints report will be submitted to the Joint Quality Committee and the Committees in common (Governing Body).

1.15. Further information

All staff, if they have any queries or require further information, should consult the Patient Support Team about this Policy and Procedure.

1.16. Policy review

This policy will be reviewed by April 2020.

SECTION 2

COMPLIMENTS, COMMENTS, CONCERNS AND COMPLAINTS MANAGEMENT PROCEDURES

2. Introduction

The purpose of these procedures is to provide a documented framework for staff to utilise when compliments, comments, concerns and complaints are received. It includes roles and responsibilities of staff and includes the management process of when feedback is received about the CCGs' functions, its staff or commissioned services. Details of the complaints procedures and processes are outlined in this section. Appendix 1a and 1b set out the procedures and responsibilities for ease of reference.

2.1 Levels of responsibility

2.1.1. Chief Officer

The Chief Officer of the CCGs has overall accountability for the management of compliments, comments, concerns and complaints raised with the CCGs and to provide a written response where appropriate. The Chief Officer is responsible for ensuring that there are structures and processes in place to comply with the NHS Complaints Regulations, in particular ensuring there are effective management, handling processes in place and that action is taken if necessary in the light of the outcome of complaint.

2.1.2. Clinical Chairs

The Clinical Chairs of the CCGs will work in conjunction with the Chief Officer and take a lead on responding to those concerns raised or complaints made about clinical aspects of the CCGs business or commissioned services, when deemed appropriate. The Clinical Chair and/or the Deputy Chief Officer will take the lead in the absence of the Chief Officer.

2.1.3. Lay Member (Patient and Public involvement) Governing Body

The lay member for the Committees in common (who leads on Patient and Public Involvement) will be the nominated member to take an interest in concerns and complaints management to be assured that effective systems are in place.

2.1.4. Clinical Leads / Clinical Advisers

The CCGs' Clinical Leads will provide clinical advice when necessary in order to assist in the handling of complaints or concerns raised and the feedback received. If required the appropriate Clinical Lead will review individual cases when necessary in order to provide advice in relation to the outcome and/or recommendation(s) about any further actions that should be taken.

2.1.5. Directors

The Directors retain responsibility and accountability for investigations in relation to concerns, complaints or issues raised within their area of work. The Director or Deputy on their behalf, is responsible for signing off of the investigation, report findings, lessons learned as a result, the action plan and draft response prior to sending this to the Chief Officer or Clinical Chair for

approval. The Director should ensure that any risks identified as a result of an investigation should be assessed and recorded on the risk register/Assurance Framework as appropriate.

The Director, if necessary will determine a senior manager to investigate any concerns, complaints or other feedback received who is appropriately trained. In some cases, where appropriate the investigator maybe independent to the service area complained about.

A Director will offer to meet with patients and/or complainants to discuss their complaint, the outcome of investigations or if they remain dissatisfied with the aim to resolve the matter.

Directors should ensure that the lessons are learned as a result of concerns/complaints and that these are shared via appropriate channels within the CCGs and with any other individual, organisation as necessary. In addition, The Director/Senior Managers will report details of any service changes or improvements made as a result of a complaint, in the form of an action plan, to the Patient Support Team within 20 working days of the final response letter to the patient which will identify actions taken as a result of the complaint.

Directors should escalate any issue of concern or complaints to the Chief Officer and/or Clinical Chair when they consider this to be appropriate.

Directors should read this policy in conjunction with the policy and procedure for reporting and management of incidents, complaints and claims and of the relevant polices set out on appendix 6.

2.1.6. Patient Support Manager (designated Lead Manager for Complaints)

The Patient Support Manager (PSM) is the designated lead for ensuring systems are in place for compliments, comments, concerns and complaints received by the CCGs and that they are dealt with as appropriate. The PSM will support and advise Directors and Senior Managers throughout the process. The PSM is responsible for the effective and efficient day to day operation and management of all matters relating to the concerns raised and the formal complaints procedures, and will also ensure that other feedback, (comments/compliments) or requests for information received are dealt with and responded to appropriately.

2.1.7. Patient Support Team – (Patient Support Manager / Patient Support Officer)

The Patient Support Team (PST) has direct access to the Chief Officer / Clinical Chair and if necessary will consult with them throughout the investigation and ensure that they have all the relevant and appropriate information relating to the case.

The PST will receive, record, acknowledge all concerns, complaints and feedback received and ensure they are passed on to the relevant Director and Senior Manager and/or organisation to be dealt with in accordance with these procedures.

The PST will ensure that the appropriate consent is obtained for example if the complainant is not the patient or if consent is required from next of kin, including consent to share the complaint with other agencies where appropriate.

The PST will acknowledge concerns and complaints and have the initial discussion with the patient / complainant to agree the manner in which the complaint will be dealt with and to initiate a local resolution plan.

The PST will attend meetings with Complainants and the appropriate Director and/or Senior Manager; and will ensure that there are written notes of any meeting that has taken place, or that there is a recording of the discussions where this has been agreed.

The PST will, where concerns or complaints involve more than one organisation, multi-agency complaints/concerns, with the agreement of the complainant or person involved, liaise and co-ordinate as appropriate with those concerned.

The PST will co-ordinate the information gathering in relation to complaints that are made to the PHSO and ensure that the appropriate Senior Managers are aware of the outcome, in order for them to address any recommendations.

The PST will deliver as necessary a range of complaints training and awareness sessions, including induction and appropriate updates for the CCGs' staff and its member practices.

The PST will ensure that concerns, complaints information and feedback received is included within grass roots reporting as part of overall patient experience feedback mechanisms and will ensure reports are provided as necessary to the relevant teams, groups/committees, including the JQC and the Committees in Common (Governing Body).

2.1.8. Senior Managers

Senior Managers in conjunction with the Directors have an important role in resolving any concerns, complaints and or feedback that is raised within their service area and/or supporting the PST.

Senior Managers are responsible for the investigation of any concern, issue raised or any complaint made relating to their service area or any investigation to be undertaken at the request of the appropriate Director.

Service Managers should liaise with the PST in each individual case to agree and develop a way forward and/or resolution plan, which will include the manner in which the complaint will be dealt with and the timeframe involved.

Senior Managers will report the outcome and conclusion of the investigation to the appropriate Director.

Senior Managers in consultation with Directors and other Senior Managers as appropriate are responsible in preparing a draft written response to the complaint which summarises the investigations, provides an appropriate apology and explanations to the issues raised and details of the lessons learned, actions taken as a result to improve services or prevent reoccurrence, where it is appropriate. Senior Managers should be mindful of the patient or complainant's desired outcome.

Service Managers, will attend meetings when required with Complainants to discuss their concerns, complaint, the outcome of investigations or to discuss any outstanding issues if they remain dissatisfied, with the aim to resolve the matter.

Service Managers in conjunction with the Director and/or other appropriate Senior Managers should assist in the identification of any immediate or longer term action plans to improve services and any risks resulting from the investigation of a complaint and should be reported as appropriate to ensure they are dealt with in accordance with Risk Management Systems and processes.

The PST will support and advise Service Managers throughout the process.

2.1.9. Front line staff

Patient, relatives or carers may contact front line staff in the first instance with their compliments, comments, concerns and complaints. The CCGs encourage staff to discuss with patients any concerns raised as this will give the opportunity to sort out problems immediately, informally, at the place of delivery with the aim of early resolution and without the need for a formal (verbal or written) complaint to be made. Ideally staff should aim to resolve any matter on the spot or within 1 working day.

Front line staff should however refer any case to their line manager if the matter cannot be resolved quickly or easily to the patient's satisfaction or to the PST where there is a written complaint or when the patient states that they want to formally complain. This should be done as soon as possible within 1 working day. In any event all concerns raised should be recorded and passed to the PST as part of patient feedback systems. Complaints should not be recorded within the patient's medical/clinical records.

Front line staff should, if in any doubt or in the event of having any difficulties in dealing with any particular case, take advice from their Line Manager and/or the PST. All staff should contact their Line Manager and the PST immediately if they receive correspondence raising concerns or making a complaint to ensure that it is dealt with in accordance with procedures set out.

2.2. Provider Concerns/Complaints Teams

The CCGs' main providers at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT), Airedale NHS Hospitals Foundation Trust (ANHSFT) and Bradford District Care Foundation Trust (BDCFT) like many other Trusts, have a central point of contact for people and to ensure that the NHS listens to patients, their relatives, carers and friends, to answer their questions and resolves their concerns as quickly as possible, or on the spot.

- BTHFT have a patient experience to give advice, and which deals with concerns and complaints as appropriate.
- Bradford District Care Foundation Trust (BDCFT) have a combined Patient Advice and Complaints Team who provide advice, help and support to service users who raise concerns
- ANHSFT also have central teams who work together, the Patient Advice and Liaison Service and the Complaints Team.

These teams help to influence the NHS to make changes and improve services, when appropriate by listening to patients' experiences and what matters to people.

2.3. Compliments

Bradford district and Craven CCGs welcomes any compliment regarding the services we provide or commission, which are most appreciated by staff working within the NHS. All compliments will be logged centrally by the CCGs' PST and distributed to our staff or the organisation involved. Compliments may be received via the website's feedback form, telephone, e-mail or letter. The compliments (anon) are also shared via Grass roots, patient experience reporting.

2.4. Comments and Concerns (informal complaint)

Comments and concerns are usually raised with the PST or the Chief Officer of the CCGs about its services, its staff and/or the services it commissions. The CCGs Personalised Commissioning Department also receive a number of concerns directly by nature of the service they provide. However, it is accepted that concerns can be received by anyone within the organisation; therefore in any event these must be referred immediately to the PST to ensure that they are dealt with in accordance with these procedures.

The emphasis is to try and resolve concerns (and formal complaints) in a conciliatory fashion, quickly and as close to the source of the issue, as possible using the most appropriate way forward in each individual case. It should be acknowledged that face to face or telephone contact can often diffuse situations and rectify misunderstandings. However, if it has not been possible to rectify the matter informally to the complainant's satisfaction, then the local resolution continues and the 'formal' complaints process should be followed.

The PST acts as a central point of contact for people to ensure that the NHS listens to patients, their relatives, carers' and friends. Confidential advice, support and information can be given on health-related matters. All comments and concerns are logged and used as a valuable source of information in improving the services commissioned by Bradford district and Craven CCGs. Patients, or someone on their behalf, with appropriate consent, may choose how their concern or complaint is dealt with by the CCG, either informally or formally.

Where it has not been possible to rectify the matter informally to the complainant's satisfaction, then local resolution continues and the 'formal' complaints process should be followed. Any member of staff can advise about the complaints procedure and/or arrange for the PST to contact the complainant.

2.5. Making a 'formal' complaint

The CCGs receive complaints about its services, its staff and/or the services it commissions involving our providers and/or other agencies.

People who want to formally complain can do so in a number of ways including verbally, in writing, electronically by email or via the CCGs' websites. All staff should refer any person wishing to exercise their right in making a formal complaint (oral or written) to the PST as soon as possible and within 1 working day.

Where the complaint is made orally then a written record will be made by the PST, which will include the name of the complainant, the subject of complaint and the date on which it was made. The PST will require the patient's/complainant's signature to confirm the details are accurate. However complainants will be encouraged to write their complaint personally where they are agreeable. If it is deemed appropriate, complainants should be asked to sign statements which are received by the CCGs electronically by email or via the website.

Where a complainant requires additional support to make a complaint this can be provided by the Independent Complaints Advocacy Team (ICAT). Complainants will be given details of how to obtain independent help and support from ICAT, which can include offering assistance in the writing of letters (see section 2.22).

In addition arrangements can be made with language line and/or the interpreting and translation services where this is required, requested or there is an identified need.

Where a complaint is made in writing, the PTS must ensure that there is a written record of the date on which it was received, taking the received date as the date the complaint was made.

2.6. Concerns/complaints about commissioned services and/or involving other agencies/providers

The PST will ensure that any concerns, complaint or feedback received from a patient, relative or carer that raises issues about the services provided by another NHS organisation, the Local Authority or other agency is dealt with. The PST will co-ordinate this process to ensure that issues are handled with appropriately and complaints are dealt with in accordance with the NHS complaints regulations.

The PST will encourage complainants to raise their concerns or make a complaint to the provider organisation direct and/or offer to pass these on to the relevant organisation with the person's/patient's agreement and with appropriate consent. The case will then be dealt with by the organisation responsible in accordance with their procedures.

For performance, quality and contract monitoring purposes, the CCGs will request a copy of the outcome of the investigation and response, where appropriate, providing the person/patient consent to information being shared.

In exceptional cases where the CCGs, considers that it is more appropriate for the CCG (as commissioners of service) to deal with a complaint, the PST will notify the complainant and the provider and handle the complaint in accordance with the NHS Complaints Regulations and within the procedures set out within this document.

Where complaints involve more than one NHS organisation and/or the Local Authority, the PST will deal with the case as appropriate and will liaise with the organisations involved, taking into account guidance from NHS England. An agreement will be made as to which organisation takes the lead in the complaints management in such cases.

2.7. Member Practices (General Practice/Primary Care)

The PST will encourage patient's, carers and the public to contact the GP practice direct in order for the practice to follow their own in-house, local resolution process when complaints are made or concerns are raised (verbal or written). Usually the Practice Manager or the Business Manager will be the named person to deal with complaints or concerns raised.

Where complainants do not feel able to contact the practice concerned they will be advised that they can contact NHS England, who handle complaints in relation to primary care, contact details are noted at Appendix 5. Similar advice will be given in relation to any concerns, complaints raised about other primary care providers, dentists, opticians and pharmacists.

However, concerns and complaints will be recorded to inform quality assurance and contract monitoring processes and grassroots reporting to influence any actions to be taken to improve the quality of primary care. (see section 1 para 1.9.1).

2.8. Who can make a complaint

A complaint (or concern) can be made by a patient or a person affected or likely to be affected by the action, omission or decision of the CCGs. A complaint can also be made about service provided by another NHS body in which the CCG commission, (para 2.5). A complaint can also be made by someone acting on behalf of the patient or a person with their written consent.

Consent would not be possible and/or needed in cases where the patient has died, is a child or is unable by reason of physical or mental incapacity to make the complaint themselves. In cases where the patient has died or is incapable the representative must be a relative or other person who, in the opinion of the PST has or had sufficient interest in the person's welfare and is a suitable person to act as representative.

Consent may also need to be sought when the complainant is not the patient's next of kin in order to disclose personal confidential information relating to the patients care and treatment within any response made.

2.9. Correspondence received from Local Members of Parliament (MPs) and Councillors (Cllr)

The organisation receives correspondence from local MPs and Councillors which raise concerns on behalf of constituents about the services provided or commissioned by the CCG. There are no requirements to deal with the correspondence in accordance with NHS Complaints Procedures unless this is specifically requested by the constituent and their consent is obtained. However the correspondence is dealt with as a concern or enquiry, in accordance with these procedures. The Director together with the appropriate Senior Manager should determine the level of investigation or enquiry in order to respond. The Chief Officer or Clinical Chair will aim to respond to MPs and Councillors within 18 working days.

In all cases the PST will ensure that appropriate consent is received to deal with any matter raised by MPs or Cllrs that is in relation to an individual patient. There are occasions when a general response can be sent where consent would not be required; this is where personal information about the constituent does not need to be disclosed.

2.10. Complaints/concerns raised anonymously

If anyone wishes to remain anonymous whilst making a complaint or raising a concern, the CCG will consider whether there is enough information to carry out an investigation. The PST will discuss the matter with the appropriate Director / Senior Manager to consider what action should be taken with regard to the issues raised in any individual case. In any event the information would be captured as feedback and be included within the information reporting and recording systems.

2.11. Time Limits for making complaints

A complaint must be made within 12 months after;

- The date on which the matter, which was subject of complaint occurred;
- Or if later, the date on which the matter, which is subject of complaint came to notice of the complainant.

Where a complaint has not been made within the timescales, the PST and/or the Director / Senior Manager will consider the issues raised and may decide to investigate the complaint if he/she are of the opinion that:

- Having regard to all the circumstances, the complainant had good reasons for not making the complaint within the time limits set out.
- Or notwithstanding the time that had elapsed it is still possible to investigate the complaint effectively and efficiently.

2.12. Acknowledgements and record of concerns and complaints

The PST will aim to send a copy of the written complaint or statement to the Director / Senior Manager within 2 working days of receipt. The Chief Officer or Clinical Chair, where appropriate, will also be notified of the complaint received at this stage. The Director / Service Manager will investigate the case or pass it to the appropriate Manager to instigate an investigation immediately.

In any event the PST will ensure there is a log to record the complaint and will send an acknowledgment to the complainant within 3 working days of the date on which the complaint was received. It is crucial for getting the initial contact with a complainant right in order for the complaint to be dealt with in an appropriate manner with the agreement of the complainant. The acknowledgement can be made orally or in writing and must include an offer to discuss with the complainant;

- The manner in which their complaint will be handled;
- And the 'response period' the investigation is likely to be completed and the response likely to be sent to the complainant.

Early dialogue should take place with the complainant to agree the way forward with them. Where the Complainant does not respond or does not wish to take up the offer of a discussion, the PST will ensure that the complainant is informed, in writing, details of the manner in which the complaint will be handled and the likely timeframe involved.

The PST will discuss each individual case with the Director/ Senior Manager in order to fulfil the above requirement and to develop a local resolution plan, an agreement with the complainant of the way forward.

Where the complaint was raised orally, the acknowledgement must be accompanied by the written record asking the complainant to sign and return the transcript as an accurate record. In addition acknowledgments to the complainant should include information about where the complainant can obtain independent advocacy services.

The complainant should also be sent information which outlines the complaints procedures so that they have information about the process and what they can expect.

2.13. Timeframe for response

The 'response period' is the timescale for the likely completion of the investigation and the response to be sent to the complainant. The 'response period' should be negotiated and agreed with the Complainant. The PST will in consultation with the Director or Senior Manager determine level of investigation and the timeframe for response to discuss with the complainant.

In cases where agreements are not made the Chief Officer or Clinical Chair should aim to respond within 25 working days of receipt of the complaint, or the timeframe determined by the level of investigation undertaken by the Director / Senior Manager.

Inevitably there will be occasions when the timeframe in dealing with a particular complaint cannot be met; for example when the individual complained against is absent or on leave, or

where health records have been requested from another NHS organisation or simply because conciliation meetings have been arranged.

If there are delays in the process the PST will advise the complainant and re-negotiate and agree further period of time in which the response should be made. The complainant should be sent written notification.

The investigations and the response to complaints should in any event be made **within 6 months** from the date the complaint was received, unless an extension to this period is agreed with the complainant.

2.14. Investigations

The Director and appropriate Senior Manager(s) will assess the seriousness of the complaint on receipt and consider the extent of the investigation and the manner which appears to be the most appropriate way forward to resolve the complaint speedily and efficiently in consultation with the Patient Support Team.

The Director / Senior Manager should;

- Grade the complaint (see section 2.15 below) and undertake a proportionate investigation, and in doing so refer to the Policy and Procedure for the reporting and management of incidents, complaints and claims to assist and guide them through the process and undertake a Root Cause Analysis (RCA) where this is necessary.
- Arrange for an independent (internal/external) investigation if appropriate so the complainant can be assured of impartiality and fair outcome.
- Collate and gather documentation in relation to the complaint, including taking written, signed statements from relevant staff.
- Liaise with the PST throughout the process and with the Complainant where this has been agreed.
- Compile a report which sets out the findings/evidence and the conclusions reached, where appropriate. An example investigation report template is at Appendix 3
- Draft a response to the complainant in consultation with those involved and the PST.
- Complete an action plan, which will identify the issues raised, the lessons learned and the actions to be taken, by whom and by when to prevent reoccurrence where necessary.
- Submit the action plan to the PST within 20 days of the Chief Officer's or Clinical Chair's final response sent to the complainant.

In addition, Senior Managers should inform the PST about the progress of the complaint and give the reasons for any delay, in order for the PST to keep the Complainant informed if this has been agreed.

2.15. Grading of complaints / concerns

Different levels of investigation are required dependent on issues, concerns and complaints raised. By correctly assessing the seriousness of a complaint, the right course of action can be taken. The issues raised should be graded on receipt and reviewed based on the results of the investigation. The grading of the issues is achieved by assessing the seriousness and the likelihood of reoccurrence.

It is important to remember that any concern or complaint raised can have a very different effect on an organisation compared with any individual. It is for each directorate to ensure that

systems are in place to grade all concerns or complaints on receipt. The grading will be recorded on the complaints recording system, held with the PST.

The level of investigation will depend upon the outcome of the grading. For cases graded **low**, following an investigation a 'formal' written response will be required. The level of investigation for cases graded **medium** will be dependent on the severity of the incident/issues raised. However all cases graded **high or extreme** will require a full investigation using root cause analysis. (refer to the Incident Reporting Policy)

In deciding how serious the issue is, guidance is attached at appendix 2 which has been extracted from the Department of Health document entitled 'Listening, Responding and Improving' and includes specific guidance in relation to the assessment of the seriousness of complaints and/or concerns received.

The CCGs and Provider organisations may wish to consider whether it is necessary and appropriate in any case to instigate an independent or arms-length investigation.

In addition to the final response, a full report including an action plan will be required in high or extreme cases. Action plans will be required in all cases where lessons have been learned and actions are to be taken as a result.

2.16. Root cause analysis

Where a patient safety incident has been identified, or when the case relates to an incident that has been reported, then it may be necessary to carry out a root cause analysis. Directors / Senior Managers should refer to the Procedure for the Investigation of Incidents, Complaints and Claims to determine the depth and type of investigation required.

Any serious incident identified within a complaint must be managed in accordance with the Serious Incident (SI) policy. A full response can be provided to the complainant or family following the outcome and conclusion of this process. The complainant should be advised as appropriate.

2.17. Responses to complaints

Following the completion of the investigations, Director / Senior Managers will prepare a draft response, the PST will provide support and assistance. Following approval the Chief Officer or Clinical Lead will finalise the response ensuring it is 'fit for purpose' as documented with the guidance produced by NHS England 'Guide to good handling of complaints for CCGs' and includes the following;

- Explanation of how the complaint was considered.
- Appropriate apology.
- An explanation of all issues raised.
- The reasons for any failure in service.
- Reference and/or explanations with regard to any discrepancies or omissions that cannot be reconciled.
- Give clear explanations where complaints or concerns are not justified.
- Lessons learned and/or any steps taken improve services or to prevent a recurrence and or reduce patient harm.
- Offer of conciliatory meeting or further discussion.
- If the person has made a 'formal complaint' the complainant must be informed of the their next steps and their right to approach the parliamentary and health service

ombudsman if they remain dissatisfied with the outcome of local resolution; and that any request must be made within 12 months.

In some circumstances, where there is good reason, a response maybe signed off by a person acting on the Chief Officer or the appropriate Clinical Chair's behalf.

2.18. 'Face to face' Conciliation meetings

Complainants will be offered opportunities to discuss their concerns at a conciliatory meeting with appropriate managers. The purpose of the meeting would be for people to openly discuss their concerns/complaints and/or any outstanding grievances they may have to try and resolve their complaint or any dissatisfaction. Notes of the meeting will be taken as a record of the discussions that take place. These will not be verbatim records.

Meetings can be recorded if all parties agree. The recording shall not be shared wider than those present, unless with appropriate permissions and consent to do so.

The CCGs will also offer an independent mediation/conciliation service to assist the complaints local resolution process where deemed appropriate by the PST or Director/ Senior Managers. The main aim of independent mediation is to try to achieve reconciliation between the parties, although it is accepted that this will not always be possible. The mediation process is seen to be useful in that it:

- Provides an opportunity for both sides to air their points of view.
- Allows the opportunity of a face-to-face discussion, if this is what both sides want.
- Provides an opportunity for the person against whom the complaint has been made to offer an explanation of events leading to the complaint (and an apology if this is felt to be appropriate).

The PST, where appropriate, with the agreement of the Director / Service Manager, will make arrangements for independent mediation to take place between the complainant and the complained against or will provide any other assistance for the purpose of resolving the complaint. Both parties must be agreeable to participate in conciliation / mediation.

2.19. Completion of local resolution

The PST, in consultation with the Director / Service Manager, will ensure that every effort is to be made and local resolution has been fully exhausted to try and resolve concerns and complaints. The outcome of all cases will be recorded and the actions taken to improve services will be monitored by the appropriate manager.

2.20. Actions arising to improve services and sharing the learning

The Directors together with the Senior Manager(s) are responsible for identifying any immediate or longer term action plans to improve services in future as the result of a complaint and will implement these and monitor progress. Senior Manager(s) will forward an action plan to the PST within 20 days of the final response letter to the patient identifying actions taken as a result of the complaint.

The PST will liaise and work informally with staff and managers who are encouraged to influence change and improve services on the basis of individual problems which have arisen. Staff and Senior Managers should document the learning or the actions taken in relation to an individual case so that the information can be recorded on the system.

In addition to complaints, concerns and grass roots reporting, sharing the learning is the responsibility of Senior Managers. This is done through a variety of mechanisms e.g. professional forums, directorate/locality meetings and team meetings.

2.21. Parliamentary and Health Service Ombudsman – PHSO - (2nd Stage of Complaints procedure)

Inevitably complainants will, on occasion, be dissatisfied with the outcome of their complaint dealt with at the local resolution stage. Every effort should be made to fully exhaust the local complaints process. Complainants should be encouraged to contact the PST or the NHS Organisation, Independent organisation or GP practice involved if they are dissatisfied in the first instance. The PST will establish the complainant's outstanding grievances and the reasons why they are dissatisfied in order to consider whether there are any further steps that can be taken locally to resolve the complaint.

Ultimately if a complainant is unhappy with the outcome and wishes to pursue their complaint they should be advised to contact the PHSO. Contact details are listed at Appendix 5 of this document.

2.22. Support for complainants (Independent Advocacy)

The Independent Complaints Advocacy Team (ICAT) provide independent help or support to patients, carers or their relatives when they feel that they have not had the service they expect from the NHS and want to complain. Complainants should be advised of their rights to advocacy and how ICAT can help.

ICAT can;

- Provide advocates who can provide general support and assistance to complainants with a complaint about the NHS.
- Provide self-help packs so complainants can deal with their own complaint.
- Put complainants in touch with other people who may be able to help.
- Involve interpreters or translators when required.
- Meet complainants at places of convenience.

Contact details for the providers of ICAT are noted at Appendix 5.

In addition where there is an identified need or request, arrangements should be made for interpreters to assist complainants / patients. Translation services can also be available if necessary.

2.23. Support for staff

The CCGs will be fair to staff when concerns, complaints or feedback is received as well as to the public, patients and carers. Every effort will be made to ensure members of staff have the necessary support and advice where complaints have been made against them.

Members of staff named in any concern raised, complaints made or feedback, either personally or by role, should be informed of this by their manager or appropriate Senior Manager in the absence of the line manager. Staff should be consulted before any response is made by the CCGs and be fully supported by their manager. The investigations should be fair and timely with the emphasis being on learning rather than apportioning blame.

A Colleague or Trade Union Representative can attend the interview or meeting (adequate notice of this will be provided to the member of staff). As part of the process to support staff a confidential staff counselling/mediation service is available, which can be accessed by contacting HR and/or occupational health.

2.24. Management of staff named in complaints

These procedures must remain separate from any disciplinary procedures. Any issues highlighted by complaints investigation about service provision, clinical or professional practice or disciplinary matters will be dealt with in full consultation the appropriate Director/Senior Manager and in accordance with current HR policies and procedures.

It is important that lessons are learned from complaints when things go wrong and blame is not apportioned to any individual. However staff will be held accountable if a complaint is upheld against any of their actions.

Complainants will be informed within the response to their complaint if an issue is being pursued via the CCGs' human resource procedures, however due to confidentiality no other details will be shared in order to protect staff confidentiality. Staff will have the opportunity to seek peer support and access support via HR policies and procedures including the counselling/mediation service as noted above.

2.25. Record keeping

All compliments, comments, concerns and complaints will be recorded on the day of receipt, or as soon as possible thereafter, by the PST. Details of the individual case are documented on the recording log, which includes for example, the name of the person who has raised the feedback, the patient if different, the organisation involved and a brief summary of the issue and the outcome.

The Directors and Senior Managers will ensure that full records of any investigations are kept, including copies of correspondence/documents records of any telephone calls and interviews held, these should be passed to the PST. Records will also be held to document the actions to be taken to improve services in future where necessary and the dates that the changes are implemented.

The full case files will be held confidentially by the PST. All documents, in relation to compliments, comments, concerns and complaints should be kept centrally by the PST. Both electronic and paper records are held. All case files together with any documentation are kept in a secure place (electronically and paper records held).

Correspondence or any records/documentation relating to complaints will be kept separately from the patient's medical records. Complaint files must be kept for 10 years from the date on which the action was completed. After this files must be disposed of under confidential conditions.

2.26. Habitual or persistent complainants

Habitual or persistent complainants are a challenge for NHS Staff. These complainants place a strain on time and resources and cause undue stress for staff. NHS staff should respond with patience and sympathy to the needs of complainants, although at times there is nothing further

that can be done or said to reasonably assist the complainant or to rectify a real or perceived problem.

The PST and the appropriate Director and Senior Managers should ensure that these procedures have been correctly implemented so far as possible and that no elements or issues of concern or complaint have been overlooked or inadequately addressed. It should also be appreciated that the public, patients or their carers may have issues which contain genuine substance. The need to ensure an objective, fair and consistent approach is crucial.

Support should be offered to staff in difficult situations. Any member of staff who feels that they are or have suffered harassment by a complainant should immediately report this to their Line Manager, or the PST.

If a person becomes abusive, aggressive or is threatening whilst they are raising concerns or complaints to the CCG, staff should be empowered to terminate the conversation having warned the person that they will do so. Staff can contact the PST or their line manager for support in these circumstances.

It may be necessary to refer to the principles of NHS Zero tolerance policy in dealing with patients who show violent and aggressive behaviour.

If staff are to withdraw from a telephone or face to face conversation with the individual, they should be supported. Staff should be reminded of their right to feel safe and that the organisation will take steps to protect them from abuse. Any incidents of violence and/or abusive behaviour should be reported in accordance with Incident Reporting Procedures. Full written records of telephone conversations should be kept.

The PST and the appropriate Director and Senior Managers will consider the stage where a person becomes habitual or persistent. The following options should be considered as a last resort and after all reasonable measures have been taken to resolve the concerns or complaint following the NHS Complaints Procedures:

- Decline contact with the person either in face to face, by telephone, by fax, by letter, by email or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party.
- The person to be notified, in writing, that the Chief Officer/Clinical Chair has responded fully to the issues raised or complaint made and has tried to resolve the matter but there is nothing more to add. Continuing contact on the matter will serve no useful purpose and correspondence is at an end. Further correspondence will be acknowledged but not answered.
- If the person persists the Chief Officer/Clinical Chair should write to the person to ask them to cease contact with the organisation unless new issues arise. The person may also be warned that the CCGs reserve the right to pass the individual case to solicitors.
- A person could also be referred to the Parliamentary and Health Service Ombudsman.

SECTION 3

ADDITIONAL INFORMATION

3.1 Safeguarding (Adults and Children)

If any complaint made or concerns raised, include possible or potential safeguarding issues, the PST and/or appropriate Senior Manager, should seek appropriate advice from the Safeguarding Team.

Complaints/Concerns if deemed appropriate will be escalated via Safeguarding policy and procedures and an alert made if necessary.

In addition the Safeguarding Team should be asked for input or oversight into any reports where the complaint or concern includes Safeguarding issues.

3.2. Complaints made under Freedom of Information Act

When a complaint is received relating to Freedom of Information the following processes should be followed;

If a person would like to make a complaint about the person who handled their freedom of information request and/or the way in which the request was handled then this should be processed as a complaint using the procedure outlined within this policy.

Where the complaint relates to the enquirer not having been given proper advice and help or not being given the information within 20 days at the conclusion of the complaints procedures the enquirer must be informed that they have a right to complain to the Information Commissioner.

If the enquirer is unhappy with the information that has been provided, or declined or wishes to appeal against exemption which has been applied this will be dealt with under the Freedom of Information Policy.

3.3. Complaints involving litigation or requiring legal advice

The PST will seek advice from the Chief Officer / Clinical Chair or appropriate Director/Senior Manager for the CCG where a complaint carries potential for litigation. The possibility of litigation should not prevent an immediate investigation to discover any failures in systems or procedures and prevent re-occurrence.

The PST will explore with the complainant their expectation with regard to their desired outcome of the complaints procedures and offer the options available, which could prevent the possibility of litigation.

The Chief Officer and or Clinical Chair will decide whether it is possible to respond to the complaint. Legal advice may be sought if necessary in order for a decision to be made.

Complaints received where litigation is being followed are not excluded from the NHS Complaints Procedure. Where complaints investigation is being undertaken in parallel with a claim investigation advice will be sought from a solicitor.

If the police are involved legal advice will be sought to seek to ensure no prejudice to any criminal proceedings.

3.4. Redress – Compensation / Ex-Gratia Payments

There may be occasions when having investigated a complaint/concern there are grounds for making an ex-gratia payment (without accepting liability) or compensation where failures have been identified. An apology, gesture of goodwill or compensation payment may give the opportunity to deal with certain circumstances in a fair and responsive manner.

The Chief Officer will approve all ex-gratia payments. Any ex-gratia payments should be made having regard to the CCGs' Standing Orders and Standing Financial Instructions. Legal advice should be taken in relation to cases where compensation is an option to resolve the complaint.

The Parliamentary and Health Service Ombudsman (PHSO) has set out a number of principles for remedy, which should be read in conjunction with their Principles of Good Administration and Principles of Good Complaints Handling. A full set of the Principles, together with supporting information, can be found at: www.ombudsman.org.uk

The PHSO expects public bodies to be fair and take responsibility for failures and apologise for them to make amends and to use the opportunity to improve services. The PHSO refers to a range of responses to a complaint that has been upheld, these including both financial and non-financial remedies. It is accepted that in the majority of cases an apology and explanation may be a sufficient and appropriate response.

Where maladministration or poor service has led to injustice or hardship the CCGs should offer a remedy that returns the complainant/patient to the position they would have been in otherwise. If that is not possible the remedy should compensate them appropriately. The complainant/patient should not make profit or gain an advantage from remedies. There are no automatic or routine remedies for injustice or hardship resulting from maladministration or poor service, remedies may be financial or non-financial. Legal advice will be sought in individual case.

It is recommended that, before any compensation is offered in respect of a complaint involving a member of staff, the member of staff should be involved in the discussions when the subject of compensation is considered to ensure that he/she does not feel compromised by the decision to award compensation.

3.5. Staff awareness and training

Training and awareness sessions, including appropriate updates, in relation to patient feedback, including concerns raised and complaints will be provided and included within the induction process for new staff. The CCGs need to ensure staff attitudes are positive and do not deter legitimate complaints. The training also will include the roles and responsibilities of staff.

Teams/individual members of staff will also undertake training or attend awareness sessions where there is an identified need.

3.6. Publicity and accessibility of the procedures

This policy and procedure is made widely available across Bradford district and Craven CCGs and is accessible on the individual websites.

The websites includes information for patients about how to raise concerns or make a complaint. The full policy document and a patient information leaflet are also accessible on the site. In addition people can provide feedback or make enquiries about what they need from the NHS and can complete an online complaints form on each of the CCG's website.

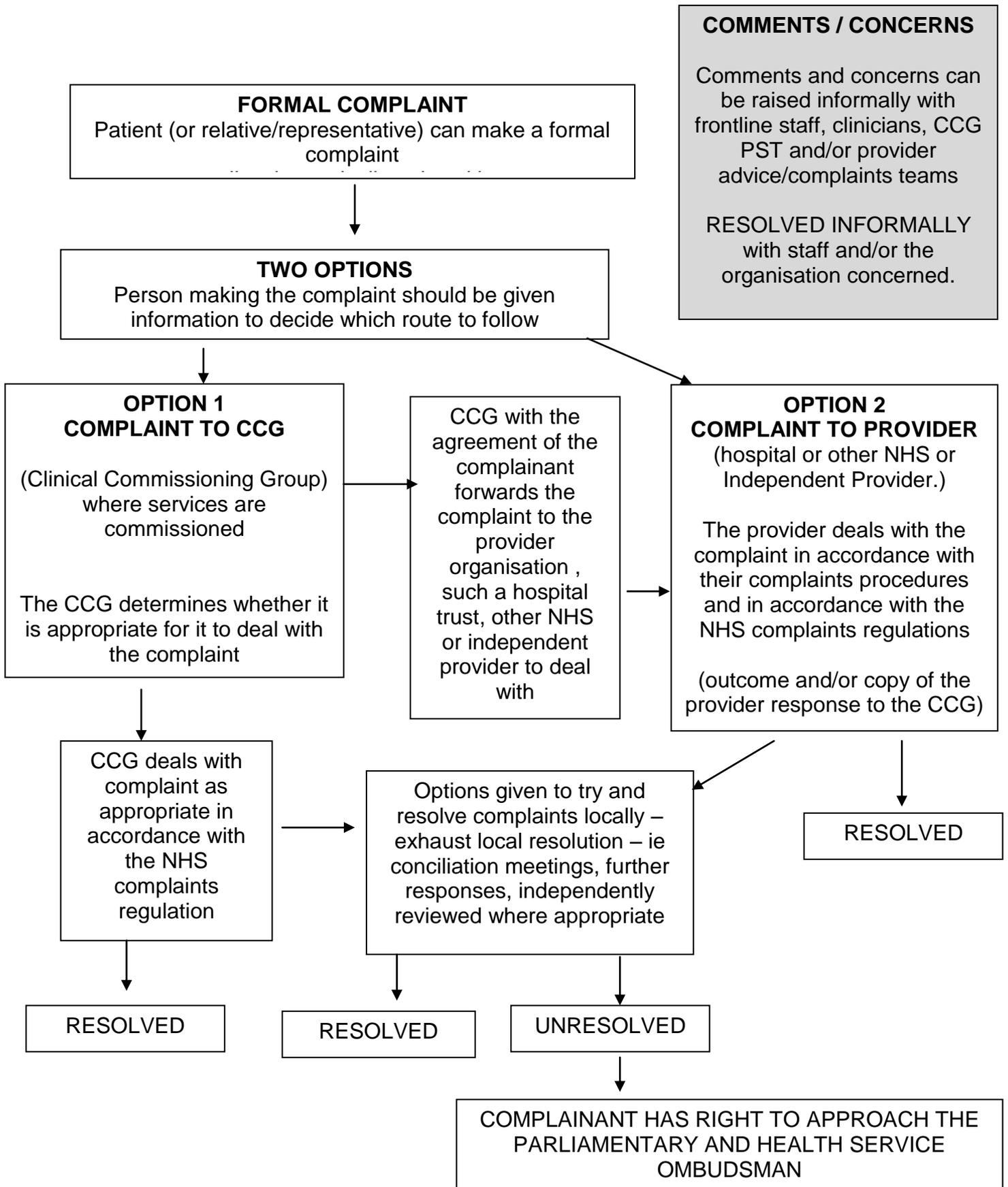
The CCGs aim to make sure that information is as accessible as possible to the public, patients and/or carers and all members of the community by providing literature in different forms where required to meet the needs of an individual and using appropriate interpreters and translation services.

Whilst the CCGs encourages resolution of concerns raised and complaints at the earliest opportunity, patients should not be deterred from making a formal complaint and information about procedures should be readily available.

FORMAL COMPLAINTS PROCESS IN RELATION TO COMPLAINTS ABOUT THE CCGS

Complaints received to be passed immediately to the Patient Support Team (PST) – although <u>within 1 working day.</u>
The PST to acknowledge the complaint <u>within 3 working days</u> verbally or in writing (usually same day) which will include an offer to discuss with the person/complainant the manner in which their issues are handled.
The PST will forward the details /copy correspondence to the Director (D) / Senior Manager (SM) at the <u>earliest opportunity although within 2 working days.</u> The D/SM will investigate or refer the case to another appropriate SM to instigate the investigation <u>immediately no later than 2 working days.</u> The Chief Officer (CO) and Clinical Chair (CC) if appropriate will also be notified of the complaint on receipt.
The PST will agree a way forward or develop a resolution plan with the person/complainant, this will include the manner in which their case is dealt with and the timeframe involved. - The PST will discuss the timeframes with the D/SM as appropriate to establish likely timeframes for investigation to be completed and response to be sent
D/SM to be responsible for the investigation (proportionate to the issues raised), identifying the lessons learned, actions to be taken and the initial drafting of the response to the complainant. PST to advise and support this process.
PST to support D/SMs with their draft - and review / proof read draft responses
Final draft response to be approved / signed off by appropriate Director/SM.
PST arranges for the final response to be signed off and sent by CO or CC and that those involved receive a copy.
Response to be sent out <u>within the 'agreed response period'</u> or further agreed timeframe – or <u>within 25 working days</u> where agreements have not been made
PST will liaise with D/ SM in each individual case if person/complainant wishes to discuss the response, remains dissatisfied or requests a meeting, to ensure consideration of way forward.
If the person/complainant is not satisfied by the outcome, response or the local resolution process they have a right to complaint to the Parliamentary Health Service Ombudsman and should do so <u>within 12 months</u> of the completion of Local Resolution
PST records all cases on a secure database. (D/SM should keep their investigation records or pass these to the PST to be included within the files.)
D/SM to produce an 'action plan' detailing the actions taken (or planned) and the lessons learned as a result of the issues raised. A copy of the action plan or details of the actions to be take to be sent to the PST <u>within 20 days of completion of the local resolution.</u>
PST produce an Annual report and other ad-hoc reports as appropriate – all feedback will be included within grassroots reporting mechanisms
D//SM to monitor action plan in <u>6 months</u>

**OVERVIEW OF COMPLAINTS PROCESS –
COMMISSION/PROVIDER**



Grading of Complaints - RISK MATRIX

Deciding how serious the issue is:

The following guidance has been extracted from the Department of Health document entitled 'Listening, Responding and Improving' and includes specific guidance, set out below, in relation to the assessment of the seriousness of complaints and/or concerns received.

Seriousness	Description	Example of incident
Low	<ul style="list-style-type: none"> • Unsatisfactory service or experience not directly related to care. • No impact or risk to provision of care. <p>OR</p> <ul style="list-style-type: none"> • 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. 	<p>Simple non-complex issues; Delayed or cancelled appointments, Event resulting in minor harm (e.g. cut, strain), Loss of property, Lack of cleanliness, Transport problems, Single failure to meet care needs, Medical records missing.</p>
Medium or moderate	<ul style="list-style-type: none"> • 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. 	<p>Event resulting in moderate harm (e.g. fracture), Delayed discharge, Failure to meet care needs, Miscommunication or misinformation, Medical errors, Incorrect treatment, Staff attitude or communication.</p>
High Extreme	<ul style="list-style-type: none"> • 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. • Possibility of adverse local publicity. <p>OR</p> <ul style="list-style-type: none"> • 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. • Possible adverse national publicity. 	<p>See moderate list.</p> <p>Event resulting in serious harm (e.g. damage to internal organs)</p> <p>Events resulting in serious harm or death, Gross professional misconduct, Abuse or neglect, Criminal offence(e.g. assault)</p>

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.

Categorise complaint

Seriousness	Likelihood of recurrence				
	Rare	Unlikely	Possible	Likely	Almost certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	

(A guide to better customer care, DOH 2009)

Root cause analysis

Where a patient safety incident has been identified, or when the case relates to an incident that has been reported, then it may be necessary to carry out a root cause analysis.

Directors / Senior Managers should also refer to the Policy and Procedure for the Reporting of and Management of Incidents to determine the depth and type of investigation required.

Any serious incident identified within a complaint must be managed in accordance with the Serious Incident (SI) policy. The PST will be kept briefed and kept updated in order to advise complainants where necessary and appropriate.

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Complaint

Ref:

Complainant:

Patient:

Investigating Officer:

**Chief Officers Response
date due to send by:**

Report completion date:

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Executive Summary *(Try to keep to one page)*

- *A brief summary of the service user/patients history(if applicable)*
- *contact with services – frequency etc*
- *When referred, what for?*

- *Summary of events leading up to the complaint.*
- *Main points for investigation*

Summary of outcome

What the investigation found

Is complaint upheld/Not/partial..... and why

Recommendations/Learning

Summary of Learning to be shared

Good Practice

Highlight any good practice

1. Methods used for investigation

- *Agree terms of reference*
- *Interview staff involved. Ensure any interview records are sent back to the staff member to review and sign off*
- *Obtain staff statements. Collecting statements is particularly important when there is a dispute*
- *Site visit*
- *Consult relevant policies and procedures*
- *Consult national guidance*
- *Consult lead clinician about best practice*
- *Identify any areas where you have not been able to obtain evidence*

2. Investigation, Findings and Conclusion

These are the terms of reference/Points for investigation agreed with the complainant.

There should be 3 titles under each point –

- **Findings**
- **Conclusion** (*stating whether it is upheld, not upheld, partially upheld or inconclusive*)
- **Recommendation**

These should be written in a way which is easily transferable to the complaint response.

- *Ensure Views of staff and complainant are recorded for each component*
- *Independent reviews/second opinions should be included as an appendix*
- *Record evidence to substantiate findings (staff statements should be saved into the Z drive)*
- *Note any discrepancies, disputes or gaps in recollections of events*
- *Identify any factors which contributed to the incident? Are there any care and service delivery problems*
- *Did any failings occur in care or treatments*
- *Could there be any improvements?*
- *Challenge your colleagues responses if they are weak, inconsistent or do not make sense*
- *Is the complaint upheld?*
A complaint should be upheld when the finding show that the service/care did not meet the appropriate standard. Any facts on which judgement is made to uphold the complaint must be proven.
A complaint is not upheld when the investigation determined the events did not happen as the complainant claims or there is insufficient evidence, on the balance of probabilities that the complainant's allegation is true
- *If the issue cannot be resolved e.g. on persons word against another – explain why you have been unable to reach a conclusion*
- *Any recommendations to remedy the issue must be agreed with the manager beforehand and the action plan completed with them*

3. Good Practice identified

Record any good practice here to share

4. Overall Conclusion

*Summarise overall findings. i.e. is complaint overall upheld/partial/not
And summarise what recommendations have been put in place*

Timeline/Chronology of events leading up to the complaint

Chronology of events	
Date and time	Event

My expectations for raising concerns and complaints

(Report November 2014)

When the government published Hard Truths, its response to Robert Francis' inquiry into the failings at Mid Staffordshire NHS Foundation Trust, the Parliamentary and Health Service Ombudsman (PHSO), the LCO (Local Government Ombudsman) and Healthwatch England committed to developing a user-led 'vision' of the complaints system.

This vision sets out what people should expect when it comes to raising concerns and complaints about health and social care.

Health and social care providers can use this work to measure people's experiences of complaints and help them improve.

Improving the complaints process *My Expectations*

Diagram 1: A user-led vision for raising concerns and complaints in health and social care



*The full report document can be accessed as follows on the internet;
https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf

USEFUL CONTACTS

Bradford districts and Craven Clinical Commissioning Groups (CCGs)

The Patient Support Team / Chief Officer
Bradford district and Craven CCGs
Scorex House,
1 Bolton Road
Bradford
BD1 4AS

Tel – 01274 237562

Email: bdc.complaints@nhs.net / BradfordCCGspatientsupport@bradford.nhs.uk

Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)

BTHFT – Patient Experience Team - first point of contact for patients

The Chief Executive / Patient Experience Team
Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)
Bradford Royal Infirmary
Duckworth Lane
Bradford
BD9 6RJ

Telephone: 01274 364021 Email: patient.experience@bthft.nhs.uk

Bradford Districts Care Foundation Trust (BDCFT)

BDCFT - Patient Advice and Complaints Team

The Chief Executive / Patient Advice and Complaints Team
New Mill
Victoria Road
Saltaire
Shipley
BD18 3LD

Tel - Tel 01274 251440 or Email – advice.complaints@bdct.nhs.uk

Airedale Hospitals NHS Foundation Trust (ANHSFT)

ANHSFT - Patient Advice and Liaison Service (PALS) - first point of contact for patients)

The Chief Executive or PALS & Complaints Manager
Airedale Hospitals NHS Foundation Trust
Airedale General Hospital
Skipton Road
Steeton
Keighley
BD20 6TD

PALS: 01535 294019 / Complaints: 01535 294015 Email: Pals.office@anhst.nhs.uk

NHS ENGLAND - Complaints about Primary Care, (GP, Dental, Pharmaceutical and opticians) and Specialist Commissioning

NHS England (NHS E)
PO Box 16738
Redditch
B97 9PT

Telephone: 0300 311 22 33 or Email: england.contactus@nhs.net

The Parliamentary and Health Service Ombudsman (PHSO)

The Parliamentary and Health Service Ombudsman for England
11th Floor
Millbank Tower
Millbank
LONDON
SW1P 4QP

Tel no: 0845 015 4033 email: OHSC.Enquiries@ombudsman.gsi.gov.uk
Or visit their website at: www.ombudsman.org.uk

ICAT – Independent Complaints Advocacy Team

ICAT provide independent help and support to patients, carers or the public.

Vital – provide ICAT across the Bradford and Airedale district

ICAT
Rooms 21-29,
1st floor, The Tradeforce Building,
Cornwall Place,
Bradford,
BD8 7JT

ICAT telephone referral line 01274 750784 or Email: icat@vitalprojects.org.uk

links via website: www.vitalprojects.org.uk

Cloverleaf Advocacy provide ICAT in the craven area

Cloverleaf Advocacy
Independent Health Complaints Advocacy Service
Cloverleaf Advocacy
1 Devonshire Court
Green Lane Trading Estate
Clifton
York YO30 5PQ

Tel: 0300 012 4212 - Text Service 07860 021502 (Incoming only)

Department of Health

The Department of Health's Website also has information about NHS complaints procedures at www.dh.gov.uk

Confidential Staff Counselling/Medication Service

Provided by Occupational Health Services - contact your HR representative or Occupational Health Service direct.

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Bradford City CCG
Bradford Districts CCG

KEY REFERENCES

CCGs' Supporting Policies and Procedures

Information Governance Policies and Procedures
Serious Untoward Incident Policy
Safeguarding policy (Adults and children)
Risk Management Policy and Strategy
Managing Violence and Aggression
Zero Tolerance Policy and Procedures
Grievance Procedures
Whistle Blowing policy
Communications and Engagement Strategies

These policies and strategies can be found on the internet sites at;

<http://www.airedalewharfedalecravenccg.nhs.uk/about-us-/publication-scheme/policies-and-procedures/> <https://www.bradfordcityccg.nhs.uk/about-us/publication-scheme/our-policies-and-procedures/> <https://www.bradforddistrictsccg.nhs.uk/about-us/publication-scheme/policies-and-procedures/>

National publications and regulations

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (Statutory Instruments 2009 No.309) and amendments
- The Department of Health publication, guidance document to support the 2009 regulations – 'Listening, Responding, Improving' 'A guide to better customer care' February 2009
- PHSO publications – 'The Principles of Complaints Handling' and Principles of Remedy (2009) & My Expectations for raising concerns and complaints (November 2014)
- The Department of Health document – The NHS Constitution – March 2012 – updated 2015
- Francis report following the Public Inquiry into the Mid Staffordshire NHS Foundation Trust – February 2013
- NHS England – Guide to good handling of complaints for CCGs (Clinical Commissioning Groups) – May 2013
- Report of handling complaints by NHS hospitals in England by Ann Clwyd MP & Professor Tricia Hart entitled 'Review of Hospitals Complaints System 'Putting Patients Back in the Picture – October 2013
- NHS England's publications November 2015– Assurance of good complaints handling for acute and community care – A toolkit for commissioners – and Assurance of good complaints handling for Primary Care – A toolkit for commissioners -

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EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	All complainants/enquirers will be treated equally in accordance with complaints policy and procedures Complainants/enquirers will not be discriminated against – their care will not be affected
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, 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 any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the policy/guidance likely to be negative?		
5.	If so can the impact be avoided?		
6.	What alternatives are there to achieving the policy/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

If you have identified a potential discriminatory impact of this procedural document, please refer it to Lorraine Kennedy, Patient Support Manager, telephone 01274 237562, together with any suggestions as to the action required to avoid/reduce this impact.

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Bradford City CCG
Bradford Districts CCG