



## **Bradford Districts Clinical Commissioning Group**

### **COMPLIMENTS, COMMENTS, CONCERNS AND COMPLAINTS POLICY AND PROCEDURES**

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<b>Review Date:</b>	April 2017
<b>Document type:</b>	Policy
<b>Date Issued:</b>	December 2015
<b>Ratified by:</b>	
<b>Reference:</b>	
<b>Version</b>	One

<b>Supersedes</b>	CCG policy adopted from NHS Bradford and Airedale Compliments, Comments, Concerns and Complaints Policy and Procedures
<b>Approving Body</b>	Governing Body
<b>Supporting Procedure(s)</b>	Policy and procedure for the reporting and management of incidents, complaints and claims
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<b>Distribution</b>	All areas

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## **SECTION 1**

### **COMPLIMENTS, COMMENTS, CONCERNS AND COMPLAINTS POLICY**

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#### **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.

The CCG is committed to patient centered care and to continuous service improvement. As a part of this process, the CCG 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 the 'Guide to good handling of complaints for CCGs' produced by NHS England in May 2013.

This policy and procedures (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 CCG's Patient Support Line and/or by PALS within our provider organisations. 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. 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 CCG 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.

### **1.3. 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 CCG 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. PRINCIPLES OF GOOD COMPLAINTS HANDLING**

The Parliamentary and Health Service Ombudsman has published a set of 'Principles of Good Administration'. The CCG is 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](http://www.ombudsman.org.uk)

### **1.5. 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 Line and appropriate Patient Advice and Liaison Services (PALS)/Advice/Complaints services.
- 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 CCG will ensure that patients, relatives or their carers receive a high quality service in respect of processing their complaints, concerns, comments and compliments; The CCG will record and deal with all complaints, concerns, comments and compliments 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 complainant. The CCG will demonstrate its intention to put the needs of its patients first.

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

## **1.6. OPEN, TRANSPARENT AND FAIR CULTURE**

The CCG 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 CCG is 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 its 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 and 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. (see para 2.23). In addition confidentiality is maintained and the complaint is only shared with the appropriate managers and staff involved.



## **1.7. CONFIDENTIALITY / DATA PROTECTION**

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 CCG 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.

The Data Protection Act 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, a robust public interest justification.

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.

## **1.8. MONITORING/REPORTING**

The Patient Support Manager will record all feedback, including concerns, complaints received about the services of the CCG 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), the General Practice Quality Improvement Group (GPQIP) and for Districts Primary Care Commissioning Committee (DPCCC) as appropriate. In addition, the Patient Support Manager will also provide data to inform the Commissioning Intelligence report which is taken to the JQC and forms part of the Performance, Quality and Assurance processes with regard to contract monitoring. Concerns and complaints are discussed at the respective provider Quality Performance Group or Contract Monitoring Board, which ever appropriate where senior management of the CCG and provider organisation are in attendance.

The Patient Support Manager will provide reports and information, quarterly and annually or when required.

The reporting of concerns and complaints information will be developed to include information from provider organisations commissioned by the CCG. In line with the Francis recommendations, the CCG 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, (concerns, complaints, comments, compliments) 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 Patient Support Manager 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.

### **1.8.1 Primary Care reporting**

NHS England is responsible for complaints management for any primary care complaints it receives, including those involving the CCG's member practices. However, the CCG 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

All feedback, including concerns and complaints about Medical Services provided by GP member practices of the CCG will be included within reporting mechanisms in order for the CCG to fore fill its responsibility for improving the quality of primary care. Reports will be provided for the Joint Quality Committee (JQC) and General Practice Quality Improvement Group (GPQIG) and when necessary the Districts Primary Care Commissioning Committee (DPCCC).

The CCG Governing Body in addition invites patients to their public meetings to talk about their experience and tell their patient story personally.

## **1.9. HEALTHWATCH / OVERVIEW AND SCRUTINY COMMITTEE**

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

Healthwatch is driven by what people tell them about health and social care services in Bradford and District. Good or bad, they want to know what people think of the care they receive in our area. 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 in jointly with the CCG to ensure the CCG and service providers hear these concerns and use this information to shape and improve services.

A representative of Healthwatch is a member of the CCGs Communications Engagement Equalities Reference Group (CEERG) and the Joint Quality Committee (JQC) where the Grass roots report and Commissioning Intelligence reports are provided.

## **1.10. CARE QUALITY COMMISSION (CQC) / MONITOR**

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

The CCG 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.

## **1.11. IMPLEMENTATION OF THIS POLICY**

This policy has been revised to reflect the development of CCGs and NHS England and to ensure compliments, comments, concerns, complaints are dealt with, and 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'. The recommendations of the Francis report have also been taken into account.

Staff should already be familiar with the principles, requirements and responsibilities. Advice is available from the Patient Support Manager. 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.

## **1.12. EQUALITY IMPACT ASSESSMENT**

This policy and procedure for managing Compliments, Comments, Concerns and Complaints has been assessed for its impact upon equality. The CCG is 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 5.

### **1.13. MONITORING COMPLIANCE AND EFFECTIVENESS OF THE 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 and the General Practice Quality Improvement Group and the Districts Primary Care Commissioning Committee of which they are a member.

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, the Clinical Board and Governing Body.

### **1.14. FURTHER INFORMATION**

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

### **1.15. POLICY REVIEW**

This policy will be reviewed by April 2017.

## SECTION 2

### COMPLAINTS/CONCERNS MANAGEMENT PROCEDURES

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#### 2. INTRODUCTION

The purpose of these procedures is to provide a documented framework for staff to utilise when concerns/complaints are received. It includes roles and responsibilities of staff and includes the management process of concerns and complaint when they are received about the CCGs functions or its staff. Details of the Complaints procedures and processes are outlined in this section. Appendix 1a, 1b and 1c 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 CCG has overall accountability for of the management of concerns or complaints raised with the CCG 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 Chair

The Clinical Chair 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 on the Governing Body 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 Adviser

The CCG Clinical Leads will provide clinical advice when necessary in order to assist in the handling complaints, concerns raised and feedback received. If required the Clinical Lead will review individual cases as appropriate in order to provide advice in relation to the outcome and/or recommendation 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 is responsible for signing off of the investigation, report findings, lessons learned as a result, the action plan and 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.

Directors will offer to meet with patients and/or complainants to discuss their complaint, the outcome of investigations or when 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 CCG and with any other individual, organisation as necessary. In addition, Directors 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 Manager 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 4.

#### **2.1.6. Patient Support Manager (designated Complaints Manager)**

The Patient Support Manager is the designated lead for ensuring issues of concern and complaints are dealt with as appropriate for the CCG and will support and advise Directors and Senior Managers throughout the process. The Patient Support Manager will also ensure that other feedback, (comments/compliments) or requests for information received are dealt with and responded to appropriately.

The Patient Support Manager 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 Patient Support Manager is responsible for the effective and efficient day to day operation and management of all matters relating to the complaints procedures, in accordance with the NHS Complaints Regulations and taking into account the Department of Health guidance issued to support these, 'Listening Responding and Improving'.

The Patient Support Manager 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 Patient Support Manager 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 Patient Support Manager 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 Patient Support Manager 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.

The Patient Support Manager 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 Patient Support Manager will co-ordinate the information gathering in relation to complaints that are made to the Parliamentary Health Service Ombudsman and ensure that the appropriate Senior Managers are aware of the outcome, in order for them to address any recommendations.

The Patient Support Manager will deliver as necessary a range of complaints training and awareness sessions, including induction and appropriate updates for CCG staff and member practices.

The Patient Support Manager 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 and the Governing Body.

### **2.1.7. 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 Patient Support Manager.

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 Patient Support Manager 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. The Patient Support Manager will advise and support this process. 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 Patient Support Manager will support and advise Service Managers throughout the process.

### **2.1.8. Front line staff**

Patient, relatives or carers may contact front line staff in the first instance to raise their concerns or to say they want to make a complaint. The CCG encourages staff to discuss with patients any concerns raised. 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 the matter should be resolved on the spot or within 1 working day.

Front line staff should refer any case to their line manager if the matter cannot be resolved quickly or easily to the patient's satisfaction or to the Patient Support Manager 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 Patient Support Manager 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 Patient Support Manager.

All staff should contact their Line Manager and the Patient Support Manager 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. PATIENT ADVICE AND LIAISON SERVICE (PALS)**

Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) and Airedale NHS Hospitals Foundation Trust (ANHSFT), as many other Trusts, provide a Patient Advice and Liaison Service, known as PALS.

PALS was introduced as 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.

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

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 working in a similar way to PALS, however the team deal with formal complaints also.

## **2.3. 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;
- 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 CCG should be investigated and response made by the appropriate Director, Senior Manager or Chief Officer/Clinical Chair when necessary.

#### **2.4. RAISING A CONCERN and/or MAKING A COMPLAINT**

Concerns and complaints should be raised with the Patient Support Manager or Chief Officer of the CCG about its services, its staff and/or services it commissions. It is accepted that concerns and complaints can be received by anyone within the organisation. However in any event these must be referred immediately to the Patient Support Manager to ensure that they are dealt with in accordance with these procedures.

The CCG will receive complaints about its commissioned services and other agencies and/or providers, details of the procedures are set out at paragraph 2.5.

The emphasis is to try and resolve concerns and complaints in a conciliatory fashion, quickly and as close to the source of the issue, concern or complaint, 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.

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

Where the complaint is made orally then a written record will be made by the Patient Support Manager, which will include the name of the complainant, the subject of complaint and the date on which it was made. The Patient Support Manager will require the patient's/complainant's signature to confirm the details are accurate. However complainants will be encouraged to write complaints personally where they are agreeable. Equally with complaints received by email, or electronically via the website, the complainant will need to sign and authorise the statements received.

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 2.20)

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 Patient Support Manager 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.

## **2.5. CONCERNS / COMPLAINTS ABOUT COMMISSIONED SERVICES AND/OR INVOLVING OTHER AGENCIES / PROVIDERS**

The Patient Support Manager 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 Patient Support Manager 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 Patient Support Manager will encourage complaints to raise concerns or complain to the provider organisation direct and/or 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 CCG will request a copy of the outcome of the investigation and response, providing the person/patient consent to information being shared.

In exceptional cases where the CCG, considers that it is more appropriate for the CCG (as commissioners of service) to deal with a complaint, the Patient Support Manager 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 Patient Support Manager deal with as appropriate and will liaise with the organisations involved, taking into account guidance from NHS England.

## **2.6 MEMBER PRACTICES (General Practice/Primary Care)**

The Patient Support Manager 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 3. 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 grassroots reporting and to influence any actions to be taken to improve the quality of primary care. (see section 1 para 1.8.1).

## **2.7. PERSONS WHO CAN MAKE A COMPLAINT OR RAISE A CONCERN**

A complaint can be made by a patient or a person affected or likely to be affected by the action, omission or decision of the CCG. 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 Patient Support Manager 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 patient's care and treatment within any response made.

The correspondence received from Members of Parliament (MPs), and Councillors (Cllrs), on behalf of a constituent or other is detailed at paragraph 2.25.

## **2.8. CONCERNS OR COMPLAINTS MADE ANONYMOUSLY**

If anyone wishes to remain anonymous whilst making complaint or raising a concern, the CCG will consider whether there is enough information to carry out an investigation. The Patient Support Manager will discuss with the appropriate Director / Head of Service or 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.

## **2.9. 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 Patient Support Manager and/or the Director / Head of Service 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 not withstanding the time that had elapsed it is still possible to investigate the complaint effectively and efficiently.

## **2.10. ACKNOWLEDGMENTS AND RECORD OF CONCERNS AND COMPLAINTS**

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

In any event the Patient Support Manager will ensure there is a log to record the concern/complaint and will send an acknowledgment to the complainant within 3 working days of the date on which the concern/complaint was received. It is crucial for getting the initial contact with a complainant right in order for concerns and or complaints 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 concern or 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 Patient Support Manager 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 Patient Support Manager will discuss each individual case with the Director/Head of Service in order to fulfill the above requirement and to develop a local resolution plan, an agreement with the complainant of the way forward.

Where the complaint or concern 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.

## **2.11. TIMEFRAMES 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 as noted above. The level of the investigation should assist in the determination of the timeframes involved. The Patient Support Manager will in consultation with the Director or Senior Manager will determine the timeframe which will be agreed with the complainant. The Patient Support Manager will negotiate and reach the agreement 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 Patient Support Manager should 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.

## **2.12. 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 Manager.

The Director / Senior Manager should;

- Grade the complaint (see section 2.13 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 Patient Support Manager 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.
- Draft a response to the complainant in consultation with those involved and the Patient Support Manager.
- 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 Patient Support Manager 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 Patient Support Manager about the progress of the complaint and give the reasons for any delay, in order for the Patient Support Manager to keep the Complainant informed if this has been agreed.

## **2.13. 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 Patient Support Manager

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 CCG 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.

## **2.14. 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 / Heads of Service 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.

## **2.15. RESPONSES TO COMPLAINTS / CONCERNS**

Following the completion of the investigations, Director / Head of Service will prepare a draft response, the Patient Support Manager 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/concern 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 Clinical Chair's behalf.

## **2.16. '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 concerns 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.

The CCG will also offer an independent mediation/conciliation service to assist the complaints local resolution process where deemed appropriate by the Patient Support Manager or Director/ Head of Service. 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 Patient Support Manager, where appropriate, with the agreement of the Director / Head of Service, 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.

## **2.17. COMPLETION OF LOCAL RESOLUTION**

The Patient Support Manager, in consultation with the Director / Head of Service, 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.

## **2.18. 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 Complaints Manager within 20 days of the final response letter to the patient identifying actions taken as a result of the complaint.

Details of all concerns/patient feedback are also logged in order to identify trends via grass roots reporting. Regular reports are produced (section 1.8) to inform the JQC, GPQIG, DPCCC, Directors and to give assurance to the Governing Body. The Patient Support Manager 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.

## **2.19. PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN – PHSO - (2<sup>nd</sup> 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 Patient Support Manager or the NHS Organisation, Independent organisation or GP practice involved if they are dissatisfied in the first instance. The Patient Support Manager 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 3 of this document.

## **2.20. 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.

ICAT is provided by BAMHAG, Bradford and Airedale Mental Health Advocacy Group and Choice Advocacy, contact details are noted at Appendix 3.

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.

## **2.21. SUPPORT FOR STAFF**

The CCG 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 CCG 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. Contact details are noted at Appendix 3.

## **2.22. MANAGEMENT OF STAFF INVOLVED IN COMPLAINTS OR CONCERNS RAISED**

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 or 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 CCG's 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 counseling/mediation service as noted above. (para 2.21)

### **2.23. RECORD KEEPING**

All concerns and complaints will be registered on the day of receipt, or as soon as possible thereafter, by the Patient Support Manager. 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 Patient Support Manager. 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 Patient Support Manager. All documents, in relation to a concern/complaint should be kept centrally by the Patient Support Manager. Both electronic and paper records are held. Complaints files and any documentation relating to concerns/complaints are kept in a secure place (electronically and paper records held).

Complaints 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.

### **2.24. 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 Patient Support Manager 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 Patient Support Manager.

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 Patient Support Manager 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 behavior should be reported in accordance with Incident Reporting Procedures. Full written records of telephone conversations should be kept.

The Patient Support Manager 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 CCG reserves the right to pass the individual case to solicitors.
- A person could also be referred to the Parliamentary and Health Service Ombudsman.

## **2.25. CORRESPONDENCE RECEIVED FROM LOCAL MEMBERS OF PARLIAMENT (MPs) AND COUNCILLORS (Cllrs).**

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 25 working days.

In all cases the Patient Support Manager 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.

## SECTION 3

### ADDITIONAL INFORMATION

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#### **3.1 SAFEGUARDING (Adults and Children)**

If any complaint made or concerns raised, include possible or potential safeguarding issues, the Patient Support Manager 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 THE FREEDOM OF INFORMATION**

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 and/or the Commissioning Support's Complaints 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 Patient Support Manager will seek advice 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 Patient Support Manager 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 will 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 and or the NHSLA.

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 CCG 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](http://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 CCG 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 maybe 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 CCG 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 the CCG and is accessible on the website.

The website 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 the CCG website.

The CCG 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 CCG 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

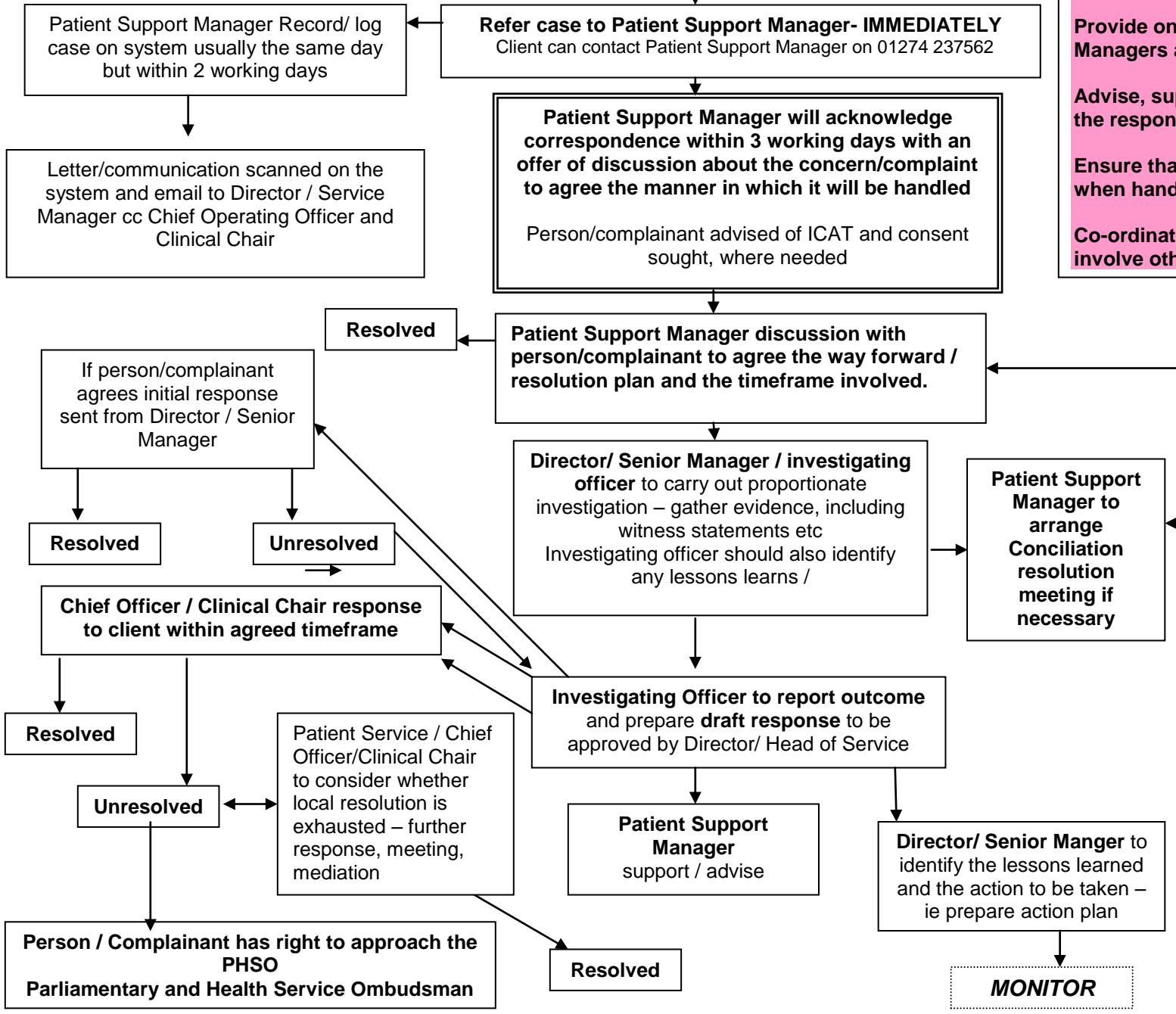
Concerns and complaints received to be passed <b>immediately</b> to the Patient Support Manager (PSM)– although <b><u>within 1 working day.</u></b> (or Admin Support for Corporate Affairs / Associate Director of Corporate Affairs in PSM absence)
The PSM to acknowledge the concerns/ complaint <b><u>within 3 working days</u></b> 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 PSM will forward the details /copy correspondence to the Director (D) / Senior Manager (SM) at the <b><u>earliest opportunity although within 2 working days.</u></b> The D/SM will investigate or refer the case to an other appropriate SM to instigate the investigation <b><u>immediately no later than 2 working days.</u></b> The Chief Officer (CO) and Clinical Chair (CC) if appropriate will also be notified of the complaint on receipt.
The PSM 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 PSM 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 ( <b>proportionate to the issues raised</b> ), identifying the lessons learned, actions to be taken and the drafting of the response to the complainant. PSM to advise and support this process.
PSM to draft response where appropriate and/or review / proof read draft response provided by the D/SM.
Final draft response to be approved / signed off by appropriate Director/SM.
PSM 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 <b><u>within the ‘agreed response period’</u></b> or further agreed timeframe – <b><u>or within 25 working days</u></b> where agreements have not been made
PSM 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 <b>within 12 months</b> of the completion of Local Resolution
PSM records all cases on a secure database. (D/SM should keep their investigation records or pass these to the PSM 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 PSM <b>within 20 days of completion of the local resolution.</b>
PSM produces Quarterly and Annual reports as appropriate and will provide feedback for grassroots reporting and the Commissioning Intelligence Report (CIR) for the Joint Quality Committee.
D//SM to monitor action plan in <b>6 months</b>

**APPENDIX 1b**

**COMPLAINTS RECEIVED BY CCG**

**Patient Support Manager will;**

- Have overview of process
- Provide ongoing support and advice to Managers and those involved in the process.
- Advise, support managers in the drafting of the response – including impartial review
- Ensure that good practice is maintained when handling concerns or complaints made
- Co-ordinate concerns and complaints that involve other organisations

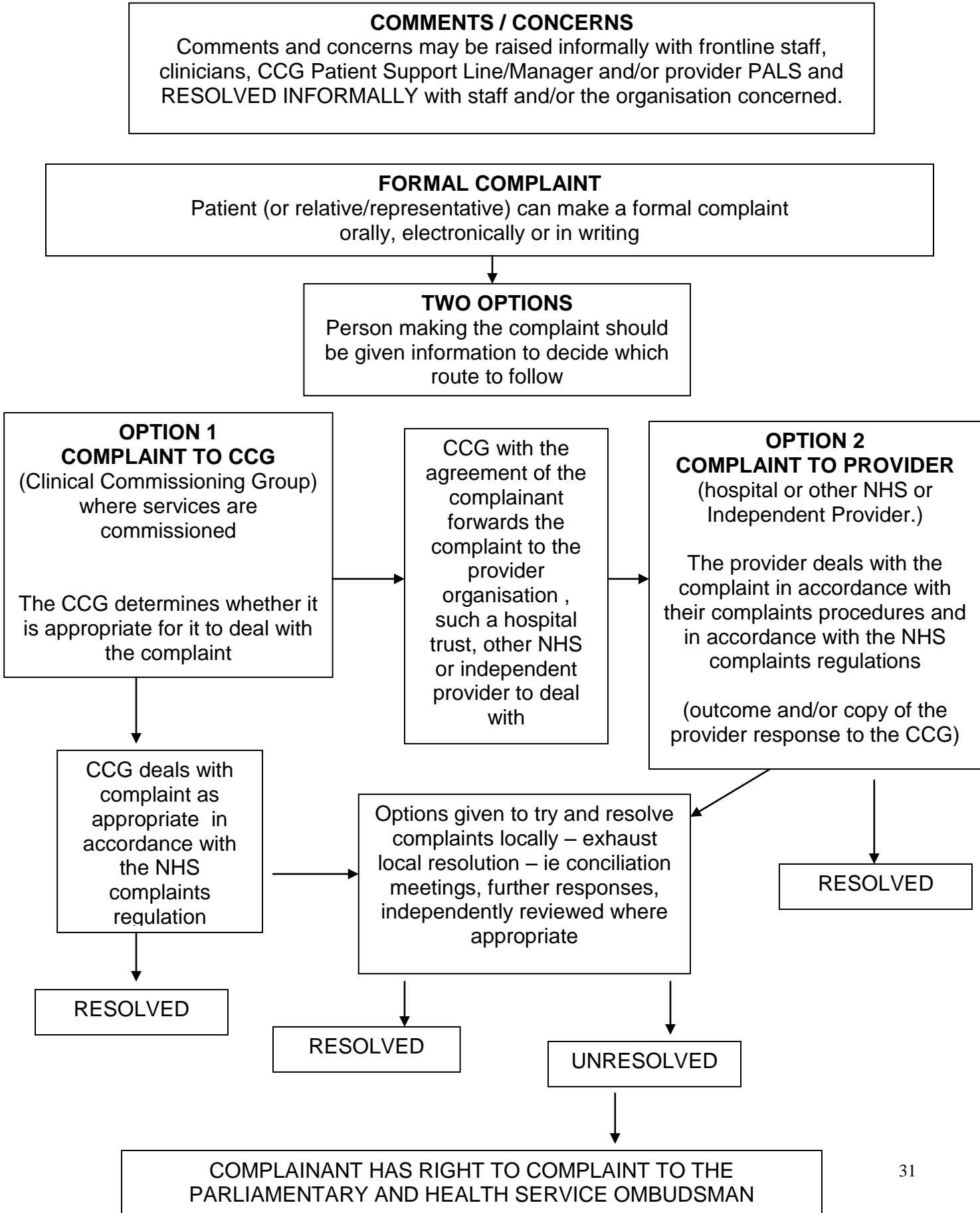


**Agreements should include**

- Clarification of issues
- What persons/ complainants desired outcome would be / what will resolve the concern/complaint
- What you agree to do to resolve issues and/or any immediate actions
- Agree / negotiate timescales – how long is it likely to take
- Agree how, when the person/complainant is updated – and who will contact them.

NB – re-negotiate time frame where there are delays – document this.

OVERVIEW OF COMPLAINTS PROCESS – COMMISSION/PROVIDER





## Grading of Complaints - RISK MATRIX

## APPENDIX 2

### 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
<b>Low</b>	<ul style="list-style-type: none"> <li>• Unsatisfactory service or experience not directly related to care.</li> <li>• No impact or risk to provision of care.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Unsatisfactory service or experience related to care, usually a single resolvable issue.</li> <li>• Minimal impact and relative minimal risk to the provision of care or the service.</li> <li>• No real risk of litigation.</li> </ul>	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.
<b>Medium/moderate</b>	<ul style="list-style-type: none"> <li>• Service or experience below reasonable expectations in several ways, but not causing lasting problems.</li> <li>• Has potential to impact on service provision.</li> <li>• Some potential for litigation.</li> </ul>	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.
<b>High</b>  <b>Extreme</b>	<ul style="list-style-type: none"> <li>• Significant issues regarding standards, quality of care and safeguarding of or denial of rights.</li> <li>• Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation.</li> <li>• Possibility of litigation.</li> <li>• Possibility of adverse local publicity.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death.</li> <li>• Will require immediate and in-depth investigation.</li> <li>• May involve serious safety issues.</li> <li>• A high probability of litigation.</li> <li>• Possible adverse national publicity.</li> </ul>	See moderate list.  Event resulting in serious harm (e.g. damage to internal organs)         Events resulting in serious harm or death, Gross professional misconduct, Abuse or neglect, Criminal offence(e.g. assault)

**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 Patient Support Manager will be kept briefed and kept updated in order to advise complainants where necessary and appropriate.

**Bradford Districts Clinical Commissioning Group (CCG)**

The Patient Support Manager (designated Complaints Manager) or Patient Support Line

Bradford Districts CCG and Bradford City CCG  
Douglas Mill,  
Bowling Old Lane,  
Bradford  
BD5 7JR

Tel – 01274 237562 Email: [BradfordCCGspatientsupport@bradford.nhs.uk](mailto:BradfordCCGspatientsupport@bradford.nhs.uk)

**Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)**

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

PALS - Tel: 01274 364021

Email: [PALS@bthft.nhs.uk](mailto:PALS@bthft.nhs.uk)

Complaints - Tel: 0500 777717 Or 01274 364810

Email: [complaints@bthft.nhs.uk](mailto:complaints@bthft.nhs.uk)

Or write to;

The Chief Executive or the Complaints Manager  
Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)  
Bradford Royal Infirmary  
Duckworth Lane  
Bradford  
BD9 6RJ

**Bradford Districts Care Foundation Trust (BDCFT)**

Patient Advice and Complaints Department

Tel - Tel 01274 251440 or Email – [advice.complaints@bdct.nhs.uk](mailto:advice.complaints@bdct.nhs.uk)

Or write to

The Chief Executive or Complaints and Litigation Manager  
New Mill  
Victoria Road  
Saltaire  
Shipley  
BD18 3LD

**Airedale Hospitals NHS Foundation Trust (ANHSFT)**

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

PALS Tel: 01535 294019

Email: [Pals.office@anhst.nhs.uk](mailto:Pals.office@anhst.nhs.uk)

Complaints Office Tel: 01535 294015

Or write to

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

**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 Email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

**ICAT – Independent Complaints Advocacy Team**

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

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

ICAT telephone referral line 01274 750784

**The Parliamentary and Health Service Ombudsman (PHSO)**

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

Tel no: 0845 015 4033 email: [OHSC.Enquiries@ombudsman.gsi.gov.uk](mailto:OHSC.Enquiries@ombudsman.gsi.gov.uk)  
Or visit their website at: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

**Department of Health**

The Department of Health's Website also has information about NHS complaints procedures at [www.dh.gov.uk](http://www.dh.gov.uk)

**Confidential Staff Counseling/Medication Service**

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

## KEY REFERENCES

### Supporting Policies and Procedures

Policy and Procedure for the reporting of incidents, complaints and claims

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 intranet site at:  
[www.bradforddistrictccg.nhs.uk](http://www.bradforddistrictccg.nhs.uk) / [www.bradfordcityccg.nhs.uk](http://www.bradfordcityccg.nhs.uk)

### 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 & . My Expectations for raising concerns and complaints
- The Department of Health document – The NHS Constitution
- Supporting Staff, improving services Guidance to support implementation of the NHS Amendment Regulations 2006
- 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

**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
<b>1.</b>	<b>Does the policy/guidance affect one group less or more favorably than another on the basis of:</b>		
	• 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	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>		
<b>4.</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>		
<b>5.</b>	<b>If so can the impact be avoided?</b>		
<b>6.</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>		
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>		

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

