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Distribution:	All staff and GP members of the CCG.
Compliance:	Mandatory for all permanent and temporary employees of Rotherham CCG.
Equality & Diversity Statement:	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

POLICY AND PROCEDURE ON COMPLAINTS MANAGEMENT

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COMPLAINTS POLICY AND PROCEDURE

Introduction

- 1.1 NHS Rotherham CCG is committed to commissioning and ensuring high quality services, and being responsive to the needs of its population. It does however, recognise that there will be occasions when people will be dissatisfied with the service received and wish to make a complaint. Rotherham CCG places great emphasis on resolving complaints as quickly as possible in an open and transparent manner which is seen as vital to improve services and the patients' experience of the NHS.
- 1.2 This policy sets out the process by which concerns, complaints and compliments may be brought to the attention of Rotherham CCG and subsequently investigated and responded to in accordance with recognised good practice and Department of Health guidance. It is based on the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, which came into force in April 2009. Rotherham CCG has established and maintains procedures to ensure compliance with requirements in the NHS Litigation Authority Risk Management Standards for PCTs.
- 1.3 It is the responsibility of Rotherham CCG to ensure that the patient's immediate safety and health care needs are being met. This may require urgent attention before any matters relating to the complaint are handled.

2 Scope

2.1 This policy and its procedures apply to both clinical and non-clinical complaints and relates to complaints about those services commissioned and managed by Rotherham CCG; complaints regarding actions, behaviours or attitude of any person employed by Rotherham CCG; health related complaints that include elements relating to the local authority; complaints regarding access to funded care; complaints regarding commissioning decisions and complaints regarding an NHS body or independent provider. It should be read in conjunction with other associated Rotherham CCG policies, i.e. Incident Management Policy.

2.2 The policy does not cover issues relating to NHS Rotherham CCG staff which are handled separately through line management arrangements and human resource policies e.g. Grievance Procedure, Whistle Blowing Policy and Disciplinary Procedure.

3 Policy Statement

Rotherham CCG aims to ensure that all complaints are used positively as a learning opportunity and will ensure that the patient or carer is not detrimentally treated as a result of lodging a complaint, whilst being fair and supportive to staff. We will ensure that we will work with the complainant on a customer and person centred, responsive and timely basis, in accordance with our values:

Clinical Leadership; Putting People First; Ensuring that patient and public views impact on the decisions we make; Working in Partnership; Continuously Improving Quality of Care whilst ensuring value for money; Showing Compassion, Respect and Dignity; Listening and Learning; Taking Responsibility and Being Accountable, with a view to addressing and resolving the complaint at the earliest possible opportunity. We will work with all providers of NHS Services to ensure that a similar customer focussed approach is taken to complaint handling.

NHS Rotherham CCG firmly believes that all Rotherham residents irrespective of age, gender, ethnicity, disability or health status have the right to be safeguarded from

abuse, neglect and/or maltreatment. This policy, as appropriate, must be read in conjunction with NHS Rotherham CCG Safeguarding Policy.

The main objective of the policy and its procedure is to ensure that complaints are dealt with swiftly, appropriately and as close to the source of the problem as possible; to provide the fullest possible opportunity for investigation and resolution of the complaint; to provide a full explanation to the complainant; to learn from the experience and make changes/improvements as necessary. This will be achieved using the 'Principles of Good Complaint Handling' and 'Principles of Remedy' as laid down by the Parliamentary and Health Service Ombudsman. These are:

Getting it right

Being customer focused

Being open and accountable

Acting fairly and proportionately

Putting things right

Seeking continuous improvement.

- 3.1 The policy aims to adopt the new approach to dealing with complaints in accordance with Department of Health Guidance, 'Listening, Responding, Improving'. The new approach ends the bureaucracy of the old complaints system, encourages a proactive process of early contact with the complainant and robust systems for organisational learning from complaints outcomes.

4 Definition of a Complaint

- 4.1 For the purposes of this policy a complaint is defined as "an expression of dissatisfaction" received from a patient, carer or service user about any aspect of the local health services which require a response, whether it be verbally or in writing.
- 4.2 Such expressions of dissatisfaction may be made in a variety of ways; verbally, in person, by telephone, in writing, including electronically by email or fax.
- 4.3 This wide definition empowers front-line staff to resolve minor comments, grumbles and problems immediately and informally.
- 4.4 The decision as to whether a matter is dealt with informally as a concern or as a formal complaint will depend on whether an immediate response can be given or whether further investigation is required.

5 Responsibilities

- 5.1 The Rotherham CCG Governing Body will oversee the complaints management process to satisfy itself that the required quality of service by all providers and of commissioning activity and decisions is achieved and maintained. This includes the responsibility for approving Rotherham CCG's policy and procedures for the management of complaints.
- 5.2 **The Chief Officer** is ultimately responsible for all complaints received by Rotherham CCG. However, this responsibility is delegated to the **Assistant Chief Officer**, supported by the Complaints & Governance Officer who will act as the designated '**Complaints Manager**' in accordance with the requirements of the NHS Complaints

Procedure. The Chief Officer is responsible for responding in writing to all formal complaints.

5.3 The Audit and Quality Assurance Group (AQuA) is accountable to the Governing Body for assurance on complaints management and handling and is chaired by a Lay Member with Senior Officers of the CCG as members. This group is supported by a Serious Untoward Incident and Serious Complaints Committee which reviews serious untoward incidents and serious complaints on a regular basis and ensures appropriate learning is identified and shared. The AQuA Group will monitor the implementation of the policy and procedure, receive and review bi-monthly complaints reports including details on trends and themes, ensuring that appropriate actions are taken and lessons learned and making recommendations to the Governing Body as necessary.

5.4 **The Complaints Manager** will take responsibility for:

- Ensuring effective implementation of complaints procedures;
- The satisfactory management of complaints handling, coordinating the complaints process;
- Grading all complaints received and preparing reports for the Audit and Quality Assurance Group, Governing Body, NHSE and the Health Service Ombudsman;
- Assess the severity of the complaint, whether escalation is required and the need to contact other agencies;
- Provision of advice/support to Rotherham CCG staff dealing with complaints;
- Providing information to complainants regarding source of support such as, HealthWatch Rotherham, interpretation services;
- Ensuring publicity explaining how to raise concerns/complaints, is accessible to the public and complainant;
- Summarising complaints information and conclusions to inform commissioning quality monitoring and reporting across providers;
- Developing and maintaining a database to categorise and record all complaints received;
- Preparing standard acknowledgements and responses within the required timescale.

5.5 **All members of staff** are responsible for acquainting themselves with the complaints policy and the complaints procedures relevant to their area of work. Members of staff will be expected to assist as required in any complaint investigation, e.g. senior commissioning staff. Members of staff with specific duties under the complaints procedure should ensure that a suitable colleague is nominated to deputise on his or her behalf in his or her absence.

5.6 **All Providers** are required to have their own arrangements for complaints handling in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The revised NHS Standard Contract for Acute Services requires each provider to: operate and publicise a complaints procedure that complies with the law; provide such details of its complaints procedure as the Commissioner may reasonably require and shall implement lessons learned from complaints and demonstrate at reviews the extent to which service improvements have been made as a result. Independent providers are required to provide the Commissioners with an annual report giving the numbers of complaints received, of those the number of justified complaints, the subject matter of the complaints and actions taken to improve services as a result of the consequences of the complaint.

6 Time Limits

- 6.1 Complaints should normally be made within 12 months of the event or 12 months of the date of discovering the problem.
- 6.2 Rotherham CCG has the discretion to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complainant to have made their complaint earlier providing it is still possible to investigate the complaint effectively and fairly. The delegated complaints manager in consultation with the relevant service lead will make a decision on individual cases.

7 Who can make a complaint?

- 7.1 Anyone who is receiving or has received NHS treatment or services can complain or anyone who may be affected by the action or decision of the organisation. If a patient is unable to complain themselves, then a relative or friend can complain on their behalf.
- 7.2 If a complaint is raised on behalf of a relative or friend, the patient must provide written consent, unless the complainant is the parent or guardian of a child under the age of 16.
- 7.3 If a patient is unfit to act, for instance due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005(a), consent is not required and this will be agreed on an individual basis by the complaints manager.
- 7.4 If a complaint is raised concerning a deceased patient, then this must be made by a suitable representative, preferably a close family member.

8 Communications/Publicity

- 8.1 The complaints manager will maintain a high profile for complaints by:
- Publicising via website to service users the procedures for making complaints by means of leaflets, posters, website, newsletters etc. with the support from communications staff
 - Leaflets explaining the complaints procedure simply and clearly will be made available in appropriate locations, also in languages for people from minority ethnic groups, and information will be given in the appropriate medium for people with disabilities.
 - Liaising with Healthwatch to learn from concerns and initial complaints.
- 8.2 Rotherham CCG is required to ensure that the right to complain and advice about how to use the complaints procedure is well publicised, including details of Healthwatch and independent conciliation, and the Parliamentary and Health Service Ombudsman, should they be dissatisfied with how a complaint had been handled throughout local resolution. Information on these services and the Rotherham CCG leaflet, 'How do I give feedback or make a complaint about an NHS service?' will be forwarded in response to all written complaints and to all verbal complaints, where appropriate. **(How do I give feedback or make a complaint about an NHS service? – Appendix 'H')**

9 Guidance and Support for Patients

- 9.1 **Patient Relations**
Contact Rotherham CCG to talk to the Complaints & Governance Officer who will be able to give advice.
- 9.2 **HealthWatch Rotherham**

Healthwatch Rotherham provides a free, impartial and independent service for people who wish to make a complaint about the NHS. Complainants are provided with guidance and support by a caseworker through all the stages of the NHS Complaints Procedure. Details are included in Rotherham CCG's Complaints leaflet (**Appendix H**) or on the Healthwatch Rotherham website

9.3 Being Open

The principles of the Being Open Policy apply to all cases of concerns, complaints and issues raised i.e. being open, responsive, honest and apologetic where appropriate, when explaining what happened to patients and/or their relatives and carers. Complaints staff are experienced in handling such situations and may be called upon to advise and support clinical staff in communicating with the patient/carer/relatives.

10 Independent Conciliation Service

Rotherham CCG provides an independent conciliation service which is offered to complainants and those being complained about, particularly if they are experiencing problems in resolving the complaint. The complainant will be informed of this option in the formal response. It involves using an independent, impartial person to liaise between the conflicting parties, and can only go ahead with the agreement of both parties.

11 Interpreting Service

- 11.1 Rotherham CCG will arrange for translating and interpreting services to help complainants whose first language is not English or who need to communicate in other ways.

12 Expressions of Gratitude

- 12.1 Rotherham CCG receives expressions of gratitude for services commissioned and other letters of appreciation from patients, carers and relatives. It is in the nature of such communications (which often take the form of greeting cards etc) that little hard evidence is obtained which can be fed into the clinical governance mechanisms. However the numbers of such communications received will be recorded and reported, and any information which identifies specific areas of good practice which may be considered useful to the Clinical Governance process will be passed on by the complaints manager.
- 12.2 Communications sent direct to Rotherham CCG will be acknowledged and copies forwarded to the appropriate departments and services for information.
- 12.3 Communications received elsewhere should be forwarded (copies only) to the complaints manager for information. These should be acknowledged locally as necessary.
- 12.4 The complaints manager will maintain a database of such information which will be used in quarterly performance monitoring reports and the annual reports.

13 Acting on Complaints Performance Monitoring/Reports/Sharing the Learning

- 13.1 Monitoring of complaints is undertaken in order to extract the learning points which arise from complaints that have been investigated and to identify any serious concerns

or themes. The complaints manager will maintain a record of information gathered from the complaints handling process.

- 13.1 The complaints manager will provide an anonymised complaints report summarising complaints activity for the Audit and Quality Assurance Group bi-monthly, Governing Body on a quarterly basis, and to share regularly with the Chief Nurse, Head of Quality re quality reports.
- 14.1 The complaints report will detail acknowledgement times, the type and causes of complaints, concerns and compliments, trends, themes and action taken, or proposed action for lessons to be learned to prevent recurrence including any changes made as a result.
- 14.2 An annual complaints report will be produced and summary details included in Rotherham's CCG annual report.
- 14.3 All reports will be rigorously anonymised to avoid patient identification.
- 14.4 Department of Health performance monitoring forms concerning Rotherham CCG will be completed quarterly by the complaints manager for submission to the NHS Information Centre, which is part of the Government Statistical Service.
- 14.5 Any urgent issues or trends identified will be escalated to the assistant chief officer immediately for action.

15 Performance Targets (NHS)

- 15.1 Rotherham CCG aims to acknowledge complaints within 3 working days.
- 15.2 All complaints to be responded to in the timescale agreed with the complainant and the Chief Officer to sign the final response.
- 15.3 Complainants will receive an interim holding letter if the originally agreed response timescale will not be met, explaining the reason for the delay and setting a new target date.

16 Ethnicity

16.1 Equality and Diversity

This policy and procedure has been reviewed in line with Rotherham CCG's legal equality duties on the impact or potential impact of this process, and has been assessed as nil.

17 Review of Complaints Policy and Procedure

- 17.1 A review of the Complaints Policy and Procedure will be undertaken by Rotherham CCG every 3 years or earlier if new NHS guidance or directions are issued.
- 17.2 Monitoring Effectiveness and Compliance

Implementation of this policy will be monitored by the AQuA Group. Effectiveness will be monitored by measuring performance against quality indicators, e.g. timeliness of response, feedback from complaint evaluation forms, progress of any relevant recommendations and actions as a result of complaints investigations.

18 References

- Listening... Responding... Improving, A guide to better customer care.
- Healthwatch
- CCG Human Resources Policies.
- Directions to Primary Care Trusts on dealing with complaints (issued 2002).
- Directions to Health Authorities on dealing with complaints about family health service practitioners and personal medical services (amendment) Directions 2002.
- NHS Complaints Reform 'Making Things Right'.
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- Freedom of Information Policy.
- Current Data Protection legislation.
- Risk Management Strategy.
- Being Open Policy.

19 COMPLAINTS PROCEDURE

19.1 The Rotherham CCG Complaints Procedure consists of two elements:

Local Resolution

Local Resolution aims to provide the fullest possible opportunity for the investigation and resolution of the complaint and will be tailored to meet the needs of the complainant.

The Parliamentary and Health Service Ombudsman

If complainants are dissatisfied with Local Resolution they have a right to refer their outstanding concerns to the Parliamentary and Health Service Ombudsman.

19.2 The Rotherham CCG Complaints Procedure aims to meet the following criteria:

- Be well publicised and easy to access
- Be simple to understand and use
- Be fair and impartial
- That complaints be dealt with in a timescale agreed with the complainant
- Provides a thorough mechanism for resolving complaints and investigating matters of concern
- Be regularly reviewed and amended if necessary
- Be consistent with National Guidance.

20 Local Resolution Procedures

20.1 Complaints about Rotherham CCG and its staff

20.1.1 Rotherham CCG staff are encouraged, in conjunction with their line manager, to deal with concerns and requests for information to which they can provide an immediate response. If a matter remains unresolved the complainant should be informed about the formal complaints procedures and helped to access them.

20.1.2 Details of any formal complaints should be passed promptly to the complaints manager, acknowledged within three working days of receipt, and forwarded to the appropriate manager for investigation. If the complainant is not the patient, appropriate consent should be sought within two working days.

20.1.3 Although there is no statutory deadline for providing a response Rotherham CCG aims to provide a response within 25 working days. If the complaint is complex and it is felt that the investigation will require more time, an appropriate time scale will be agreed as part of the individual resolution plan. The complaints manager, whenever

appropriate will agree an individual resolution plan with the complainant (Local Resolution Procedures for verbal, telephone and written complaints – Appendix A)

20.2 Complaints about any services commissioned by Rotherham CCG e.g. Acute Services, Hospice

- 20.2.1 The complainant has a choice of complaining directly to an NHS body, or by asking Rotherham CCG to handle their complaint and obtain a response.
- 20.2.2 In cases where a complainant chooses Rotherham CCG to handle the complaint the complaints manager will seek the complainant's consent to refer the matter to and obtain a response from independent providers.
- 20.2.3 Complainants will be encouraged to put their concerns in writing so that an accurate interpretation of events can be forwarded on for a response.
- 20.2.4 Rotherham CCG will provide support to independent providers to ensure that they comply with the NHS Complaints procedure. Where appropriate, Rotherham CCG will arrange conciliation for the parties involved.
- 20.2.5 In some cases, it may be appropriate for the complaints manager to act as an intermediary between both parties. The complaints manager should remain impartial during this process and only advise parties of the complaints process and options available to them i.e. conciliation if appropriate.
- 20.2.6 Independent providers are expected to have local complaints procedures which are comparable to those operated in the NHS. Complaints directed to Rotherham CCG which relate to care commissioned by Rotherham CCG will be forwarded to the relevant provider for investigation if the complainant wishes this to happen. Progress and resolution of the complaint will be monitored by Rotherham CCG.
- 20.2.7 Independent providers will be encouraged to co-operate in the investigation of any multi-sector complaints in which they are involved.

20.3 Complaints about or involving another sector of the NHS and/or the local authority/inter agency and multiagency complaints

- 20.3.1 Complaints may sometimes need to be redirected to another agency within the NHS or to the local authority. This should be done promptly by the complaints manager in consultation and with the consent of the complainant, and details of the forwarding process should be recorded.
- 20.3.2 Sometimes complaints will require multi-agency investigation. Local protocols are in operation and in such cases discussions will take place between the relevant complaints managers of the organisations involved as to who will co-ordinate and lead the response. When an approach is agreed the complainant should be provided with details of how the investigation will take place, and the appropriate NHS timescales should apply. The time limit for responding to a complex complaint will be agreed with the complainant, and any delay will be put in writing with an explanation for the delay and a new response date given.

A local protocol has been agreed for handling these complaints - (Protocol for Handling NHS/Social Services Inter Agency Complaints - Appendix I)

20.4 Complaints Regarding Commissioning Decisions

Complaints to Rotherham CCG about commissioning decisions will be considered by the Chief Officer.

20.5 Complaints received through Members of Parliament

Complaints received through Members of Parliament will invariably be addressed to the Chief Officer. As in all other complaints the Chief Officer will sign the reply. However in some cases the complaint will be handled directly by the complaints manager with the complainant and in such cases a letter stating that this is happening may be an appropriate reply to the MP.

21 Parliamentary and Health Service Ombudsman

A complainant who is not satisfied with the outcome of Local Resolution may ask the Parliamentary and Health Service Ombudsman for a review of their complaint. At the end of Local Resolution the complainant **MUST** be advised of their right to take their complaint to the Parliamentary and Health Service Ombudsman.

22 Persistent Complainants

Rotherham CCG is committed to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. Rotherham CCG therefore endeavours to resolve all complaints to the complainant's satisfaction. However, on occasions, Rotherham CCG may consider that a complainant who persists in making complaints raising the same or similar issues repeatedly, despite having received full responses to all the issues they have raised may be identified as a persistent complainant. This is often symptomatic of an illness and the complaints procedure may not be the most appropriate means of dealing with the issues involved. Advice on illness must be sought from the Chief Nurse. Where a complainant is considered persistent in nature, the complaints manager will follow '**Procedure for Handling Persistent Complainants**' – **Appendix B**.

23 Issues not suitable for the NHS Complaints Procedure

The Complaints Procedure is for patients, users of the service or their representatives. The following issues do not fall within the NHS Complaints Procedure:

- **Private Treatment**
The complaints procedure does not address complaints regarding private treatment
- **Staff Grievances**
Staff grievances should be followed up via the Human Resources Grievance Procedure.
- **Compensation and Litigation**
Where the complainant indicates an intention to take legal action advice should be sought from local legal advisers or the NHSLA. This will determine whether progressing the complaint might prejudice subsequent legal action. The complaint should only be put on hold if this is the case.
- **Disciplinary Procedure**
The Complaints Procedure will not deal with matters that are the subject of disciplinary investigation. It must be kept separate from Rotherham CCG's Complaints Procedure so that the Complaints Manager is only concerned with resolving complaints and not investigating disciplinary matters.
- **Criminal Matters**
Where there are allegations relating to assault or other serious criminal matters the Chief Officer must be informed immediately for a decision to be taken on whether to refer the matter to the Police.

- **Freedom of Information**

A complaint arising out of the alleged failure by a responsible body to comply with a request for information under the Freedom of Information Act 2000.

24 Support to Rotherham CCG Staff

- 24.1 Rotherham CCG recognises the impact that being the subject of a complaint can have on individual staff members or staff groups. Support will be provided to staff by the CCG including written information about how the complaint will be handled and advice on access to staff counselling services. The Governing Body will also support staff and services, where appropriate, in dealing with complaints.
- 24.2 It is important that staff who are the subject of a complaint are kept informed of a complaint's progression. This will be undertaken via the complaints manager and the relevant management structures.

25 Confidentiality/Patient Consent

- 25.1 It is important that anyone who raises a complaint with Rotherham CCG are reassured that their confidentiality will be respected and that future care will not be compromised.
- 25.2 All correspondence and reports relating to complaints must be stored securely and only those staff directly involved in providing a response should have access. No complaints files or correspondence should be stored in clinical records.
- 25.3 All personal information relating to complaints must be treated confidentially and protected in accordance with the requirements of the Caldicott Guardian and current Data Protection legislation. Information will only be disclosed to those persons with a need to know to enable them to investigate and/or respond to specific matters.
- 25.4 Anyone, whether patient, relative, carer or friend is entitled to have their complaint investigated. The consent of the patient is however required when investigating a complaint made on their behalf by a relative, carer or friend. This is particularly important when the complaint is of a clinical nature and in responding would require by necessity the disclosure of clinical information to the complainant. The receipt of the complaint will be acknowledged enclosing a consent form for the patient to sign and returned to the complaints manager. This must be done before confidential or information of a sensitive nature is released to a third party. Once consent has been established the process and investigation will follow the same procedure as a complaint.
- 25.5 Where the patient has died, or is not competent to give consent, it will be necessary to establish that the complainant is appropriate to represent the patient. Particular attention shall be paid to the need to respect the confidentiality of the patient, and to any known wishes expressed by the patient that information should not be disclosed to third parties.

26 Service Improvements and Clinical Governance

- 26.1 Commissioning managers should use the issues raised in individual complaints to explore and, where appropriate, initiate service improvements.
- 26.2 In line with risk analysis and quality processes the complaints manager will, at the conclusion of a complaint, routinely share, as part of quality reports, issues raised, with appropriate colleagues e.g. commissioning managers, contract managers, heads of department.

26.3 Issues and trends identified from complaints will be considered by the AQuA Group.

26.4 If information from complaints and their investigation indicates that patients could be at risk, the matter must be reported immediately to the Chief Officer, Assistant Chief Officer and Senior Manager.

LOCAL RESOLUTION PROCEDURES

1. Complaints about Rotherham CCG and Staff

1.1 Verbal Complaints – Members of staff who receive face to face verbal complaints of a minor nature should try to resolve them to the complainant's satisfaction by offering an explanation and an apology. A written record of complaint, action taken and the outcome should be made and sent to the complaints manager within seven days. If the complaint is of a more complex nature and cannot be resolved by the member of staff receiving it they should inform the senior person on duty or head of department. That person should attempt to investigate and resolve the matter immediately, making a written record of the complaint made and action taken.

1.1.1 If the senior person on duty or head of department is unable to achieve immediate resolution he or she should:

- a) Record fully the details of the complaint. **(On pro forma for recording verbal complaints – Appendix C) and send to the Complaints Manager the same day.**
- b) Inform the complainant that their complaint has been passed to the designated complaints manager.

1.1.2 The completed pro forma should be returned to the Complaints Manager.

1.2 Complaints made by telephone – when a complaint is made by telephone, the recipient should make a written record of the details including the complainant's name, address and telephone number **(on pro forma – Appendix C)**. The complaint should then be handled in accordance to the procedure for verbal complaints outlined in 1.1 and 1.1.1

1.2.1 If the complaint is immediately resolvable, a telephone reply should be made.

1.2.2 Any member of staff who inadvertently answers a call from a complainant should:

- Explain that he or she is not the appropriate person to deal with the complaint.
- Take the caller's name and telephone number.
- Attempt to connect the caller to the complaints manager or the manager of the service being complained about.

Or

- Check with the caller that his or her details are recorded correctly and undertake to arrange a call back from the appropriate member of staff within a timescale acceptable to the caller.

The member of staff who answered the call should then immediately pass on the details of the complaint.

1.3 Verbal Complaints not immediately resolved - the details of a complaint made orally but not resolved immediately should be recorded in writing (see 1.1.1) and a copy sent to the complainant. The same procedure as for written complaints should be followed.

1.4 Written Complaints – complaints received in writing should be date stamped on the date received and forwarded immediately to the complaints manager who will:

Give the complaint a reference number and register this on the complaints database. **(Appendix D – Complaints Record and Resolution Plan)**

Acknowledge the complaint in writing within 3 days of receipt by the CCG and an apology if there has been a delay in acknowledgment.

The acknowledgement will include a copy of Rotherham CCG's How do I give feedback or make a complaint about an NHS service? leaflet and give details of appropriate support from an independent advocate such as Healthwatch Rotherham. The letter will also inform the complainant that they will receive a full written response from the Chief Officer to the issues raised within an agreed timeframe, usually 25 working days and give the name and telephone number of the complaints manager/link person assigned to the complaint in case they have any queries about the investigation or the complaints procedure.

Complaints will be graded by the complaints manager in accordance with the Risk Evaluation Incident Categorisation grading matrix. The complaint will be graded upon receipt and revisited following the outcome of the complaint investigation.

Bring the complaint to the attention of the responsible director.

Root Cause Analysis – all complaints should be investigated to ensure lessons are learnt. If appropriate Rotherham CCG will look at what action needs to be taken to reduce the risk of a similar occurrence happening again.

The complaints manager and director will determine **how the complaint is to be investigated** and by whom, delegating as appropriate. It is desirable that the complaint is dealt with as close to the point of delivery as possible to ensure a prompt reply and that appropriate remedial action is taken.

The investigation must be, and seen to be, independent and objective. The investigating officer must have the relevant skills to undertake the task and be selected according to the importance and seriousness of the complaint. Where complaints concern matters of clinical judgement these should be agreed with the clinician involved.

The Investigating Officer will, in consultation with other senior employees involved, decide whether it is appropriate to offer the complainant an interview or meeting.

Where the Investigating Officer arranges a meeting with the complainant, the professionals involved will determine how the meeting will be structured. The investigating officer will conduct the meeting and ensure that notes are taken. Two Rotherham CCG employees should normally attend any interview or meeting and the complainant should be offered the opportunity to have someone else present to assist them.

The meeting must be formally recorded and the notes agreed with the complainant. If the investigating officer feels there is likely to be a delay in responding to the complainant, he/she must inform the complaints manager so that a holding letter can be sent to the complainant to keep them informed. **(Complaints Investigation Form – Appendix E)**

On completion of the investigation and within the agreed timeframe of the complaint being received, a draft letter of response detailing the nature of the investigation undertaken, together with the findings and any resulting action to be

taken will be forwarded to the complaints manager. (**Action Taken Form – Appendix F**)

1.5 Holding Letters

- 1.5.1 A holding letter will be sent where the investigation is taking longer than expected and where the agreed response time is unlikely to be met.
- 1.5.2 The holding letter will include an apology for the delay and an indication of the date by which a full response can be expected.
- 1.5.3 A copy of this letter will be kept on the complainant file. Should a complaint response be delayed further, a holding letter will be sent regularly until the final response is sent.

1.6 Final Response Letter - The complaints manager will check that the response covers all aspects of the complaint raised by the complainant. The complaints manager will follow up any queries regarding the response with the investigating officer as soon as possible.

1.6.1 The final response letter must be factually correct and:

- Include an apology where appropriate – N.B. An apology is not necessarily about accepting blame or fault, but will sometimes be an acknowledgement of the complainant's feelings about their experience.
- Address each of the points the complainant has raised with a full explanation or give reasons on why it is not possible to comment on a specific matter.
- Give specific details about the investigation, how it was carried out, who was interviewed, what was discovered etc.
- Give details of action taken as a result of the complaint.
- Provide the name and telephone number of the complaints manager or senior manager for further queries/discussion.
- Include details of further action available to the complainant.

1.6.2 Once the response is finalised, it is printed off and taken with the initial letter of complaint to the Chief Officer for agreement and signature.

1.6.3 The final response letter will be copied to the senior manager/investigating officer and any member of staff implicated in the complaint. A copy will also be retained on the complaint file.

1.6.4 The final response should invite the complainant to contact the Chief Officer again if they have any outstanding concerns. In such cases, consideration should be given to arrange further action which might resolve the complaint, including offering a meeting with the Chief Officer or the Head of Service to which the complaint relates. The use of **conciliation services** should also be considered. A response should be sent to the complainant confirming the outcome of any further action and advising them of their right to ask the Parliamentary and Health Service Ombudsman to review their complaint.

1.6.5 If a delay in a response is anticipated, the complainant will be informed of the delay, the reasons for the delay, and the revised timescale for dealing with the complaint.

1.7 Conciliation is a way of resolving a problem or a complaint or a difference of opinion of two parties using the skills of a conciliator to facilitate the process. It involves using an independent, impartial person to liaise between the conflicting parties with the aim

of achieving a clearer understanding of events from both sides and good relations between the two parties restored.

- 1.7.1 A conciliator is someone not personally connected with either party. Conciliators have been trained to do this work and work confidentially. A conciliator doesn't take sides and is concerned only to reach a resolution acceptable to both parties in the dispute.
- 1.7.2 Either the complainant or complained against can suggest it. If the other party agrees then either may ask the complaints manager to arrange for the involvement of a conciliator.
- 1.7.3 The complaints manager will copy the complaint and any responses already sent to the conciliator. The conciliator will contact the parties to establish whether it is appropriate to have a meeting with both parties together or to liaise between the two.
- 1.7.4 Following the conciliation process, the conciliator writes to both parties outlining the outcome. It is hoped that a satisfactory outcome will be achieved for both parties.
- 1.7.5 The Conciliator will provide Rotherham CCG with a brief report on the outcome of the meeting.

2 Anonymous Complaints – if anonymous complaints are received and sufficient detail is provided, the complaint should be investigated in accordance with the above procedures. A report of the investigation's finding and action taken should be retained on file.

3 Complaints made to Rotherham CCG about independent providers, other NHS providers their services and their staff

- 3.1 The complainant has a choice of complaining directly to an NHS body, or NHS independent provider or asking Rotherham CCG to handle their complaint and obtain a response.
- 3.2 The complaint should be acknowledged by the complaints manager, in writing.
- 3.3 If the complainant's/patient's consent to refer is not implicit in the letter consent should be sought before the complaint is processed.
- 3.4 The acknowledgement letter should include details of the individual to whom the complaint has been passed (name, title, organisation, address, telephone number).
- 3.5 If the complainant wishes the independent provider or other NHS body to respond to the complaint then the letter of complaint and a copy of Rotherham CCG's acknowledgement should be sent with a covering letter to the complaints manager within 2 working days of receipt /consent being received. The letter should ask the complaints manager to inform Rotherham CCG's complaints manager when resolution is achieved. Complaints managers should be encouraged to share details of the investigation, and the outcome with Rotherham CCG.
- 3.6 If the complaint chooses Rotherham CCG to handle the complaint the complaints manager will, after seeking the complainant's consent, refer the matter to the independent provider and obtain a response from the independent provider which will then be shared with the complainant.

- 3.7 The final response letter from the independent provider should include details of the right of the complainant to ask the Parliamentary and Health Service Ombudsman to review their complaint.

**PROCEDURE FOR HANDLING
PERSISTENT COMPLAINANTS AND
OTHER REQUESTERS OF INFORMATION**

INTRODUCTION

This procedure can be used to deal with not only persistent complainants but requesters of information, for example via the Freedom of Information request process. For the purposes of reference throughout this document the term complainant will be used.

- 1.1 Persistent complainants are becoming an increasing problem for the NHS putting a strain on resources and causing undue stress. Rotherham CCG staff are trained to respond with patience and understanding to the needs of all complainants but there are times when nothing further can be done to assist them or rectify a real or perceived problem.
- 1.2 In determining arrangements for handling such complainants staff are presented with two key considerations.

The first is to ensure that the complaints procedure has been correctly implemented so far as possible and that no material element of a complaint is overlooked or inadequately addressed. In doing so it should be appreciated that even persistent complainants may have issues which contain some genuine substance. The need to ensure an equitable approach is therefore crucial.

The second is to be able to identify the stage at which the complainant has become unreasonably persistent.

It is emphasised that the identification of a complainant as persistent should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedure.

2 IDENTIFYING A PERSISTENT COMPLAINANT

When identifying a complainant as persistent through illness the appropriate senior advice should be sought from the Chief Nurse and the appropriate manager should be consulted.

Complainants (and/or anyone acting on their behalf) may be deemed to be unreasonably persistent where current or previous contact with them shows that they have met two or more (or are in serious breach of one) of the following criteria:

Persisting in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted. For example, where investigation is deemed to be 'out of time' or where the Ombudsman has declined a request for independent review.

The complainant changes the substance of a complaint or continually raises new issues or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. Care must be taken not to disregard new issues, which differ significantly from the original complaint; these may need to be addressed separately.

The complainant is unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, GP records, computer records, nursing records.

The complainant denies receipt of an adequate response in spite of correspondence specifically answering their questions. Focusing on a trivial matter to an extent which is out of proportion to its significance and continuing to focus on this point. It should be recognised that determining what is trivial can be subjective and careful judgement must be used in applying this criterion.

The complainant does not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.

The complainant does not clearly identify the precise issues which he/she wishes to be investigated.

The complainant does not accept that the concerns identified are not within the remit of the CCG to investigate.

The complainant persists in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted.

The complainant makes an excessive number of contacts with the CCG placing unreasonable demands on staff.

The complainant is known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.

The complainant makes unreasonable demands and fails to accept that these may be unreasonable (e.g. insists on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

Careful judgement and discretion must be used in applying the criteria to identify potential unreasonably persistent complainants and in deciding what action to take in specific cases.

3 AGGRESSIVE / ABUSIVE COMPLAINANTS

Staff should be aware that some complainants may:

- Threaten or use actual physical violence towards staff or their families or associates.
- Harass or be personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. All such incidents should be documented and reported using the Incident Reporting procedure via the IR1 form.

4 OPTIONS FOR DEALING WITH A PERSISTENT, AGGRESSIVE OR ABUSIVE COMPLAINANT

Where a complainant persists in displaying any of the above behaviour, the following action in agreement with a relevant senior manager and chief officer, should be taken:

Warn the complainant that if they persist with the approach they are taking, they will be classed as a persistent complainant.

Warn the complainant that in extreme circumstances Rotherham CCG reserves the right to pass unreasonably persistent complaints to Rotherham CCG's solicitors.

If appropriate, draw up a signed agreement with the complainant which sets out a code of behaviour for the parties involved if Rotherham CCG is to continue processing the complaint.

Consider involving the Local Security Management Specialist.

If this is not successful, then inform the complainant that they are being classed as an unreasonably persistent complainant, state the reasons why and temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from relevant agencies such as the Local Security Management Specialists/police.

The CCG can decline further contact either in person, by telephone, letter or email, or any combination of these, provided that one form of contact is maintained. Alternatively, a further contact could be restricted to liaison through a third party such as CCG solicitors.

Notify complainants in writing that the chief officer or nominated deputy has responded fully to the points raised and has tried to resolve the issues but there is nothing more to add and continuing contact on the matter will serve no useful purpose. This notification should state that that correspondence is at an end and that further communications will be acknowledged but not answered.

This notification may be copied for information of others already involved in the complaint, e.g. staff, Healthwatch or Member of Parliament. A record must be kept for future reference of the reasons why a complainant has been classified as persistent.

This procedure should only be implemented following careful consideration by, and with authorisation of, the chief officer or nominated deputy

5 WITHDRAWING 'PERSISTENT COMPLAINANT' STATUS

- 5.1 Where a complainant subsequently demonstrates more reasonable behaviour on submission of a further complaint a discussion will be held with the chief officer and appropriate senior manager regarding the complainant's status. Subject to their approval, normal contact with the complainant and application of the NHS complaints procedures will then be resumed.

6 REVIEW OF PROCEDURE

This procedure will be reviewed and revised as appropriate in line with Rotherham CCG's Complaints Policy and Procedure on a 3 yearly basis.

See appendix

ROTHERHAM CCG

PRO FORMA FOR RECORDING VERBAL COMPLAINTS, COMMENTS OR CONCERNS

Information to be obtained from caller:

Date and time of telephone call:

Complainant's name, address and daytime telephone number
Patient's name and address, if different (date of birth would also be helpful, if known)
Brief details of complaint/incident (including date, time, place and names of people or staff involved and any relevant background information)
Is any on the spot action possible which would resolve the matter to the satisfaction of the complainant? If so, give details. Ascertain whether the complainant would be satisfied with the action proposed and whether they require written confirmation
If matter judged to be more serious and requiring further investigation, inform complainant of action to be taken e.g. referral to service manager, and tell them that they will receive letter of acknowledgement confirming complaint and issues to be investigated

Action taken following telephone call:

Has complaint been resolved/referred to higher authority (if so, please specify)*

****Please delete as appropriate***

.....
.....

Name/Designation:

Date/Time:

Please return the form to Complaints Manager, Rotherham CCG, Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY

Ref Number

Assigned to

QTR AND YEAR

COMPLAINTS RECORD AND RESOLUTION PLAN

Date received:
File Name:
Date of Initial discussion (if any):
Date Acknowledged:

Section 2: Summary of overall numbers of complaints

Was the complaint a) upheld b) partially upheld c) not upheld

Section 3: Age of the patient *if known*:

<p><u>Patient details</u></p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Tel No:</p> <p>E-mail Address:</p> <p>Date of Birth:</p> <p>Date of Death (if app):</p>	<p>Section 4: Status of Complainant if different to patient</p> <p>Name:</p> <p>Address:</p> <p>Tel No:</p> <p>E-mail Address:</p> <p>Relationship to patient:</p>
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Consent required: Yes/No	Date consent requested:	Date of consent received:
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Section 5: Service Area:

Section 6: Subject Area of Clinical Treatment with Sub-Categories:

Section 7: Subject Area:

Section 8: Profession:

Summary of complaint issues:

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Explained Procedure		Sent Leaflet	
Letter 001ack	Letter 001holding	Letter 002 response	

Joint Agency: Yes/No	Agreed Lead:
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	Contact Number:
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Complainants desired outcome/agreed plan for local resolution (inc timescales):

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Additional Information:

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.....

.....

Preferred feedback method:		Additional Support Arrangements: e.g. Healthwatch Rotherham Contact:
Telephone		
Letter		
E-mail		
During meeting		
Other contact e.g. third party, relative, MP, advocate		

Category of Complaint			
Attitude		Medication i.e. prescription / dispensing	
Communication/Information lack of		Retrospective Continuing Healthcare	
Continuing Healthcare		Other:	

Complaint Grading

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Amber	Amber	Red	Red	Red
Likely	Yellow	Amber	Amber	Red	Red
Possible	Green	Yellow	Amber	Red	Red
Unlikely	Green	Green	Yellow	Amber	Red
Rare	Green	Green	Yellow	Amber	Amber

Conciliation recommended:	Yes/No	Additional conciliation info: e.g. assigned to
Conciliation agreed by both parties	Yes/No	

Complaint grading following investigation

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Amber	Amber	Red	Red	Red
Likely	Yellow	Amber	Amber	Red	Red
Possible	Green	Yellow	Amber	Red	Red
Unlikely	Green	Green	Yellow	Amber	Red
Rare	Green	Green	Yellow	Amber	Amber

COMPLAINT INVESTIGATION FORM

Complaint Ref No:		Date Received:		Date completion of investigation due:	
Lead:		Lead Investigator:		Draft Response Due: Please return to Complaints Manager (Oak House)	
Name & Address of Complainant:			Service Team (involved in complaint):		
Name & Address of Patient:			Names of Staff (identified in complaint):		
Key Issues To Be Investigated:					
Outline in chronological order phone calls, meetings held during the investigation and attach copies of any documents relevant to the investigation and any supporting statement forms					
Date/Time:	Notes of Phone Calls, Meetings, Interviews, Investigation activity etc:				

Date/time:	Notes of Phone Calls, Meetings, Interviews Investigation Activity etc:

FORMAL COMPLAINT ACTION PLAN

Complaint Ref No:	Service Area/Dept:	Period:
Issue:		
Actions identified as a result of the complaint (includes any specific actions for your area of responsibility promised to the complainant in the letter of response, as well as action on general issues raised by the complaint) If no action is required, please state why	Named Individuals responsible for implementing the identified actions:	Time Scales for Completion of Actions:
Identify any learning or knowledge that has been gained from the investigation of this complaint that needs to be shared across the organisation Highlight any learning you feel should be shared with others in the CCG. If no learning has been gained, please state "NONE"	How may this be shared with others?	Action Status: (ongoing/complete including date).
Head of Department/Investigative Manager: Name: Position: Base: Date:		



How do I give feedback
or make a complaint
about an NHS service?



Most NHS care and treatment goes well but sometimes things can go wrong. If you are unhappy with your care or the services you have received, it is important to let us know so that we can improve.

There are two ways to tell the NHS what you think:

- Give feedback
- Make a complaint

Giving feedback

Feedback helps us improve the quality of your care.

You can give good or bad feedback by telling the NHS organisation or service about it. For example, you can do this through the 'Friends and Family Test'. Or, you can speak to a member of staff. Other ways to give feedback should be clearly displayed at the service you visit.

If you are unhappy with an NHS service, it is worthwhile discussing your concerns early on with the provider of the service, as they may be able to sort the issue out quickly. Most problems can be dealt with at this stage but, in some cases, you may feel more comfortable speaking to someone not directly involved in your care.

How to complain

When making a complaint, you can choose to complain to either of the following.

The healthcare provider. This is the organisation where you received the NHS service, for example your hospital, GP surgery or dental surgery.

Or

The commissioner. This is the organisation that paid for the service or care you received. This will vary depending on the NHS service you are complaining about.

- If your complaint is about primary care services such as GPs, dentists, opticians or pharmacy services, contact NHS England.
- If your complaint is about services such as hospital care, mental health services, out-of-hours services and community services such as district nursing, contact your local clinical commissioning group.
- If your complaint is about public health organisations (those who provide services which prevent disease, promote health and prolong life), contact your local authority.

Complaining to the commissioner may be the right option if you are not comfortable complaining direct to your healthcare provider, or you feel this is not appropriate.

Making your complaint

You can complain in **writing**, by **email** or by **speaking** to someone in the organisation. You should make your complaint within 12 months of the incident, or within 12 months of the matter coming to your attention. This time limit can sometimes be extended as long as it is still possible to investigate your complaint.

Anyone can complain, including young people. A family member, carer, friend, or your local MP, can complain on your behalf with your permission.

What can I expect if I complain?

You should:

- have your complaint acknowledged and properly looked into;
- be kept informed of progress and told the outcome;
- be treated fairly, politely and with respect;

- be sure that your care and treatment will not be affected as a result of making a complaint;
- be offered the opportunity to discuss the complaint with a complaints manager; and
- expect appropriate action to be taken following your complaint.

I would like support to make my complaint

Making a complaint can seem difficult, but support is available. Below are some of the services that can help you.

- Contact your local council or local Healthwatch to find out about independent NHS complaints advocacy services in your area.
- Contact your local citizens advice bureau for support with complaints about the NHS, social services or local authorities.
- Most hospitals have a Patient Advice and Liaison Service (PALS), who provide confidential advice, support and information to patients, their families and carers. Contact the hospital or visit their website for more details.

Unhappy with the outcome of your complaint?

If you are still not happy with the response provided, you can ask the independent Parliamentary and Health Service Ombudsman to look at your complaint.

Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank, London SW1P 4QP
Email: phso.enquiries@ombudsman.org.uk
Website: www.ombudsman.org.uk
Telephone: 0345 015 4033

For public health services complaints, contact the Local Government Ombudsman;
www.lgo.org.uk

The NHS Constitution sets out your rights as a patient, and explains the commitments the NHS has made to providing you with a high-quality service. Organisations providing NHS care must take account of the NHS Constitution when treating you, so you may find it helpful to refer to it if you are thinking about making a complaint. Go to www.gov.uk/government/publications/the-nhs-constitution-for-england for details.

Useful contact details

Healthwatch Rotherham
 33 High Street, Rotherham S60 1AP
 Email: info@healthwatchrotherham.org.uk
 Website: www.healthwatchrotherham.org.uk
 Telephone: 01709 717130

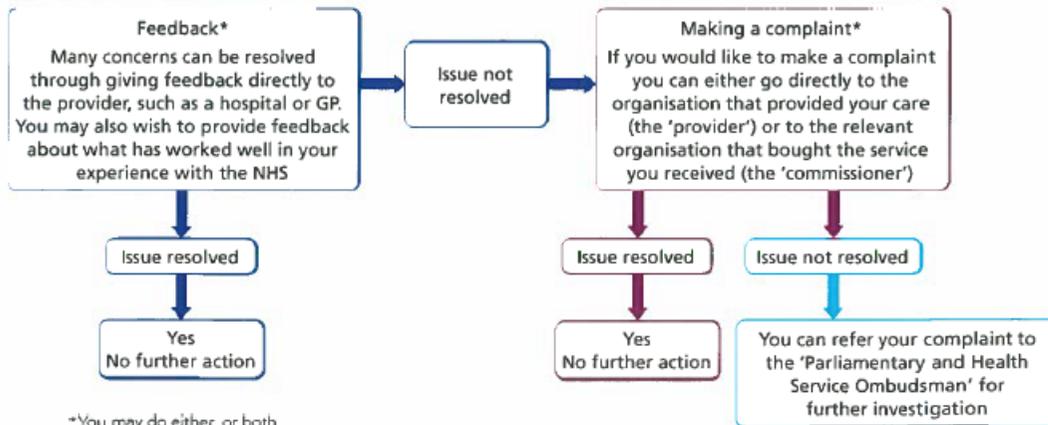
Citizens advice
 The RAIN Building, Eastwood Lane, Rotherham S65 1EQ
 Website: www.citizensadvice.org.uk
 Telephone: 01709 515680

Primary care complaints (for example, GPs, dentists)
 NHS England, PO Box 16738, Redditch B97 9PT
 Email: england.contactus@nhs.net
 Website: www.england.nhs.uk
 Telephone: 0300 311 22 33

Secondary care complaints (for example hospitals)
 Patient Experience Team, The Rotherham NHS Foundation Trust
 Email: complaints@rothgen.nhs.uk
 Website: www.therotherhamft.nhs.uk
 Telephone: 01709 424461

OR
NHS Rotherham Clinical Commissioning Group
 Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY
 Email: complaints@rotherhamccg.nhs.uk
 Website: www.rotherhamccg.nhs.uk
 Telephone: 01709 302108

The NHS Feedback and Complaints Procedure



*You may do either, or both

ROTHERHAM AND DONCASTER PROTOCOL FOR HANDLING NHS/SOCIAL SERVICES INTER-AGENCY COMPLAINTS

Introduction

This protocol has been developed by representatives from the agencies mentioned below. This version will apply to Rotherham and Doncaster.

1. Aim

To provide a framework for dealing with complaints involving more than one of the participating agencies and to ensure that the quality of response received by the customer is not adversely affected by the requirement to involve two or more agencies.

2. Agencies

- Rotherham Clinical Commissioning Group
- Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Doncaster Clinical Commissioning Group
- Doncaster Metropolitan Borough Council
- The Rotherham NHS Foundation Trust
- Rotherham Metropolitan Borough Council
- Yorkshire Ambulance Service NHS Trust

3. Background

In April 2009, a single, joint, complaints procedure for health and social care was introduced based on the *Local Authority Social Services and National Health Services Complaints (England) Regulations 2009*

The Health and Social Care Complaint Regulations 2009 has enabled an inter-agency protocol for jointly working with customers and handling complaints that cross over health and social care boundaries. This has meant the customer can be responded to seamlessly; receiving a single response to a joint complaint. This procedure can also be followed under the Children Act 1989 Representations Procedure (England) Regulations 2006, where there may be a joint complaint.

4. Framework

4.1 Complaints will be acknowledged by the receiving agency within two working days.

4.2 The receiving agency will, where possible within two working days, but within a maximum of five working days of receiving the complaint:

- Clarify the complaint with the other agency and the customer;
- Check the authorisation of the customer;
- Seek the written consent of the customer or their representative to allow the receiving agency to send a copy of the complaint to other agencies involved. Confidential information should not be shared without such consent. If written consent is not possible, verbal consent should be recorded and a copy sent to the customer;

- Refer to consent template
 - Offer a single reply, on behalf of all the agencies involved, from the agency against whom the bulk of the complaint has been made (lead agency); however, if the customer chooses and/or in extreme circumstances, where this is not possible, a separate response should be sent from all the agencies involved in the complaint, with the receiving agency monitoring the process of each response.
 - The customer should be offered the choice of whether they want complaint points that can be answered immediately to be responded to while waiting for responses to those where more time is needed or whether they wish to wait for a reply to all complaint points.
- 4.3 Upon receipt of the customer or their representative's consent, a copy of the complaint letter and the receiving agency's responses will be sent immediately, but in any event no later than within 48 hours, to the other agencies involved in the complaint. This may be via safe haven fax, email/data portal.
- 4.4 The lead will be taken by agreement between the respective complaints managers but will usually be the agency against whom the bulk of the complaint is made. The customer will be informed of which agency is taking the lead. Irrespective of lead responsibility, however, each body retains its duty of care to the customer and must handle its part of the complaint in accordance with its own regulated procedures. Where agreement to identify the lead is not possible, the relevant Directors should seek to reach agreement. The responsibilities of the lead agency are detailed at paragraph 5.
- 4.5 If the customer does **not** want the complaint forwarded to other involved agencies, the receiving agency will inform the customer of a named person, address and telephone number for each part of the complaint should he/she wish to pursue it. The respective agencies will then investigate the complaint via their respective complaints procedures.
- 4.6 If the customer **does** want a coordinated response:
- The lead agency will obtain responses from all the organisations involved and prepare a final response to the customer;
 - The complaints managers for each agency will coordinate any requests for responses or information to the lead agency, ensuring that agreed deadlines are met;
 - The agencies should where practical offer a joint meeting with the customer, to facilitate a more effective outcome. Joint conciliation may be considered;
 - The customer must be kept informed of any delays. If difficulties arise with meeting the relevant timescales, the customer should be consulted at the earliest opportunity and agreement sought in writing, or, if not possible, verbal agreement should be recorded, to any extension of the timescales;
 - The final reply must identify which issues relate to which agency, state the customer's right to refer the matter to a named regulatory body should they wish to pursue the complaint further and be approved by the other agencies involved before being sent;
 - The responsible manager of the relevant authorities must sign the response;
 - On some occasions and Independent Investigation Officer may be appointed when necessary.

5. **Summary of responsibilities of the lead agency**

- Identify the responsible agency for each aspect of the complaint;
- Considering consultation with the customer whether a single response on behalf of involved agencies would be feasible;

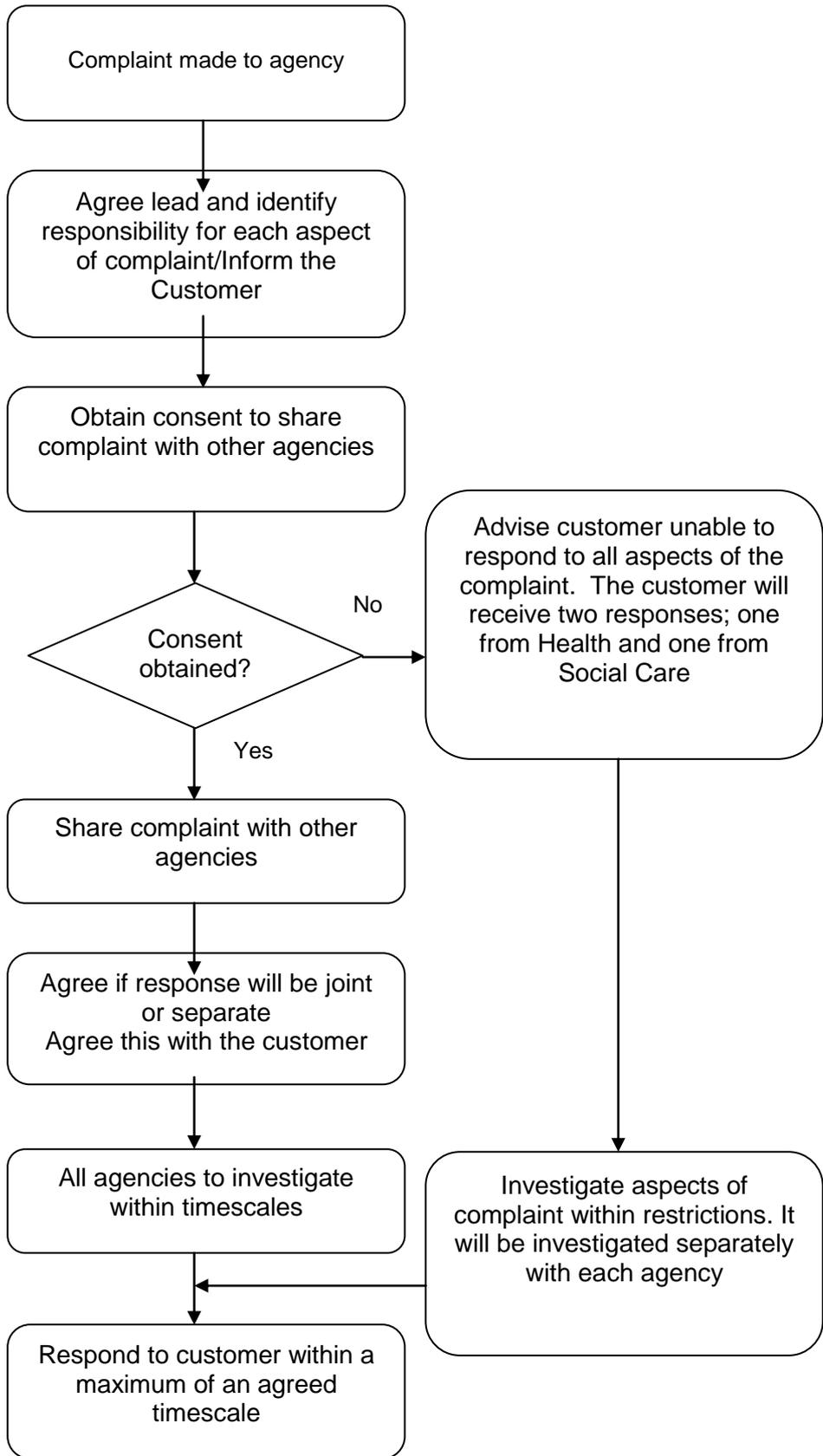
- Discuss and agree methods of effective communication between the respective complaints managers and the customer throughout the process;
- Joint handling of a case should not affect the need to meet statutory deadlines for providing a response to the customer, and both agencies should seek to avoid any unnecessary delay. If difficulties arise with meeting the timescale, the customer should be consulted at the earliest opportunity, and information in writing of the new time scale;
- Keep the customer updated on action being taken;
- Answer any queries during the process;
- Ensure a prompt, coordinated and comprehensive response is received by the customer following investigation(s);
- Consult with the customer throughout the process
- Identify any learning points that arise from the complaint and how these might be shared between the customer and the other agencies.

6. Review of protocol

The respective Complaints Managers will review this protocol every twelve months.

Inter-Agency Complaints Procedure

To be requested within a maximum of five working days of receiving complaint



GUIDE FOR HANDLING PERSISTENT COMPLAINANTS

It is emphasised that the identification of a complainant as persistent should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedure.

