

Governing Body meeting (held in public)

DATE: 29 September 2016

Title	Complaints handling policy and procedure	
This paper is for Decision		
Recommended action for the Governing Body	That the Governing Body: Approve the attached complaints policy and procedure	
Potential areas for Conflicts of interest	None identified	
Executive summary	<p>This policy sets out the principles by which NHS Bexley CCG requires complaints to be managed and the standards complainants can expect. It clearly identifies who is responsible for dealing with complaints and what happens throughout the process.</p> <p>The policy is in accord with the national requirements set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, which came into force on the 1 April 2009. It also reflects the reforms to the health and social care system brought about by the Health and Social Care Act 2012, as well as the recommendations contained in the Francis Enquiry, Berwick, Keogh and Clywd-Hart reports and the Governments response to the Francis Enquiry report.</p> <p>Feedback from service users, their careers and relatives is welcomed and the CCG will approach any complaint in an honest and open way, with the principal aims of resolving the problem, satisfying the complainants concerns and learning from the experience.</p>	
How does this paper support the CCGs objectives	Patients:	Having an effective complaints policy supports the CCG in commissioning services that improve the health and wellbeing of people in Bexley and in driving quality improvements
	People:	Implementation of a clear policy supports CCG staff and stakeholders in the management and direction of complaints.

Clinical Commissioning Group

	Pounds:	
	Process:	Lessons learned from complaints can lead to service change and improve the patient experience, supporting the CCG to commission services that are safe and equitable
What are the Organisational implications	Key risks	This policy provides assurance that processes and procedures are in place to act upon and learn from complaints. It also informs the CCG of the quality and safety of services it provides and commissions
	Equality	The CCG seeks to ensure that all patients and service users have equitable opportunities to feedback views on our services and those we commission
	Financial	
	Data	Data from complaints will be kept in line with standard existing data protection and IG policies
	Legal issues	Assures compliance with statutory requirements and regulations
	NHS constitution	This policy is in line with the aims values and requirements of the NHS constitution
Engagement	A broad range of engagement has been undertaken with CCG staff and Bexley Patient Council to inform the development and revision of the attached policy	
Audit trail	This policy has been presented to, and accepted by, the Quality and Safety Sub-Committee	
Comms plan	To Governing Body for final approval and then publish on CCG website and share internally with staff/ teams.	
Author:	Clinical lead: Dr Khana Deshmukh Clinical Chair	Executive sponsor: Anne Douse Interim Director of Governance and Quality
Date	20 September 2016	

COMPLAINTS HANDLING POLICY & PROCEDURE

Author's name and title:	Annie Gardner, Head of Patient Experience & Engagement
Sponsor's name and title:	Interim Director Quality & Governance
Review date:	Two years This policy will be reviewed no later than two years from the date of original ratification, if necessary, more frequently as required by national or local change.
Supersedes:	All previous NHS Bexley CCG complaints policies
Description:	This policy sets out the principles by which NHS Bexley CCG requires complaints to be managed. It clearly identifies who is responsible for dealing with complaints and what happens throughout the process. The CCG values complaints as a useful source of information as well as a means of monitoring and improving quality.
Audience:	Governing body, committee members and all staff working for, or on behalf of, the CCG, patients and public

Consultation:		
Date	Name	Title and/or organisation
	Anne Douse	Interim Director Quality and Governance
	Jon Winter	Assistant Director, Communications & Corporate Services
	Zoe Hicks John	Assistant Director of Nursing and Quality
	Paul Cutler	PPI Lay Member
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	Annie Gardner	Equality Lead
	Tim Widdowson	HR Lead
	Clare Fernee	IFR Lead
	Elinam Attipoe	Corporate Risk Manager
	Lucy Huitson	Head of Comms & OD
	Diane Hannaford	Stakeholder Insight Officer
	Bexley Patient Council	Reading group members
	Ina Herridge & Judith Clarke	Quality Team

Approved by:	Quality & Safety Sub-Committee	Date:	6 th September 2016
Ratified by:		Date	

Version control

(First version should be labeled 'V0.1', once ratified, please label 'V1.0')

Name	Date	Version	Reason	Status
<i>Person making the entry</i>	<i>Date of entry</i>	<i>Version control</i>	<i>New / revision / consultation etc</i>	<i>Draft / for approval / approved</i>

Contents page

Foreword	5
Purpose and aims	6
National requirements	6
Statutory framework	7
Scope	7
Responsibilities and accountability	8
Claims and legal action	9
Policy review, compliance and archiving	10
Procedure and process	11
What is a complaint?	12
Who can make a complaint?	12
Representing a child and adult at risk	13
Confidentiality	14
How to make a complaint	14
Time limits	14
Exclusions	15
Informal complaints and concerns	16
Formal complaints – local resolution process	16
The Ombudsman – second stage	19
Monitoring, reviewing and reporting	20
Prevent protocol	22
Whistle blowing	22
Storage and retention of records	22
Additional guidance	23
IFR decisions	23
Joint complaints handling	23
Complaints about social care	24
Complaints about providers	24
Complaints about Urgent Care	24
Complaints from MPs	24
Complaints about primary care	24

Complaints by members of staff	25
Persistent complainants	25
FOI and Data Protection	25
Withdrawing a complaint	26
Publicity, press & media	26
Training and support	26

Appendices

- A Risk grading
- B Persistent and Vexatious complainants
- C Complaints record sheet
- D Complaints satisfaction survey/questionnaire
- E Equal opportunities monitoring form
- F Personal Complaint Plan – PCP
- G Action & Learning record
- H Complaints Flow Chart
- I Complaint advice factsheets

COMPLAINTS POLICY & PROCEDURE

Foreword

NHS Bexley Clinical Commissioning Group (CCG) seeks to promote a culture of patient and public involvement throughout the organisation and is committed to ensuring that the best possible services are delivered at all times to its residents.

The CCG recognises that complaints and comments provide a valuable insight into the services it provides and commissions and it will use this intelligence to ensure patient safety, patient experience and clinical effectiveness remain integral to the organisations work.

Feedback from service users, their carers and relatives is welcomed and the CCG will approach any complaint in an honest and open way, with the principal aims of resolving the problem, satisfying the complainants concerns and learning from the experience.

These aims are achieved by:

- Ensuring ease of access to the complaints process for all complainants
- Recording, analysing and identifying trends relating to all compliments, enquiries and complaints, and producing regular reports as well as an annual report to the Governing Body
- Acknowledging and responding to every contact, enquiry and complaint – whether written or verbal
- Ensuring sensitive and flexible handling of all contacts and complaints
- Ensuring staff and managers involved in responding to complaints are engaged throughout the process
- Involving the complainant in the complaints process
- Ensuring complainants are not discriminated against

NHS Bexley CCG has a commitment to ensure that no one is treated in a less favourable manner and to create a positive culture of respect for all individuals, including staff, patients, their families, carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.

Statutory framework

The NHS complaints procedure has two stages. The first is sometimes known as local resolution and is the period during which the majority of complaints are resolved. This provides an opportunity for the CCG to investigate and respond to the complaint.

If any complaint remains dissatisfied following the conclusion of local resolution they may ask the Parliamentary and Health Service Ombudsman (PHSO) to review their complaint; this is the second stage of the procedure.

Underpinning and related documents

- 1) The local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- 2) The NHS Constitution
- 3) Principles of Good Administration, Principles of Good Complaint Handling and Principles for Remedy – published by the PHSO to support good complaint handling
- 4) Guide to the good handling of complaints for CCGs (May 13 – NHS England)
- 5) Access to Health Records Act 1990
- 6) Data Protection Act 1998
- 7) Human Rights Act 1998
- 8) Freedom of Information Act 2000
- 9) Mental Capacity Act 2005
- 10) Equality Act 2010
- 11) Francis Enquiry report 2013
- 12) Berwick report 2013
- 13) Keogh review report 2013
- 14) Clywd-Hart report 2013
- 15) The Government response to Francis paper 2013
- 16) The Department of Health response to Clywd-Hart and Mid-Staffordshire
- 17) Contractual regulations for independent contractors and providers
- 18) Related NHS Bexley CCG policies
- 19) My Expectations – PHSO
- 20) NHS code of practice - Confidentiality

Scope

This policy identifies who is responsible for dealing with complaints and what happens if the complainant is not satisfied with the response. NHS Bexley CCG values complaints as a useful source of information, feedback and learning as well as a means of monitoring and thereby improving performance.

Clear procedures facilitate and encourage this feedback, in addition to trends highlighted through patient experience reports, which may identify where changes in policy or service delivery are appropriate.

This policy applies to complaints about NHS health services only and has no application to complaints about privately funded healthcare, for which NHS Bexley CCG has no responsibility.

All patient experience contacts, compliments and complaints managed by NHS Bexley CCG relate either to commissioned or contracted services or commissioning decisions. Those relating to provider organisation services will usually be managed by the health agency/organisation responsible for the provision of that service, unless the complainant specifically requests NHS Bexley CCG to investigate or where the CCG has agreed to lead on a joint or multi-agency complaint.

Where there is a crossover between commissioned and contracted services the complaints leads of the organisations involved will liaise to agree who will take the lead.

Transparency and candour

NHS Bexley CCG recognises its duties of transparency and candour in dealing with complaints, as proposed by the Francis Enquiry Report, and recognises the requirements to promote greater openness throughout the organisation.

Responsibilities and accountability

Chief Officer

The **Chief Officer** is accountable for all complaints received, and managed by the CCG and ensuring the necessary resources are in place to enable the effective management of complaints. The chief officer has overall responsibility for ensuring compliance with the arrangements made under the complaint regulations.

The CCG's chief officer will also sign (or delegate appropriately) formal responses to complaints.

Executive lead for complaints

The **director of quality and governance** is the appointed executive with responsibility to ensure appropriate and effective systems are in place to manage complaints. They are also accountable to the Governing Body for oversight of complaints intelligence and effectiveness of this policy.

Complaints manager

The **head of patient experience and engagement** has delegated responsibility for the operational management and strategic development of complaints and this policy. They will also provide regular reports to the quality and safety sub-committee (QSSC) and Governing Body in relation to complaints intelligence and compliance with regulations and are responsible for the day to day management of all formal complaints.



CCG staff

Directors and managers are responsible for ensuring complaints are fully and fairly investigated and that draft responses are forwarded to the head of patient experience and engagement within the specified time. They are also responsible for ensuring that all committed actions are fulfilled and that their teams are aware of the CCG policy for management of complaints.

Concerns or complaints from patients to any member of staff should be taken seriously and reported to the patient experience team, even if an immediate response or resolution can be given.

Monitoring of complaints handled by provider organisations

Where a patient has cause for complaint and asks a service provider organisation to investigate these concerns the CCG would not ordinarily receive details of the complaint or its outcome.

NHS Bexley CCG recognises the value of complaints and of the learning that flows from them. Therefore, in order to have a more comprehensive overview of the numbers and types of complaints made to providers about the services the CCG commissions we will work with those organisations to monitor this data.

This will involve collection of data from providers covering numbers, types and narrative details as well as response times and outcomes.

Healthwatch

The Healthwatch organisation operating in Bexley is Healthwatch Bexley. In recognition of the important role of local Healthwatch organisations, the CCG will share anonymised details of complaints and informal concerns/ enquiries.

The head of patient experience will also make arrangements for the reciprocal sharing of patient experience intelligence. This will be fed into reports received and discussed at the QSSC and Quality Intelligence Group (QIG).

Claims and legal action

The patient experience team will refer all complaints that explicitly indicate the intention to take legal action to the CCG corporate governance and risk manager, though this intention will not affect the progress of a complaints investigation.

The Complaints Regulations 2009 no longer states that a complaint should be halted where legal action has started (or is implied). In addition, it should not necessarily be assumed that a complaint made via a Solicitor means that the complainant has decided to take legal action. A complainant has the right to be represented by whomever they chose throughout the complaints process. If consent has been received a response should be made in the normal manner.

Accessible information standard

The CCG has a legal and moral responsibility under the Equality Act 2010 to provide any of its documents, leaflets, electronic resources in an alternative format if requested.

Compliance with the Accessible Information Standard is a legal duty under Section 250 of the Health and Social Care Act 2012.

Policy review, compliance and archiving

This policy will be reviewed every two years, or following publication of revised national guidance, or when required, whichever is the sooner. Compliance will be informed by the complaints process and will be monitored through the complaints reporting system.

The CCG will ensure that archived copies of superseded policy documents are retained in accordance with Records Management code of practice.



Procedure and process

As commissioners the CCG receives two different types of complaints:

- 1) Complaints about the CCG, its commissioning decisions and policies
- 2) Complaints about the services that the CCG commissions – provider complaints

If a complainant has concerns around providers it is their choice to either consent to their complaint to be forwarded to, and managed by, the provider or for the CCG to manage the process or approach the provider directly.

The CCG would normally advise that the provider is best placed to manage the process directly as this can mean a more expeditious response and more “ownership” of the complaint (and any learning/actions resulting from it). Complainants will be advised of their options at the first point of contact with the CCG.

All provider complaints investigated via the CCG are reported (detailing themes and learning) as part of quality reporting. Any dissatisfaction or on-going concerns can also be discussed at clinical quality review meetings and may result in further investigations (e.g. deep dives).

A provider complaint, investigated by the CCG, will be allocated a file and reference number and recorded on the confidential complaints database (Safeguard). Details of the investigation and outcome will be included in patient experience reports but will be separated when collating KO41a reports (in line with national guidance).

All commissioning and provider complaints will be treated seriously and managed promptly, sensitively and in a confidential manner with a comprehensive and robust response.

Complainants have a right to copies of any documents relating to them, whether manual or computerised. If a case proceeds to a request for investigation by the Ombudsman (PHSO) any written comments, together with any relevant clinical records will need to be made available to the complainant, the Ombudsman and to an Independent Review Panel (should one be established).

What is a complaint?

A complaint is an expression of dissatisfaction regarding any aspect of service relating to patient care, clinical or non-clinical, relating to attitudes of behaviour, the environment, facilities or systems that requires an organisation response. Complaints can be made verbally, in writing and electronically and are included under this term along with complaints raised by Members of Parliament (MPs), and elected members, on behalf of their constituents.

It is not intended that every minor concern should warrant a full-scale complaints investigation. Rather, the spirit of the complaints procedure is that staff are empowered to resolve minor concerns and problems immediately and informally. The CCG will, therefore, seek to distinguish between requests for assistance in resolving a problem and an actual complaint. All issues will be dealt with in a flexible manner, which is appropriate to their nature and the latter will be dealt with strictly in accordance with the complaints procedure.

Whenever there is a specific statement of intent on the part of the caller/correspondent that they wish their concerns to be dealt with as a complaint, they will be treated as such. Any caller/correspondent who is dissatisfied with the preliminary response to a matter which has been dealt with as a problem solving (informal complaint) issue will be advised of their right to pursue the matter further through the complaints procedure.

Who can make a complaint?

A complaint may be raised by anyone who is receiving or has received a service from the CCG or a service commissioned by the CCG.

Complaints can be made by:

- A patient or service user
- Any person who is affected by or likely to be affected by the action, omission or decision of the CCG

A complaint may be made by a person acting on behalf of someone who:

- Has died
- Is a child
- Has physical incapacity or
- Lack of capacity within the meaning of the Mental Capacity Act 2005 or
- Has requested the representative to act on their behalf; e.g. formal complaints raised by MPs on behalf of their constituents

The complaint can be raised by a relative or friend on behalf of the patient, if they have been given permission to act, and or anyone who is affected by or is likely to be affected by the action, omission or decision of the responsible body which is the subject of the complaint.

In some circumstances, at the discretion of the head of patient experience and engagement, complaints may be accepted by a relative or friend without the patients consent if the complaint is thought to be in the interest of public health or standards of care, e.g. if the complaint is regarding general hospital policies such as nutrition or uniform. In these cases the CCG would provide a general response omitting any patient specific information.

If the CCG is of the opinion that a representative does not have sufficient interest in the person's welfare or is unsuitable to act as a representative, the head of patient experience and engagement must notify that person in writing, stating the reasons.

Representing a child

If a complaint is being made by a person stating they are representing a child under the age of 18, it must be verified by the patient experience team that this person is the legal guardian or formally nominated by the legal guardian to represent the complainant. The same applies where a representative makes a complaint on behalf of a person who lacks capacity under the Mental Capacity Act 2005.

A child or young person under 18 is entitled to make a complaint in their own right. For all complaints regarding children or young people under 18, whether made by the parents, other family or friends or the children themselves, the circumstances of the complaint will need to be handled sensitively and advice sought from the CCG safeguarding children lead as to any concerns for the child's immediate or future safety.

Representing an adult at risk who does not have capacity to consent to an investigation

Where a representative makes a complaint on behalf of an adult who it is thought, under the Mental Capacity Act 2005, to be unable to represent themselves the CCG must be satisfied that appropriate procedures have been followed to verify this is the case. In circumstances where the individual does lack the capacity to consent to the investigation it should be confirmed whether the person raising the concern, or any other party, has the legal powers to act for the person. Where there is no one with the legal powers to represent the individual then a decision can be made in the person's best interest as to who should advocate for them

Confidentiality

It is essential when dealing with complaints that the CCG observes the legal obligations not to release information relating the patient to a third party without consent. Should a complainant choose to make their complaint by email they must be made aware that this system of communication is not considered secure whilst in transit and therefore, no guarantee of privacy can be given.

Care must be taken at all times to ensure any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

How to make a complaint

Complaints may be made in writing (including electronically) or orally. An oral complaint must be recorded in writing and details should be confirmed with the complainant. Complainants may also submit a complaint through the dedicated 'contact us' link on the CCG website, or ask for an appointment in person.

The patient experience team will facilitate the process for complainants and provide support if required, they will also offer information about local complaint advocacy services.

Time limits

A complaint should be made no later than 12 months after;

- a) The date on which the matter which is the subject of the complaint occurred; or
- b) If later, the date on which the matter which is the subject of the complaint came to the notice of the complainant

The time limit shall not apply if the organisation is satisfied that;

- a) The complainant had good reasons for not making the complaint within that period; and
- b) Notwithstanding the delay it is still possible to investigate the complaint effectively and fairly

Flexibility and sensitivity should be used when considering late complaints e.g. where a complainant has suffered such distress or trauma that prevented him/her from complaining earlier.

Discretion may be used to extend the time limit in agreement by the head of patient experience and engagement. If a decision to process a complaint is turned down on the 'out of time' basis then a complainant can use this policy to complain about that decision.

- h) A complaint which is being or has been investigated by the Health Service Ombudsman
- i) Management of claims

Where the CCG considers a complaint falls within the above exclusions it must as soon as reasonably practicable notify the complainant in writing of its decision and the reason for the decision.

Informal resolution of a complaint (concern) – within 24 hours

A complaint or concern need not be managed under the NHS complaints procedure if it is resolved to the complainant's satisfaction no later than the next working day after the complaint was made. If it is not possible to achieve resolution within 24 hours the complainant should be offered the opportunity for a longer period to be allowed or to progress with a formal complaint.

However, it is important that we learn from all feedback and the person who resolves the complaint informally must provide the patient experience team in writing, or by email brief details of the actions they have taken to resolve an informal complaint. The patient experience team will record the information on the complaints database, and intelligence used for quality reports and monitoring. In the event that the complainant remains dissatisfied they have the right for the complaint to be handled through the formal route.

Formal complaint process – local resolution

When a complaint is received within the CCG it must be forwarded immediately to the head of patient experience and engagement/patient experience team.

All complaints must be acknowledged no later than three working days after the complaints is received. At this time the patient experience team will contact the complainant to clarify their concerns and to find out how they would like their complaint resolved.

Options may include:

- Written response/report
- Face to face meetings with the complainant and parties involved
- Verbal resolution of the complaint by telephone

N.B. This list is not exhaustive and a combination of several methods can be used when handling a complaint, until it is resolved to the complainant's satisfaction.

During discussion, the patient experience team will negotiate a timeframe for resolving the complaint which is both realistic and acceptable to the complainant and within the statutory time frame of six months. Timescales for investigation of complaints are not intended to be rigid; it is the aim of the CCG to respond to complaints in a timely manner and as soon as possible depending on the complexity of the complaint.

If the agreed deadline cannot be met, the complainant will be informed of this at the earliest opportunity and provided with an explanation and apology.

Acknowledgements should be by letter or by email. Usually the method of acknowledging a complaint would match the method in which it was originally made.

Serious incidents and safeguarding issues

Where a complaint identifies a serious incident (SI), this will be shared with the CCG Quality Team and advice sought on whether the serious incident policy should be followed.

If a complaint is received which raises child protection issues or concerns about an adult at risk (adult at risk – over 18 and in need of care and support and because of those needs is unable to protect themselves against abuse or neglect) the responsibility for highlighting through safeguarding processes lies with the person who has received the concern. The safety of the child and adult at risk must always be paramount and if there is any safeguarding concerns identified these should be notified to the Local Authority and CCG safeguarding leads immediately. .

Complaint investigation

Once a complaint is made and consent (if appropriate) received the patient experience team will liaise with the team or teams concerned to identify an investigation lead. In cases where complaints relate to commissioned services the Patient Experience Team will liaise with the Complaints Team in the organisation where the incident occurred. The investigation lead or leads will then make arrangements to collate facts and information relevant to the complaint, this will require:

- Gathering of information
- Reviewing patient records
- Reviewing organisational records and
- Interviewing staff, managers and others involved in the complaint

The investigation lead will then construct and send a suitable response covering all the aspects of the complaint to the Head of Patient Experience and Engagement for review and further processing.

A clear record should be maintained of the investigation detailing any meetings or discussions with staff and complainant, covering what was asked and the responses given. Copies of all correspondence and associated file notes will be kept securely and separately from medical records/case files.

If a response cannot be sent within the agreed timescale, an explanation should be given for the delay and an extension agreed with the complainant.



A holding letter should be sent giving the reason for the delay, apologising for the delay and an indication of when a response will be sent. It is expected that most complaints will be resolved at local resolution (first stage).

Response

Upon completion of the investigation the Head of Patient Experience and Engagement will prepare a draft response letter verifying the information provided and addressing all aspects of the complaint.

A response should:

- Explain how the complaint has been considered
- Address the concerns expressed by the complainant and show that each element has been fully and fairly investigated
- Report the conclusion reached including any matters for which it is concerned remedial action is needed
- Include an apology where things have gone wrong
- Report the action taken or proposed to prevent recurrence
- Indicate that a named member of staff is available to clarify any aspect of the letter
- Advise the complainant who to contact in the first instance if they are not happy with the response

The letter or response should be written in plain English and clinical and other technical information should be explained. They should be drafted in a format which meets the complainant's needs.

The Director of Quality and Governance will review the draft letter for quality assurance before final approval and signature by the Chief Officer (providing the Chief Officer is assured that a full examination of the issues has been carried out with a view to resolving the complaint and that , where appropriate, lessons have been learnt).

If a complainant contacts the CCG after receiving the response to their complaint requesting further information or explanation, every effort should be made to answer these enquiries at local resolution. For example further information or explanation can be provided. Alternatively, a meeting to discuss the issues raised in the complaint could be offered. It is important to note that this should not be considered a review or appeal of the complaint. If the complainant remains unhappy with the response following local resolution and any further efforts to explain they should be advised of their right to take their complaint to the Ombudsman and/or given a copy of the stage two complaint factsheet.

Should a complainant raise new issues at this stage that were not included with the original complaint these must be investigated as a new complaint



The Patient Experience Team will close the complaints file two weeks after the final response has been sent if there is no further communication from the complainant. However, this can be re-opened (subject to statutory deadlines) if there is further communication from the complainant.

Action plans

An action plan should be put into place for any improvements that are identified as a result of a complaint. The service/team manager should monitor the action plan and provide the Patient Experience Team with a progress report after three months, which will be entered on the complaints database. If the Patient Experience Team has any concerns about the monitoring of action plans they will inform the relevant commissioning manager and quality lead.

Satisfaction questionnaire

After the complaint has been closed the Patient Experience Team will send the complainant a complaints handling satisfaction questionnaire (see appendix D), enclosing a pre-paid envelope. Analysed information obtained from satisfaction surveys will be included in the CCG annual complaints report.

Conciliation and mediation

Sometimes successful local resolution requires all parties to meet and discuss the issues complained about.

The Head of Patient Experience and Engagement may fulfil the role of conciliator and provide a confidential service with experience in managing meetings, handling conflict and dealing with emotional situations where this is agreeable to all parties.

Second stage – the Ombudsman

Referral to the Parliamentary and Health Service Ombudsman (PHSO) is the second and final stage of the complaints procedure. However, all efforts should be made locally to resolve a complaint before the complainant is directed to the Ombudsmen.

The PHSO provides a service to the public by undertaking independent investigations into complaints that the NHS in England has not acted properly, fairly or has provided a poor service.

The PHSO will normally only accept a complaint after the NHS organisation complained about has first tried to resolve the issues and has responded to the complainant.

- Performance against the agreed timescales for acknowledgement and response
- Details of complaints referred to the PHSO
- Whether the PHSO upheld the complaint
- Consolidated themes, trends and learning from other anonymised data

The Head of Patient Experience and Engagement will also prepare quarterly reports that will demonstrate:

- Number and type of complaints received and upheld
- Number of complaints referred to Ombudsman
- Summary of actions to improve services as a result of complaints

Reports and verbal intelligence will be presented and discussed at the QIG QSSC, and CCG Governing Body, in order to:

- Monitor arrangements for local complaints handling
- Consider trends in complaints
- Consider complaints data in relation to patient experience data, quality and safety data and identify any trends to inform the commissioning and improvement of services

In addition to the above the Head of Patient Experience and Engagement will ensure that complaints data is provided to the Health and Social Care Information Centre (KO41a) in the format and timeframes (currently quarterly) requested.

Improving quality and service improvements

A service improvement monitoring form (action plan) is sent to the Investigation lead with the initial complaint. This should be completed in conjunction with the investigation in order to identify areas of improvement and should be returned to the Patient Experience Team within 10 working days of the completion of the investigation.

Complaints will be monitored to identify if there are any wider issues that need to be addressed. This information will then be presented within quarterly reports to the QSSC and Governing Body and verbally to the Quality Intelligence Group (QIG).

The QIG, consisting of representatives across the CCG, considers any early quality issues that arise from complaints in conjunction with other data including mystery shopper feedback and informal concerns/ complaints. This enables the CCG to continually monitor services it commissions in order to improve quality through contract monitoring arrangements.

Prevent protocol

If a member of staff becomes concerned that an adult appears to be indicating that they may be being drawn into extremist activity they must follow the CCG Prevent protocol and should contact the Prevent lead as soon as possible.

Whistle blowing

The 'whistleblowing policy' should be accessed instead of the complaints policy when an employee or worker provides certain types of information, usually about illegal or dishonest practises to the employer or a regulator, which has come to their attention through work.

Storage and retention of records

All complaints communications are entered onto a confidential database maintained by the Patient Experience Team. It is important that all issues relating to complaints are fully and accurately documented, dated and retained. Complaints records will be stored in accordance with the NHS records management code of practice – and must be kept separate from a patient's medical records. Hard copy (paper) records will be kept securely locked and accessible only to the Patient Experience Team.

Complaint records are discloseable documents under legal processes and will be accessible to the Parliamentary Health Service Ombudsman (PHSO) in the event of further investigation. All Files (hard copy and electronic) should be appropriately maintained, updated and will be held by the CCG for a minimum of ten years.

In accordance with the Department of Health guidelines, files must be destroyed under confidential conditions in accordance with the CCG's Information Governance Policy.

ADDITIONAL GUIDANCE & INFORMATION

Individual funding request (IFR) decisions

If a complaint is received about an IFR decision the complainant will be advised that they are entitled to appeal this decision and a copy of the appeal process will be provided if requested. If the complainant still wishes to make a formal complaint the Patient Experience Team will only investigate the process under the NHS complaints procedure.

Joint complaints handling

The new Complaints Regulations (2009) require a duty to co-operate where a complaint involves another NHS trust or other bodies, such as the local authority or a service provider. When the Patient Experience Team receives a complaint involving other organisations there will be an agreement between the organisation as to who will take the lead in co-ordinating the handling of the complaint and communicating with the complainant. It may be that the complainant wishes to deal with each organisation individually and this will be respected. Where there is an agreed lead that organisation will be responsible for monitoring progress, keeping the complainant informed, co-ordinating information from the other organisations involved and sending the final joint response. The complaints professionals will communicate regularly and ensure that any lessons needing to be learnt are identified by the relevant organisations.

Consent must be obtained from the complainant in order to share the relevant information. Discussions will take place between the Patient Experience Team and complainant as to whether the issues should be handled separately or as part of a joint response. When the issues raised in complaints are interconnected, it is usually better to arrange a joint response. The Head of Patient Experience and Engagement will ensure that the response letter clearly informs the complainant which organisation is responsible for each part of the complaint.

Where a joint response is acceptable to the complainant the other organisations involved should provide the relevant information within an agreed timescale, relevant to the consideration of the complaint to ensure that a single full response is provided.

Joint responses should generally be signed off by the relevant Chief Officer of the lead organisation.

Complaints about social care

The Patient Experience Team will seek consent from the complainant to pass the complaint on to the respective council's complaint team for investigation of concerns regarding adult social care or children's services. It should be noted that complaints about adult social care are dealt with under the same 2009 Regulations as NHS complaints but complaints about Children's services are dealt with through the procedures set out in the Children Act 1989.

Complaints about provider organisations

Complainants may direct their complaints to a CCG rather than the NHS provider organisation that delivered the relevant service. The CCG may decide to undertake the handling of the complaint itself, act as a contact point or, if it deems it appropriate, and has the complainants consent, and refer the complaint to the provider organisation concerned. The final decision on who will investigate the complaint rests with the CCG once all mitigating circumstances are taken into account.

The CCG is not obliged to accept a complaint under these circumstances and normally will wish to direct the complaint to the responsible organisation. In cases where there is a compelling reason, the CCG may oversee the complaint throughout. Although the CCG can be part of local resolution it should not be used as a 'second stage'. The final decision on who should investigate a complaint should always be discussed with the Head of Patient Experience and Engagement before any agreement is made to accept and investigate the concerns raised.

Complaints about urgent care and GP out-of-hours services

Bexley CCG commissions Urgent Care and GP out of hour's services. The service provider should have their own complaints process mirroring that of the Regulations. Complainants may take their complaints directly to the service provider or to the CCG. Where the CCG does not lead on an investigation then it will monitor the number and the type of complaints made, and outcomes of the complaints

Complaints from MPs or elected representatives

From time to time the CCG receives complaints from MPs on behalf of their constituents. These follow exactly the same process as complaints received directly from individuals.

Where a complaint comes via the complainant's MP consent does not need to be sought unless the complaint is made by a constituent on behalf of a third party or when the complainant is not the constituent of the elected person.

Responses to such complaints are sent to MPs with copies provided to the patient or constituent whenever possible/appropriate.

Complaints about independent contractors

If the CCG receives a complaint about an independent contractor (GP, GP practice, pharmacy, optician, dentist) the Patient Experience Team will redirect the complainant to NHS England or, with the complainant's consent, forward a copy of any complaint correspondence for investigation. In all cases a summary of the complaint and contractor concerned will be recorded on the complaint database. A summary of the complaint will be emailed to NHS England contact centre where consent has been provided.

Complaints by members of staff

Members of CCG staff who wish to complain about health services they have received should do so using the facilities and processes referred to in this policy. Any staff complaints regarding issues at work, with colleagues etc are issues for

Human Resources (HR) and should be addressed by reference to the relevant HR policy.

Persistent complainants

Occasionally our services may be faced with persistent, serial or vexatious complainants. Staff are trained to respond with patience and sympathy but it is recognised that there are times when there is nothing further that can reasonably be done to rectify a real or perceived problem. It is important to appreciate that such complainants may have genuine grievances that should be properly investigated. However, under exceptional circumstances action will be taken to limit their contacts.

If a complainant is considered persistent, serial or vexatious staff should contact the Head of Patient Experience and Engagement for advice.

The CCG has guidance for dealing with persistent, serial, or vexatious complainants. This guidance should only be implemented by the Head of Patient Experience and Engagement, following approval by the Chief Officer (see appendix B).

Anonymous complaints

Anonymous complaints will be accepted which may arise from a telephone call or letter. Where possible the person will be encouraged to provide their name and other relevant details. If the person is unwilling to provide contact details the Patient Experience Team will follow the agreed complaints procedure but will be unable to provide a formal written response.

Freedom of information (FOI) & Data Protection Act (DPA)

Complaints can contain request for information under either the Freedom of Information Act 2000 (FOI) or Data Protection Act 1998 (DPA). Requests which may include access to the complaint file need to be in writing in both cases. These must be handled under the policies and procedures relevant to FOI and DPA requests.

Requests relating to DPA will be referred to the Information Governance Lead, most commonly this will relate to patient record access requested by their representative or relative. Requests under FOI should be referred to the CCG FOI Lead.

Complaints which contain only FOI or DPA requests should be passed formally to the correct team within the CCG and the complainant informed of who will be handling their request.

Withdrawal of a complaint

If a complainant withdraws a complaint at any stage the complained about should be informed immediately in writing. The complainant should also be sent a letter confirming that the decision of the complainant has been noted by the CCG. Any identified issues or improvement should be followed up within the service area and any learning cascaded in the normal manner.

Publicity

It is important that patients and their relatives or carers know about the CCG's Complaint Policy and how to make comments, compliments, suggestions or complaints about services which the CCG commissions and provides.

Information on how to make a complaint is available to patients, clients and their relatives and carers in leaflet/ factsheet form and on the CCG website. Information about the complaints procedure can also be requested from the Patient Experience Team in different languages or in other formats.

A copy of the Complaints Policy will also be available on the CCG website for access by members of the public and on the intranet for members of staff.

Media/ press

Complainants shall be dealt with on a strictly confidential basis. However, some cases may come to the attention of the media through the actions of complainants, staff or unconnected third parties.

Any media interest in a complaint should not be handled by any member of staff and should be referred to the Head of Communications who will liaise with the Head of Patient Experience and Engagement. Patient confidentiality must remain a top priority in any dealings with the media.

Training and additional support

The CCG requires all staff to be familiar with the Complaints Policy and Procedure and to know who they should contact for advice on handling complaints. To facilitate continual learning and improvement in the handling of complaints training will be available to all CCG staff.

The Patient Experience Team is available to work with individual departments/teams to address their specific training and learning needs. Managers should contact the Head of Patient Experience and Engagement for further information if this is required.

Staff may also seek help and support from their line manager or Director and from their professional representative body, defence organisation, clinical lead or staff side representative.

An overview of this policy and its procedures should be incorporated into the CCG handbook for new staff and should be part of their corporate induction.

APPENDICES



Risk Grading Complaints

1. Decide how serious the issue is

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care
Low/Medium	Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to provision of care or the service. No real risk of litigation
Medium	Service or experience below reasonable expectation in several ways, but not causing lasting problems.
Medium/High	Has potential to impact on service provision. Some potential of litigation.
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.
Very High	Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

2. Decide how likely the issue is to recur

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

3. Categorise the complaint

Consequence	Likelihood				
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
1. Low					
2. Medium Low					
3. Medium					
4. Medium High					
5. High					
6. Very High					

If in doubt grade up not down

GUIDANCE FOR HANDLING PERSISTENT COMPLAINANTS

Dealing with persistent, serial or vexatious complainants

This guidance should only be implemented by the CCG following approval by the Chief Officer. If a member of staff feels that a complainant is persistent, serial or vexatious then they should contact the Head of Patient Experience and Engagement for advice in the first instance.

Occasionally staff are faced with persistent, serial or vexatious complainants. Staff are trained to respond with patience and sympathy to complainants, but it is recognised that there are times when there is nothing further that can reasonably be done to rectify a real or perceived problem. It is also recognised that a persistent complainant should be protected by ensuring they receive a response to all genuine grievances and are provided with details of independent advocacy.

In determining arrangements for handling such complaints, staff are presented with the following key considerations:

- To ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed.
- To appreciate that even a habitual complainants may have grievances which contain some genuine substance.
- To ensure an equitable approach.
- To be able to identify the stage at which a complainant has become habitual.

Guidance for dealing with persistent, serial or vexatious complainants

The aim of this guidance is to identify situations where the complainant might be considered to be persistent and to suggest ways of responding to these situations which are fair to both staff and complainant.

It is emphasised that this guidance 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 procedures, for example through local resolution, conciliation, and involvement of independent advocacy as appropriate. Judgement and discretion must be used in applying the criteria to identify potential habitual complainants and in deciding the action to be taken in specific cases.

This policy should only be implemented in relation to a specific complainant, following careful consideration by, and with the authorisation of, the Chief Officer.

DEFINITION OF A PERSISTENT COMPLAINANT

Complainants (and/or anyone acting on their behalf) may be deemed to be persistent where previous or current contact with them shows that they meet at least TWO of the following criteria:

Where complainants:

- a) Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted.
- b) Seek to prolong contact by changing the substance of a complaint or continually raising new issues and questions whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints).
- c) Are unwilling to accept documented evidence of treatment given as being factual e.g. drug records, GP records, nursing notes.
- d) Deny receipt of an adequate response despite evidence of correspondence specifically answering their questions.
- e) Do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- f) Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of staff and, where appropriate, independent advocacy, to help them specify their concerns, and/or where the concerns identified are not within the remit of the Trust to investigate.
- g) Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying this criteria).
- h) Have, in the course of addressing a registered complaint, had an excessive number of contacts with the Trust placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, E-mail or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section using judgement based on the specific circumstances of each individual case).
- i) Are known to have recorded meetings or face to face/telephone conversations without the prior knowledge and consent of the other parties involved.

- j) Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).
- k) Have threatened or used actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. (All such incidents should be documented in line with the Managing Violence and Aggression towards Staff policy.
- l) Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this.) Staff should document all incidents of harassment in line with the Zero Tolerance Procedures, completing an incident form.

PROCEDURE FOR DEALING WITH PERSISTENT COMPLAINANTS

- a) Check to see if the complainant meets sufficient criteria to be classified as a habitual complainant.

Where there is an on-going investigation

- b) The Head of Patient Experience and Engagement should write to the complainant setting parameters for a code of behaviour and the lines of communication. If these terms are contravened consideration will then be given to implementing other action.

Where the investigation is complete

- c) At an appropriate stage, the Chief Officer or relevant Director should write a letter informing the complainant that:
 - the CCG has responded fully to the points raised, and
 - has tried to resolve the complaint, and
 - there is nothing more that can be added,

Therefore, the correspondence is now at an end.

The CCG may wish to state that future letters will be acknowledged but not answered.

- c) In extreme cases the CCG should reserve the right to take legal action against the complainant.

5 WITHDRAWING 'PERSISTENT' STATUS

Once complainants have been determined as 'persistent' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending 'persistent' status and discretion should similarly be used in recommending that this status be withdrawn.

CONFIDENTIAL

COMPLAINT RECORD SHEET

To be completed on complainants behalf by member of staff

Date and time received	
Received by (Name and position/ dept	

COMPLAINANTS DETAILS

Name:

Address:

Tel no: Email:

If not patient relationship to patient/service user:

Consent: Requested YES / No

 Obtained Yes / No

PATIENT'S DETAILS

Name:

Address:

Tel no: Email:

GP

If not patient relationship to patient/service user:

Relationship to complainant:

Details of Complaint	
Date of incident	
Location	
Summary of complaint	

Details of outcome/action taken	
Recorded by:	
Date:	

Complaints Handling Questionnaire

We welcome your feedback - Please tell us about your experience of our service.

We are constantly looking for ways to improve our complaint service. As you have been through the complaint process we are keen to know your feedback on how your case was handled. To ensure that we are getting it right we would be grateful if you could take the time to fill in this questionnaire. We have enclosed a freepost (no stamp required) envelope for your response.

Any feedback you share will be used to improve our complaint services

Please tick/ circle the appropriate answer and or fill in the comment section

<p>How did you know to contact the CCG to make your complaint?</p> <p>Comments:</p>	<ul style="list-style-type: none"> • CCG website • Healthwatch • GP • Heath Professional • Other – please comment <p>.....</p>
<p>Did you feel that you had enough information about how your complaint would be handled following receipt of your acknowledgement letter or email?</p> <p>Comments:</p>	<p>YES / NO</p>
<p>Did you feel that you were kept informed throughout the process following receipt of your acknowledgement letter or email?</p> <p>Comments:</p>	<p>YES / NO</p>
<p>Did you receive a factsheet explaining the complaint process</p>	<p>YES / NO</p>
<p>Did the complaint response answer all the issues you raised</p>	<p>YES / NO</p>
<p>Was the complaint response clear and easy to read</p>	<p>YES / NO</p>
<p>Is there anyway you feel that we could improve the complaints process</p> <p>Comments:</p>	<p>YES / NO</p>

Please use the space below for any further comments:

This questionnaire is available in other languages and formats upon request

Thank you for taking the time to complete this questionnaire.
Please return it to the CCG in the freepost envelope provided.

Would you be willing to take part in any further questionnaires or provide feedback about your healthcare experiences?

If yes please take a look at our **Mystery Shopper** scheme leaflet attached.

If you are interested in joining the CCG Mystery Shopper scheme or would like to speak to a member of the Patient Experience Team to find out more about ways to get involved in local healthcare please contact us on:

Tel: 020 8298 6139 / 6206

Email: bexccg.contactus@nhs.net

Equal opportunities monitoring form

NHS Bexley CCG intends to embed equality and diversity values into every day practice, policies and procedures.

In order to ensure that we provide the best service for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of society, it is important for us to gather the following information.

You do not have to answer any of these questions, but we would be very grateful if you would.

Ethnic origin	<input type="checkbox"/> I prefer not to say
White <input type="checkbox"/> English/Welsh/Scottish / Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background, write in:	
Mixed/multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background, write in:	
Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, write in:	
Black/African/Caribbean/Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean/Black British background, write in:	
Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, write in:	
<input type="checkbox"/> I prefer not to say	

Religion/belief <input type="checkbox"/> No religion <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Jewish	<input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Any other religion/belief, write in:	<input type="checkbox"/> I prefer not to say
--	---	--

<p>Disability Do you consider yourself to have a disability</p> <p><input type="checkbox"/>Registered disabled <input type="checkbox"/>Unregistered disabled</p> <p><input type="checkbox"/> I do not have a disability</p>	<p>Nature of disability <input type="checkbox"/> I prefer not to say</p> <p><input type="checkbox"/>Learning disability <input type="checkbox"/>Hearing impairment <input type="checkbox"/>Visual impairment <input type="checkbox"/>Speech impairment <input type="checkbox"/>Mobility impairment <input type="checkbox"/> Age related impairment <input type="checkbox"/>Mental health <input type="checkbox"/> Other, please state:</p>
<p>Sexual orientation <input type="checkbox"/> I prefer not to say</p> <p><input type="checkbox"/>Heterosexual <input type="checkbox"/>Gay <input type="checkbox"/>Lesbian <input type="checkbox"/>Bisexual</p>	
<p>Gender <input type="checkbox"/> I prefer not to say</p> <p><input type="checkbox"/>Female <input type="checkbox"/>Male <input type="checkbox"/>Transgender</p>	
<p>Age group <input type="checkbox"/> I prefer not to say</p> <p><input type="checkbox"/> 16 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 45 <input type="checkbox"/> 46 - 55 <input type="checkbox"/> 56 - 65 <input type="checkbox"/> 66 +</p>	
<p>Marriage and Civil Partnership (Please tick one box)</p> <p><input type="checkbox"/>Single <input type="checkbox"/>Married <input type="checkbox"/>In a civil partnership</p>	<p><input type="checkbox"/>Co-habiting <input type="checkbox"/> I prefer not to say <input type="checkbox"/>Widowed <input type="checkbox"/>Divorced <input type="checkbox"/>Separated</p>
<p>Pregnancy and maternity(Please tick one box) <input type="checkbox"/> I prefer not to say</p> <p>Are you pregnant? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	
<p>Caring responsibilities <input type="checkbox"/> I prefer not to say</p> <p>Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	

Any information you share will be held in the strictest confidence

Please return this completed form to the Patient Experience Team
in the freepost envelope provided

Personal Complaint Plan			
Name (Complainant)			
Address			
Tel.no			
Mobile no			
E-mail			
Preferred method of contact			
Date complaint received			
Patient Name			
Patient Address			
Date consent received			
Initial risk grade	Minor /Low	Moderate/Medium	Major/High
Reason for complaint			
If a multi-agency list other bodies involved & identify investigation lead			
Type of response	Written	Verbal	Meeting
If meeting, who do they want to meet?			
If written reply, timescale agreed			
What outcome do they want?			

(apology, explanation)				
CCG Manager and Staff involved in complaint				
ICAS details given?	Yes		No	
Complaints Team contact details given	Yes		No	
Any other points to note				

Section below to be completed when complaint closed

Date closed			
Conclusion risk grade	Minor /Low	Moderate/Medium	Major/High
Details of any action following complaint			
Date for review of action plan and service improvement			
Evaluation questionnaire sent - date			

Complaint Action & Learning Record

It is important that you **complete this form** as part of the overall complaints procedure and **return to the Patient Experience Team** along with your investigation report

Complaint ref no	
Investigating Officer	
Organisation/Department	

Identify all issues raised in complaint:

1.
2.
3.
4.
5.

Identify all planned actions

Planned actions	Person responsible	Date req'd by

Barriers to achieving actions

--

Lessons learned

--

Completed by	
Designation	
Date	

Review date	
Reviewed by	
Comments	



Complaints Advice Factsheet

What should I do before I make a complaint?

The Medical/Clinical staff or service provider should be approached in the first place to explain your conditions, treatment or clinical procedure. You should always talk to your doctor, nurse or other health professional about the concerns you may have about the treatment or services you have received before taking it further.

The Patient Experience Team may also be able to help you or can direct you to local support services.

What will Patient Experience Team do?

They will listen to what you have to say and will try to resolve any problems quickly. They will help you to contact other hospitals staff to make sure that they can voice your concerns and ensure that immediate action is taken.

If they cannot help you themselves, they will be able to offer advice on how to take your complaint forward.

Where can I find Patient Experience Team?

You can find the Patient Experience Team office at Bexley CCG base at 221 Erith Road, Bexleyheath, Kent, DA7 6HZ.

How can I contact them?

You can contact Patient Experience Team by Free phone on 0800 328 9712, or by visiting the office between 9am-5pm Monday to Friday. You can also email the Patient Experience Team at bexccg.contactus@nhs.net

Who can complain?

Anyone who is receiving, or has received treatment or services can complain. You can also complain for a friend or a relative, but you must have the patient's written consent if you are complaining on their behalf. If the patient is deceased, young or very ill then you need consent from the next of kin/executor guardian or have lasting power of attorney. The Patient Experience Team will offer advice if required. A third party complaint cannot be commenced until appropriate written consent has been received.

When should I complain?

It is always best to make your complaint as soon as possible and **not more than 12 months** after the incident. This time limit may be waived if there is a genuine reason why you could not make a complaint sooner.

What does the CCG need to know about my complaint?

You should write a letter of complaint and give as much information as possible about what, where and when it happened (please see the example letter). Do not forget to include your full name, address, telephone number, date of birth and your hospital number if you know it. Wherever possible, you should give the name and job title of any member of staff involved in the complaint.

If possible please indicate in the letter how you would like your complaint to be resolved e.g.

- Over the phone
- By having a meeting
- By a written response

Who should I sent my complaint letter to?

You can send your letter to the Chief Officer or to the Head of Patient Experience, they will make sure your complaint is acknowledged and investigated.

What do I do if I do not want to write a letter?

You can email your complaint to bexccg.contactus@nhs.net however; any further correspondence from the CCG will usually be in writing or via confirmed email address.

When will I hear from you?

The Patient Experience Team will acknowledge your complaint within 3 days of receipt

Example letter of complaint	
Name & Address	
Telephone Number	Date
Dear Sirs,	
Re: Patient's name. Date of birth,	
<ul style="list-style-type: none">• I am writing to complain about the treatment received at the name of service and department.• Details of what happened and where it happened. It helps to include the names or titles of the members of staff. For example Staff Nurse Brown or Dr Smith.• Details of what you want to complaint about. You can do this by asking questions. For example "why did this happen"?• Details of what you would like the outcome of the complaint to be. For example an apology or tell us what we could do to improve.• If you need further information please contact me.	
Yours Faithfully	
Sigh and Print your name	

What will you do about my complaint?

We will be investigating your issues, and our response should illustrate and confirm that we have listened to and, if appropriate, taken action on the concerns you have raised. For example, the response may offer an apology, may explain the clinical treatment given, and/or explain what changes and improvements have been made.

I have complained and have received a response/meeting/telephone conversation, but I am still not happy. What can I do next?

- Speak to the Patient Experience Team on Freephone 0800 328 9712 to ask advice about any other actions that can be taken to try to resolve your issues.

Can I take my complaint further?

If you are not happy with our response to your complaint you can take your complaint to the Health Service Ombudsman.

The Ombudsman can be contacted at:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1 4QP

Telephone helpline: 0345 015 4033

What happens if I am not happy with the response to my complaints?

If there are any points you wish to discuss further or if you consider further enquiries should be undertaken please contact the CCG Head of Patient Experience on 020 8298 6206/6139 or via email annie.gardner@nhs.net, who would be happy to assist you

You also have the right to take your complaint to the Parliamentary Health Service Ombudsman (PHSO). This should be done within 12 months of our final response to you, when local resolution has concluded.

The Ombudsman is independent of government and the NHS. The service is confidential and free and is the final stage of independent review for NHS complaints.

If you have any questions about whether the PHSO will be able to help you, or about how to escalate a complaint to them, you can contact them on the details provided below.

How can I contact the Ombudsman?

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP
www.ombudsman.org.uk

Tel: 0345 015 4033

email: phso.enquiries@ombudsman.org.uk

