

COMPLAINTS POLICY



Quality & Equality First

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10/12/2012	V2	Updated to reflect comments made by Complaints Lead B Jacques.
17/01/2013	V3	Flowchart updated. For approval by Clinical Quality, Safety and Governance Committee (CQSG).
10/03/2013	V4	Policy updated to reflect comments raised by CQSG on 24/01/13.
04/04/2013	V4	Policy ratified and adopted by the Governing Body 04/04/2013.
17/04/2014	V5	Policy updated to reflect change in the way complaints are being managed from 1/04/2014. Approved by CQSG with amendments on 17/04/2014, recommended for ratification by Governing Body.
22/05/2014	V6	Updated following comments made at CQSG on 17/04/14, and ratified by the Governing Body on 22/05/14.
18/06/2015	V7	Policy reviewed and updated for consideration and approval by the CQSG. Subject to making minor amendments, the policy was recommended to the Governing Body for approval to adopt.
23/07/2015	V7	CQSG amendments made. The Governing Body approved the adoption of the policy.

Complaints Policy

1. Introduction

- 1.1 This Warwickshire North Clinical Commissioning Group (WNCCG) Complaints Policy applies from 1 April 2014 and is based on The Department of Health published Regulations (Local Authority Social Services and NHS Complaints (England) Regulations 2009), which were introduced on 1 April 2009. The Regulations provide the statutory basis for the single approach to complaints handling in health and social care.
- 1.2 This Policy has been produced in line with the principles set out in the report entitled “My expectations for raising concerns and complaints’ published in November 2014 by the Parliamentary and Health Service Ombudsman, Local Government Ombudsman and Healthwatch England which sets out a user led ‘vision’ of the complaints system. This report is available at: <http://www.ombudsman.org.uk/myexpectations> with a summary provided at **Appendix 1**.
- 1.3 The complaints approach is structured around three main principles: listening, responding and improving. These have also been mapped to the user led ‘vision’ for raising complaints:-
 - **Listening (considering a complaint)** - taking an active approach to asking for people’s views by working in partnership;
 - **Responding (making a complaint and staying informed)** - dealing with complaints effectively by finding out what the complainant wants to happen; and
 - **Improving (receiving outcomes and reflecting on the experience)** - using the information received to learn and improve services by agreeing a clear plan of action.
- 1.4 To achieve this, it is essential that people who use our services understand that we want to know what they think, and that we will listen to, act on and learn from their feedback. WNCCG recognises that suggestions and complaints provide valuable insight into services that we commission. We will use this information about the services we commission to ensure that they are high quality, safe and accessible and responsive to patients as we place patients and quality at the heart of what we do.
- 1.5 The Regulations are intended to make the complaints process more responsive and flexible and provide closer integration with the arrangements for responding to social care and multi-agency complaints. The complaints policy describes how WNCCG manages, responds and learns from formal complaints made about its services and the way in which they are provided and commissioned. The policy details how complaints are investigated through processes which reflect the different management arrangements within the organisation, allowing the most effective and responsive resolution for complainants.
- 1.6 All patients have the right to have their complaint treated as a formal complaint, which can be made verbally, in writing (including email) or through a third party.
- 1.7 This policy supersedes all former WNCCG Complaints Policies.

2. Objectives

- 2.1 The purpose of this policy is to ensure that the objectives of the Local Authority Social Services and NHS Complaints (England) Regulations 2009 are achieved and that complaints are managed in line with the principles set out in the November 2014 report entitled "My expectations for raising concerns and complaints".
- 2.2 WNCCG needs to have a consistent approach to complaints and ensure that anyone making a complaint about NHS services understands how their complaint will be handled and their involvement in the process. WNCCG is committed to meeting the standards laid down in these regulations and guidance with the objective to respond positively in a timely and effective manner, learning from complaints and implementing changes to prevent problems from recurring.
- 2.3 Information from complainants or their relatives and carers can provide an opportunity for:
- our organisation to see itself as others see it;
 - a clear identification of issues that concern service users;
 - rectifying past mistakes to improve services;
 - increasing the patient's trust in our staff and services and in those that we commission;
 - identifying adverse events that may go undetected;
 - identifying possible problem areas before people feel the need to make a complaint; and
 - learning from adverse events.
- 2.4 The way in which all staff within WNCCG respond to comments, suggestions, enquiries, concerns and complaints is a direct reflection on WNCCG's attitude to the quality of the patient services it commissions. A consistent and responsive complaints system, focused on early resolution of complaints, will lead to improved relations with patients and their relatives and carers as well as increasing the confidence of staff and patients that WNCCG is committed to reviewing and improving services.

3. Scope of Policy

3.1 A complaint may 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 WNCCG;
- a representative of either of the above in a case when that person:-
 - has died;
 - is a child;
 - is unable by reason of physical or mental incapacity to make the complaint themselves;
 - has requested the representative to act on their behalf (a representative may include a parent, guardian, relative, civil partner or friend and, in these cases, consent will be required).

However there are some types of complaint which fall outside the scope of this procedure. These include:

- a complaint specifically about the provision of healthcare where the expectation that this should appropriately be investigated and responded to by the provider in the first instance;
- a complaint which has already been investigated under the complaints regulations;
- a complaint made by an employee or potential employee of WNCCG about any matter relating to their employment;

- a complaint which has been or is being investigated by the Health Service Ombudsman;
 - a complaint arising out of WNCCG's alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000;
 - complaints made by WNCCG staff about colleagues or managers, which will normally be dealt with under the WNCCG's Grievance Policy and/or Whistle Blowing Policy;
 - a complaint made by another health organisation or local authority; and
 - complaints about private services or treatment unless provided under arrangements with the NHS.
- 3.2 Full details of the types of complaint which fall outside this procedure can be found in Regulation 8 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 3.3 From April 2015 the CCG will work with NHS England in the investigation of complaints related to Primary Care.

4. Definitions

- 4.1 **The Regulations:** Local Authority Social Services and NHS Complaints (England) Regulations 2009.
- 4.2 **Formal Complaint:** it is important for staff to be able to identify those issues which, even if raised verbally, need to be brought to the attention of senior managers in the organisation, for example, where they raise patient safety concerns. All patients have the right to have their complaint treated as a formal complaint.
- 4.3 **Commissioning Complaints:** these may be in respect of funding issues or, services provided by other organisations which are funded by WNCCG.
- 4.4 **Investigating Officer:** a manager or senior person allocated to carry out an investigation into a formal complaint and to draft a report/response on their findings as well as any lessons to be learnt, within a specified time.
- 4.5 **POhWER:** an organisation providing independent advice or support through the complaints process.
- 4.6 **PHSO:** an acronym for the Parliamentary and Health Service Ombudsman.
- 4.7 **IFR:** an acronym for Individual Funding Request.
- 4.8 **Conciliation/Mediation:** is a way of dealing with complaints that helps to avoid adversarial situations. By bringing the two sides together with a neutral conciliator/mediator it aims to achieve a satisfactory conclusion for both the complainant and the CCG.
- 4.9 **Gillick Competence:** is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

5. Roles and responsibilities

- 5.1 WNCCG has a duty to ensure compliance with the regulations. The Governing Body will be kept informed of any risks or issues in relation to compliance with the policy via the Clinical Quality, Safety and Governance Committee (CQSG).

- 5.2 **The Chief Officer** has ultimate responsibility for compliance with the regulations.
- 5.3 **The Director of Integrated Governance** is responsible for complaints across WNCCG and for overseeing the implementation of the Regulations. The Director of Integrated Governance will regularly report to the Governing Body, via the CQSG, in relation to complaints, activities and compliance and is responsible for dealing with and making decisions on all formal complaints. The Director of Integrated Governance will liaise with the Complaints Officer.
- 5.4 **The Director of Integrated Governance** is responsible for the NHS Publication Scheme of the CCG.
- 5.5 The **Complaints Officer** is responsible for processing and handling all formal complaints received by WNCCG, and for advising and providing assistance to those who request it. The Complaints Officer will assist with the implementation of this policy and will keep the Director of Integrated Governance and the CQSG informed of any issues. However the overall responsibility and accountability for all complaints received falls with the Director of Integrated Governance.
- 5.6 The Complaints Officer will be responsible for maintaining a complaints database to record and monitor complaints received by WNCCG.
- 5.7 **Other Directors** within WNCCG are responsible for:-
- ensuring that complaints are fully and fairly investigated by an appropriate manager (Investigating Officer) and that draft responses are forwarded to the Complaints Officers within the specified time;
 - ensuring that all committed actions as a result of a complaint being made are implemented within the specified time; and
 - ensuring that all their staff are aware of their duties under the regulations and that they adhere to this policy.
- 5.8 **All staff** of WNCCG will comply with the most up-to-date version of this policy.
- 5.9 The **CQSG** is responsible for:-
- the approval of this policy and submission to the Governing Body for approval to adopt; and
 - receiving quarterly reports on complaints from the Director of Integrated Governance.

6. Basic Principles of Good Complaints Handling

- 6.1 No-one is infallible and we can all make mistakes. Complaints sometimes arise from differences of understanding, perceptions and belief and are often about organisational matters rather than individuals. Patients are greatly influenced by the attitudes of professionals towards them.
- 6.2 The following basic principles will apply to all complaints received by WNCCG:-
- find out how the complainant would like their complaint resolved. Options include:
 - face-to-face meetings with the complainant and parties involved.
 - resolution of the complaint by telephone.
 - the use of an independent advocate or mediator.
 - there will be an emphasis on early resolution of complaints, working with the person who has made the complaint.
 - arrangements will ensure that complainants know they have acted appropriately and that the organisation is open to comments on performance and willing to make changes when necessary.

- lessons learned from complaints will be used to support continuous quality improvements in service delivery.
- staff must be able to recognise when a complaint is being made and need to feel confident about dealing with complaints.
- there is a need to ensure confidentiality at all stages of the complaints process not only for the complainant but also for those staff involved in the investigation.
- it is important that staff involved in a complaint receive feedback on the outcome of the investigation. Feedback will be requested by the Complaints Officer by way of a prepaid questionnaire sent to the complainant to complete and return.
- anyone making a complaint needs to be assured that they will not be treated any differently by any NHS organisation as a result of voicing their concerns.

7. Recognising a Complaint

- 7.1 Comments and suggestions about WNCCG as a commissioner of services are welcomed. It is important for staff to acknowledge all comments and suggestions and to let the person making them know that they will be treated constructively and confidentially.
- 7.2 Not all issues raised are formal complaints and it is important that staff who are handling complaints understand the difference. Staff must be able to recognise when a person is making an enquiry, asking for advice or making a constructive suggestion and not to misconstrue this as a complaint. Many concerns can be addressed by the member of staff in direct communication with the contact. This should be the normal practice and staff will be empowered to resolve these quickly without the need for them to go through a more formal complaints process.
- 7.3 However, it is important that the organisation learns from all feedback, and the person who resolves the concern informally must provide the Complaints team, in writing or by email, brief details for the actions they have taken to resolve a concern. The Complaints team will record the information in the concerns database.
- 7.4 In all instances staff must clarify with the complainant what their concerns are and, if possible, the remedy. Where the complainant accepts the response as being satisfactory and appropriate there will be no need for further action.

8. Who may complain

- 8.1 A complaint may 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 WNCCG;
 - a representative of either of the above in a case when that person:-
 - has died;
 - is a child;
 - is unable by reason of physical or mental incapacity to make the complaint themselves;
 - has requested the representative to act on their behalf (a representative may include a parent, guardian, relative, civil partner or friend and, in these cases, consent will be required).
- 8.2 All public areas must display notices advising on how and to whom complaints may be made. Information leaflets must also be readily available giving this information.

- 8.3 In the case of a patient or person affected who has died or who is incapable, the representative must be a relative or other person who, in the opinion of the Complaints Officer, had or has a sufficient interest in their welfare and is a suitable person to act as representative. If in any case the Complaints Officer is of the opinion that a representative does or did not have a sufficient interest in the person's welfare or is unsuitable to act as a representative, they must notify that person in writing, stating their reasons.
- 8.4 In the case of a child, age 16 or under who does not meet the Gillick Competency, the representative must be a parent, guardian or other adult person who has care of the child and where the child is in the care of a local authority or voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

9. How to register a complaint

- 9.1 All formal complaints should be registered with the Director of Integrated Governance who will ensure that the Complaints Officer:
- logs the complaint on the complaints database and give it a unique number;
 - acknowledges the complaint and deals with issues of consent if necessary;
 - advises the Investigating Officer of the date by which a draft response must be submitted and the 'actual' deadline; and
 - prepares the response for signature by the Chief Officer (or designated Deputy) of the CCG.

10. Investigating a complaint

- 10.1 Complaints may be made to WNCCG about any service it commissions from NHS voluntary or private sector organisations.
- 10.2 Some complaints raise issues regarding services which are funded by WNCCG, but not provided by them. In these cases, if the complaint is solely about the staff or service provided by the organisation concerned, for example a care home or a private hospital undertaking NHS treatment under arrangement with the NHS, the complainant will be asked to direct their complaint to the relevant organisation which will follow their own complaints procedure in the first instance.

In these cases, WNCCG will monitor the complaint to ensure that the issues are fully investigated and that the organisation responds in a timely manner. Should the complainant remain dissatisfied, WNCCG will carry out their own investigation of the matter and respond as normal under the NHS Complaints Procedure. If the complaint is still not resolved, refer the complainant to the PHSO. In these cases the Complaints Officer will discuss with the complainant how the case will be handled and seek consent to details of the complaint being sent to the service provider. It should be noted that no complaint will be investigated without the provider of the service being involved and having the opportunity to respond.

11. Time limits for Complaints

- 11.1 A complaint must be made within 12 months from the date on which a matter occurred or the matter came to the notice of the complainant unless there are exceptional circumstances (as per 12 (1) of the Local Authority Social Services and NHS Complaints (England) Regulations 2009 - see Appendix 3).

The time limit will not apply if WNCCG is satisfied that the complainant had good reasons for not making the complaint within the time limit and, notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly.

- 11.2 WNCCG will endeavour to acknowledge all formal complaints within 3 working days from receipt and offer the complainant the opportunity to discuss how the complaint is to be handled.
- 11.3 The Department of Health have not set out a detailed prescriptive process for timescales for response (as per 14 (1) of the Local Authority Social Services and NHS Complaints (England) Regulations 2009 - see Appendix 3). However, WNCCG expect the majority of complaints to be investigated and a response sent to the complainant within 25 working days. This may be extended by agreement with the complainant.

12. Extensions

- 12.1 The need for an extension should be identified at the earliest possible opportunity and not be left until the deadline nears. This is sometimes the case, for example where the complaint is more complex and/or crosses over into other organisations and requires a joint response.
- 12.2 If it is clear either on receipt of the complaint or at any stage during the investigation that the investigation cannot be completed on time, the Investigating Officer must contact the Complaints team immediately. The Complaints team will then contact the complainant to agree this and give reasons for the delay and advise about a new estimated time for completing the investigation. This should be followed up in writing.
- 12.3 Where the complainant objects to the delay, every effort should be made to ensure that a response can be sent within the previously agreed timescale.

13. Co-ordinated working across boundaries

- 13.1 The Complaints Regulations (2009) introduced a single system for all Health and Local Authority Adult Social Care Services in England and a duty to ensure co-ordinated handling of complaints.
- 13.2 When WNCCG receives a complaint which appears to span both Health and Adult Social Care Services and/or other organisation and including independent contractors, it will work with the other organisation(s) to ensure co-ordinated handling and to provide the complainant with a single response which covers all aspects of the complaint.
- 13.3 With consent from the complainant, a copy of the complaint will be forwarded to the organisation concerned. The lead organisation will be established by discussion with the complainant and organisation(s) concerned, which may depend on which organisation has to address the majority of the issues raised and whether the complainant is happy with the proposed lead.
- 13.4 Joint complaints can be more complex and may require more time in which to respond and deadlines will be agreed between all parties concerned. If a complainant remains unhappy with the other organisation after receiving a joint response, WNCCG will endeavour to arrange a meeting with appropriate staff from that organisation for further resolution (a conciliation/mediation will be offered to the complainant).

14. Publicising the Policy

- 14.1 It is important that patients and their relatives or carers know about the WNCCG Complaints Policy and how to make comments, compliments, suggestions or complaints about services which WNCCG commissions.

There is a section on the WNCCG website which includes the Policy and contains details on how to make a complaint. Appendix 4 provides a WNCCG patient guide on how to complain, comment or compliment on NHS Health Services.

- 14.2 They may contact the Complaints Officer if they have any questions or concerns about the Complaints Procedure. They may be advised to speak to the local Healthwatch organisation if they wish to discuss their concerns informally. Patients may also contact POhWER if they need help in making a complaint. The Complaints team will have contact details for the local Healthwatch and POhWER and these are also on the back of the complaints leaflet.
- 14.3 It is important to remember that complainants may be unable to read or write, may not have English as their first language or may suffer from disabilities which make formal written complaints difficult to make. WNCCG has access to interpretation/translation services and other services for those unable to put their complaint into writing and details can be obtained from the Complaints team.

15. Issues affecting complaints

- 15.1 **Confidentiality:** it is essential when dealing with complaints that employees of WNCCG observe the legal obligation not to release information relating to the patient to a third party without written 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.
- 15.2 **Consent:** anyone who is receiving or has received NHS treatment or services can complain. They can also complain if they are affected by an action or a decision of WNCCG. If they are unable to complain themselves they can ask someone else, such as a relative, friend or advocate, to make the complaint for them.

However, in accordance with the Data Protection Act and patient confidentiality, when a complainant is not the patient, written consent is required from the patient and this must be dealt with in discussion with the complainant. Exceptions would be if the complainant has a Lasting Power of Attorney over the patient's affairs or if the patient is a child who is not 'Gillick competent' or is very ill or has died.

When a patient has died or is incapable, their representative must be a relative or other person who had, or has, a sufficient interest in their welfare and is a suitable person to act as a representative. Staff should use their discretion on this issue, however they must not hesitate to contact the Complaints team if guidance is needed.

Consent for access to relevant medical records in respect of a complaint will need a different consent form. For example, if an independent clinician is required to give advice at a conciliation meeting, they may need to see the medical records beforehand. Staff should contact the Complaints Officer for guidance.

- 15.3 **Discrimination:** making a complaint should not affect the standard of care received by the complainant at any time. If a complainant feels they are being discriminated against for making a complaint, they should contact the Complaints Officer (refer to Section 19 for further information regarding equality and diversity).
- 15.4 **Allegations of theft:** with regard to allegations of theft made against WNCCG staff, WNCCG will not register it as a formal complaint unless the complainant is prepared to inform the police.

- 15.5 If a complaint relating to alleged theft is received, these cases are reported to the CCG who will undertake to investigate the allegation. If the complainant has been directly to the police, WNCCG will co-operate with the police investigation and any legal proceedings. In these cases no further internal investigations will proceed as this may be detrimental to any legal proceedings.
- 15.6 **Unreasonably persistent complainants:** unreasonably persistent or vexatious complainants are becoming an increasing problem for NHS staff, causing undue stress to staff as well as placing a strain on time and resources. Staff are trained to respond with patience and sympathy to the needs of all complainants, but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.
- 15.7 WNCCG will ensure that the Complaints Policy and procedure is followed so far as possible and that no material element of a complaint is overlooked, as unreasonably persistent complaints may have some substance. WNCCG will use the following criteria in determining when a complaint has become unreasonably persistent.
- The complainant will usually have:
- persisted in pursuing a complaint when the Local Authority Social Services and NHS Complaints Policy and procedure has been exhausted;
 - changed the substance of a complaint or continually raised new issues;
 - been unwilling to accept documented evidence of treatment given as being factual e.g. GP manual or computerised records, drug charts, nursing records;
 - not clearly identified the precise issues they wish to be investigated;
 - focused on a trivial matter to an extent which is out of proportion to its significance;
 - threatened or used actual physical violence towards staff at any time;
 - had an excessive number of contacts with WNCCG by telephone, letter, fax, email or in person; and
 - harassed or been abusive or verbally aggressive towards staff dealing with their complaint.
- 15.8 In these circumstances the Director of Integrated Governance will discuss the case with the Chief Officer and decide what action to take. This may include a review of all complaints documentation or seeking legal advice. Once a decision has been made the Chief Officer will write to the complainant and a record will be kept of the reasons why a complainant has been classed as vexatious.
- 15.9 In cases where a complainant's behaviour is deemed to be abusive or verbally aggressive, the Complaints Officer may deem it necessary to alert other staff, who may come into contact with the complainant (for example Personal Assistants, or reception staff), of the complainant's name so that the complainant may be directed to the Complaints Officer when he/she contacts WNCCG to ensure one point of contact.
- 15.10 **Disposal of complaint files** - In accordance with Department of Health guidelines, the minimum retention period is 8 years from completed action, after which the files must be destroyed under confidential conditions.
- 15.11 **Disciplinary and performance** - Complaints should not be dealt with through disciplinary or performance procedures. Where a complaint suggests performance issues of an individual employed by WNCCG, these issues must be investigated and dealt with outside of the Complaints Policy and procedure, in order to ensure that individual's rights to representation and support are met through appropriate procedures and processes. Response letters to complainants will not include details of any disciplinary action carried out as a result of a complaint.

16. Management of complaints

- 16.1 **Conciliation/Mediation - in the event that the complainant is not satisfied with the outcome of the complaint investigation:** WNCCG will offer conciliation and/or mediation as a way of dealing with complaints to help to avoid adversarial situations. By bringing the two sides together with a neutral conciliator/mediator it aims to achieve a satisfactory conclusion for both the complainant and WNCCG.
- 16.2 The conciliator's/mediator's role is to identify any outstanding issues of complaint, establish what is hoped to be achieved by pursuing the complaint and to try and assist in addressing these issues in discussions or a meeting with the complainant and staff involved. If the complainant is not satisfied with the outcome of the complaint they can choose whether to engage in conciliation / mediation or whether to escalate the complaint to the PHSO.
- 16.3 If the complainant chooses to engage in conciliation/mediation they have the right to escalate the complaint to the PHSO if they are still not satisfied with the outcome. Complainants wishing to engage in conciliation/mediation should notify WNCCG within 12 months of the date their complaint was answered.
- 16.4 The conciliator/mediator is a lay person who is used by WNCCG on an ad hoc basis; they are not employees of WNCCG. The conciliator/mediator is not an advocate for either party. Their role is to give impartial support to both parties. The conciliator/mediator will adopt procedures that are most appropriate for conducting the conciliation/mediation process. Conciliation/Mediation can be joint, both parties present, or a separate meeting for each party with feedback from the conciliator/mediator.
- 16.5 **Local Healthwatch:** is available to assist and advise patients, their relatives and carers should they have any concern about care or services commissioned or provided. Information will be available within WNCCG on how the local Healthwatch service can be accessed.
- 16.6 **POhWER:** has an important role in supporting individual complainants and particularly in representing the needs of vulnerable groups when making complaints. POhWER is a free independent service. If appropriate, complainants should be advised about how POhWER can help them and how they can access this service.

17. Parliamentary and Health Service Ombudsman (PHSO)

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

The PHSO will normally only take on a complaint after the NHS organisation complained about has first tried to resolve the issues and has responded to the complainant. The PHSO believes that the CCG or Practice should be given a chance to respond and, where appropriate, put things right before they become involved. They are, therefore, the second stage of the NHS complaints process.

18. Training

- 18.1 WNCCG requires all staff to be familiar with the Complaints Policy and to know who they should contact for advice on handling complaints. A copy of the Complaints Policy will be made available to all staff. General training on the Complaints Policy is provided as part of induction training for all new staff.

Specific training is given to:-

- front line staff (handling complaints, identifying issues of concern);

- investigating officers (investigating a complaint, root cause analysis, drafting a response, taking statements, preparing a complaints report); and
- lay conciliators/mediators (WNCCG Complaints Policy, taking clinical advice, holding a meeting).

19. Equality and Diversity

- 19.1 WNCCG is committed to ensuring that services it commissions and all complaints received are dealt with fairly, regardless of race, age, gender, disability, religion or sexual orientation.
- 19.2 Monitoring and data collection: an anonymised prepaid Data Collection Form, identifiable only by the complaint number, will be forwarded by the Complaints Officer to all complainants regarding formal complaints made to WNCCG. The information will be included on a database and a report presented to CQSG.
- 19.3 Feedback will be requested using forms to enable ethnic monitoring to be undertaken for each formal complainant about WNCCG services. Collated figures from these forms will be submitted at the end of each financial year to the Department of Health, together with the figures of complaints.
- 19.4 WNCCG is committed to ensuring that it treats all its members fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation. An Equality Impact Assessment has been undertaken and included in this Policy at Appendix 2.

20. Data Protection Act 1998

- 20.1 The Data Protection Act 1998 outlines the ways in which information about living people may be legally used and handled and protects against misuse or abuse of personal information (see the WNCCG Confidentiality and Data Protection Policy). The NHS relies on maintaining the confidentiality and integrity of its data through the implementation of the NHS Confidentiality Code of Practice. Unlawful or unfair processing of personal data may result in the CCG being in breach of its Data Protection obligations.

21. Freedom of Information Act 2000

- 21.1 Any information that is held by the CCG may be subject to disclosure under the Freedom of Information Act 2000. From 1st January 2005, the Freedom of Information Act 2000 allows anyone, anywhere to ask for recorded information to be disclosed (subject to limited exemptions). Further information is available in the WNCCG Freedom of Information Policy.

22. Review

- 22.1 This policy will be reviewed in April 2018. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

Summary: “A user led vision for raising concerns and complaints”

Note: extract from “My expectations for raising concerns and complaints”, published in November 2014. A report produced by the Parliamentary and Health Service Ombudsman, the Local Government Ombudsman and Healthwatch England.

A user-led vision for raising concerns and complaints



Warwickshire North Clinical Commissioning Group: Equality Impact Assessment

Appendix 2

Department	<input type="text" value="Integrated Governance"/>	Name of person completing EIA	<input type="text" value="Jenny Horrabin, Director of Integrated Governance"/>
Date of EIA	<input type="text" value="June 2015"/>	Accountable CCG Lead	<input type="text" value="Andrea Green, Chief Officer"/>
		CCG Sign off and date	<input type="text"/>
Piece of work being assessed	<input type="text" value="Complaints Policy"/>		
Aims of this piece of work	<input type="text" value="To assess if this policy adversely impacts on any particular protected group"/>		
Other partners/stakeholders involved	<input type="text" value="None"/>		
Who will be affected by this piece of work?	<input type="text" value="All WNCCG staff and stakeholders"/>		

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown.
Gender		No
Race	Language may be an issue.	Yes
Disability	Making formal written complaints may be an issue.	Yes
Religion/ belief		No
Sexual orientation		No
Age		No
Social deprivation		No
Carers		No
Other	(specific circumstances relevant to this policy not covered by above) N/A	No

Equality Impact Assessment Action Plan

			← CCG →		
Strand	Issue	Suggested action(s)	How will you measure the outcome/impact	Timescale	Lead
Race	Language	Offer to make complaints form available in different language if needed. Offer translation services.	Checking number of requests for this information. Seek feedback.	On-going	Jenny Horrabin
Disability	Making formal written complaints	Offer interpretation services. Offer to make complaints information available in braille.	Checking number of requests for this information. Seek feedback.	On-going	Jenny Horrabin

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

12.—(1) Except as mentioned in paragraph (2), a complaint must be made not 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.

(2) The time limit in paragraph (1) shall not apply if the responsible body is satisfied that—

- (a) the complainant had good reasons for not making the complaint within that time limit; and
- (b) notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly.

Investigation and response

14.—(1) A responsible body to which a complaint is made must—

- (a) investigate the complaint in a manner appropriate to resolve it speedily and efficiently; and
- (b) during the investigation, keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation.

(2) As soon as reasonably practicable after completing the investigation, the responsible body must send the complainant in writing a response, signed by the responsible person, which includes—

- (a) a report which includes the following matters—
 - (i) an explanation of how the complaint has been considered; and
 - (ii) the conclusions reached in relation to the complaint, including any matters for which the complaint specifies, or the responsible body considers, that remedial action is needed; and
- (b) confirmation as to whether the responsible body is satisfied that any action needed in consequence of the complaint has been taken or is proposed to be taken;
- (c) where the complaint relates wholly or in part to the functions of a local authority, details of the complainant's right to take their complaint to a Local Commissioner under the Local Government Act 1974(1); and

(d) except where the complaint relates only to the functions of a local authority, details of the complainant's right to take their complaint to the Health Service Commissioner under the 1993 Act.

(3) In paragraph (4), "relevant period" means the period of 6 months commencing on the day on which the complaint was received, or such longer period as may be agreed before the expiry of that period by the complainant and the responsible body.

(4) If the responsible body does not send the complainant a response in accordance with paragraph (2) within the relevant period, the responsible body must—

(a) notify the complainant in writing accordingly and explain the reason why; and

(b) send the complainant in writing a response in accordance with paragraph (2) as soon as reasonably practicable after the relevant period.

NHS Warwickshire North Clinical Commissioning Group How to Complain, Comment or Compliment on NHS Health Services - Patient Guide

Introduction

NHS Warwickshire North Clinical Commissioning Group (CCG) welcomes your comments, complaints and compliments about the organisation and the NHS health services it provides for residents living in North Warwickshire, Nuneaton and Bedworth Boroughs.

This guide explains how the complaints system operates for NHS health services in the local area. Making a complaint will NOT affect your treatment or care. We aim to provide good quality services but we know that sometimes things go wrong.

Where things have gone wrong we want to put them right and make sure they don't happen again.

Complaining about a service provider

If you are complaining about your GP, dentist, pharmacy or optician, you can contact:

NHS England

PO Box 16738

Redditch

B97 9PT

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net

If you have a complaint about hospital services, community services, mental health or the ambulance service, please contact the relevant organisation below:

University Hospitals Coventry and Warwickshire NHS Trust

(University Hospital, Coventry or the Hospital of St Cross, Rugby)

Patient Advice Liaison Service (PALS)

Telephone: 0800 028 4203

Email: feedback@uhcw.nhs.uk

Website: www.uhcw.nhs.uk

Write to: Clifford Bridge Road, Coventry, West Midlands, CV2 2DX

South Warwickshire NHS Foundation Trust

For support relating to community health services

PALS

Telephone: 01926 600 054

Email: pals@swft.nhs.uk

Visit: The PALS office, which is located by the main entrance of Warwick Hospital

Website: www.swft.nhs.uk

Write to: Warwick Hospital, Lakin Road, Warwick, CV34 5BW

George Eliot Hospital NHS Trust

PALS

Telephone: 024 7686 5550

Email: pals@geh.nhs.uk

Website: www.geh.nhs.uk

Write to: College Street, Nuneaton, CV10 7DJ

Coventry and Warwickshire Partnership NHS Trust

For support relating to mental health and learning disability services provided by Coventry and Warwickshire Partnership NHS Trust

PALS

Telephone: 024 7653 6804

Email: PALS.complaints@covwarkpt.nhs.uk

Customer Service:

Telephone: 0800 212445

Website: www.covwarkpt.nhs.uk

Write to: Wayside House, Wilsons Lane, Coventry, CV6 6NY

West Midlands Ambulance Service NHS Trust

PALS

Telephone: 01384 246370

Email: pals@wmas.nhs.uk

Website: www.wmas.nhs.uk

Write to: Millennium Point, Waterfront Business Park, Waterfront Way, Brierley Hill, West Midlands, DY5 1LX

Complaining about the CCG

How do I make a complaint about the CCG?

The CCG is responsible for planning and commissioning healthcare services and works closely with local people and organisations. If you have a complaint about:

- Our organisation
- Our decision making processes
- Our staff

Please send your complaint, comment or suggestion in writing to:

NHS Warwickshire North CCG

Complaints Team

Room 1

Lewes House

Nuneaton

Warwickshire

CV10 7DJ

Telephone: 024 7632 4399

Email: WARNOCCG.WNCCGComplaints@nhs.net

Who can complain?

Anyone can raise concerns or make a complaint. You can complain about NHS services or treatment you have received or if you have been affected by an action or decision made by the CCG.

You can also complain on behalf of a patient where the patient:

- has requested the representative to act on their behalf (a representative may include parent, guardian, relative, civil partner or friend and, in these cases, consent will be required from the patient)
- has died
- is a child
- is unable by reason of physical or mental incapacity to make the complaint themselves

What will happen?

- The CCG will process and investigate your complaint.
- We will keep you updated on progress
- We will respond to your complaint, share the outcomes and learning and will try to resolve your concerns.

If we need access to your records then you will need to sign a consent form. The purposes for which your personally identifiable information will be used is strictly for the processing of your complaint. This may include passing relevant information to a service provider in order that they can provide appropriate responses and comments on the circumstances set out in your complaint.

Your information may be anonymised for the purposes of monitoring the complaints process or improving service quality. If identifiable data is needed for other purposes then your consent will be sought unless there is another legal basis on which this information is required to be used.

How long will it take to respond to my complaint?

We will always aim to respond to your complaint within 25 working days of receiving consent. Wherever possible you should try and speak to someone about your complaint as soon as the event occurs.

What if you are not satisfied with your response?

If you are not satisfied with our response you must write to us stating the reasons why you are dissatisfied. We will arrange to review and provide a further response to your complaint, unless agreed otherwise.

You have the right to take your complaint to the Parliamentary and Health Service Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS. The Ombudsman will generally only consider your complaint once you have completed the CCG's complaints procedure and received your final response.

If the Ombudsman is of the opinion that the CCG can do more to resolve your complaint, they will refer your complaint back to us. It is therefore very important to allow the CCG every opportunity to try to resolve your complaint. You can contact the Parliamentary and Health Service Ombudsman at:

The Parliamentary and Health Service Ombudsman

Millbank Tower

London

SW1P 4QP

Telephone: 0345 015 4033

Website: www.ombudsman.org.uk

Other Information

Do you need help in finding information about local health services?

Healthwatch Warwickshire will be able to assist people living in Warwickshire who need advice about health and social care.

Telephone: 01926 422823

E-mail: info@healthwatchwarwickshire.gov.uk

www.healthwatchwarwickshire.co.uk

Where can you get advice and support about making complaints?

If you would like independent advice or support through the complaints process, POhWER may be able to help you. This a free independent, and confidential service that offers help and information in making a complaint about the NHS. You can contact POhWER using the following details:

POhWER
PO Box 14043
Birmingham
B6 9BL
Telephone: 0300 456 2370
Email: pohwer@pohwer.net
Website: www.pohwer.net