

Complaints Policy

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Complaints Policy

1. Introduction

The Department of Health published new 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 new single approach to complaints handling in health and social care. The new complaints approach is structured around three main principles: listening, responding and improving: -

- **listening** - taking a more active approach to asking for people's views by working in partnership
- **responding** - dealing with complaints more effectively by finding out what the complainant wants to happen
- **improving** - using the information received to learn and improve services by agreeing a clear plan of action.

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.

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 NHS Coventry and Rugby Clinical Commissioning Group (CCG) manage, respond and learn from formal complaints made about their 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.

This policy will supersede all former CCG complaints policies and procedures.

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

This policy accords with national requirements set out in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (hereinafter referred to as 'the Regulations') which came into force on 01 April 2009. It also reflects the reforms to the health and social care system brought about by the Health and Social Care Act 2012 and it reflects the recommendations contained in the Francis Enquiry report, the Government's response to the Francis Enquiry report and the Clwyd review of hospital complaints systems.

2. Objectives

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. The CCG 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. The CCG is committed to meeting the standards laid down in these regulations and will respond positively in a timely and effective manner, learning from complaints and implementing changes to prevent problems from recurring.

The Complaints Regulations (2009) apply to:-

- all NHS bodies, which has included Primary Care Trusts and Strategic Health Authorities and their successor organisations and all statutory providers of NHS care including Foundation Trusts and primary care providers
- voluntary and independent sector organisations who provide services under contract to the NHS e.g. GPs, dentists, pharmacists and NHS sight test providers (opticians) local authorities who provide adult social services.

The CCG encourages and welcomes comments about and criticisms of the health care services they commission.

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;
- learning from adverse events

The way in which all staff within the CCGs respond to comments, suggestions, enquiries, concerns and complaints is a direct reflection on the CCGs' 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 the CCG is committed to reviewing and improving services.

3. Scope of Policy

Complaints may be made to the CCG about any member of staff employed by, all services provided by and any matter reasonably connected with the exercise of its functions 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
- a complaint which has already been investigated under the complaints regulations;
- a complaint made by an employee of the CCG 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 the CCG'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 CCG staff about colleagues or managers, which will normally be dealt with under the CCG's Grievance Policy and Procedure or Whistle Blowing at Work Policy a complaint made by another health organisation or local authority;
- complaints about private services or treatment unless provided under arrangements with the NHS.

Full details of 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.

There are also circumstances where further discussion will take place before determining whether or not to investigate a complaint and these include:-

- where the police are involved;
- where legal action is being taken or the intent to take legal proceedings has been stated in writing.

Concerns, suggestions and compliments about any matter connected with the exercise of the CCG's functions are also covered by this procedure.

4. Definitions

The Regulations – Local Authority Social Services and NHS Complaints (England) Regulations 2009.

Informal Complaint – it is important that staff are 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. (Refer to section 7 'Recognising a Complaint' for more details on this subject).

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. (Refer to Section 7 'Recognising a Complaint' for more details on this subject). All patients have the right to have their complaint treated as a formal complaint.

Commissioning Complaints – these may be in respect of funding issues or, services provided by other organisations which are funded by the CCG. (Refer to section 7 for more details on this subject).

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.

CAP – an acronym for Committed Action Plan. All formal complaints must generate a Committed Action Plan to be completed by the Investigating Officer (**Appendix 3**).

ICAS – an acronym for the Independent Complaints Advocacy Service, commissioned by the organisation Promoting Health and Wellbeing (POWhER) which is a charity and membership

organisation which provides information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion.

PHSO – an acronym for the Parliamentary and Health Service Ombudsman.

IFR – an acronym for Individual Funding Request.

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 or Practice.

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

The **CCG** has a duty to ensure compliance with the regulations. The Senior Management Team and Governing Body will be kept informed of any risks or issues in relation to compliance with the policy via the Clinical Quality and Governance Committee.

The Accountable Officer has ultimate responsibility for compliance with the regulations. The Accountable Officer has delegated the Head of Corporate Affairs to be responsible for overseeing the implementation of the Regulations. The Head of Corporate Affairs will regularly report to the Governing Body in relation to complaints activities and compliance. The Head of Corporate Affairs is responsible for dealing with and making decisions on all formal complaints. The Head of Corporate Affairs will delegate responsibilities for complaints to the appropriate personnel as necessary.

The Head of Corporate Affairs is responsible for the NHS Publication Scheme of the CCG.

The Governance and Administration Officer **within the CCG will assist with them implementation of this policy and** is responsible for processing and handling all formal complaints received by the CCG, and for advising and providing assistance to those who request it. The Head of Corporate Affairs will keep the Clinical Quality and Governance Committee informed of any issues.

The Governance and Administration Officer within CCG will be responsible for maintaining a complaints database to record and monitor complaints received by the CCG.

Senior Managers and Department Heads 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 Governance and Administration Officers within the specified time;
- ensuring that all committed action plans as a result of a complaint being made are implemented within the specified time;
- ensuring that all their staff are aware of their duties under the regulations and that they adhere to this policy.

All staff of the CCG will: -

- comply with the most up-to-date version of this policy;

- ensure that where a breach of this policy has occurred, or a significant risk has been identified, it is reported to the line manager so that the CCG's incident management process is invoked in accordance with the policy and procedure for the reporting and management of clinical and non-clinical incidents;
- be aware that any breach of this policy may result in disciplinary proceedings.

The Clinical Quality and Governance Committee is responsible for: -

- the approval of this policy and submission to the Governing Body for ratification;
- receiving quarterly reports on complaints from the Head of Corporate Affairs

6. Basic Principles of Good Complaints Handling

Complaints sometimes arise from differences of understanding, perceptions or beliefs but they provide a valuable indication of the quality of services provided and this information can and will be used to help improve services and find a better way to meet the needs of patients.

The following basic principles will apply to all complaints received by the CCG:-

- There will be an emphasis on early resolution of complaints, working with the person who has made the complaint;
- That responses will be provided to complainants in appropriate timeframes and methods, with the empathy and understanding that is required.
- 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;
- That the causes of complaints are identified and actions taken to prevent recurrences.
- That lessons learnt from complaints are acted upon and shared throughout the organisation to ensure continuous improvement of the quality standards of care.
- Staff must be able to recognise when a complaint is being made and need to feel confident about dealing with complaints;
- Complaints will be handled in the strictest confidence at all times. Care will be taken that information is only disclosed to those who have demonstrable need to have access to it. (see Section 10 for consent).
- It is important that staff involved in a complaint receive feedback on the outcome of the investigation. Feedback will be requested by the Governance and Administration 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

Comments and suggestions about the CCG 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.

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 sorted out 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 (on the spot or within 1 working day) without the need for them to go through a more formal complaints process.

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.

Commissioning Complaints – these are often regarding funding issues or the commissioning of specific services and the CCG’s Commissioning Team will be asked to draft an appropriate response for the complaints office. Other commissioning complaints may be regarding Individual Funding Requests (IFRs). In such cases the complainant must be made aware that only the process will be investigated and not the actual funding decision, which would have been made by an IFR Panel. In these cases complainants must be advised how they can make an appeal against the process.

Some commissioning complaints raise issues regarding services which are funded by the CCG 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.

8. Who may complain

A complaint may be made by:-

- Patients themselves or a representative, e.g. family member or friend
- MP or other agency who has been given consent to act on behalf of the patient.
- Next of kin about a deceased patient’s care or any patient who is unable by reason of physical or mental incapacity (or any other incapacity) to make the complaint themselves. In the case of a patient who has died or who is incapable, their representative must be a relative or other person who, in the opinion of the Head of Corporate had or has ‘sufficient interest’ in their welfare and is a suitable person to act as their representative.
- In the case of a child, a suitable representative would normally be a parent, guardian or other adult person who has care of the child, or one who is authorised by the Local Authority / voluntary organisation in the case of children in care.
- Any person who is affected by or likely to be affected by the action, omission or decision of Coventry and Rugby CCG.

All public areas must display information advising on how and to whom complaints may be made. Information leaflets must also be readily available giving this information.

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 Head of Corporate

Affairs, had or has a sufficient interest in their welfare and is a suitable person to act as representative. If in any case the Head of Corporate Affairs 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. 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 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, 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.

9. How to register a complaint

All formal complaints should be registered with the Governance and Administration Officer at Coventry and Rugby CCG who will:-

- log the complaint on the complaints database and give it a unique number;
- acknowledge the complaint and deals with issues of consent if necessary;
- advise the Investigating Officer of the date by which a draft response must be submitted and the 'actual' deadline;
- prepare the response for signature by the Accountable Officer of the CCG, collect committed action plans (**Appendix 3**) from Investigating Officers and forms on ethnic monitoring (**Appendix 6**).

10. Investigating a complaint

Complaints may be made to the CCGs about any service it commissions from NHS, voluntary or private sector organisations. Consent to forward a complaint to provider organisations will be required, however, complainants will usually be advised to contact the provider directly to avoid any delays.

. For complaints about the CCG as a commissioner the process outlined in **Appendix 1** will be followed.

Staff may be asked by the complainant to take details of their complaint over the telephone or in person. The Governance and Administration Officer has Complaint Registration Forms (**Appendix 2**) specifically designed for this purpose but a statement could also be typed up by the staff member. Once completed, the Complaint Registration Form or statement must be agreed with complainant for factual accuracy then signed and dated by them. Alternatively, the complainant may complete the form themselves. This procedure is to help complainants who may not be able to submit a written letter of complaint to the CCG. For complaints about providers, the complainant would be advised about how to make their complaint to the provider.

In some instances a person may wish to complain to the CCGs about a service which they commission from another organisation such as University Hospitals Coventry and Warwickshire (UHCW), Coventry & Warwickshire Partnership Trust (CWPT), South Warwickshire Foundation Trust (SWFT) and or George Eliot Hospital (GEH) rather than directly to the organisation itself. In these cases the complainant will be referred to the appropriate complaints department in the relevant organisation.

11. Time limits for Complaints

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. The time limit will not apply if the CCG 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. The CCG 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.

The Department of Health have not set out a detailed prescriptive process however, the CCG expect the majority of complaints, and concerns raised by Members of Parliament to be investigated and a response sent to the complainant within 25 working days. This is in line with other NHS organisations however, this may be extended by agreement with the complainant (**Appendix 1**). Informal complaints must be dealt with and resolved on the spot or within 1 working day.

12. Extensions

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 Office immediately. The Governance and Administration Officer will then contact the complainant to apologise and give reasons for the delay and advise a new estimated time for completing the investigation. 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. The agreement or disagreement of the complainant to an extension must be reported in writing and kept on the complaint file.

13. Co-ordinated working across boundaries

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.

When the CCG receives a complaint which appears to span both Health and Adult Social Care Services and/or other organisations, such as UHCW or CWPT, GEH, SWFT and including independent contractors, it will work with the other organisation(s) to ensure that the CCG element of the complaint is dealt with in a timely manner.

14. Publicising the policy

It is important that patients and their relatives or carers know about the CCG's Complaints Policy and how to make comments, compliments, suggestions or complaints about services which the CCGs commission. To aide this the CCG has produced a leaflet which is published on our website.

Complainants may contact the Governance and Administration Officer if they have any questions or concerns about the Complaints Procedure. They may be advised to speak to Local Healthwatch organisation if they wish to discuss their concerns informally. Patients may also contact the Independent Complaints Advocacy Service (ICAS) if they need help in making a complaint. The Governance and Administration Officer will have contact details of Local Healthwatch and ICAS and these are also on the back of the complaints leaflet, '.

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. The CCG 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 Governance and Administration Officers.

15. Issues affecting complaints

Confidentiality

- Complaints will be handled in the strictest confidence at all times. Information will not be disclosed to patients or complainants unless the person who has provided the information has given written explicit consent to the disclosure of that information.
- It is essential when dealing with complaints that employees of the CCG observe the legal obligation not to release information relating to the complainant to a third party without written consent. Should a complainant choose to email their complaint, 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.

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 the CCG. 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.

If the individual is not able to provide consent for a person to make the complaint on their behalf (for example, they are incapable due to lack of physical or mental capacity or if they are a child) then their legal guardian or parent or other verified appropriate representative will be accepted to ask on their behalf.

If a patient is deceased, the relationship of the complainant to the deceased patient must be clarified and confirmed as the next of kin or Executor of Estate.

If a member of Parliament (MP) makes a complaint on behalf of their constituent, it will be considered that the MP has obtained consent from the patient prior to contact with Coventry and Rugby CCG.

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. (Please refer to section 8 'Who May Complain' for more information regarding this subject). 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 CCG's Governance and Administration Officer if guidance is needed. Department of Health directives advise that irrespective of whether a consent form has been received, the complaint must still be investigated with a view to improving services, and a written response prepared and kept on file until receipt of consent. 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 Governance and Administration Officer for guidance. (Please refer to the CCGs' 'Access to Personal Information Policy including Health Records' and 'Confidentiality and Data Protection Policy' for further information on these subjects).

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 CCG's Governance and Administration Officers (Please refer to Point 20 for further information regarding equality and diversity).

Allegations of theft - With regard to allegations of theft made against CCG staff, it is recognised that although all staff may be affected, some staff are more vulnerable to this type of allegation – for example those who visit patients in their home. When an allegation of theft is made, the CCGs will not register it as a formal complaint unless the complainant is prepared to inform the police.

If the complaint has been directly to the police, the CCG will cooperate 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.

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.

The CCG will ensure that the Complaints 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. The CCG 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 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 the CCGs by telephone, letter, fax, email or in person;
- harassed or been abusive or verbally aggressive towards staff dealing with their complaint.

In these circumstances the Head of Corporate Affairs will discuss the case with the Accountable 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 Accountable Officer will write to the complainant and a record will be kept of the reasons why a complainant has been classed as vexatious. This process is set out in detail in the CCG's "Guidance for Handling Vexatious Complainants/ Contacts".

In cases where a complainant's behaviour is deemed to be abusive or verbally aggressive, the Head of Corporate Affairs or Governance and Administration Officer may deem it necessary to alert other staff who may come into contact with the complainant (for example PAs, or reception staff) of the complainant's name so that the complainant may be directed to the Governance and Administration Officer when he/she contacts the CCG, to ensure one point of contact.

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 in accordance with the CCG's 'Disposal of Redundant Information (electronic and paper) Policy'.

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 the CCG, these issues must be investigated and dealt with outside of the Complaints 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

The Accountable Officer has a responsibility under the NHS Complaints Procedure for ensuring that complaints are dealt with properly within the CCG.

Accountable Officer - is ultimately accountable for the quality of care commissioned by the organisation and, therefore, as part of the governance arrangements, needs an overview of all recorded dissatisfaction being expressed by service users. The results of all complaint investigations will be submitted to the Accountable Officer who will sign the final letter of response to the complainant. Where for good reason the Accountable Officer is not able to sign the letter, a deputy acting on the Accountable Officer's behalf will sign the final letter.

Conciliation/Mediation - Conciliation and/or 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. 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.

The conciliator/mediator is a lay person who is used by the CCG on an ad hoc basis; they are not employees of the CCG. 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.

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 all CCG Departments on how the Local Healthwatch service can be accessed.

Independent Complaints Advocacy Service (ICAS) - ICAS has an important role in supporting individual complainants and particularly in representing the needs of vulnerable groups when making complaints. ICAS is a free independent service. If appropriate,

complainants should be advised about how ICAS can help them and how they can access this service.

17. Parliamentary and Health Service Ombudsman (PHSO)

The Parliamentary and Health Service Ombudsman 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 Procedure.

Each final response from the CCG to a complainant should include information on their right to contact the Ombudsman if they remain dissatisfied and details on how the Ombudsman can be contacted.

18. Training

The CCG 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 available in all departments and localities across the CCG and on the Intranet. General training on the Complaints Policy is included on the induction training day 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)
- lay conciliators/mediators (CCG's Complaints Policy, taking clinical advice, holding a meeting).

19. Monitoring and Reporting

The CCG will be responsible for monitoring the arrangements for handling complaints in all organisations from which it commissions services as well as internally. This will involve recording all complaints received, the subject and outcome of the complaint and whether the response was made within the agreed timescale. The CCGs will receive an annual report from all local healthcare providers which will contain details of:

- how many complaints were received and, of these, how many were dealt with;
- summary of the subject matter;
- whether upheld or not;
- whether referred to the Ombudsman;
- narrative on significant issues including lessons learned and action taken.

The Clinical Quality and Governance Committee will review information on complaints on a regular basis and will receive the Annual Report on complaints. An annual audit on complaints will be carried out for the previous year to ensure that any committed action plans raised as a result of a complaint being made have been implemented. Complaints received by

those NHS organisations from which services are commissioned by the CCG will be reviewed by the Quality and Safety Manager.

20. Equality and Diversity

The CCG recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The CCG recognises that equality impacts on all aspects of its day to day operations and has produced an equality impact assessment tool (EqIA) to assess and address any potential or actual adverse effects EqIA summary sheet **Appendix 4**. This is in respect of local communities and staff we employ. All policies, procedures and functions are initially screened to establish any potential or actual adverse effects. Where a potential or adverse effect has been identified, the tool is used to carry out a comprehensive impact assessment to determine the level and extent of the potential or actual adverse effects and remedial solutions to them.

The CCG 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.

Monitoring and data collection - An anonymised prepaid Data Collection Form, which is used for evaluation of the complaints process (Appendix 5) and is identifiable only by the complaint number, will be forwarded to all complainants regarding formal complaints made to the about CCG by the complaints office and the information will be included on a database and a report presented to the Clinical Quality and Governance Committee.

A form on ethnic monitoring must be completed for each formal complainant about CCG services. Collated figures from these forms will be submitted at the end of each financial year to the Department of Health by the Governance and Administration Officer, together with the figures of complaints (**Appendix 6**).

21. Data Protection Act 1998

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 CCG's 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.

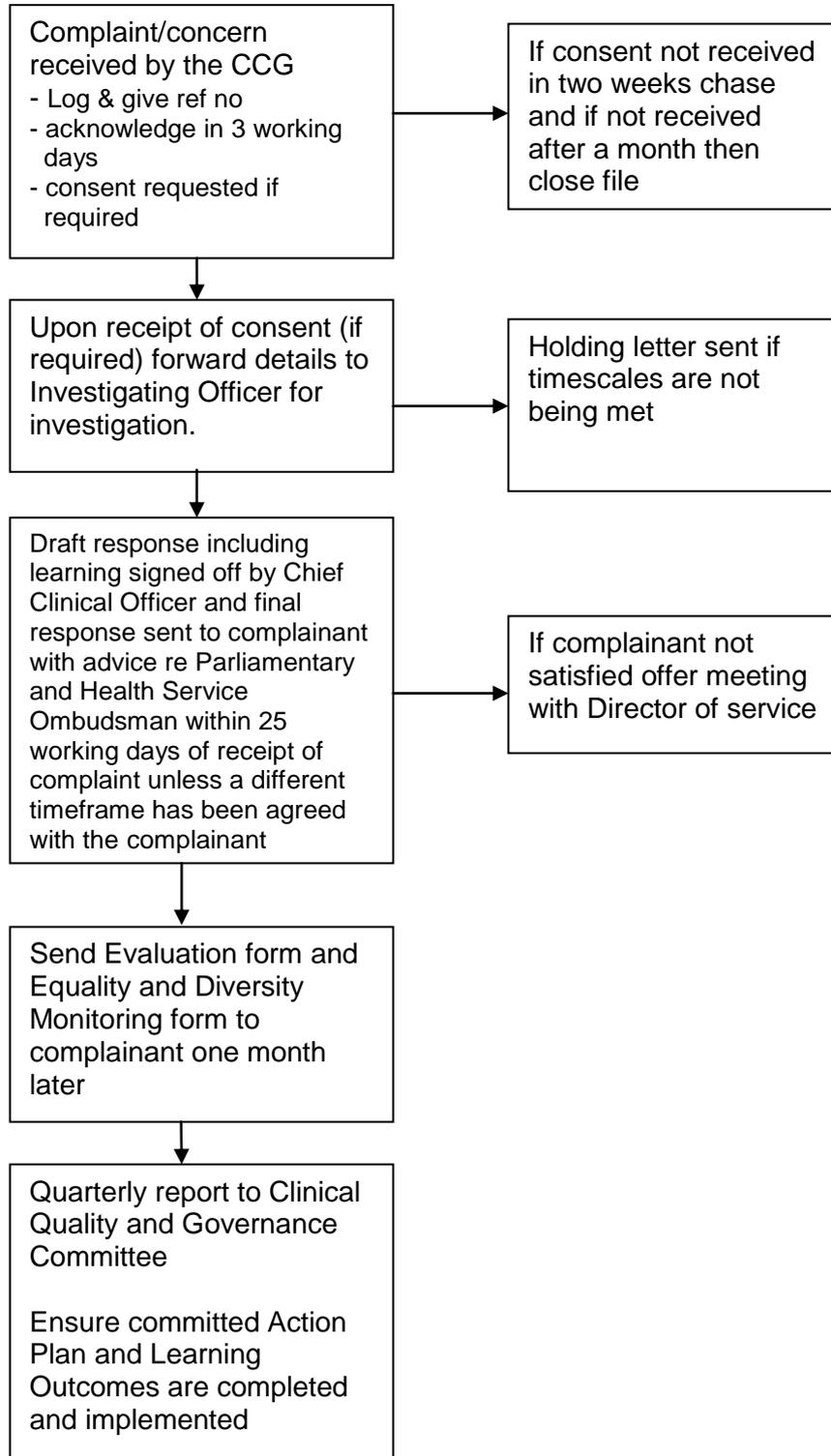
22. Freedom of Information Act 2000

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 CCG's Freedom of Information Policy.

23. Review

This policy will be reviewed in July 2016 . Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

FLOWCHART OF COMPLAINTS HANDLING



NHS Coventry and Rugby Clinical Commissioning Group

Complaints Registration Form

Complaint No: (to be allocated by Complaints Office only)	
Complaint taken by:	
Date complaint taken:	
Complainant's name:	
Address:	
Tel No:	
Name of patient if not complainant:	
Address:	
Patient's D.O.B	
Complainant's relationship to patient:	
Do you have permission to complain on behalf of the patient?	
Service complained about:	
Name of staff member (if applicable):	
Nature of complaint: (Please use reverse side if needed)	

What are the key points/areas of concern for you?

What would you like the outcome of the investigation to achieve?

Anything else to add

Final response due date:
(Within 25 working days from receipt of signed statement/consent).

Signature of Complainant (agreeing factual accuracy of complaint):

.....

Date:

Coventry and Rugby Clinical Commissioning Group**Committed Action Plan - Complaints**

Name of Complainant:	
Name of Patient (if not Complainant):	
Relationship of Complainant to Patient (mother, sister etc)	
Complaint Reference No:	
Committed Action(s):	
Proposed Date for Committed Action:	
Investigating Officer:	
Signed	
Date	

Coventry and Rugby Clinical Commissioning Group

Equality Impact Assessment

Directorate Team Name of lead person

Piece of work being assessed

Aims of this piece of work

Date of EIA Other partners/stakeholders involved

Who will be affected by this piece of work?

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	Information from complaints analysis for 2013/14 has been assessed in relation to this aspect	No
Race	Information from complaints analysis for 2013/14 has been assessed in relation to this aspect	No
Disability	An A4 Policy Summary can be provided in a variety of formats. The Independent Complaints Advocacy Service is available to anyone making an NHS complaint.	No
Religion/ belief	Information from complaints analysis for 2013/14 has been assessed in relation to this aspect	No
Sexual orientation	Information from complaints analysis for 2013/14 has been assessed in relation to this aspect	No
Age	The Complaints Policy and Procedures reflects Statutory Regulations in that a complaint must be made by a parent, guardian or representative if a child is age under 18	No
Social deprivation	People can contact to make a complaint in a variety of ways including via a free phone line. The Independent Complaints Advocacy Service is available to anyone making an NHS complaint.	No
Carers	People can contact make a complaint in a variety of ways including email, in writing and via a free phone line. The Independent Complaints Advocacy Service is available to anyone making an NHS complaint	No
Human rights	Information from complaints analysis for 2013/14 has been assessed in relation to this aspect	No

NHS COVENTRY AND RUGBY CLINICAL COMMISSIONING GROUP

COMPLAINTS SERVICE EVALUATION

PATIENT QUESTIONNAIRE

(Please tick appropriate box)

Management of Complaint

1. How did you make your complaint?

- Telephone
- Letter
- E-mail
- Fax
- Visit

2. How helpful did you find the staff involved?

- Very helpful
- Fairly helpful
- Not really helpful
- Not at all helpful

3. Did you feel the complaints staff listened to and understood your concerns?

- Yes
- No

If no, please explain.

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Regarding your complaint

1. Were you satisfied with the outcome of your complaint?

- Yes
- No

If no, please explain why

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2. Did you receive feedback on any actions taken to improve the provision of service as result of your complaint?

- Yes
- No

If no, would you like to receive feedback?

- Yes
- No

If you have any suggestions or comments regarding the service you have received from the complaints team or any comments regarding the NHS complaints procedure, please write them in the space below:

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Thank you for taking the time to complete this questionnaire

Please return to (in the pre-paid envelope provided) to:

**The Governance and Administration Officer
 Coventry and Rugby Clinical Commissioning Group
 Christchurch House
 Greyfriars Lane
 Coventry CV1 2GQ**

Appendix 6

NHS COVENTRY AND RUGBY CLINICAL COMMISSIONING GROUP

In line with other NHS organisations, Coventry and Rugby Clinical Commissioning Group collects information about the ethnicity, age, gender, disability and religion/belief of complainants and patients. This information can help us to plan and commission NHS services to meet the needs of the community and to ensure that everyone has equal access to healthcare.

Please note we are not asking about your nationality, but the ethnic group to which you feel you belong to.

All information we receive will be used and treated with the strictest confidence. Should you wish to include your name, please be assured that any information will be used in an anonymous format. The completion of this form is entirely voluntary but your information will help us plan and commission better NHS services and health care.

We would like to assure you that the level of care and treatment you receive from NHS Services will not be affected by your decision to complete this form.

Please complete the form below by ticking the boxes that you feel are appropriate to you.

It would be helpful to us if you would supply the following details. This will help us to ensure that no particular group is being disadvantaged. THIS INFORMATION WILL BE HELD IN CONFIDENCE AND WILL NOT BE ATTRIBUTED TO ANY INDIVIDUAL.

Please tick the appropriate box.

- You are the patient
- You are complaining on behalf of a patient

Equality Act 2010 Protected Characteristics

Please provide the following information about the patient:

Age range:

- 18-24
- 25-44
- 45-54
- 55-64
- 65-74
- over 75
- I do not wish to disclose this

Gender:

- Male
- Female
- Transgender Male
- Transgender Female
- I do not wish to disclose this

Marital Status:

- Married
- Single
- Divorced/Civil Partnership Dissolved
- In a Civil Partnership
- Widow/Widower
- I do not wish to disclose this

Please select the option which best describes the patient's sexuality

- Lesbian
- Gay
- Bisexual
- Heterosexual/straight
- I do not wish to disclose this

Please indicate the patient's religion or belief

- Atheism
- Buddhism
- Christianity
- Hinduism
- Islam
- Jainism
- Judaism
- Sikhism
- None
- Other
- I do not wish to disclose this

Does the patient consider themselves to have a disability?

- Yes
- No
- I do not wish to disclose this

If the answer is yes, please state the impairment which applies to the patient. People may experience more than one type of impairment, in which case you may indicate one or that one. If none of the categories apply, please mark 'other'.

- Mental health condition
- Speech impairment
- Physical impairment
- Visual impairment
- Hearing Impairment
- Cognitive impairment
- Learning disability

- Long standing illness (eg diabetes)
- Learning difficulty
- I prefer not to say
- I am not disabled

The patient would describe their ethnic origin as:

White

- British/Irish/Scottish/Welsh/Northern Irish
- Other White

Mixed

- White and Black Caribbean
- White and Asian
- White and Black African
- White and Asian
- Other Mixed

Asian or Asian British

- Indian
- Bangladeshi
- Pakistani
- Chinese
- Other Asian

Black or Black British

- African
- Caribbean
- Other Black

Other

- Other
- I do not wish to disclose my ethnic origin

**Thank you for helping us by completing this form.
Please return the completed form in the enclosed pre-paid envelope.**