



Clinical Partnership  
SPECIALIST COMMUNITY CARE

# Information Governance

## Complaints Policy

**Policy Reference: CP/CQC/CPCP V2**

<b>Policy Title</b>	Complaints Policy	
<b>Author/Contact</b>	Holly Hellstrom – Information Assurance Director	
<b>Document Ref</b>	CP/CQC/CPCP	
<b>Version</b>	2	
<b>Status</b>	Approved	
<b>Publication Date</b>	November 2020	
<b>Review Date</b>	December 2022	
<b>Approved by</b>	Dr James Britton – Caldicott Dr Javed Mohungoo – SIRO	4 <sup>th</sup> November 2020
<b>Ratified by</b>	Board	4 <sup>th</sup> November 2020

<b>Version</b>	<b>Date</b>	<b>Comments</b>	<b>Author</b>
1	17/1/2017	Approved by two senior members	Information Assurance Manager
1.1	29/11/2018	Approved by two senior members	Information Assurance Manager
2	4/11/2020	Board	Information Assurance Director

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# COMPLAINTS POLICY

## INTRODUCTION

The Organisation Clinical Partnership (CP) aims to ensure that all the health services it provides, commissions, contracts for and maintains are of the highest quality. Good customer care is at the heart of the organisations success. Complaints are an invaluable tool in ensuring the service aims are achieved and are an integral part of its quality and safety procedures.

The Organisation welcomes any complaints, comments, compliments or suggestions for improvement as a positive tool in continuing self-improvement.

The Organisation is committed to resolving complaints in as timely, helpful and informal way as possible. Making a complaint can be a difficult decision and the complainant may be anxious about how this will affect their future care. The Organisation guarantees that any care it provides will not be affected by any complaint that has been made. Extra care will be taken to ensure that the most vulnerable of the services complainants are reassured that their concerns are listened to and acted upon. Fairness, kindness, impartiality and speedy resolution will underpin all procedures. As part of its quality and safety ethos, the organisation believes that any expression of dissatisfaction requires a response.

CP follows 6 principles when dealing with complaints:

1. Getting it right
2. Being open and accountable
3. Putting things right
4. Being customer focused
5. Acting fairly & proportionately
6. Seeking continuous improvements

There are four parts to the complaints procedure. Our complaints procedure is based on these four parts:

1. The Initial Stage
2. The Investigation
3. The Informal Meeting/Written Explanation
4. Follow-up and Conclusion

If you wish to make a complaint you can do so verbally to any member of staff, in writing to the Registered Manager or email [admin@clinicalpartnership.co.uk](mailto:admin@clinicalpartnership.co.uk)

## RESPONSIBILITY AND ACCOUNTABILITY

The **S.I.R.O** is the overall accountable officer for the company and management of complaints.

The **Complaints Lead** will be responsible for ensuring that the Quality and Patient Safety Committee receives regular reports on complaints. The Complaints lead will take responsibility for:

- ensuring effective implementation of the complaints procedures
- the satisfactory management of complaints handling
- Updating the organisation as to changes in the complaints process
- all complaints received are acknowledged within 3 working days
- consent and confidentiality
- that relevant information is sent to the investigating officer
- that responses are provided within the appropriate time frame
- records/database on all formal complaints is maintained

The **Investigating Officer** (this is the manager of the staff member the complaint is about) will:

- investigate the complaint in line with the complaints procedure liaising with the complaints Lead as required and ensuring that the investigation is completed in a timely manner so as to meet the agreed time frames
- take appropriate action to resolve the matter
- where appropriate lead on any service change, which needs to occur as a result of a complaint, or identify and delegate the responsibility for the service change
- highlight any concerns with regard to compliance with the Complaints policy and procedure and complaints regulations.
- seek independent advice from other clinicians if appropriate

**All members of staff** are responsible for acquainting themselves with the complaints policy and the complaints procedures relevant to their area of work. Members of staff will be expected to assist as required in any complaint investigation.

## DEFINITION OF A COMPLAINT

The NHS Executive has suggested that one definition of a complaint is “**An expression of dissatisfaction that requires a response**”. Clearly this is an extremely wide definition and it is not intended that every minor concern should warrant a full-scale complaints investigation. Rather, the spirit of the complaints procedure is that front line staff are empowered to resolve minor problems immediately and informally.

There will be some matters, which may naturally ‘fall’ within the complaints remit; these are issues of a serious nature, which require a clear process for handling and investigation.

### Exceptions to the Complaints Process

The company complaints procedure, as set out in the regulations, is for patients or users of services and not for staff grievances. If staff members wish to voice concerns about services they will be helped to raise these through appropriate channels, for example, with line managers or through the Whistle Blowing Policy.

In summary any issue, which will not prejudice legal or any other formal proceedings (such as disciplinary or safeguarding concerns) can be addressed through the complaints process. It must be noted that complaints about Freedom of Information Requests and Access to Information Requests although handled by the complaints team would follow a different complaints process to the one outlined in this document.

Should there be any doubt about whether a complaint will prejudice any other formal proceedings, then the person in receipt of the complaint should at once pass the relevant information to the appropriate senior personnel. They will then make a decision with regard to when to initiate such action by taking appropriate professional advice. This reference to any of the above may be made at any point during any stage of the Complaints Procedure, this should not delay any investigation of unrelated issues raised within the complaint.

### Exclusions

Complaints cannot be considered, or further considered, under this policy to the extent that:

- the complainant has withdrawn the complaint;
- it repeats a complaint previously considered under the relevant complaints procedures;
- the complaint relates solely to other NHS or Social Service bodies or primary care providers in respect of the exercise of their functions;
- the complaint is made by an employee in respect to any matter relating to their contract of employment;
- the complaint is made by an independent provider about any matter relating to arrangements made by the NHS;
- the complaint is a care standards complaint;
- criminal proceedings have been commenced in relation to the substance of the complaint in respect of social service issues;
- a complainant has stated in writing that s/he intends to take legal proceedings;
- a complaint about which the Organisation is taking, or proposing to take, disciplinary proceedings against a person who is the subject of the complaint in relation to the substance of the complaint;

- a complaint about the Organisation's alleged failure to comply with the Data Protection Act, GDPR or Freedom of Information Act;
- Complaints about private medical treatment provided in an NHS setting unless it relates to the Organisation

### **Right to complain and time limits**

The right to complain extends to all patients/client, former patients/clients, any person affected or likely to be affected by the decision of the organisation; any person who has the patient's consent to complain on their behalf i.e., MPs, In respect of family doctor, dental, pharmacy or optical care the complainant/patient must be an existing or former patient of the practitioner who has arrangements with the Organisation. Complainants regarding any issues must register a complaint within twelve months of the date of the incident or within twelve months of the date of discovering a problem. Complaints regarding social services issues must be registered within one year of the date of the incident.

## **RECEIVING COMPLAINTS**

The first responsibility on receiving a complaint is to ensure the service users immediate health care needs are being met. This should not affect the complaints process. Where any immediate action is taken it should be clear to the complainant that the complaints process continues. Urgent action may need to be taken before any matters relating to the complaint are managed.

The spirit of the complaints procedure is that front line staff are empowered to resolve minor problems immediately and informally. If however an 'informal' complaint takes longer than 2 working days to resolve then it must be re categorised as a 'formal' complaint. Please note that 'concerns, comments, compliments' are not to be categorised as complaints, neither would a request for information even if these take longer than 2 working days to resolve.

It is expected that any service receiving a complaint will endeavour to contact the person who has made the complaint to inform the person that their complaint has been received and that a member of the Complaints Team will be in contact with them shortly to discuss the matter in more detail if required.

Complaints received by the complaints Lead will be forwarded to an Investigating Officer within 3 working days from receipt.

Complaints can be received orally (telephone, visit or meeting) and in writing (letter or email). Where a complaint has been received verbally the Complaint Detailed Form (appendix 1) may be used to take the details, alternatively basic details should be taken and forwarded to the Complaints Lead to contact the person making the complaint. Where the complaint is in the form of a letter the date of receipt must be noted.

All complaints should be forwarded to the Complaints Lead within 2 working days or as soon as the issue is identified as a 'formal' complaint.

## Procedure to be followed by the Information Assurance Team

They will:

Provide a written acknowledgment to the complainant within 3 working days from receiving the complaint

If possible contact the person making the complaint in order to develop a complaint plan:

- Obtain consent if required
- Clarify the complaint issues
  - What happened?
  - What should have happened?
- Ask what outcome they would want, tackling any unrealistic expectations
- Agree a plan of action
- Agree a timeframe
- Ask if they would like a meeting to discuss their complaint

The Complaint plan should be proportionate to the complaint as outlined in Ombudsman's Good Practice Guidance, reflecting the severity of risk involved and the complexity of the issues. The organisation will be performance monitored on whether it has met the agreed timescales.

The complaints lead will risk assess the complaint in doing this they may discuss the outcomes and affects with the complainants concerned.

## VERBAL COMPLAINTS

If the person making the complaint is the service user<sup>1</sup> the complaints team will send this person within 3 working days:

- Acknowledgement letter
- Copy of Complaint Details Form
- Pre paid envelope if appropriate

If the person making the complaint is doing so on behalf of someone else the complaints team will send this person within 3 working days:

- Acknowledgement letter
- Copy of Complaint Details Form
- Consent Form
- Pre paid envelope

<sup>1</sup> This includes parents with parental rights when complaining on behalf of children under age of 16.

## WRITTEN COMPLAINTS

The complaints lead will:

Contact the person concerned by phone if the telephone number is provided and inform them that their complaint has been received. If the person has not included a telephone number then the complaints team will in the acknowledgement request that the person contact them in order to develop a complaint plan. The complaints team will then:

If the person making the complaint is the service user<sup>1</sup> send this person within 3 working days:

- Acknowledgement Letter requesting contact
- Pre paid envelope if required

If the person making the complaint is doing so on behalf of someone else<sup>2</sup> send this person within 3 working days:

- Acknowledgement letter requesting consent
- Service user Consent Form
- Pre paid envelope

Emailed complaints: It is important to ensure where a complaint has been emailed that the person emailing is the service user concerned or has the service users consent. If the person emailing has not provided a contact address or phone number it is advisable to request this and then send the acknowledgement letter to the address provided. If he or she states that they are the service user you may wish to request they confirm this in writing, with a signature. The same would be true for unsigned letters.

## RETURNED FORMS

Non-Receipt of Service User Consent: Where service user consent is required but is not forthcoming the complaints team should contact the complainant, if after 10 working days no service user consent is received a letter closing the complaint should be sent to the person raising the complaint in agreement with the Complaints Lead.

Non-Receipt of completed complaint forms: Where the details of the complaint have not been authorised and returned within 10 working days by the person making the complaint the complaints team should endeavour to contact the complainant by phone to ensure the complaint form was received and understood. If the complainant cannot be contacted the investigation should continue and it must be assumed that the statement is an accurate representation of their complaint.

<sup>2</sup> If the service user is deceased or is unable to give informed consent please contact Complaints Lead upon receipt of complaint.

## CONSENT REQUIREMENT

The person eligible to make a complaint is the person who received the service i.e. the service user. Another person can pursue the complaint on behalf of the service user, but in order to do this the written consent of the service user must first be obtained.

In the case of a child (under 16), a parent or guardian may make the complaint. However, in some cases it may be appropriate to obtain consent from a child if that child is considered to be capable of understanding the situation and can give informed consent. The decision as to whether he/she is capable will need to be assessed on an individual basis and in line with Fraser Guidelines.

Children who received NHS treatment have the right to make a complaint in their own right and have the right. If the service user is a minor and unable to give consent the complaint should be discussed with the organisations Caldicott Guardian.

If the service user has died then the person making the complaint must have had sufficient interest in the person's welfare to make the complaint. If the service believes that the person making the complaint did not have sufficient interest in the person's welfare and does not have sufficient standing in regard to the person who has died to make the complaint then the person making the complaint will be notified in writing stating the reasons for this decision. If the service user has given lasting power of attorney for their welfare to another person, then that person has the same rights as the service user.

If there are concerns about whether the service user has capacity to consent (i.e. if the service user is too ill or otherwise incapacitated) this matter will be discussed with the organisations Caldicott Guardian.

Under the Mental Capacity 2005 the definition of a lack of capacity is defined as 'a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain'.

If the service believes that the person making the complaint does not have sufficient interest in the person's welfare, or is not suitable to act, as a representative then the person will be notified in writing stating the reasons for this decision. An example of the above could be where the case relates to a Safeguarding Adult issue.

There may be circumstances where patient consent is not required to pass on information, for example:

- When not revealing such information would be breaking the law.
- When the service user reveals any matter, which Clinical Partnership considers may constitute a criminal offence.

- Where there is clear indication that a serious crime has been or is about to be committed.
- Where there is a risk of harm to an individual or themselves.
- Information is requested by H.M. Coroner, a court or a tribunal.
- There are reasonable grounds to suspect abuse of a child or vulnerable adult.

### **Child Protection**

If a complaint is received which raises child protection issues the complaints team will work in accordance with company safeguarding procedures. The person receiving the complaint will contact the relevant Safeguarding Lead for advice and support and will highlight the issue with the Information Assurance Team.

### **Joint Complaints with Other Organisations**

Where a complaint involves other NHS or Social Care organisations the complaints officer will:

- Obtain written consent from the service user to forward a copy of the complaint to the relevant organisation
- Liaise with the complaints department/manager of the other organisations in line with the Joint Complaints Policy to ensure a joint response is provided.

There is now a duty within the complaints regulations for co-operation between NHS and Social Care bodies, wherever possible the person making the complaint should receive a joint response. However, if no consent is forthcoming then the organisations are required to respond independently.

### **Complaints about other Services**

Any complaints received about other NHS services e.g. GP Practice, Dental, Acute hospital or Mental Healthcare organisation should be referred to the complaints officer who will then log and forward the complaint to the relevant organisation with patients consent. Please note that no complaint should be forwarded to another organisation without consent of the person making the complaint and/or if made on behalf of someone else the patient concerned.

The commissioners of the service reserve the right to investigate complaints received by them about provider services and to request copies of complaint response letters from other NHS services.

### **Escalation of Complaints**

Clinical Partnerships prime responsibility is to ensure the safety and quality of the services they provide. Clinical Partnership will actively review the complaints it receives to identify if individual complaints or patterns of complaints give rise to concern in this respect. Where necessary the issues identified will be escalated.

## INVESTIGATING A COMPLAINT

Once the complaints officer has acknowledged the complaint and a suggested complaints plan has been developed the Investigating Officer should:

- Review the complaints plan developed by the complaints team
- Review the risk rating of the complaint
- Recommend any alternative plans or options by which this issue can be resolved (if different from the complainants the responsibility will be on the Investigating Officer to provide clear reasons for this variation)

The Investigating Officer will:

- Obtain relevant records – this may mean liaising with other service providers
- If applicable interview staff concerned and obtain a written staff statement
- If applicable request staff member complete staff monitoring form (appendix 3)
- Review relevant policies
- Write a report addressing all the complaint issues raised
- Reflect service learning
- Document actions to be taken as a result of the complaint with timescales and a named staff member who will lead on the implementation of the actions

Should the Investigating Officer be unable to meet the agreed timescales, the Investigating Officer should contact the complaints officer and provide reasons for the delay and re negotiate an appropriate time frame. This agreed date must be communicated to the complainant in writing with the reasons for this delay.

**Please note the Investigating Officer must ensure that service user, relatives and carers etc. are not adversely affected as a consequence of having made a complaint.**

### Support for Staff

#### Staff who are the subject of a complaint

Clinical partnership appreciates the negative associations of complaints - that they happen when something has gone wrong or is perceived to have gone wrong and it will, as far as possible, resist apportioning blame. It will not be intolerant of mistakes, which are handled openly with appropriate action taken. Staff will be informed of the details of any complaint made against them, have the opportunity to answer the complaint, and be kept informed of the progress of the complaint and its outcome by their manager.

Clinical Partnership will give full commitment to supporting such staff in any way possible. Advice and support can be obtained from relevant Unions or representative bodies.

Clinical Partnership does not expect staff to tolerate any form of abuse from service users or others during complaint management.

### Staff investigating complaints

Staff investigating complaints will be given support and guidance by the complaints team and their line manager if required.

### **Disciplinary Procedures**

The Complaints Procedure is only concerned with resolving complaints and not with investigating disciplinary matters. The two procedures are entirely separate.

Complaints can occasionally reveal the need for further investigation under the Disciplinary Procedure and in such an event the complaints staff will not be involved in any further investigation. Advice from Human Resources should be sought before invoking any disciplinary process. The complaint and disciplinary process can run along side each other, however if it was found that this may prejudice the disciplinary process then the complaint will be closed and the complainant informed of that the matter is now being investigated under Human Resources processes rather than complaints process.

Paperwork relating to the complaints investigation may be used in any disciplinary investigation. The outcome of any disciplinary process will remain confidential.

It must be noted that supervision is not part of the disciplinary process and as such will not affect the complaints process.

### **Complaints and Litigation**

The complaints procedure will cease if it was found that an investigation under the complaints process may prejudice the legal process. Paperwork relating to the complaints investigation can be used in a Court of Law.

### **Duty of Confidentiality**

Care must be taken at all times throughout the complaints procedure to ensure that any information disclosed about the service user is confined to that which is relevant to the investigation of the complaint. This information should only be disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint or ensuring that the complaints procedure is followed.

### **Record Keeping**

Written and electronic records of complaints are kept securely by the department. All complaints information stored electronically is protected and all paper records are kept in secure cabinets.

### **Access to Health Records**

Where copies or access to records is provided as part of the resolution of a complaint there is discretion to waive the usual access and associated charges. Complaints records can be accessed under the Data Protection Act. Request for records can be made through the Information Assurance Team.

### Conflict of Interest

If there is any conflict of interest which would prevent an impartial resolution to the complaint raised then the member of staff should state that they would not be able to deal with the complaint and that they will need to pass this to a different member of staff. The initial staff member will be excluded from all discussion about the issue. A clear conflict of interest would be such as the person named in the concern being a relative or a friend.

### Support For Complainants

Clinical Partnership encourages feedback, good and bad, from its population so that we can learn and improve the quality of services. People who complain often find the process difficult and confusing; we must try to support complainants through this process to ensure that it is easier for them and that the process has positive outcomes for all.

Complainants will be offered independent support when making a complaint, through the Complaints Advocacy Service.

The Investigating Officer must ensure that service users, relatives and carers etc. are not adversely affected as a consequence of having made a complaint.

### ASSESSMENT OF RESPONSE

The following are guidelines for options for resolution, with guidance timeframes from receipt of complaint. If patient consent is required then the timeframe will start from the point at which this has been received. The nature of the complaint and the degree to which it requires investigating should be discussed with the complainant by the Complaints Officer and if variation on original agreement by the Investigating Officer.

<b>COMPLAINT LOW &amp; MODERATE RISK</b>	Complaint discussed with complainant if possible, outlining actions to be taken  Complaint discussed with service manager  Investigation by service manager followed by written feedback to the complaints team  Formal detailed written response to complainant signed by the appropriate senior manager
Single service or Joint service complaints (2 services)	
Timeframe	5 weeks – from receipt of agreed complaint plan to sign off letter being sent

<p><b>COMPLAINT HIGH RISK</b></p> <p>Complex complaints</p> <p>A significant number of issues</p>	<p>Complaint discussed with complainant if possible, outlining actions to be taken</p> <p>Service Lead informed of the complaint</p> <p>Complaint discussed with service manager</p> <p>Detailed Report to be provided to the complaints team by the service manager</p> <p>Final written response to be checked by solicitors if appropriate (to be decided by the Assurance Manager or Service Lead)</p> <p>Formal written response to the complainant signed by the appropriate senior manager</p> <p>Meeting with service manager offered to complainant</p>
<p><b>Timeframe</b></p>	<p>3 months – from receipt of agreed complaint plan to sign off letter being sent</p>
<p><b>COMPLAINT EXTREME RISK</b></p> <p>Highly complex and sensitive complaints requiring full investigation and structured interviews with a number of staff</p>	<p>Complaint discussed with complainant if possible, outlining actions to be taken</p> <p>Service Lead informed of the complaint</p> <p>Investigation by service manager followed by written feedback on the detailed investigation to the complaints team</p> <p>Complainant offered a meeting with the service manager and other appropriate personnel</p> <p>Meeting with the complainant to have full agreed minutes.</p> <p>Final letter response to be checked by solicitors if appropriate (to be decided by the Assurance Manager or Service Lead)</p> <p>Independent Conciliation/mediation if required Root Cause Analysis Report</p>
<p><b>Timeframe</b></p>	<p>4 months – from receipt of agreed complaint plan to sign off letter being sent</p>

### Complaint ‘Sign Off’

The ‘sign off’ letter will be co-ordinated by the Complaints Lead. The most appropriate member of the company senior management team will sign off the complaint and has the final say with regard to the content of the letter. The ‘sign off’ letter must be sent first class and marked ‘Private & Confidential’ or via email if requested by the complaint.

The response letter will include:

- Conclusions reached
- A summary of any actions that will be taken as a result of the complaint
- Details the complainants right to approach the Health Service Ombudsman (or if appropriate re contact complaints team)

## Financial Redress

The Parliamentary and Health Service Ombudsman's 'Principals of Remedy' states that all appropriate remedies should be considered for complaints that have been upheld and these can include financial remedies.

Redress to complaints can include:-

- An apology
- An explanation
- Acknowledgement that something has gone wrong
- Remedial action such as changing a decision, revising a procedure etc.

Financial redress may be offered where a complaint has been upheld and –

- There has been maladministration by or on behalf of the company
- The maladministration has directly caused injustice to the complainant or carer.
- No other form of redress is proportionate or suitable.

When an offer of financial redress is made it will include the words 'without prejudice' at the top of the first page as the offer is a goodwill gesture and will also include 'in full and final settlement' of the complaint.

This means that if the offer is accepted the matter is effectively closed. Written confirmation of acceptance is required before the payment is made. There will be a time limited basis of 3 months and this will be made explicit in the letter of offer.

## COMPLAINANTS DISSATISFIED WITH RESPONSE

Complainants, who are dissatisfied with the local response, may in the first instance contact the Complaints Lead who will review any further requests for resolution. If the request is reasonable e.g. further questions arising from a response then it is likely further work at a local level would be carried out at a local level. This must be proportionate to the complaint.

The patient can also be offer mediation but both parties involved in the complaint must consent to the process.

The complainant has the right to request the Health and Parliamentary Services Ombudsman review the complaint. The complainant should make this within 12 months of being aware they have something to complain about. Therefore a timely investigation and response is essential in order that the complainant can pursue to Ombudsman level. The Ombudsman can use discretion in applying this timeframe.

Contact details for Health Service Ombudsman:

Health Service Ombudsman  
Millbank  
Tower  
Millbank  
London  
SW1P 4QP

Tel: 0345 015 4033

Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

## **PRINCIPLES OF LEARNING**

Clinical Partnership is committed to learning from complaints and service user feedback and where appropriate making service changes. It is important for the organisation to have a welcoming attitude to complaints to ensure the maximisation of learning and service development. In order to realise this managers should use the issues raised in individual complaints to explore and where appropriate, initiate service improvements. Issues arising from complaints, problems and other user feedback should be a standard item for discussion at team meetings.

Actions from complaints will be monitored by timescale set by the Investigating officer. Where appropriate the instigation of actions, resulting from a complaint, should be conveyed to the person who had made the original complaint.

Information about trends will be shared throughout the organisation and information about learning from complaints will be provided to staff on a regular basis.

The Process timescales will be audited on an annual basis to monitor achievement.

### **Reporting of Complaints**

Annual complaints reports will be submitted to the board. An annual complaints report will be available to the public through the company Annual report.

### **Training**

Information on complaints and complaints processes will be provided to all new staff through the Induction process.

Additional training for investigating officers will be provided via a variety of sources dependent on need and experience.

### **Storage and Retention of Complaint Records**

Complaint records should be stored in accordance with the Record Management & Lifecycle policy. Complaints must be stored separately from the medical record.

### **Implementation of the Policy**

This policy will be circulated amongst all staff. This Complaints Policy and Procedure will be available on the sharepoint and Internet.

## **ASSOCIATED POLICIES/PROCEDURES**

Being Open Policy

Data Protection Act

Whistleblowing Policy

Parliamentary and Health Service Ombudsman, Principles of: Remedy; Good Administration; Good Complaint Handling.

**Complaints Policy**

**CP/CQC/CPCP November 2020**

**Our Reference:**

**Date received:**

**Details of person making complaint:**

Surname:		Forenames:	
Title	Gender	Date of Birth	
Ethnic Origin:		Disability	Yes/No
Address:			
Postcode:		Telephone No	

**Details of service user if different from complainant:**

Surname:		Forenames:	
Title	Gender	Date of Birth	
Ethnic Origin:		Disability	Yes/No
Address:			
Postcode:		Telephone No	

**Complaint against:**

Name (if applicable)	
Service	

**Details of complaint** (give brief, factual account of circumstances and complaint)

<b>Outcome expected by complainant:</b>

<b>Preferred response:</b>  (Telephone call/meeting/letter etc)
<b>Agreed timeframe:</b>
<b>Investigating Officer:</b>

**Completed by:**

<b>Name:</b>	<b>Title:</b>
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<b>Authorisation:</b>  I agree that all the details taken are an accurate record of my complaint.  I <b>Agree/Disagree [Delete as appropriate]</b> to the details of this complaint being forwarded to other services involved in the complaint in order to investigate this complaint. These services may include be GP practices, Dentists & Pharmacists; Social Care [Formerly Social Services], Hospitals, Mental Health Services.  Signed _____ Date _____
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## APPENDIX 2

All complaints must be risk rated. It is expected that the Complaints Officer will risk rate the complaint on initial receipt. The Investigating Officer should review the rating.

**Table 1 Consequence scores**

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint (stage 1)  Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved  Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness  Formal complaint (stage 2) complaint  Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/independent review  Low performance rating  Critical report	Totally unacceptable level or quality of treatment/service  Gross failure of patient safety if findings not acted on  Inquest/ombudsman inquiry  Gross failure to meet national standards
<b>Human resources/organisational development/staffing/competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>1 day)  Low staff morale  Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff  Unsafe staffing level or competence (>5 days)  Loss of key staff  Very low staff morale  No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff  Ongoing unsafe staffing levels or competence  Loss of several key staff  No staff attending mandatory/ key training on an ongoing basis

<b>Statutory duty/ inspections</b>	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation  Reduced performance rating if unresolved	Single breach in statutory duty  Challenging external recommendations/ improvement notice	Enforcement action  Multiple breaches in statutory duty  Improvement notices  Low performance rating  Critical report	Multiple breaches in statutory duty  Prosecution  Complete systems change required  Zero performance rating  Severely critical report
<b>Adverse publicity/ reputation</b>	Rumours  Potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)  Total loss of public confidence
<b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget  Schedule slippage	5–10 per cent over project budget  Schedule slippage	Non-compliance with national 10–25 per cent over project budget  Schedule slippage  Key objectives not met	Incident leading >25 per cent over project budget  Schedule slippage  Key objectives not met
<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget  Claim less than £10,000	Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million  Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget  Failure to meet specification/ slippage  Loss of contract / payment by results  Claim(s) >£1 million
<b>Service/business interruption Environmental impact</b>	Loss/interruption of >1 hour  Minimal or no impact on the environment	Loss/interruption of >8 hours  Minor impact on environment	Loss/interruption of >1 day  Moderate impact on environment	Loss/interruption of >1 week  Major impact on environment	Permanent loss of service or facility  Catastrophic impact on environment

**Table 2 Likelihood score (L)**

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk, which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

**Table 3 Risk scoring = consequence x likelihood ( C x L )**

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows



- 1 - 3 Low risk
- 4 - 6 Moderate risk
- 8 - 12 High risk
- 15 - 25 Extreme risk

## Instructions for use

- 1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
- 2 Use table 1 (page 13) to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
- 3 Use table 2 (above) to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
- 4 Calculate the risk score the risk multiplying the consequence by the likelihood:  
 $C \text{ (consequence)} \times L \text{ (likelihood)} = R \text{ (risk score)}$
- 5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level

If the complaint relates to an incident, then the Incident Number should be provided to the Complaints team so that these can be linked on the risk IT system.



<b>Title of Service/Policy</b> Complaints Policy
<b>Is this a new or existing Policy/service?</b> Existing

<b>1. Would this service or policy be aimed at any particular equality group?</b>			
	Yes	No	If yes.....
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender Identity (transgender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marriage and Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sex (Gender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Exclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Economic Deprivation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Rural Isolation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

<b>2. Would the service/policy potentially exclude or have a negative impact on any of the equality groups?</b>			
	Yes	No	If yes.....
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender Identity (transgender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marriage and Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sex (Gender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Exclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Economic Deprivation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Rural Isolation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>3. Are there any known barriers which would obstruct access to this service/pathway</b>			
	Yes	No	Barriers can include physical, geographical, communication.
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender Identity (transgender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marriage and Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sex (Gender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Social Exclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Economic Deprivation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Rural Isolation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**4. What evidence has been used to assist you to make the judgements in questions 1 – 3?**

Demographic data and other status including census findings.	<input type="checkbox"/>	
Result of research findings including studies of deprivation.	<input type="checkbox"/>	
Results of recent consultations and surveys.	<input type="checkbox"/>	
Results of ethnic monitoring data and any equalities data from Local Authority/Public Health etc.	<input type="checkbox"/>	
Information from other agencies or group	<input type="checkbox"/>	
Comparisons between similar policies/services	<input checked="" type="checkbox"/>	
Analysis of Patient and Public Involvement	<input type="checkbox"/>	
Analysis of audit reports and review.	<input type="checkbox"/>	
Community Engagement and consultation events.	<input type="checkbox"/>	

**CHECKLIST for board sign off**

Please complete all the below relevant tick boxes

	Yes	No	Comments
By completing and submitting this EIA we agree to all contents being published on the CP website.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
By signing this EIA we confirm that we have made all the necessary enquiries in relation to this service and in good faith that relevant steps and plans are in place to mitigate any potential discrimination in the service we provide.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
We understand that if we identify an action this is absolutely fine and demonstrates that we are willing to review our service and tailor it to the needs of the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
We understand that progress on any identified actions will be discussed at the contract review meetings. If required we will ensure that all action plans are available for review at these meetings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

We understand that this EIA relates to a particular service. Our Equality and Diversity policy may also be requested in order for us to demonstrate our commitment to equality legislation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
We are aware of the new Equality Act 2010 and are committed to ensuring that all our policies and procedures reflect the legislation. Full details can be found at:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Date of Screening	November 2020
Risk identified in EIA	None
Review Date	December 2022
Title of person conducting the review	Information Assurance Director
Signature	Holly Hellstrom
Full Assessment Review Date	N/a
Board sign off Date & Committee	IGT - November 2020