



IHL Complaints Policy

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Introduction

The reporting and management of complaints within Improving Health Ltd (IHL) is an essential part of the organization's clinical governance, risk and business management.

The purpose of the Complaints Policy and Procedure is to clearly set out IHL's process for complaints handling for staff, duty doctors and demonstrate that IHL's values and effectively deals with comments and complaints from patients, families and the public effectively and undertakes to learn from the process.

In summary this policy serves to:

Promote suitable early management and remedial action to address concerns and prevent complaints and adverse events occurring in the future

Define IHL's systems and procedures for the management of complaints to minimise harm or risk of harm to service users, carers, employees, GP members and other stakeholders and improve satisfaction and reduce the risk of litigation

Develop a culture that enables the reporting of complaints, ensuring all IHL's staff and duty doctors have adequate knowledge to report and respond appropriately to patient complaints.

Support a robust complaints handling process at IHL which is seen as positive, supportive and non-threatening and encourages staff to participate in the investigation, promote learning from patient complaints

Fulfil IHL obligations to manage patient complaints as part of commissioners and IHL's service contract externally and internally report and record patient complaints.

Ensure that IHL makes a co-ordinated and efficient response to all patient complaints, in order to increase patient satisfaction, improve communication and ensure continuing service improvements.

In addition, IHL receives feedback from staff, patients and duty doctors which also assists our corporate learning.

Key principles:

People who access IHL's services are to be treated in a manner that respects their human rights and diversity in a fair and equal way

All complainants are to be treated with respect and sensitivity and encouraged to be open about their concerns.

All staff must ensure that patients, carers, and relatives are not discriminated against as a result of having made a complaint.

All complainants are to be communicated with fully throughout the complaints process.



Actions shall be taken within stated timelines in accordance with this policy and clear records kept of all communications.

Complaints are considered an opportunity for individual and organizational learning. Resulting actions help improve the quality of patient care, the safety of staff, and patients, and reduce the risk of repeated complaints.

1.0 Definitions

1.1 The Complaint

In this policy a complaint is defined as “An expression of dissatisfaction that requires a response”. A complaint may be made by anyone who is receiving, or has received, treatment or services from IHL; or alternatively a friend, relative, or representative from Independent Complaints Advocacy Service (ICAS) or Patient Advice and Liaison Service (PALS) as nominated by the patient. A complaint may be made in writing (by email, letter, fax, comments card) or verbally.

Complaints should normally be made within one year of the events which gave cause for concern. However, IHL can waive this requirement if there have been exceptional circumstances, such as bereavement or illness.

1.2 Independent Complaints Advocacy Service (ICAS)

At any stage in the proceedings a complainant may wish to contact ICAS, for independent help and advice. Their main goal is to ensure complainants have access to the support they need to put their concerns forward and navigate the complaints system.

1.3 Mediation

A Mediation Service is offered at IHL where an independent person is required to act as an impartial third party to help both parties resolve issues that have arisen.

1.4 Scope

This policy applies to all IHL staff. This policy also applies to all organisations from which IHL commissions services.

1.5 Confidentiality

IHL has a Duty of Confidentiality to its patients. Consent forms obtained from the complainant enable relevant records to be forwarded to the appropriate clinician or staff member to facilitate a response (see Appendix A).

Confidential patient information must be exchanged securely i.e. secure fax or secure nhs.net to nhs.net transmission

1.6 Responsibilities

IHL

- IHL has a responsibility to make information on how to make a complaint readily available to patients, clients and their relatives and carers and make the process



accessible to all service users. Relevant leaflets will be available in clinic reception areas, from staff and on the IHL website.

Staff

- IHL Staff have a responsibility to report any patient complaint, formal or informal to the operations manager or duty clinician

IHL complaints manager/operations manager

- The complaints manager/operations manager is required to:
 - Take immediate action.
 - Ensure appropriate timely communicate with the complainant
 - Acknowledge complainant, advise of process and request consent
 - Keep him or her informed of the progress of any investigation
 - Advise of the final outcome.
- Ensure that all complaints are logged and recorded.
- Update the Clinical Director on receipt of complaints and report on progress at regular intervals
- Ensure that complaints reporting procedures are maintained and adhered to.
- Ensure that an action plan is completed for all Complaints
- Contact appropriate clinician / member of staff to provide details of what happened and/or prepare response letter as appropriate
- Collate all correspondence relating to each complaint and store appropriately, maintain and update these files
- Forward each complaint letter and complaint responses from the clinician / member of staff concerned to the clinical director to approve (or advise amendment before approval) and sign completed complaint response letters.
- Monitor trends in complaints and produce monthly reports to the Clinical Governance Committee (CGC)
- Produce reports as required, for the Board, commissioners and Stakeholders

NB: If the complaint relates to a death or serious untoward incident

Complete an Incident Report form for incidents / SUIs where none has been completed

Notify key personnel within 24 hours:

- the clinical director of clinical incident or legal instruction
- the operations manager if operational incident, and
- the Board if incident involves theft, loss or damages to property
- the Board if likely media interest

(For subsequent actions see Incident and Serious Untoward Incident (SUI) Policy and Procedure).

2.0 Responsible Member of Senior Management Team

The responsible member of the senior management team will:

Conduct a full Root Cause Analysis Investigation into any SUIs in line with the Incident and SUI Policy and Procedure.

Ensure completion of investigation into all incidents

This will be the:

The clinical director, if the incident is clinical



The operations manager if the incident is operational
The clinical director if the incident involves theft, loss or damages to property

2.1 Complaints Manager/Operations Manager

Ensure that each complaint is responded to in line with policy and procedure and that investigations are completed within time lines

Liaise with patients & families and external bodies as appropriate.

Undertake a full investigation of any patient complaint, in liaison with other managers where necessary

Facilitate the response letter, guiding clinicians as necessary.

Ensure member of staff or duty clinician has access to support

Prepare an action plan to address any concerns identified.

Monitor and ensure that appropriate action and learning have been undertaken following any complaint.

Contribute to dissemination of lessons learned and implement any actions identified to be their responsibility, or the responsibility of their team.

Review and monitor the Complaints Log (held by the complaint manager/operations manager) and provide regular progress reports to the Board as appropriate.

2.2 IHL Board of Directors

Manage any press or media enquiries regarding a SUI in conjunction with the Communications Officer of Southwark CCG

Manage the interface with the media and to report to Board of Directors.

The ultimate responsibility for organizational complaints handling rests with the Board of Directors

The IHL Board is corporately responsible for pursuing the aims and objectives of risk management, including the reporting, investigation and responding to complaints.

2.3 Non-Executive Directors

Non-Executive Directors may be requested to investigate a complaint incident or provide independent assistance with a complaint.

3.0 Conflict of Interest

In the event of a conflict of interest being identified in a complaint, the investigation will be carried out by a manager, director of the same level or GP member of Southwark CCG

4.0 Record Keeping

Regardless of the method used to resolve the complaint, the Operations Manager must keep clear records of complaints, all associated correspondence and actions to demonstrate compliance with requirements.

A Complaints Log will be kept of all complaints by the Operations Manager and audit and analyses of all complaints will be conducted to understand trends, enable appropriate



remedial action to be taken and identify lessons learned for dissemination across the organization.

5.0 Monitoring and reporting

5.1 Monthly Reports

The monthly CCG will have complaints as a standing item on the Agenda. Minutes will be circulated to the Board with summary highlighting key issues.

5.2 Quarterly Reports

The operations manager is responsible for producing a quarterly monitoring report of anonymised complaints and their associated responses / action plans and analysis by category. The report is presented to Southwark CCG as part of quality monitoring and focuses on:

- Arrangements for local complaints handling
- Trends in complaints
- Lessons that can be learnt from complaints, service improvements, areas for clinical audit, educational needs or identified clinical risks.

5.3 Audits

Complaints will be subject to audits that show:

- Complaints have been responded to within both the relevant internal and external timescales.
- Actions are appropriate and taken seriously
- Remedial works identified are undertaken
- Persons throughout the complaints process understand their roles and responsibilities and have the capabilities to contribute effectively to the complaints handling process.

5.4. Monthly Report

The monthly report for the Board and Commissioning Organization should address these 4 key areas:

- Identify reasons for complaints.
- Identify underlying failures
- Identify lessons learned from complaints and make recommendations.
- Implement improvement strategies to help prevent, or minimise recurrences and improve patient satisfaction

The report will be presented to the Board in May of each year and shared within the organization to raise awareness and share learning among staff and duty doctors. A report collating feedback, compliments, complaints and resulting improvements to services is to be shared with relevant patient forums and made available to the public e.g. on website and in waiting areas.



6.0 Implementation and training

All responsible individuals identified in this policy will receive a copy of the policy which can be found in the Staff Handbook and on the Intranet. An introduction to complaints handling is included in the IHL induction programme.

7.0 The Complaints Procedure

The complaints procedure is a unified two-stage procedure in line with NHS (Complaints) Regulations 2009

- Stage 1 - Local Resolution
- Stage 2 - Independent Review by the Ombudsmen.

Full details of the Complaints Procedure are shown in Appendix B – Complaints Process Outline and Flow Chart.

7.1 Stage 1 – Local Resolution

Front line staff is empowered to resolve minor comments, grumbles and problems immediately and informally. However, where a complaint is made, the procedures detailed below must be followed:

- The options for local resolution include:
 - Telephone resolution
 - Face to face meetings with the complainant and parties involved.

The use of an independent advocate from ICAS, representative from PALS or mediator arranged by the IHL Operations Manager

This list is not exhaustive; a combination of several methods can be used when handling a single complaint, until it is resolved to the complainant's satisfaction or the complaint is closed.

7.2 Stage 2 – The Ombudsmen

A complaint may be referred to the Ombudsmen where all other options have failed to result in resolution within 6 months of the original complaint.

Contact details:

Parliamentary & Health Service Ombudsman Millbank Tower, Millbank

London SW1P 4QP Tel: 0345 015 4033

[Email: Complaints@healthcarecommission.org.uk](mailto:Complaints@healthcarecommission.org.uk)

Website: www.healthcarecommission.org.uk/

All complainants have the right to support when making their complaint, and the NHS Complaints Advocacy Service, POhWER supports patients/carers and families in making complaints to the NHS. The service provides free independent support and advice to empower patients to express their views and concerns. You can contact POhWER by the following link: <https://www.pohwer.net/forms/contact-us>

Alternatively, their details are below:

Telephone: 0300 456 2370 Minicom: 0300 456 2364

Text: send the word 'pohwer' with your name and number to 81025

Email: pohwer@pohwer.net



Skype: pohwer.advocacy
Fax: 0300 456 2365
Post: PO Box 14043, Birmingham, B6 9BL

8.0 Special Considerations

8.1 Legal proceedings

If the complainant explicitly indicates an intention to take legal action and claim for clinical negligence the routine complaints procedure should cease. The Board must be contacted immediately, and professional legal advice sought.

8.2 Disciplinary Proceedings

If disciplinary proceedings are begun against a member of staff as a result of its investigation, the complainant should be informed and updated as to the outcome

8.3 Unreasonably Persistent or Vexatious Complainants

In exceptional cases the complainant may persist with a complaint when there is nothing more that can be reasonably achieved in respect of the problem raised.

The Board will review the case to ensure that the points made have been properly considered and that the complaint managed in a fair and consistent manner.

The Board can decide to end the complaint as vexatious if IHL has made every effort to answer the complaint appropriately and the complainant is exhibiting one or more of the following:

- Behaving in a manner which could be judged as unfair harassment
- Rejecting accurate documented evidence
- Refusing to define a complaint that can be investigated
- Continuing to evolve the content of the complaint to prolong the complaint unreasonably
- Has been verbally aggressive, personally abusive, threatened or used actual physical violence towards staff dealing with their complaint. Staff should document all incidents of harassment.

In such cases, a letter will be written to the patient informing them that:

- The reply to the complaint has fully responded to the points raised
- Every effort has been made to try to resolve the complaint
- There is nothing more that can be added, and the correspondence is now at an end
- Future letters will be acknowledged but not answered

They have the right to an Independent Review or to take their complaint to the Health Ombudsman. In extreme cases, IHL will reserve the right to take legal action against the complainant.

8.4 Complaints Involving Multiple Organizations

Where a complaint also has elements of a complaint about another NHS or Social Care organisation the IHL Complaints Manager should write to the complainant within three working days and **request consent** from the complainant before sending a copy of the complaint to the other organisation.



Discussions should take place between the relevant complaint's managers, in conjunction with the complainant, as to whether the issues should be handled separately or as part of a joint response.

When the issues raised in complaints are interconnected, it is usually better to arrange a joint response.

8.5 Joint Responses

One officer should be nominated to co-ordinate the investigation and be the main point of contact for the complainant during the investigation. The complainant should be provided with details of how the investigation will take place and the appropriate timescales should apply.

The complaints manager writing the response should ensure that they inform the complainant which organisation is responsible for each part of the complaint.

Joint responses should ideally be jointly signed by the respective Chief Executives of the commissioning organisation, Medical Directors or Service Heads as appropriate.



Appendix B: Complaints Process Outline & Flow Chart

Complaint registered.

- Log complaint on database
- Prepare case file: collate case information – records & call recording
- Inform Clinical Director of complaint

Initial call contact with complainant

- Personal IHL introduction & ongoing contact
- Outline complaints process
- Clarification of concerns
- Address concerns if possible, or
- Agreement of timescales for response if concerns not addressed

Formal written contact

- Letter acknowledging complaint and confirming detail of conversation (See Appendix C)
- Concerns detailed
- Timescales agreed
- Include the following:
 - Consent form (including ethnicity monitoring)
 - IHL how to make a complaint leaflet

Follow-On Action & Investigation

- Clinical complaints
 - Inform clinician of complaint
 - Send copy of case notes, complaint and acknowledgement letter to complainant
 - Timescales for response
 - Support and advice available from the Board / Defence organization
- Operations complaints - Inform operations team
 - Liaise with the Board & relevant parties to ensure deadlines for intervening actions are complete

Actions following Investigation

If WITHIN agreed timescale:

- Ensure findings of investigation have been documented
- Liaise with CD to ensure response letter to complainant is appropriate and addresses all concerns
- IHL cover letter sent to complainant signed by the Board with the clinician or staff response letter
- Liaise with CD to complete outcomes reporting for commissioners

If OUTWITH agreed timescale:



- Identify and manage factors contributing to delay
- Inform doctor or staff member that failure to respond will result in a restriction of shifts
- Contact complainant to apologize for the delay and request a specified extension period
- (Once clinician / staff response letter received, continue as for 'WITHIN timescales' above).

Follow up

- If complainant is dissatisfied with response / outcome of the complaint, options available:
- Review of complaint
- Ask for doctor / staff member to provide an amended response letter taking into account outstanding concerns
- Offer a Resolution Meeting between doctor / staff member and complainant, facilitated by operations Manager and attended by the following as indicated:
 - The Board or operations manager
 - Complainant representative e.g. family member, ICAS or PALS
- Referral to External Mediation Service for independent impartial 3rd party support

If complainant remains dissatisfied

- Refer to OMBUDSMAN

If the complainant notifies IHL of planned litigation:

- contact IHL medical indemnity organization or Insurers immediately, also
- notify any clinical staff involved to seek advice from their medical professional insurers

Closure

- In final letter include complaints satisfaction questionnaire and explain the complaint file will be closed unless we receive further correspondence within the next 10 working days
- Record closure on database and complete reporting summary

Timelines

- Acknowledge within 3 working days
- Agree timeline for actions with complainant, normally IHL agrees to 25 working days
- Timeline starts when consent form is received
- Extensions to timelines must be arranged 3 days prior to deadline
- Once final letter sent to complainant, providing no further communication received, case is closed after 30 working days.

Non-receipt of consent



- If no consent received within 10 days a second letter is sent with a further consent form to be returned within 7days
- If no consent received, a third letter (without consent form) is sent by recorded post, to be returned or acknowledged within 5 days
- If no consent or acknowledgement received, the signature of receipt of third letter is acquired from royal mail postal tracking system.
- The case can now be closed as a complaint and the concerns are recorded as feedback.

Acknowledgement letter

Reference number:

Date:

Dear _____,

Re: appointment at the EPCS on 2017

I want to thank you for your email of **** 2017, detailing your experience of our services.

I am sorry to learn of your concerns and want you to know that we will be investigating what happened. I will reply to you with the results of this investigation within 25 working days, which in this case should be by May 2017. If there is any delay, I will write to inform you of this.

I would like to make sure I understand what you want me to investigate. If you feel I have not summarised this correctly then please contact me. I will investigate the following concerns:

IHL operates under patient confidentiality regulations, so I ask you to complete the enclosed consent form. This will allow me to fully investigate your complaint. Without consent I will still look at your concerns, but I may be limited in what I can share with those responsible for your experience. Please return the form within 10 working days, which should be by 2017.

If you require further information, please contact myself, Hannah Matheson on the address below.

Yours Sincerely,

Hannah Matheson
Operations Manager
Extended Primary Care Service
101 Peckham Road, London, SE15 5LJ