



Vale of York
Clinical Commissioning Group

Item 9

POLICY FOR THE REPORTING AND MANAGEMENT OF PATIENT COMPLAINTS

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COMPLAINTS POLICY

1. INTRODUCTION

The Vale of York Clinical Commissioning Group (VoY CCG) is committed to working in partnership with patients, the public and other key stakeholders for the improvement of health across the local community.

This policy is based on the current national regulations issued by the Department of Health (DH) in 2009 and the best practice guidance as outlined in the 'Making Experiences Count' (MEC) document (2007). Recognising that the information gained from complaints, concerns, comments and compliments contribute to the provision of high quality care for patients this document outlines the commitment of the VoY CCG to co-operate with the wider health and social care community to ensure a patient centred outcome focused response to complaints is maintained

With a growing population of approximately 202,000 people, it is acknowledged that people will occasionally be dissatisfied with the services or the care they receive. We recognise the importance of using the information gained through complaints, concerns, comments and compliments to improve and develop services with the aim of maintaining and improving safety, improving effectiveness and thereby improving patient experience.

To achieve this VoY CCG has embraced the approach developed through the Department of Health using its flexibility to respond to patient complaints on an individual basis, encouraging a culture that seeks to work with complainants in an open and honest way to achieve positive outcomes.

2. AIM

The aim of the Complaints Policy is to ensure a robust framework is in place for the management of patient complaints to maximise learning and inform and influence service redesign and future commissioning decisions. This policy and accompanying VoY CCG Complaints Procedure aims to support staff to provide an outcome focused response to complainants concerns whilst ensuring fairness to practitioners and staff.

3. STRATEGIC OBJECTIVES

- Ensure a complaints system is in place which ensures ease of access by the population of VoY CCG.
- Increase people's confidence that their complaints will be taken seriously and dealt with in a confidential, courteous and conciliatory manner.
- Promote a simple, consistent unified approach to be used across Health and Social Care ensuring an open and honest culture is maintained across the VoY CCG promoting fairness to people using and delivering services.
- Promote early and effective resolution of issues ensuring that the information from complaints will be used to improve services incorporating a clear process for feedback regarding lessons learnt.

4. EQUALITY AND DIVERSITY

In developing this policy an equalities impact analysis has been undertaken. As a result of performing the analysis, this policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. VoY CCG is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare professionals. All information in relation to the complaints process is available in alternative languages and formats upon request.

Every complainant is dealt with as an individual and spoken with to agree their preferred outcome and how we will maintain contact. Adjustments are made on an individual basis.

We seek views of complainants at the end of the process for their input on whether the complaints process was followed to their satisfaction. An equality and diversity monitoring form accompanies the survey which is completed voluntarily.

A copy of the completed Equality Impact Analysis can be found on our website where it is published alongside this Policy.

5. DEFINITION

A complaint can be defined as 'an expression of dissatisfaction or annoyance requiring a response'. This can include expressions as letters, emails, telephone calls, and face to face discussions.

6. FREEDOM OF INFORMATION

If an enquirer is unhappy with the information that has been provided relating to Freedom of Information or wishes to appeal against an exemption which has been applied then this will be dealt with under the NHS North Yorkshire and York Freedom of Information Policy.

7. ROLES AND RESPONSIBILITIES

The Chief Executive of NHS North Yorkshire and York Cluster remains ultimately accountable for ensuring a robust process for the management and investigation of patient's complaints is in place until the abolishment of the PCT in March 2013. During 2012/13 the following officers will have specific duties in relation to complaints investigation and management:

The Chief Officer as the Accountable Officer for the CCG is responsible for ensuring that VoY CCG has a process for the management of patient complaints in accordance with the DH complaints regulations in relation to CCG functions.

The Deputy Chief Executive of NHS North Yorkshire and York Cluster is responsible for ensuring there is a process in place for the management of patient complaints in accordance with the DH complaints regulations in relation to non CCG functions e.g Offender Health.

The Corporate Affairs Manager will ensure that the CCG agreed process for complaints management and investigation is appropriately implemented and

regularly reviewed. They will be supported in this role by designated staff working in the Commissioning Support Unit.

Investigating managers will be responsible for the management of the complaints investigation and response in line with the VoY CCG Complaints Procedure. Support for this will be provided by the Commissioning Support Unit as identified in the associated contract specification.

All staff are responsible for being aware of their obligations with regard to complaints as outlined in the VoY CCG complaints procedure.

8. COMPLAINTS PROCEDURE

VoY CCG has documented a framework for staff to utilise when managing complaints. This procedure includes the management of complaints received by VoY CCG with regard to its commissioning functions and those regarding independent contractors.

VoY CCG has adopted the approach outlined in the DH Regulations which aims to resolve the issue at the most local level

Should the complainant remain dissatisfied following receipt of the final written response they have the option to contact the Parliamentary and Health Service Ombudsman for an external review.

It is important that staff are aware of the timescales which are regulated by the DH and are outlined in the VoY CCG Complaints Procedure to ensure that complaints are acknowledged, investigated and responded to in a timely way. These timescales will also be monitored and reported as an element of the VoY CCG Organisational Performance targets.

A complaint must be made not later than 12 months after the date the incident occurred, however in exceptional circumstances the time limit may be waived if it is considered by the Chief Operating Officer that the complainant had good reason for not making the complaint within the timeframe and it is possible to investigate effectively and fairly.

8.1 Commissioned Services

All services commissioned by VoY CCG are required to have established systems and processes for complaints handling in line with DH requirements. VoY CCG will monitor complaints in commissioned services as outlined in the VoY CCG Commissioning for Quality Strategic Framework. VoY CCG may consider that a complaint is indicative of a wider concern or trend which, through the contracting arrangements, may prompt an in-depth review.

9. BEING OPEN WITH PATIENTS AND RELATIVES

VoY CCG is committed to improving communication with patients and carers. When things go wrong, it is essential that the relevant parties are kept fully informed and feel supported. The being open process underpins the local resolution stage of the complaints process.

Being open involves:

- Apologising and explaining what happened to patients and or their carers

- Conducting a thorough investigation into the complaint and reassuring patients and/or their carers that lessons will be learned to prevent reoccurrence
- Providing support for the patient, relative or carer to cope with the physical and psychological consequences of what happened and ensures communication is open, honest, and occurs as soon as possible after a complaint is received.

10. MONITORING AND REPORTING

All information from patient complaints is collated and recorded onto the Ulysses Performance Management System from which anonymised reports are produced for internal and external reporting.

11. LEARNING

Good complaint handling is not limited to providing an individual remedy to the complainant and all feedback and lessons learnt from complaints will contribute to service improvement.

The CCG will

- Ensure that learning is identified through complaint investigations.
- Actively capture learning from complaints from all commissioned services and GP Practices to gather themes and interpret the findings to monitor the quality of commissioned services and to inform contracting and commissioning decisions.
- Monitor progression of action plans
- Ensure learning is disseminated internally and externally and recorded as part of a 'Closing the loop' report

12. ORGANISATIONAL PERFORMANCE TARGETS

VoY CCG will:

- Acknowledge all complaints within 3 working days verbally or in writing.
- Negotiate with complainant :
 - The manner in which the complaint is to be handled
 - The period in which the investigation of the complaint is likely to be completed
- Provide a full written response to the complainant documenting if the complaint has been upheld/not upheld within the time period agreed with the complainant.

Where the response cannot be provided within the timeframe above this will be discussed with the complainant. Agreement for an extension to the timescale must be obtained from the complainant and the relevant extended period to be confirmed in writing.

13. TRAINING

VoY CCG will ensure that staff have relevant training at the appropriate level and should aim to attend one complaints training session upon appointment. Statistics on the number of staff attending the training will be collated and reported annually to the Quality Performance and Improvement Group.

14. IMPLEMENTATION

This policy will be placed on the CCG internet and will be shared with staff.

15. POLICY REVIEW

This policy will be reviewed April 2013

16. REFERENCES

The Local Authority Social Services and National Health Service Complaints
(England) Regulations 2009
NHS Litigation Authority Risk Management Standards
National Reporting and Learning Service Being Open Process