

COMPLAINTS, CONCERNS, COMMENTS AND COMPLIMENTS POLICY

A GENERAL

1. INTRODUCTION

- 1.1 Portsmouth Clinical Commissioning Group (CCG) is committed to providing an accessible, equitable and effective means for people and/or their representative to express their views about the services it provides or services it is responsible for commissioning.
- 1.2 If a person is unhappy about any matter of the CCG functions they are entitled to make a complaint, have it considered, and receive a response. It aims to provide a complaints process which has easy access and is supportive and open which results in a speedy, fair and, where possible, local resolution. The purpose of local resolution is to provide an opportunity for the complainant and the CCG to attempt a prompt and fair resolution of the complaint and to provide the opportunity to put things right for complainants as well as improving service.
- 1.3 This policy sets out the process for handling complaints, concerns, comments and compliments received by the CCG from patients, carers and the general public.
- 1.4 The CCG welcomes and actively encourages all services users and their carers to comment on their experience and will ensure open and honest response to complaints and concerns received.
- 1.5 This policy provides guidance to managers and staff so that they understand their responsibilities when a patient or member of the public is unhappy about the care or service they are receiving, and how to deal with their dissatisfaction or at least direct them to how they can register their concerns. Members of staff who received a complaint, concern, comment or compliment should direct this to the complaints team hosted by Portsmouth City Council who will determine who should deal with the issue.
- 1.6 Temporary and agency staff, contractors and sub-contractors will be expected to comply with the requirements of this policy. There are also implications for providers of services to the CCG, all of which have a responsibility to have a complaints and concerns policy in place in line with national requirements.
- 1.7 This policy also informs staff what the complainant can expect from the CCG and the involvement staff will have to help bring the complaint to a satisfactory conclusion and what further steps may happen if that is not possible.

2. SCOPE OF THIS POLICY

- 2.1 The CCG is responsible for commissioning health services on behalf of the population of Portsmouth City from acute hospitals, mental health providers, community providers, the independent sector and independent contractors. This policy sets out how the CCG will manage these relationships in the context of complaints and concerns arrangements with Portsmouth City Council.
- 2.2 The CCG is committed to the principles of equality and diversity and will strive to eliminate unlawful discrimination in all forms. The CCG will also strive to demonstrate fairness and equal opportunities for users of services, carers, the wider community and our staff.

3. DEFINITIONS

- 3.1 The terms “patient” and “service user” are used interchangeably to describe all those people for whom we commission and provide services.
- 3.2 A complaint can be defined as an expression of dissatisfaction from a patient member of the public. It can be expressed verbally or in writing. Most complainants will be very clear that they wish their complaint to be treated formally and that they require a written response which explains what happened, why it happened, what we have learnt and what action is being taken to ensure it does not happen again. Complaints will be reported and managed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 3.3 This policy applies to any complaint, whether it is received from a user of the service or their representative or a member of the community who comes into contact with the service by other means.
- 3.4 A concern can be described as a negative feedback but which has not been or is not required to be dealt with as a formal complaint. It does not necessarily require a written response and can be resolved verbally if appropriate.
- 3.5 At times the CCG will receive comments, questions or be asked for advice or signposting within the wider NHS or social care system. These comments will be logged and responded to or sent onto the relevant department as appropriate.
- 3.6 A compliment can be defined as an expression of appreciation or thanks for a service received. It is important that compliments are treated with the same importance as a complaint or concern. All contact (letters, email, telephone or self-presentation) expressing appreciation should be logged and sent to the appropriate manager who will ensure that staff involved are made aware of the compliment received.
- 3.7 Some negative feedback, either complaints or concerns, may prompt a Serious Incident Requiring Investigation due to the serious nature or circumstances. This may relate to physical or sexual abuse, financial misconduct or criminal offence or safeguarding issue. Where this has been recognised, the complaint or concern will be highlighted to the Clinical Quality Team for further review and advice.

B. COMPLAINTS

4. COMPLAINTS PROCEDURE

4.1 The complaints procedure aims to:

- Be well publicised and easy to access.
- Be simple to understand and use.
- Be fair and impartial, and be seen to be so.
- Allow complaints to be dealt with promptly and as close to the point where they arise as possible.
- Provide answers or explanations quickly and within established time limits.
- Ensure that rights to confidentiality and privacy are respected.
- Ensure all complaints will be dealt with in an honest, open, confidential and sensitive way.
- Guarantee that no complaint will form any part of a medical record and complainants will not be discriminated against in any way as a result of making a complaint.
- Provide a thorough and effective mechanism for resolving complaints and also investigating matters of concern.
- Enable lessons learnt to be used to improve the quality of services and to have action plans in place.
- Be regularly reviewed and amended if found to be lacking in any respect.
- Be consistent with national guidance.

5. WHO CAN COMPLAIN?

5.1 A person who or organisation that wishes to raise a complaint is referred to as a “complainant”. Complainants can be:

- A person who is receiving or who has received NHS services.
- A representative acting on behalf of someone who:
 - Has died
 - Is a child
 - Is unable to make the complaint themselves due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005 or
 - Has requested that the representative acts on their behalf.

5.2 Complaints made on behalf of someone who has died or who lacks capacity must be a relative or other person who is considered to have had or has “sufficient interest” in their welfare and is a suitable person to act as their representative or/an executor.

5.3 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 a Looked After child.

5.4 If a Member of Parliament (MP) makes a complaint on behalf of a constituent, it will be considered that the MP has obtained consent from the patient prior to contacting the CCG. That is, in line with the Data Protection Act (Processing of Sensitive Personal Data (Elective Representatives) Order 2002. Constituents raising concerns regarding a third party will require the consent of the third party.

5.5 Assistance will be given to complainants in accessing the complaints procedure. This includes providing appropriate assistance for patients and service users who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments).

6. VERBAL COMPLAINTS

6.1 Complaints that are made verbally should be recorded in writing and the complainant asked to confirm the issues to be investigated.

6.2 All complaints, whether verbal or written, must receive a written response. Where the complaint is made verbally, the complaints handler must make a written version of the complaint that includes the information set out below. This will be forwarded with the acknowledgement letter to the complainant for their agreement:

- Name of the complainant
- To whom the complaint relates, if not the complainant
- Contact details
- Subject matter of the complaint
- Date on which the complaint was made
- What action the complainant wishes to be taken.

7. CONFIDENTIALITY

7.1 All recorded information will be treated as confidential and in accordance with the Data Protection Act 1998, the Caldicott guardian principles and the Access to Health Records Act 1990.

8. TIME LIMITS FOR COMPLAINTS

8.1 The time limit to make a complaint is normally:

- 12 months from the date the event occurred or
- 12 months from the date the complainant first became aware of the event.

8.2 The time limit should not be presented as an obstacle to the investigation of the complaint. The time limit can, and should be waived, if it is still practical and possible to investigate the complaint and the complainant can demonstrate reasonable cause for delay in making the complaint.

8.3 The decision to investigate complaints that fall outside the time frame is at the discretion of the Complaints Officer.

9. COMPLAINTS THAT CANNOT BE DEALT WITH UNDER THIS POLICY

9.1. The following complaints will not be dealt under the NHS Complaints Regulations 2009:

- A complaint made by a local authority, NHS body, Primary care provider or independent provider.
- A complaint made by an employee of a local authority or NHS body about any matter relating to employment.

- A complaint which is made verbally and is resolved to the complainant's satisfaction within 24 hours.
- A complaint which has previously been made and resolved to the same complainant and where local resolution has been exhausted.
- A complaint which is, or has been, investigated by a Health Service Commissioner under the 1993 Act.
- A complaint arising out of the alleged failure by CCG to comply with a request for information under the Freedom of Information Act 2000.
- On the advice of the NHS Litigation Authority, the investigation of a complaint through the complaints procedure may cease immediately if the complainant explicitly indicates an intention to take legal action in respect of the complaint.

10. ROLES AND RESPONSIBILITIES

- 10.1 The CCG's Accountable Officer is responsible for ensuring compliance with the arrangements made under the Local Authority Social Services and National Health Service complaints (England) Regulations 2009 for ensuring that action is taken if necessary, depending on the outcome of the complaint.
- 10.2 Portsmouth City Council Complaints Officer is responsible for managing the procedures on behalf of the CCG and for handling and considering complaints in accordance with the arrangements made under the Regulations.
- 10.3 The complaints service is the single point of entry for patients and service users who require advice, assistance or information. The aim is to provide a speedy resolution to a problem. The Complaints Officer will make an initial assessment of the complaint or concern and a decision will be taken by the Complaints Officer as to the best route for resolution.
- 10.4 Investigators of complaints are responsible for undertaking a detailed investigation of complaints and to provide the Complaints Officer with the information set out below so that a written response can be drafted for review by the Director of Commissioning and Quality:
- Underlying causes.
 - Lessons learnt.
 - Improvements implemented, as appropriate, to patient care.
- 10.5 Investigators of complaints are also responsible for ensuring all actions arising from a complaint are implemented and the outcome reported to the Complaints Officer.
- 10.6 Managers are responsible for ensuring complaints are investigated in accordance with this policy and for working with the Complaints Officer so that a satisfactory resolution of complaints.
- 10.7 Staff, including temporary and contract staff, are responsible for:
- Compliance with the complaints process.
 - Co-operating with the development and implementation of this policy as part of normal duties and responsibilities.
 - Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
 - Attending training and awareness sessions when provided.

11. EQUALITY AND DIVERSITY AND HUMAN RIGHTS

- 11.1 Complainants will be treated fairly with dignity and respect and equal opportunity to make their view known. Where reasonable appropriate adjustments will be made to enable equitable access, these will be facilitated.
- 11.2 Everyone who complains has a right not to be discriminated against, regardless of their differences.
- 11.3 The CCG is committed to equality and diversity and anti-discriminatory practice. Information will be made available in accessible formats, including different languages, on request. This will be to inform them of the CCG's complaints process and to assist them through the process as required.
- 11.4 Every complainant will receive an anonymous Equality Monitoring form with their acknowledgement letter and asked to complete the form and return it in a pre-paid reply envelope to the Complaints Officer. This information will be analysed on a 6-monthly basis and inform the CCG's equality and diversity monitoring reports.
- 11.5 The equality duty under the Equality Act 2010 makes it clear that public authorities are expected to consider the need to remove or minimise disadvantage or to meet particular needs for certain groups. It also requires public authorities to have due regard to the need to tackle prejudice and promote understanding between people who share a protected characteristic and those who do not. An equality analysis of this policy has therefore been undertaken in line with guidance under that Act¹.

12. COMPLAINTS AGAINST PROVIDERS OF HEALTH CARE SERVICES

- 12.1 The organisation has contracts in place with a range of providers. Under the NHS Complaint Regulations 2009 a patient can choose to approach either the provider or CCG to make a complaint, but not both.
- 12.2 Each contracted provider has its own complaints procedure based on the NHS procedure for complaints.
- 12.3 If a complaint received by the CCG concerns a provider of contracted services, the Complaints Officer will decide the most appropriate body to handle the complaint. In most cases it is anticipated that providers will handle any complaints which concern their services. However, in some cases this may not be appropriate and the Complaints Officer will contact both the patient and the relevant organisation to explain what action will be taken and who will be managing the complaint.

13. COMPLAINTS SHARED WITH THE LOCAL AUTHORITY

- 13.1 Where a complaint includes issues that relate to the local authority (Portsmouth City Council), the Complaints Officer will liaise with City Council colleagues to ensure a full investigation takes place and that a single response which answers all concerns is provided to the complainant.

¹ Equality and Human Rights Commission (2011) *Equality analysis and the equality duty: A guide for public authorities*.

13.2 The Complaints Officer will obtain consent from the complainant to share the details of the complaint with the Local Authority. If the complainant does not consent then the Complaints Officer will advise on which parts of the complaint the CCG can respond to and which parts will need to be dealt with separately by the Local Authority. Further details can be found in the “Protocol for the handling of inter-organisational complaints”.

C. THE INVESTIGATION OF A COMPLAINT

14. PROCEDURES BEFORE INVESTIGATION

14.1 A complaint may be made verbally, electronically or in writing. If the complaint is made verbally and is not resolved by the end of the next working day then a written copy of the complaint must be made and a copy provided to the complainant.

14.2 Complaints must be acknowledged within three working days after the day on which it is received. The acknowledgement may be made verbally or in writing. If made verbally then it is best practise to follow this up in writing. The acknowledgement must contain an offer to discuss with the complainant the manner in which the complaint is to be handled and the likely timescales for the investigation and response.

14.3 If the offer of a discussion is not accepted, the Complaints Officer must determine the response period and notify the complainant in writing confirming the issues that are going to be investigated, the manner in which the complaint is to be handled and the likely timescales for the investigation and response.

15. INVESTIGATION

15.1 The Complaints Officer will arrange for the complaint to be investigated in the most appropriate manner to resolve it speedily and efficiently. The purpose of investigation is not only resolution but also to establish the facts, to learn, to detect poor practice and to improve services. The investigation into a complaint must:

- Be undertaken by a suitable person and the Complaints Officer should ensure an appropriate level of investigation.
- Be conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner.
- Not be adversarial and must uphold the principles of fairness and consistency.
- Risk assessment process should be applied to all complaints to allow serious complaints, such as those involving unsafe practice, to be identified.

15.2 Methods used for investigation should follow the National Patient Safety Association (NPSA) principles of root cause analysis, accessible via:
<http://www.nrls.npsa.nhs.uk/resources/collections/root-cause-analysis/>

15.3 The Complaints Officer will forward the complaint to the appropriate lead for investigation. This will include details of the issues to be investigated and the timescale for the response.

15.4 If a response cannot be made within the agreed timescale, the complainant will be contacted by the Complaints Officer and an extension to the specified revised timescale will be agreed. Where possible, this will be in writing.

15.5 The investigating officer will:

- Establish what happened, what should have happened and who was involved.
- Make written records of the investigation and staff statements.
- Make sure a sincere apology is made as appropriate.
- Identify what actions can be implemented to ensure there is no recurrence. This will include any training issues and learning points.
- Draft a report for the Complaints Officer addressing the issues raised by the complainant and detail what actions are being taken to prevent a recurrence in the future.

15.6 During the investigation the Complaints Officer will keep all those involved, including the complainant, informed as far as reasonably practicable as to the progress of the investigation.

16. RESPONSE

16.1 As soon as reasonably practicable after completing the investigation, the organisation will send a formal response in writing to the complainant which will be signed by the Accountable Officer or his nominated responsible person. It is good practice for letters to be as conciliatory as possible and include apologies as appropriate.

16.2 The response will also:

- Offer an explanation of how the complaint has been investigated,
- Address the concerns expressed by the complainant and show that each element has been fully and fairly investigated,
- Report the conclusion reached including any matters where it is considered remedial action is needed,
- Include an apology where things have gone wrong,
- Report the action taken or proposed to prevent recurrence,
- Indicate that a named member of staff is available to clarify any aspect of the letter,
- Advise the complainant of their right to take their complaint to the Ombudsman if they remain dissatisfied with the outcome of the complaints procedure.

16.3 The response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms. Where technical terms must be used to describe a situation, events or condition, an explanation of the term should be provided.

16.4 All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint file in chronological order. A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman.

16.5 Where appropriate, alternative methods of responding to complaints must be considered. This may be through an immediate response from front-line staff, a meeting, or direct action by a senior person.

16.6 It may be appropriate to conduct a meeting in:

- Complex cases,
- In cases where there is serious harm/death of a patient,
- In cases involving those whose first language is not English,

- In cases where the complainant has a learning disability or mental health illness (and/or other capacity challenges).

16.7 The Complaints Officer will forward the formatted response, including the investigation report, for the approval of the investigating officer and relevant Director.

16.8 Once approved by the relevant Director, the response will be forwarded for final approval and signature to the Chief Operating Officer or his nominated deputy.

17. DUTY OF CONDOUR, BEING OPEN AND HONEST

17.1 Every member of staff in NHS organisations has a duty to be open with patients, their families, carers or representatives. This includes if anything goes wrong, welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation (NHS Constitution).

17.2 Being open and honest about what happened and discussing complaints promptly, fully and compassionately with patients and/or their carers or representatives can:

- Help patients and/or their carers cope with the after-effects.
- Provide re-assurance that everything will be done to ensure the type of incident that resulted in their complaint does not re-occur.
- Provide an environment where patients and/or their carers, health care professionals and managers feel supported when things go wrong.
- Help prevent events become subject to a litigation claim.

18. CONCILIATION MEETING

18.1 As part of the local resolution process a meeting can be offered to the complainant.

18.2 The Complaints Officer can offer some form of dispute resolution to aid this process, including the use of a conciliator.

18.3 When such a meeting takes place, notes of any agreements or actions to be taken should be provided to the complainant and staff in attendance or involved.

19. CONCLUDING LOCAL RESOLUTION AND LEARNING LESSONS

19.1 The CCG should offer every opportunity to exhaust local resolution. Once the final response has been signed and issued, the Complaints Officer, on behalf of the Accountable Officer, should liaise with relevant managers and staff to ensure that all necessary follow-up action has been taken.

19.2 Arrangements should be made for any outcomes to be monitored to ensure that they are actioned. Where possible, the complainant and those named in the complaint, should be informed of any change in systems or practice that has resulted from their complaint.

19.3 All correspondence and evidence relating to the investigation should be retained. The Complaints Officer should ensure that a complete record is kept of the handling and consideration of each complaint. Complaints records should be kept separate from health records, subject only to the need to record information which is strictly relevant to the complainant's ongoing health needs

20. IF THE COMPLAINANT IS DISSATISFIED WITH THE FINAL RESPONSE

- 20.1 The final response should invite the complainant to let the CCG know if they have any outstanding concerns. In such cases, consideration should be given to arranging further action which might resolve the complaint, including offering a meeting with the Complaints Officer.
- 20.2 A response should be sent to the complainant confirming the outcome of any further action and advising them of the independent review process.
- 20.3 If the complainant subsequently remains dissatisfied, they may request the Parliamentary and Health Service Ombudsman to review their complaint.

21. RISK MANAGEMENT

- 21.1 In instances where the complaint or concern identifies that there may be a risk to the patient or other people's safety, then this will be considered in light of the arrangements the CCG has in place. This will include consideration of:
- Claims Management Procedures
 - Safeguarding Adults and Children arrangements
 - Equality and Diversity Strategy
 - Human Resource framework and policies

22. STAFF SUPPORT

- 22.1 Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their line manager. Staff should be fully supported.
- 22.2 Staff should be fully supported by their line manager and consulted during the investigation which should be full, fair and timely, and should not apportion blame.
- 22.2 The management style and culture within the organisation will promote positive attitudes towards dealing with complaints.
- 22.3 Staff should be notified by their line manager of any outcome from the complaint or concern and feedback the learning that has been realised as a result of the investigation.
- 22.4 The decision on whether disciplinary action is indicated is a decision for the line manager in consultation with Human Resources and in accordance with the normal disciplinary procedure. This must be kept separate from the complaints procedure.

23. IMPROVING SERVICES

- 23.1 Following the conclusion of a complaint, all actions will be clearly documented, acted upon and monitored.
- 23.2 If an action has been identified during the complaints investigation, the Complaints Officer will log the details of the action to be taken on the complaints database and share these with the organisational lead involved. The organisation will demonstrate how feedback is used to learn and improve services by reporting to CCG.

24. LEARNING FROM EXPERIENCE

24.1 The Complaints Officer will report the number and nature of complaints received on a quarterly basis to the CCG Clinical Executive Committee. Service improvement informed by the complaints process will also be reported.

25. INDEPENDENT COMPLAINTS ADVOCACY SERVICE (ICAS)

25.1 The Independent Complaints Advocacy Service (ICAS) offers an independent service to advise complainants about making a complaint concerning NHS services. The Complaints Officer will provide information about the service that ICAS offers and how it may be accessed by.

26. LEGAL ADVICE AND PROCEDURES FOR COMPLAINTS INVOLVING LITIGATION

26.1 Legal Advice on particular aspects of a complaint should be sought if there is the possibility of litigation ensuing. If, during an investigation, the complainant explicitly indicates in writing an intention to take legal action, the Complaints Officer will negotiate with the complainant how this can be taken forward. The Complaints Officer may then refer the matter to the NHS Litigation Authority and seek advice on whether it is possible for both investigations to proceed at the same time.

27. FINANCIAL REDRESS

27.1 There may be occasions when the investigating officer or complaints officer believes that there are grounds for making an ex-gratia payment. This is without accepting liability. An apology and gesture of goodwill may avoid subsequent litigation and offers the opportunity to deal with certain circumstances in a fair and responsible manner.

27.2 Financial compensation may be considered where there has been:

- Direct or indirect financial loss.
- Loss of opportunity.
- Inconvenience.
- Distress.
- Any combination of the above.

27.3 It is recommended that before any compensation is offered in respect of a complaint involving a member of staff, that member of staff should be involved in the discussions when the subject of compensation is raised. This is to ensure that s/he does not feel compromised by the decision to award compensation.

27.4 Any ex-gratia payment should be made having regard to the CCG's Standing Orders and prime financial policies.

28. HABITUAL OR VEXATIOUS COMPLAINANTS

28.1 The CCG is committed to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. The CCG therefore endeavours to resolve all complaints to the complainant's satisfaction. However, on occasions, staff may consider that a complaint is habitual in nature, ie. the complaint raises the same or similar issues repeatedly, despite having received full responses to all the issues they have raised. Habitual complainants are often symptomatic of an illness and the

complaints procedure may not be the most appropriate means of dealing with the issues involved.

28.2 The CCG's policy on the Management of Vexatious Complaints should be referred to in such cases.

29. SECOND AND FINAL STAGE (INDEPENDENT REVIEW) OF NHS COMPLAINTS PROCEDURE

29.1 Under the NHS Complaints Regulations (England) 2009, if a complainant is dissatisfied with the outcome of their complaint at the conclusion of the local resolution stage they have the right to ask the Parliamentary and Health Service Ombudsman (PHSO) to independently review their complaint. Information is provided to complainants in the final response letter. Details are also available on the CCG web site. CCGs will co-operate with the PHSO in any relevant independent review.

30. MONITORING AND GOVERNANCE

30.1 A computerised complaints database will be kept by the complaints team on behalf of the CCG and be available for inspection by the NHS Commissioning Board and the Care Quality Commission. This will record the following information:

- Summary of complaint.
- Date complaint acknowledged.
- Date response sent to complainant.
- Outcome of investigations.
- Lessons learned and action taken to prevent recurrence.

30.2 Quarterly reports on open complaints will be submitted by the Complaints Officer for the Quality and Safeguarding Executive Group.

30.3 Quarterly reports will be submitted by the Complaints Officer for complaints to the CCG Clinical Executive Committee and will include:

- The number of complaints received;
- The subject matter of those complaints;
- How they were handled including the outcome of the investigations;
- Any trends or themes identified;
- Lessons learnt as a result of a complaint or concern;
- Actions to be implemented;
- Any complaints where the recommendations of the PHSO were not acted upon, giving the reasons why if applicable.

30.4 The CCG Clinical Executive Committee will monitor the complaints handling process and consider trends in both the number and type of complaints received. It will also scrutinise the follow up actions taken as the result of complaints.

31. EVALUATION OF COMPLAINTS PROCEDURE

31.1 At approximately six-monthly intervals, an evaluation will be carried out on the way that complaints are handled. This will enable the CCG to monitor the effectiveness of the Complaints Policy and Procedures.

31.2 This will take the form of a questionnaire which will be sent to all complainants whose complaints have been resolved in the previous 6 months. The evaluation will ask questions on:

- Access to the complaints procedure
- Experience of the complaints procedure
- Equality and Diversity – ethnic and disability monitoring
- Outcome

31.3 The results of the evaluation will be published on the CCG website.

32. TRAINING

32.1 All staff will be expected to have a working knowledge of the Complaints Procedure and will be familiar with this policy as part of their induction.

32.2 It should be made clear to staff that all material relating to a complaint will be made available to all personnel involved in investigating the complaint. This may include external investigations e.g. Parliamentary and Health Service Ombudsman. Particular attention should be paid to the content and standard of electronic mail messages about complaints and hard copies should be retained within the relevant complaints file.

32.3 It is the responsibility of all line managers to ensure that the lessons learned from complaints are used as part of the continuing professional development for all staff.

32.4 Investigation Officer training should also be available to so that they may provide the standard of investigation and investigation report required for complaint responses.

33. REVIEW

33.1 This policy will be reviewed every three years or sooner if the complaints guidance changes.

Appendix A: Complaint, Compliments, Concerns and Comments Handling Flowchart

Appendix B: Useful information

Appendix C: Equality Impact Assessment

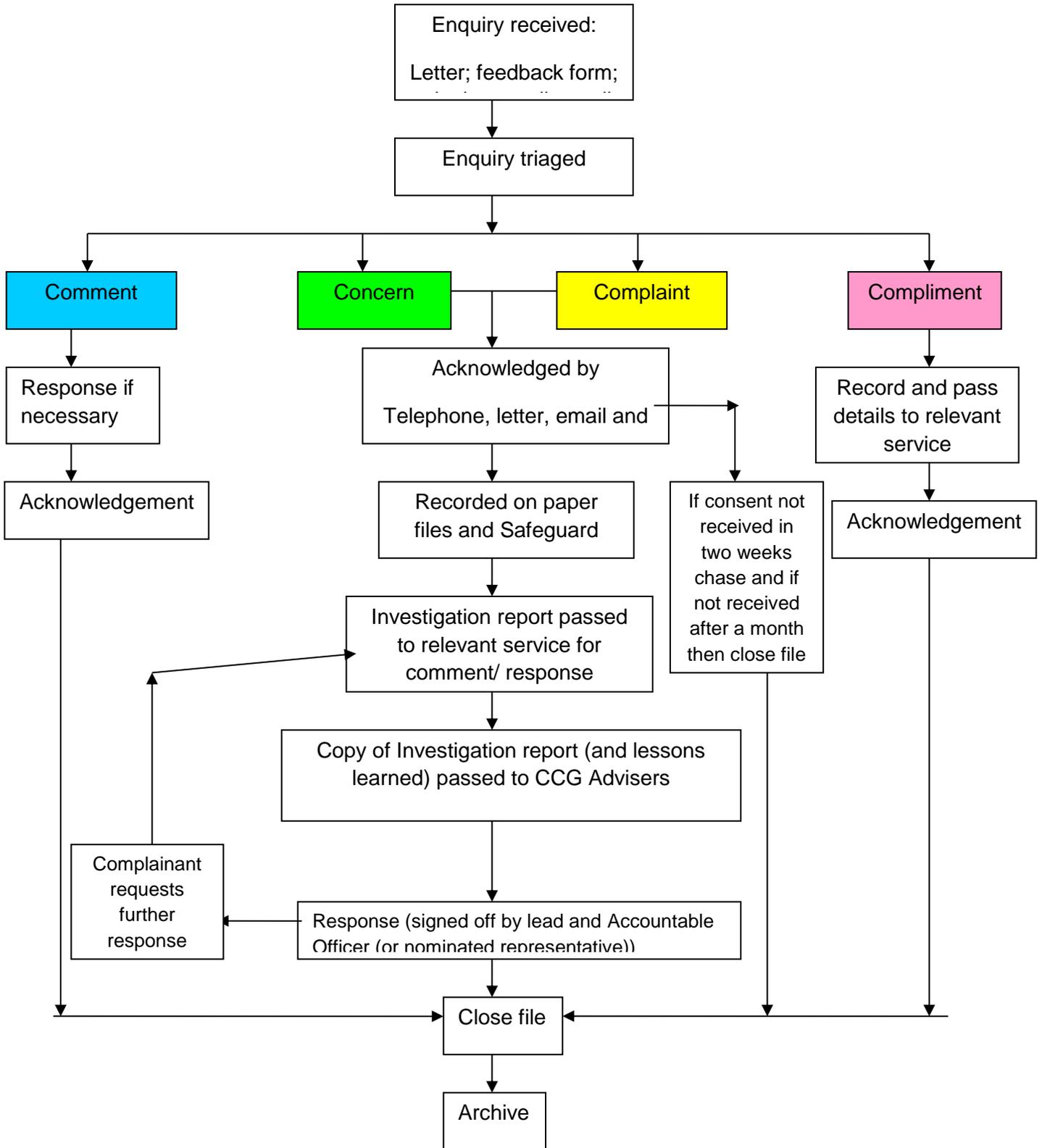
Date Approved: 29/10/14

Review Date: October 2017

Records management: Chief Operating Officer

APPENDIX A

FLOWCHARTS OF COMPLAINTS, CONCERNS, COMMENTS AND COMPLIMENTS



APPENDIX B

- **For information about the CCG and its services:**
enquiries@portsmouthccg.nhs.uk
- **CCG Website:**
www.portsmouthccg.nhs.uk
- **Clinical Commissioning Group Accountable Officer:**
Dr Jim Hogan
Clinical Leader and Chief Clinical Officer
NHS Portsmouth Clinical Commissioning Group
CCG Headquarters
St James' Hospital
PORTSMOUTH
PO4 8LD
- **Complaints Manager;**
Portsmouth City Council
Corporate Complaints Team
Civic offices
Guildhall Square
PORTSMOUTH
P01 2BG

Telephone: 023 9283 4456

Email: portsmouthccgcomplaints@portsmouthcc.gcsx.gov.uk
- **Parliamentary and Health Service Ombudsman for England:**
11th Floor, Millbank Tower
Millbank
LONDON
SW10 4QP

Telephone: 0234 0154033
Website: www.ombudsman.org.uk

Equality Impact Assessment

Preliminary assessment form v5/2014

The preliminary impact assessment is a quick and easy screening process. It should:

- Identify those policies, projects, services, functions or strategies which require a full EIA by looking at:
 - Negative, positive or no impact on any of the equality groups
 - Opportunity to promote equality for the equality groups.
 - Data/feedback.
 - Prioritise if and when a full EIA should be completed.
 - Justify reasons for why a full EIA is not going to be completed.

Service:

Title of policy, service, function, project or strategy (new or old):

Complaints, Compliments and Concerns Policy 2012

Review has now been undertaken as required for 2014. This has been updated and process for comments and compliments added in line with NHS guidance on what has become known as the "4 Cs". It has accordingly been re-named: Complaints, Concerns, Comments and Compliments Policy.

Type of policy, service, function, project or strategy:

- Existing
- New / proposed
- Changed

Q1 -What is the aim of your policy, service, function, project or strategy?

- To provide a procedure for handling complaints, concerns, comments and compliments received by Portsmouth Clinical Commissioning Group from patients, carers and the general public.
- To ensure that when a patient, carer, member of the public and/or their representatives:
 - Expresses dissatisfaction with a service that it is considered, they receive a response, and, where appropriate, organisational lessons are learnt.
 - Expresses a concern about a service, that this is acknowledged and resolved appropriately.
 - Makes a comment or compliment that this is recorded and the appropriate people are informed.

Q2 -Who is this policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

Patients, service users, carers and members of the public will benefit from having a clear and uniform process put in place by the organisation. The policy’s list of aims includes: easy to access, simple, fair and impartial, rights of confidentiality. The policy includes a section on equality and diversity in which it is stated that complainants will be dealt with fairly and with dignity and respect. In addition, they will not be discriminated against, regardless of difference and information will be made available in accessible formats, including different languages on request, to inform them of the complaints’ process and assist them through the process as required. An equality monitoring form for anonymous feedback via a pre-paid envelope will be provided with every complaint response.

In addition, the policy includes a section on duty of candour, being open and honest, and the requirement for a complaint to be handled, promptly, fully and compassionately. The policy sets out how the CCG will make every effort to reach a resolution to a complaint made by a patient, service user, their carer(s) and members of the public, including conciliation meetings, signposting to independent complaints advocacy and the Health Ombudsman’s Department.

For staff, the policy is clear that they should be consulted, involved and supported where a complaint has either named them or their role. In addition, managers are given the responsibility to ensure lessons learnt are embedded into practice and ensure appropriate staff training is put in place. Finally, staff will be trained as investigating officers to ensure to provide a standard of investigation and investigation report for complaint responses.

Q3- Thinking about each group below does, or could the policy, service, function, project or strategy have a negative impact on members of the equality groups below?

Group	Negative	Positive/no impact	Unclear
Age		X	
Disability		X	
Race		X	
Gender		X	
Transgender		X	
Sexual orientation		X	
Religion or belief		X	
Pregnancy and maternity		X	
Other excluded groups		X	

If the answer is "negative" or "unclear" consider doing a full EIA

Q4- Does, or could the policy, service, function, project or strategy help to promote equality for members of the equality groups?

Group	Negative	Positive/no impact	Unclear
Age		X	
Disability		X	
Race		X	
Gender		X	
Transgender		X	
Sexual orientation		X	
Religion or belief		X	
Pregnancy and maternity		X	
Other excluded groups		X	

If the answer is "no" or "unclear" consider doing a full EIA

Q5- Do you have any feedback data from the equality groups that influences, affects or shapes this policy, service, function, project or strategy?

Group	Negative	Positive/no impact	Unclear
Age		X	
Disability		X	
Race		X	
Gender		X	
Transgender		X	
Sexual orientation		X	
Religion or belief		X	
Pregnancy and maternity		X	
Other excluded groups		X	

If the answer is "no" or "unclear" consider doing a full EIA

Q6 - Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, service, function or strategy?

Yes No

If you have to complete a full EIA and/or require any help, please contact the Equality Lead on Telephone number: 023 9268 4818 or email: pccg.qualityconcerns@nhs.net

Q7 - How have you come to this decision?

The policy follows national guidance from the Equality and Human Rights Commission (Equality analysis and the equality duty 2011 and Meeting the equality duty in policy and decision-making, 2012) and the Department of Health (NHS Contract, recommendations from the Francis Report) on ensuring equality and diversity in the NHS to include alternative formats and languages and Duty of Candour. It also follows DH complaints guidelines for the provision of verbal complaints to be facilitated and taken forward. This policy will be reviewed by staff side groups.

The policy sets out clearly how the procedures will be conducted fairly, with impartiality and in an open and honest way. The benefits of candour with the complainant are listed. Reference is made to ensuring alternative formats, including different languages, are used where requested for copy complaints procedure and to support the complainant through the complaints process. In addition, how to make a complaint verbally is set out together with information in respect of 3rd parties acting on behalf of a patient or service user as their representatives.

Finally, an equality monitoring form is sent out with each complaints acknowledgement for anonymous return in a pre-paid envelope to try and encourage return and so inform organisational learning through formal reporting to the CCG via its corporate structure of Quality and Safeguarding Executive and Governing Body.

QS- Who was involved in the EIA?

Claire Pond, Clinical Quality Manager/Equalities Lead

Rachel-Marie Wilson, Corporate Complaints and FOI Officer

This EIA has been approved by:

Contact Number:

Date:

29/10/14

Please email a copy of your completed EIA to the Equality Lead who will contact you with any comments or queries about your preliminary EIA.

Telephone: 023 9268 4818

Email: PCCG.equalityanddiversityconcerns@nhs.net