

Complaints Policy

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Related Policies & Guidelines:

- Incidents Policy
- Freedom of Information Policy

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Amendment History

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2.1		December 2014	Review and formatting	Q&SC

1. Introduction

Central London Healthcare (CLH) is committed to providing a high standard of patient care and places a high priority upon the handling of complaints. The organisation recognises that suggestions, feedback and complaints are valuable aids to improve services.

This policy is to provide clear guidance and standards for the handling of complaints relating to all services provided by Central London Healthcare.

This policy has been formulated to ensure all staff respond to complaints in a satisfactory manner and comply with the requirements contained within 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009'.

2. Purpose

This policy and procedure seeks to ensure that all services being provided by the Central London Healthcare meet good practice in complaint handling as set out in the Ombudsman's Principles of Good Complaint Handling focusing on:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

The complaints process and handling will meet the following Standards for Better Health requirements: C14a (accessibility); C14b (non-discriminatory practice); C14c (learning from complaints).

This policy also takes into account:

- Guidance issued to complement the above regulations ('Listening; Responding & Improving')
- The Health & Parliamentary Services Ombudsman good practice guides:
- Department of Health Good Practice Guide
- The NHS Constitution
- The NHS Litigation Authority Standards

This policy does not duplicate issues, which are clearly set out in the regulations and guidance, but adapts and supplements these to meet local needs and recent developments within the NHS.

These policy objectives apply specifically to the Central London Healthcare organisation and are not to be varied without the approval of the CLH Board.

3. Definitions

3.1 Complaint

The NHS Executive has suggested that one definition of a complaint is:

“An expression of dissatisfaction that requires a response”

Such expressions of dissatisfaction may be made in a variety of ways; verbally, in person, by telephone, in writing, including electronically by email or fax.

Examples of complaints include: concerns about the quality of service provided, the following of standard procedures and good practice, poor communication and the attitude or behaviour of a member of staff.

It is important that CLH is responsive to all stakeholders regarding complaints. This includes:

- Patients
- Providers
- Member practices
- Clinical Commissioning Groups

The decision as to whether a matter is dealt with informally as a concern or as a formal complaint will depend on whether an immediate response can be given or whether further investigation is required.

CLH will seek to distinguish between concerns – i.e. requests for assistance in resolving a perceived problem and an actual complaint.

If the complainant is happy for their concerns to be logged and resolved informally, it will be logged as a **concern**. If the complainant is expecting a full investigation followed by written reply within policy timeframes, then the concern will be pursued as a **complaint**.

The final decision as to whether a matter is dealt with as a **concern** or as a **complaint** should be made by the complainant. In order for the complainant to make an informed choice, information should be provided by the CLH Staff i.e. complaints policy explained, options given.

It should be noted that any informal complaint may escalate to become a formal complaint.

Any person, who is dissatisfied with the preliminary response to a matter which has been dealt with outside of the complaints process, will be advised of their right to pursue the matter through the complaints procedure and offered support through independent advocacy.

3.2 Incident

Incident is an event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or

members of the public. Where the incident is of a clinical nature or involves any delay to a care pathway the relevant clinician will need to assess the impact on the patient. CLH follows national SIRI guidelines; see the CLH incident policy for further information. A complaint if also an incident will be logged as both in the CLH Quality log within 24 hours with reference to the other entry. Both policies for investigation will be followed. Incidents should be completed within 21 days.

3.3 Complaints Matrix

The seriousness of each complaint will be assessed by the Line Manager/Quality Manager upon receipt, using the three step process set out below:

Low Risk

- Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care
OR
- Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation

Medium Risk

- Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision; some potential for litigation.

High Risk

- Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.
OR
- Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

There are different actions to be taken depending on the grading of the complaint – see Appendix I.

3.4 Exceptions to the complaints process

A clear definition of what is excluded from this policy is set out in the Statutory Instrument 2009 No. 309 'The Local Authority Social Services & National Health Services Complaints (England) Regulations.

In summary, exclusions are:

- Complaints or concerns raised verbally which are resolved to the satisfaction of the complainant on the same day or the next working day after the complaint/concern was made
- Complaints which have been previously investigated
- Staff grievances
- Any issue which will prejudice legal or any other formal proceedings (such as disciplinary or safeguarding concerns).
- Complaints about Freedom of Information Requests and Access to Information Requests (for complaints about Freedom of Information Requests see the Freedom of Information Procedural 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 immediately pass the relevant information to the Line Manager. Line Manager 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.

4. Receiving Complaints

Complaints can be received:

- Orally (telephone, visit, meeting)
- In writing (letter or email)

Where a complaint has been received the details should be recorded on the CLH Quality Log and within CRM patient record; a Patient Feedback Form should be filled out and emailed to the Line Manager so that she/he will contact the person making the complaint. See Appendix 5 – Patient Feedback Form.

Written complaints should be sent to:

Central London Healthcare
1b Harewood Row
London NW1 6SE

Or emailed to: clhenquiries@nhs.net

When receiving a complaint, the staff member concerned must resolve any minor problems immediately, ensuring that the patient's immediate health care needs are being met.

See Appendix 4 – Procedure to be followed by Complaints Officer

4.1 Recording a complaint

All complaints, including those resolved informally on the spot, must be recorded in CLH Quality Log and within CRM patient record for monitoring purposes. This will demonstrate that Central London Healthcare is responsive to comments, complaints, concerns and compliments and will provide management information for monitoring the current quality of service provision and to inform future service changes and developments (See Appendix 6 - Learning from Complaints)

Compliments are as important to CLH as complaints and should be seen as a means of learning how things have gone well. All compliments should be recorded for monitoring and learning purposes.

4.2 Timescales

A complaint must be made within 12 months of the subject of complaint or within 12 months of the subject of the complaint coming to light. If it is still possible to investigate the facts discretion should be used to extend the time limit in extenuating circumstances.

4.3 Consent requirements

The person eligible to make a complaint is the person who received the service i.e. the patient. Another person can pursue the complaint on behalf of the patient, but in order to do this the consent of the patient must first be obtained. The complainant does not need to be registered with a CLH practice.

Where the patient requires additional support to make the decision as to whether to consent to the complaint being pursued the service should make sure support needs are met and ensure that the patient has a full understanding of what he/she is consenting to. An example of this maybe the use of an interpreter for people who do not speak English to discuss the issues involved.

The CLH Caldicott Guardian is Dr Matthew Johnson. If there are concerns about consent or capacity this should be discussed with the CLH Caldicott Guardian and/or advice sought from NHS Westminster Complaints Team, Medical Defence Union (MDU) or from the Local Medical Committee (LMC).

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 patient reveals any matter which Central London Healthcare 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.

4.4 Safeguarding children and protection of vulnerable adults

If a complaint is received which raises child protection issues or concerns the protection of vulnerable adults the responsibility for highlighting this through safeguarding processes lies with the person who has received the concern. If there is any doubt about how an issue should be handled then the person should contact their Line Manager or Quality Manager. If there is any immediate risk of harm then advice should be sought urgently. The safety of the child and vulnerable adult must always be paramount.

For allegations against CLH staff or CLH contractors the Managing Director should be contacted.

4.5 Joint complaints with other organisations

There is now a duty within the complaints regulations for co-operation between organisational bodies involved in a complaints process so that, wherever possible, the person making the complaint should receive a joint response. In these circumstances, CLH will seek the complainant's consent to share information with any other organisation involved in the complaints process and in order to deliver a joint response. However, if no consent for the sharing of information is forthcoming then CLH and any other organisation implicated will be required to respond independently (See Appendix 3 - Statement of consent for the disclosure of personal records).

4.6 Complaints about other services

Any complaints received about other NHS services e.g. Hospital or Community Care provider should be logged and then referred to the relevant Manager or Patient Advice and Liaison Service who will then log and forward the complaint to the relevant organisation/department.

Patient Advice and Liaison Services (PALS) provides support to patients, carers and relatives, representing their view and resolving local difficulties on-the-spot by working in partnership with organisation staff.

Complaints received about any CLH GP member practice or member/s of staff will be escalated to the CLH Managing Director and/or Chair who will determine the most appropriate action to resolve the matter. Please note that no complaint should be forwarded to another organisation without consent of the person making the complaint and/or a patient if it was made by someone other than the patient.

Central London Healthcare reserves the right to investigate complaints received by them about provider services.

5. Responsibility and Accountability

5.1 All CLH staff and contractors

- All staff have a responsibility to respond to any concern or complaint raised to them.

- All staff are responsible for ensuring that they are familiar with and follow the Complaints Procedure knowing where to access the complaints policy or relevant information. (e.g. Line manager, Quality Manager, CLH Folders)
- All staff have a responsibility to direct patients and carers to appropriate information regarding how to give feedback and how to raise a concern or complaint.

5.2 CLH Management Board

Has overall responsibility and decision making powers with regard to complaints handling within the CLH.

5.3 CLH Managing Director

Is responsible for ensuring that the appropriate support and advice is provided by CLH to fulfil the Policy. The CLH Managing Director will provide the strategic lead on complaints issues and will be responsible for ensuring that complaints information is reported through to the appropriate committees and that the Managers are monitored for compliance with the objectives of the Complaints Process.

He/She will also be responsible for reviewing all complaints investigation reports and deciding whether on the balance of probability the complaint has been substantiated. His/Her 'signed off' findings will be formally communicated to the parties concerned.

5.4 Service Delivery Managers

Have the overall responsibility and accountability for the implementation of the policy and for the managing of the complaints process across the CLH.

They will ensure:

- Complaints handling is appropriate and will ensure the appointment of an appropriate investigative officer if not able to assume this role him/herself due to conflict of interest
- Compliance with policy objectives
- Employees are made fully aware of the policy and procedures, and receive the necessary training
- The completion of accurate and adequate records in the recording and investigation of complaints
- The prompt corrective action to rectify, modify and ensure high standards as a result of findings from any complaint
- Highlight any concerns with regard to organisational compliance with the Complaints policy and procedure and complaints regulations
- Update the organisation as to changes in complaints processes
- Maintain a database of all formal complaints
- Develop clear information for patients and staff in regard to the complaints process
- Ensure consent; confidentiality and Caldicott principles are adhered to
- Report and provide relevant information to ICAS and the Health Service Commissioner (Ombudsman) as appropriate

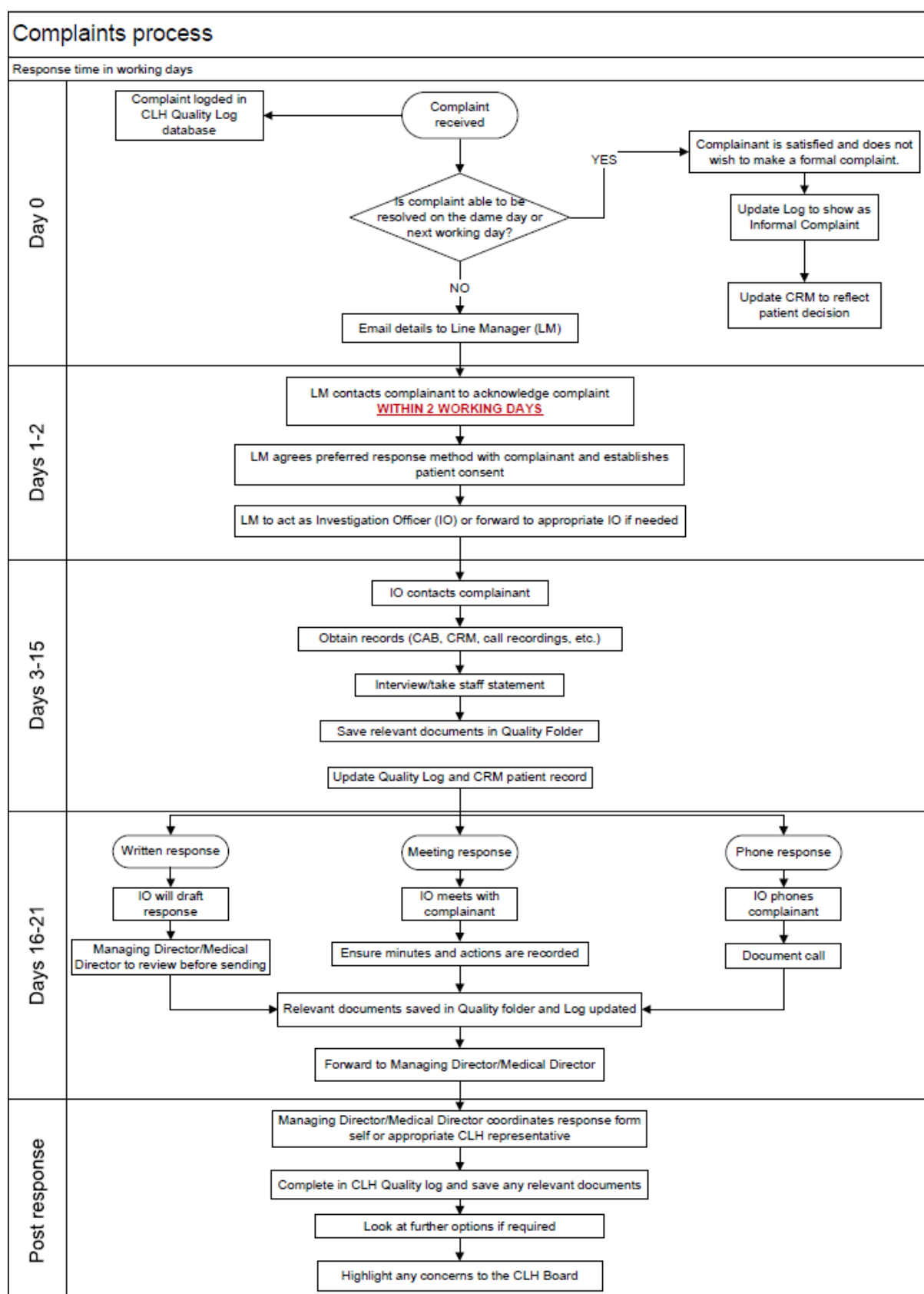
- Report and provide relevant information to the CLH Managing Director and Management Board and any other regulatory body as appropriate
- Advise and support those who are subject to a complaint and those responsible for responding or handling a complaint if other than self
- Be responsible for ensuring that the CLH Board and CL CCG receive regular reports on complaints
- Ensure well publicised complaints procedures for CLH patients
- Where available ensure signposting to advocacy
- The implementation of regular monitoring of complaints and review of the operation of the policy and procedures to measure effectiveness

Will have operational responsibility for ensuring:

- All complaints received are acknowledged within the appropriate time frame
- That responses are provided within the appropriate time frame
- That complainants experience is evaluated
- Any concerns with regard to organisational compliance with the complaints policy and procedure and complaints regulations are highlighted to the CLH Managing Director

6. Procedure

6.1 First Stage (Timescale to patient: maximum 21 days)



It is recommended that the Investigating Officer is not the person who is subject of the complaint. Should the matter be a clinical matter it is recommended that the Investigating Officer would be the CLH Medical Director or deputy who would work in conjunction with the Quality/Line Manager in investigating and responding to the complaint.

6.2 Second Stage – complainant is dissatisfied with the response

Complainants, who are dissatisfied with the First Stage response, have the right to take the complaint to the Health Service Ombudsman. The Ombudsman is independent of government and the NHS.

Complainants can write to the Ombudsman at:
The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP
Email: phso.enquires@ombudsman.org.uk
Telephone: 0345 015 4033

7. Administration of Complaints

7.1 Support for staff

Staff who are the subject of a complaint

CLH appreciate the negative associations of complaints - that they happen when something has gone wrong or is perceived to have gone wrong. CLH will, as far as possible, resist apportioning blame. CLH 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. Information and learning from the complaint will be shared with staff in an open and honest way.

Staff working in services where public expectations are higher than actual resources may find that even with the most positive attitude a higher number of complaints are received; it is not easy to be on the receiving end of relentless complaints and remain motivated. CLH will give full commitment to supporting such staff in any way possible.

CLH does not expect staff to tolerate any form of abuse from patients or others.

Staff investigating complaints

Staff investigating complaints will be given support and guidance by the Quality/Line Manager.

7.2 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. Advice from Human Resources should be sought before invoking any disciplinary process. The complaint and disciplinary process can run alongside each other, however if it was found that this may prejudice the disciplinary process then the complaint will be closed and the complainant informed that the matter is now being investigated under Human Resources processes rather than complaints process.

Paperwork relating to 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.

7.3 Complaints and litigation

If the complaint relates to a case already going through a legal process and it was established that an investigation under the complaints process would prejudice this legal process then the complaints procedure would cease. Paperwork relating to the complaints investigation can be used in a Court of Law or as part of any Health and Safety investigations.

7.4 Duty of confidentiality

Care must be taken at all times throughout the complaints procedure to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint. 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. It is good practice to explain to the patient that information from his/her health records may need to be disclosed to staff involved in managing the complaint and any independent review. If the patient objects to this then the effect on the investigation will be explained.

7.5 Record keeping

All complaints information must:

- Be legible
- Have a date
- Contain patient identification
- Be accurate (no blank spaces; no unapproved abbreviations or jargon; any errors scored out with a single line, initialled and dated and timed)
- Be complete, including records of the facts and circumstances relevant to the case.
- Be contemporaneous
- Record fact and circumstances relevant to the particular case
- Identify type of contact, i.e. telephone, face to face, e-mail

7.6 Storage and retention of complaint records

Complaint records should be stored in accordance with 'Records Management NHS Code of Practice – Part 1 & 2'.

7.7 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.

7.8 Communication of complaints information

Within the complaints process it is essential for information to be conveyed in speedy and secure way. Often the balance between secure and effective communication flow can be a difficult one to establish. Emailing of patient identifiable information for the purpose of complaints resolution is permitted within the NHS email network. Patient identifiable material should not be emailed to non NHS email network recipients as part of the complaints process.

To minimise the risk of confidential information being lost or stolen, emails should not include the name of the patient or person making the complaint or any other identifiers within the subject header. Wherever possible information should be put within a word document and information such as address and contact details removed unless this is essential to the purpose of the email. Password protecting the document is not necessary. The complaints team will store all emails related to the complaint on the complaint file; therefore once an email has been sent to the complaints team this can be deleted.

If faxes are sent then the relevant person within the complaints team should be informed prior to the fax being sent. The complaints fax is secure and not accessible to non-complaints personnel.

7.9 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. For example, a clear conflict of interest would be the person named in the concern being a relative or a friend.

7.10 Support for complainants

It must be noted that CLH actively encourages feedback, positive and negative, from its population so that we can learn and improve the quality of services provided. 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.

All NHS patients wanting to complain about NHS services have the right to access the POhWER Independent Complaints Advocacy Service (ICAS).

Where appropriate, specialist advocacy services (such as with learning disabilities or for children) may be able to offer clients help and support.

Complainants will be given support to overcome any communication or other difficulties to enable them to make a complaint e.g. provision of interpreters.

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

Appendix 1 – Risk Matrix

Grading	Examples	Response	Action	Timescales
Minor: Informal Complaint/Concern Low Risk - Relates either to an unsatisfactory service or experience not directly related to clinical care or to a single resolvable issue relating to care with minimal impact and minimal risk to the provision of care or the service.	Complaints/Concerns about: -manner and attitude -delayed or cancelled appointments	Phone Call from Staff/Line Manager to resolve issue; phone call/ email response.	Log in CLH Quality Log and within CRM patient record. No further action required.	Logged within 24 hours, resolved within 48 hours.
Moderate: Complaint/Incident Low and Moderate Risk - Relates to a service or experience which appears to be below reasonable expectation in several ways, but not causing lasting problems. There may be some potential for litigation. Includes clinical care issues.	Complaints/Incidents about: - event resulting in moderate harm - failure to meet care needs - complaint affecting a vulnerable adult	Complaint forwarded to Line Manager to resolve the problem. Investigation by Line Manager followed by phone feedback outlining actions to be taken and outcomes. Written response from Line Manager (CLH Managing Director/Medical Director sign off response needed)	Log in CLH Quality Log and within CRM patient record. Written response.	Logged within 24 hours, acknowledged within 2 working days of receipt, resolved within 21 days.
Major: Complaint/Incident High Risk - Raises significant issues regarding standards, quality of care and safeguarding of or clear evidence of denial of rights. Evidence of quality assurance or risk management issues. High probability of litigation and adverse local publicity.	Complaints about issues listed under Moderate, but where there are multiple issues, where serious harm is caused or where joint investigations with other NHS or Social Care Trusts are required.	Complaint forwarded to Line Manager and copied to Managing Director to resolve the problem. Meeting with Managing Director/Medical Director to resolve the problem. (Managing Director/Medical Director sign off response needed). Investigation by Line Manager followed by written response	Log in CLH Quality Log and within CRM patient record. Written response.	Logged within 24 hours, acknowledged within 2 working days of receipt, resolved within 21 days.

		from Managing Director/Medical Director. Independent review or detailed investigation. (Managing Director/Medical Director sign off response needed)		
Catastrophic: <i>SIRI</i> Extreme Risk - Serious issues which may cause long-term damage, including grossly substandard care or professional misconduct. High risk of litigation or adverse national publicity.	Events resulting in serious harm or death.	Meeting with Line Manager and Managing Director/Medical Director (full agreed minutes) following detailed investigation. Independent Conciliation/mediation; Root Cause Analysis Report; Independent Investigation	Log in CLH Quality Log and within CRM patient record. Written response.	Logged within 24 hours, acknowledged within 2 working days of receipt, resolved within 28 days

Appendix 2 – Acknowledgment letter

Patient NAME
Patient ADDRESS

Central London Healthcare,
1b Harewood Row,
London,
NW1 6SE

Reference: ****/**
21 January 2015

Dear PATIENT NAME,

I am writing to acknowledge receipt of your complaint made via telephone/email/in writing on DATE which we received on DATE. I have logged your formal complaint and will respond to your concerns within X working days as per our organisational policy. To summarise, I understand that your main concerns relate to;

1. SUMMARY OF COMPLAINTS
2. BROKEN INTO PARTS IF NEEDED
3. SO WE CAN ADDRESS EACH SECTION SEPERATELY

Thank you for bringing this matter to my attention. I am very sorry for any distress this matter may have caused and would like to assure you that I will complete a full investigation into the matter and detail this in my response.

If you have any questions concerning this matter, or would like to discuss the case before this time please do contact me on my direct line which is DIRECT NUMBER HERE.

Yours sincerely,

FULL NAME
POSITION
DEPARTMENT

Appendix 3 – Statement of Consent for the Disclosure of Personal Records

Complainant name:	
Complainant address:	
Telephone number	
I hereby give my consent for the organisations listed below to share any relevant information in order to complete the investigation into my complaint. I understand that this is likely to include disclosure of my personal health and social care records.	
	(Lead Organisation)
	(Organisation)
	(Organisation)
This will assist the investigation of my joint organisation complaint, which is being co-ordinated by:	
	(Name of Complaints Manager)
of	
	(Organisation)
The reason for, and the implications of, this have been explained to me by the above-named complaints manager. I understand that information exchanged as agreed by me must be used solely for the purpose it was obtained.	
Signed	
Date	

Appendix 4 – Procedure to be Followed by Complaints Officer

Contact the person making the complaint in order to develop a complaint plan (if phone number provided):

- Obtain consent if required
- Ask how the person making the complaint would like to be addressed
- Take/confirm contact details and demographic details
- Ask the complainant how they wish to be kept informed
- Clarify the complaint issues
 - What happened?
 - What should have happened?
- Take complainant's details – dates, times, names
- Discuss the risks with the complainant
- Ask what outcome they would want, tackling any unrealistic expectations
- Agree a plan of action
- Agree a timeframe (in line with complaints policy timeframes)
- Inform the complainant who will investigate the complaint
- Log complaint's details in CLH Quality Log and CRM patient record
- Send acknowledgment letter to the complainant within 2 working days

If the person has not included a telephone number then the Line Manager will send within 2 working days:

- Acknowledgment letter which:
 - Specifies the recommended response period
 - Offers a contact

It is important to ensure where a complaint has been emailed that the person emailing is the patient concerned or has the patient's 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 patient you may wish to request they confirm this in writing, with a signature. The same would be true for unsigned letters.

Patient consent

Where patient consent is required but is not forthcoming the Complaints Officer should contact the complainant, if after 10 working days no patient consent is received a letter closing the complaint should be sent to the person raising the complaint in agreement with the CLH Managing Director.

Joint complaints

Where a complaint involves other NHS or Social Care organisations the Complaints Officer will:

- Obtain consent from the patient to forward a copy of the complaint to the relevant organisation
- Liaise with the Complaints Team of the other organisations to ensure a joint response is provided.

It is essential that there is an open and honest exchange of information to ensure the appropriate resolution of the complaint and in order that lessons are learnt across organisational boundaries.

Appendix 5 – Patient Feedback Form

This form is to be completed by staff to record any comments, suggestions and complaints made by, or on behalf of, service users.

Patient Details	Staff Details
Patient's Name:	Name:
UBRN:	Department:
NHS:	Date:
Contact details:	Feedback received by (<i>phone, email, fax, letter, face to face</i>):
Feedback details:	
Response and Action taken:	
Managers' Name (form sent to):	
Comments:	

Appendix 6 – Learning From Complaints

Principles of Learning

Central London Healthcare is committed to learning from complaints and service user feedback and where appropriate making service changes as a result of this. 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 are monitored by timescale set by the Investigating Officer. Where appropriate, the instigation of actions resulting from a complaint are conveyed to the person who had made the original complaint.

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

Reporting complaints

Monthly complaints reports are submitted to the CLH Board/Central London CCG for analysis. These reports contain both qualitative and quantitative information.

Training

Information on complaints and complaints processes is provided to all new staff through the Induction process. All individuals carrying out complaints investigations must have received training in complaint and incident investigation techniques. Guidance should be sought from the Quality Manager/Line Managers.

Information for patients and public

The CLH patient leaflets contain basic information about making complaints. Full information about the CLH complaints procedure will be available on the CLH website.

Equality and diversity

The CLH is committed to ensuring that it treats all patients and staff fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation.

Should there be any concerns relating to the implementation of this policy and its implications then please contact the CLH Quality Manager on 0207 535 8300.

Implementation of the policy

This policy will be circulated amongst all relevant staff. All staff will be asked to confirm that the policy has been read and understood. This Complaints Policy and Procedure will be available on the Intranet and Internet.

Appendix 7 – References

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

<http://www.legislation.gov.uk/uksi/2009/309/contents/made>

The Health and Parliamentary Services Ombudsman good practice guide

<http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/ombudsmans-introduction-to-the-principles>

The NHS Constitution

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

The NHS Litigation Authority Standards

<http://www.nhsla.com/Safety/Standards/Pages/Home.aspx>