



Policy for the Management of Complaints (IWCCG)

Version 1.0

Version Control

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POLICY FOR THE MANAGEMENT OF COMPLAINTS

1. INTRODUCTION AND PURPOSE	5
2. SCOPE.....	5
3. WHAT IS A COMPLAINT?	6
4. WHO CAN MAKE A COMPLAINT?.....	7
5. CONSENT AND CONFIDENTIALITY	8
6. TIME LIMITS FOR MAKING A COMPLAINT	9
7. SERIOUS COMPLAINTS.....	10
8. COMPLAINTS AGAINST PROVIDERS OF HEALTH CARE SERVICES	10
9. COMPLAINTS PROCESS	11
A. PROCEDURE BEFORE INVESTIGATION.....	11
B. INVESTIGATION	12
C. RESPONSE	12
10. CONCLUDING LOCAL RESOLUTION AND LEARNING LESSONS	14
11. PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN.....	14
12. PROCESS FOR COMPLEX COMPLAINTS (ACROSS MULTIPLE NHS ORGANISATIONS).....	15
13. INDEPENDENT COMPLAINTS ADVOCACY SERVICE (ICAS).....	15
14. DUTY OF CANDOUR	15
15. SUPPORT FOR STAFF	16
16. COMPLAINANT MEETINGS	16
17. IMPROVING SERVICES	17
18. LEARNING FROM EXPERIENCE	17
19. LEGAL ADVICE AND PROCEDURES FOR COMPLAINTS INVOLVING LITIGATION.....	17
20. FINANCIAL REDRESS.....	17
21. PERSISTENT OR VEXATIOUS COMPLAINANTS	18
22. MONITORING AND GOVERNANCE.....	18
23. ROLES & RESPONSIBILITIES.....	19
A. RESPONSIBILITIES	19
B. ROLES.....	20
24. EQUALITY ANALYSIS.....	21
25. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY	21

26. REVIEW	22
27. REFERENCES AND LINKS TO OTHER DOCUMENTS	22
APPENDIX A: The CCGs Complaints Handling Process.....	23
APPENDIX B: Template Call-Answer Checklist.....	23
APPENDIX C: Consent Form	25
APPENDIX D: Remedy and Redress	26
APPENDIX E: Equality Analysis	23

POLICY FOR THE MANAGEMENT OF COMPLAINTS

1. INTRODUCTION AND PURPOSE

- 1.1 This policy sets out the process for handling complaints, received from patients, carers and the general public, by The Isle of Wight Clinical Commissioning Group (IOW CCG). All staff are responsible for co-operating with the development and implementation of this policy as part of their normal duties and responsibilities. Temporary and agency staff, contractors and subcontractors will be expected to comply with the requirements of this policy. It also has implications for providers of services to the Clinical Commissioning Group (CCG), all of which have a responsibility to have in place a complaints policy, in line with national requirements.
- 1.2 The CCG is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.
- 1.3 The CCG recognises that comments and complaints are a valuable source of information from service users about the quality of the services it commissions. It is essential that all complaints and suggestions for improvement are received positively, are investigated thoroughly and promptly, and responded to in an open and sympathetic manner, with action taken, where appropriate, to prevent a recurrence of the circumstances leading to the complaint. Complaints outcomes will be shared with the CCG Quality Team to ensure that the learning from complaints is monitored via contract monitoring

2. SCOPE

- 2.1 This policy describes the controls in place to effectively manage complaints and outlines the procedures within the IOW CCG for investigating and resolving complaints.
- 2.2 This policy applies to the handling of complaints or concerns relating to directly commissioned services or services provided by the IOW CCG. The CCG is responsible for commissioning health services on behalf of the population of the Isle of Wight from NHS service providers both on and off the Island, the independent sector and independent contractors.
- 2.3 In accordance with the NHS Complaints Regulations 2009, the following complaints will **not** be dealt with using this policy:
 - A complaint made by a responsible body (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 that employment.
- A complaint which is made orally and is resolved to the complainant's satisfaction no later than by the next working day
- A complaint, the subject matter of which is the same as that of a complaint that has previously been made and resolved.
- A complaint, the subject matter of which has previously been investigated under the NHS Complaints Regulations 2009 or previous NHS Regulations.
- A complaint arising out of the alleged failure by the CCG to comply with a request for information under the Freedom of Information Act 2000.
- A complaint, which on the advice of the NHS Resolution, should cease investigation immediately if the complainant explicitly indicates an intention to take legal action in respect of the complaint.

2.4 Complaints about services that are **commissioned directly by NHS England** such as:

- General Practitioners
- Opticians
- Dentists
- Pharmacies
- Specialised Services

should be routed to the NHS England complaints team using their email address:

england.wessexcomplaints@nhs.net

2.5 Complaints about Public Health Services should be directed to the Local Authority – Isle of Wight Council

Customer Services on 01983 821000
or on-line

<https://www.iow.gov.uk/Council/OtherServices/Council-Complaints/Complaint>

3. WHAT IS A COMPLAINT?

3.1 **Complaint:** A complaint usually relates to either a concern or dissatisfaction about a service the CCG commissions or a decision made by the CCG. Commissioned services are those that are paid for by the CCG but provided by other organisations (for example hospitals, community care providers, mental health providers, ambulance services,)

Concerns may be expressed about:

- something which is against the choice or wishes of a patient
- the way treatment, service or care has been provided to a patient
- discrimination against a patient

- how a service has been managed
- lack of a particular service
- the attitude or other behaviour of staff

4. WHO CAN MAKE A COMPLAINT?

4.1 A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person:

- is a child; (an individual who has not attained the age of 18)

In the case of a child, we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child, and furthermore that the representative is making the complaint in the best interests of the child.

When the complainant is the parent, or guardian, of a child under 16 years. If a person with parental responsibility complains about the care of a young person aged 16 or 17, the young person's consent will normally be required in order to disclose confidential information about them. In the case of children under 16 and over 13 who are considered 'Gillick competent', their written consent will also be required. Gillick competence will be assessed on a case by case basis.

- has died;

In the case of a person who has died, the complainant must be the personal representative of the deceased. The CCG needs to be satisfied that the complainant is the personal representative. Where appropriate we may request evidence to substantiate the complainant's claim to have a right to the information.

- has physical or mental incapacity;

In the case of a person who is unable, by reason of physical capacity/capability, or lacks capacity/capability within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the CCG needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

- has given consent to a third party acting on their behalf;

In the case of a third party pursuing a complaint on behalf of the person affected we will request the following information:

- Name and address of the person making the complaint;
- Name and either date of birth or address of the affected person; and
- Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf.

This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.

- has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health and welfare
 - is an MP, acting on behalf of and by instruction from a constituent. It will be considered that the MP has obtained consent from the patient prior to contacting the CCG (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.
- 4.2 If the Complaints Officer is of the opinion that a representative does or did not have sufficient interest in the person's welfare, or is not acting in their best interests, we will notify that person in writing.
- 4.3 Assistance will be given to complainants in accessing the complaints procedure. This includes providing an appropriate and acceptable response to complainants who are unable to read English, have learning difficulties/disabilities or have sight or hearing difficulties. Complainants will also be offered access to advocacy services [see Section 13].

5. CONSENT AND CONFIDENTIALITY

- 5.1 If the complainant is not the patient and consent is required, this will be sought by the Quality Team. A consent request form (Appendix C) will be sent to the complainant, requesting the written consent of the patient involved in the complaint. The investigation of concerns raised will not commence until the signed consent form has been received by the Quality Team. The date that consent is received will act as the date the investigation commences.
- 5.2 The consent form will list all of the organisations that information will be shared with during the course of the investigation. If information is required to be shared with further organisations, then a further consent form will need to be completed. In transferring complaints between agencies (including the Parliamentary and Health Service Ombudsman) confidentiality will be maintained at all times. Every effort will be made to obtain the patient/user's (or their representative's) consent before sharing confidential information with another body or organisation. This includes consent regarding complaints raised by the MP on behalf of their constituent.
- 5.3 Consent will be obtained in writing or where this is not possible the Complaints Officer will seek guidance from the Caldicott Guardian.
- 5.4 Care will be taken at all times throughout the complaints procedure, to ensure that any information disclosed about the patient/service user, is confined to that which is relevant to the investigation of the complaint.
- 5.5 Information will only be disclosed to people who have a demonstrable need to know it, for the purpose of investigating the complaint, or ensuring that the complaints process is followed.

5.6 Situations where **consent would not be required** include:

- When the complainant is acting on behalf of a relative who has died or is unable to make the complaint themselves due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005
- In the case of a patient who has died or who lacks capacity, the representative must be a relative or other person who is considered to have sufficient interest in the welfare of the deceased and is a suitable person to act.

5.7 The General Data Protection Regulations (GDPR) came into force in the UK on 25 May 2018. The regulations are the legal framework in the EU and includes new elements and significant enhancements to the UK Data Protection Act (DPA) 1998. The Regulations have increased individual rights' introducing new concepts of 'Data Portability' and the 'Right to Erasure' (the 'Right to be Forgotten'). A significant addition is the principle of 'accountability' and being able to provide evidence of compliance with the Regulations. All CCG policies and guidance documents will be reviewed to incorporate information relating to GDPR.

6. TIME LIMITS FOR MAKING A COMPLAINT

6.1 There is a time limit for complaints to be raised to the CCG, up to 12 months after:

- the date when the matter, which is the subject of the complaint occurred; or
- if later, the date on which the matter, which is the subject of the complaint, came to the attention of the complainant.

6.2 The time limit shall not apply if the Complaints Officer is satisfied that:

- the complainant had good reasons for not making the complaint within that time limit and;
- notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly (i.e. the records still exist and the individuals concerned are still available to be questioned)

7. SERIOUS COMPLAINTS

7.1 If an allegation or suspicion of any of the following areas is received:

- any form of abuse or neglect related to a child or adult
- financial misconduct
- criminal offence
- safeguarding issues

it should immediately be reported to the Accountable Officer and appropriate Safeguarding Lead (in all cases of safeguarding or suspected safeguarding) and investigated as a formal complaint or referred to the appropriate agency. Consideration should be given as to whether the CCG's Communications Department need to be informed.

7.2 If the complaint is referred to an appropriate agency for more serious investigation (i.e. police, safeguarding, serious incident, etc.), then the complaints process may not necessarily be the most appropriate route of investigation and a decision will be made as to whether the complaint should be investigated or not to avoid contaminating evidence.

7.3 Where the allegation or suspicion is in relation to a professional in a position of trust who is working with the general public, the designated safeguarding lead must be informed at the earliest opportunity and a referral needs to be made to:

- the Local Authority Designated Officer – Childrens Services role
- Safeguarding Allegation Management Advisor (SAMA) – CCG Deputy Director for Nursing and Quality

7.4 If the allegation relates specifically to the CCG it should be reported to the relevant department in NHS England (South East). It should also be reported as a Serious Incident (SI), or if it relates to a provider, the provider should be informed and told to report it as an SI. In the case of financial misconduct the CCG Financial Policies must be followed. If there is an allegation of a safeguarding adults nature against a CCG member of staff, the Safeguarding Allegations Management Advisor (SAMA) must be informed.

7.5 All complaints should be considered in relation to the CCG's responsibility to safeguard children and vulnerable adults. Should any complaint raise concerns, a referral should be made in accordance with the joint Safeguarding Adults and Children Policy. If there is any doubt, the issue should be discussed with the Designated Nurse for Safeguarding Children or Adults.

8. COMPLAINTS AGAINST PROVIDERS OF HEALTH CARE SERVICES

- 8.1 Under the NHS Complaint Regulations 2009, if a complaint relates to a service provided by an organisation commissioned by the CCG, then:
- the CCG must ask the complainant whether they consent to details of the complaint being sent to the provider; and
 - if the complainant so consents, the CCG must, as soon as reasonably possible, send details of the complaint to the provider
 - The CCG must notify the complainant and the provider;
 - When the provider receives the notification:
 - The provider must handle the complaint in accordance with the Complaints Regulations 2009; and
 - The complainant is deemed to have made the complaint to the provider under the Complaints Regulations 2009.
- 8.2 If the CCG considers that it is appropriate for the CCG to manage the complaint:
- it must notify the complainant and the provider; and
 - it must continue to handle the complaint in accordance with this policy
 - it must request consent from the complainant for information and response to be sent to the CCG

9. COMPLAINTS PROCESS

A. PROCEDURE BEFORE INVESTIGATION

- 9.1 A complaint may be made verbally, electronically or in writing.
- 9.2 If the complaint is made verbally (and is not resolved by the end of the next working day), the CCG must make a written record of the complaint and provide a copy to the complainant. The written record should include the following information: the name of the complainant, patient the complaint relates to if not the complainant, contact details, the subject matter of the complaint and the date on which it was made and what action the complainant wishes to be taken.
- 9.3 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 practice to follow this up in writing. The acknowledgement must contain an offer to discuss with the complainant, at a time to be agreed with the complainant:
- the manner in which the complaint is to be handled; and
 - the response period within which:
 - the investigation of the complaint is likely to be completed; and
 - the response is likely to be sent to the complainant
- 9.4 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.

- 9.5 If it is established that a complainant is on an end of life pathway or terminally ill then the Complaints Officer would endeavour to conclude the investigation in a quicker timescale and this will be in agreement with the complainant and the organisations involved.

B. INVESTIGATION

- 9.6 The Complaints Officer will arrange for the complaint to be investigated in the most appropriate manner. To resolve it speedily and efficiently and during the investigation, keep the complainant informed as far as reasonably practicable, as to the progress of the investigation. (Note: As stated in Section 7, serious complaints should not be investigated by the Complaints Officer until the serious nature of the complaint is first established and it is deemed appropriate for the complaints process to proceed.)

- 9.7 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 of a complaint should:

- 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;
- have a risk assessment process applied to all complaints to allow serious complaints, such as those involving unsafe practice, to be identified
- use methods of investigation that follow the National Patient Safety Association (NPSA) principles of root cause analysis, accessible via:

<https://improvement.nhs.uk/resources/learning-from-patient-safety-incidents/>

C. RESPONSE

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

- 9.9 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 action 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
- 9.10 The response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms, but where these must be used (e.g. to describe a situation, events or condition) an explanation of the term should be provided. Where there are issues of a confidential nature, the letter will provide a statement to state why the information cannot be shared (i.e. criminal investigation, legal process).
- 9.11 The Complaints Officer will forward the formatted, written response, including the investigation report, for the approval of:
1. The Investigating Officer and relevant Director.
 2. The response will then be forwarded for final approval to the Accountable Officer (or nominated deputy).
- 9.12 If the complainant is satisfied with the response the case will then be closed. The issues giving rise to the complaint, and any changes made to practice or procedures as a result of the investigation, will be subject to on-going review through the quality teams, and contract review management.
- 9.13 If a complainant is dissatisfied with the response, every effort will be made to achieve a satisfactory outcome at local level by:
- Identifying outstanding issues
 - Arranging local resolution meetings
 - Providing a further written response
 - Involving a conciliator, where appropriate and
 - Considering redress where appropriate (Appendix D).
- 9.14 If following all attempts to resolve the complaint locally the complainant remains dissatisfied they will be notified that local resolution has reached conclusion and that they can ask the Parliamentary and Health Service Ombudsman (PHSO) (see section 11) to consider their case. Information on the PHSO will be routinely given to complainants at the completion of local resolution.
- 9.15 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 (see Section 11).
- 9.16 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.

- 9.17 It may be appropriate to conduct a meeting where requested by the complainant or be considered in:
- complex cases,
 - in cases where there is serious harm/death of a patient,
 - cases involving those whose first language is not English, or
 - cases where the complainant has a learning disability or mental health illness or other conditions where capacity may be affected

10. CONCLUDING LOCAL RESOLUTION AND LEARNING LESSONS

- 10.1 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. 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.
- 10.2 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.

11. PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

- 11.1 If a complainant remains dissatisfied at the end of local resolution, they can put their complaint to the Health Service Ombudsman. The Ombudsman can carry out independent investigations into complaints about poor treatment or service provided through the NHS in England and/or the way in which complaints have been managed in accordance with the NHS Complaints Procedure. The PHSO have published the Principles of Good Complaints Handling which encompasses:
- Getting it right
 - Being customer focused
 - Being open and accountable
 - Acting fairly and proportionally
 - Putting things right
 - Seeking continuous improvement

This is the final stage in the NHS Complaints Procedure.

12. PROCESS FOR COMPLEX COMPLAINTS (ACROSS MULTIPLE ORGANISATIONS)

- 12.1 Where a complaint is received that spans a number of commissioned provider organisations, the IOW CCG will seek assurance that there will be a coordinated approach to the handling of the complaint across the various parties involved, prior to passing the complaint to the agreed lead organisation.
- 12.2 The IOW CCG has signed up to the NHS England (Wessex) protocol for the handling of inter-organisational complaints in Wessex (Hampshire, Dorset and Isle of Wight), which aims to provide a framework for dealing with complaints involving more than one of the participating organisations, to ensure that complainants receive a seamless, effective service, regardless of the organisations involved within the local economy.
- 12.3 The organisation who will lead the handling of the complaint will be agreed following discussion with the parties involved. This decision will be made, taking into account the organisation that has the greater part in the complaint, as well as the complainant's wishes.
- 12.4 Where the complaint is particularly complex or where serious patient safety issues have been identified, the IOW CCG may choose to co-ordinate the response or lead in the investigation of the complaint, rather than the providers, with the complainant's consent,.

13. INDEPENDENT COMPLAINTS ADVOCACY SERVICE

- 13.1 Independent Advocacy services are available to advise when making a complaint about CCG commissioned services. The Complaints Officer will provide information about services that are available in your area.

<https://www.seap.org.uk/services/nhs-complaints-advocacy/>

14. DUTY OF CANDOUR

- 14.1 The NHS Constitution requires all healthcare commissioners and providers of NHS services (including CCGs) to be open about mistakes and always tell patients if something has gone wrong.
- 14.2 This is further to the contractual Duty of Candour requirement for NHS bodies in the standard NHS contract, and professional requirements for candour in the practice of a regulated activity.
- 14.3 Every member of staff in NHS organisations has a duty to be open and honest with patients, their families, carers and representatives. This includes when things go

wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation (NHS Constitution Handbook 2019).

- 14.4 Being open and honest about what happened is not an admission of liability and discussing complaints promptly, fully and compassionately with patients, family, carers or representatives can:
- help patients, family or carers cope with the after effects,
 - provide reassurance that everything will be done to ensure the type of incident that resulted in their complaint does not happen again,
 - provide an environment where patients, family, carers, healthcare professionals and managers feel supported when things go wrong, and;
 - help prevent events becoming litigation claims.

15. SUPPORT FOR STAFF

- 15.1 Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their manager. Where there are allegations of a safeguarding nature, the line manager must firstly speak to the Safeguarding Allegation Management Advisor (SAMA) for the CCG (Deputy Director for Nursing and Quality) (In case there are, for example, allegations regarding network abuse, grooming which would compromise safety/criminal investigation).

<https://www.iowsab.org.uk/wp-content/uploads/2019/01/2880-4LSAB-Allegations-Management-Guidance-October-2018.pdf>

(Hampshire and IoW Allegations Management Framework Revised October 2018)

Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely, and should not apportion blame.

- 15.2 The management style and culture within the organisation will promote positive attitudes towards dealing with complaints.
- 15.3 The decision on whether disciplinary action is called for is a decision for the line manager in consultation with Human Resources, in accordance with the normal disciplinary procedure. This must be kept separate from the complaints procedure.

16. COMPLAINANT MEETINGS

- 16.1 Should a complainant wish to meet with the Complaints Officer to discuss the contents of their complaint, this will be arranged. The complainant may wish to meet with representatives of the CCG to discuss their concerns as part of the investigation process and, if so, this will be discussed when the complaint plan is drafted at the beginning of the process.

- 16.2 All meetings will be recorded either by a recording device, with mutual consent of all parties, or by a written record. A copy of the written record will be sent to all those involved to confirm the accuracy before being documented in the complaints file.

17. IMPROVING SERVICES

- 17.1 Following the conclusion of a complaint, any actions will be clearly documented, acted upon and monitored.
- 17.2 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 the CCG.

18. LEARNING FROM EXPERIENCE

- 18.1 The Complaints Officer will report the number and nature of complaints received on a quarterly basis to the Hampshire and Isle of Wight Partnership Board. Service improvement informed by the complaints process will also be reported.

19. LEGAL ADVICE AND PROCEDURES FOR COMPLAINTS INVOLVING LITIGATION

- 19.1 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 NHS Resolution and seek advice on whether it is possible for both investigations to proceed at the same time.

20. FINANCIAL REDRESS

- 20.1 There may be occasions when, having investigated the complaint, the Investigating Officer/Complaints Officer believes that there are grounds for making an ex-gratia payment (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.
- 20.2 Financial compensation may be considered where there has been:
- direct or indirect financial loss
 - loss of opportunity
 - inconvenience
 - distress

- any combination of these

- 20.3 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, to ensure that he/she does not feel compromised by the decision to award compensation.
- 20.4 Any ex-gratia payments should be made having regard to the CCG's Standing Orders and prime financial policies.

21. PERSISTENT OR VEXATIOUS COMPLAINANTS

- 21.1 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 that is the complainant 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.
- 21.2 The CCG's protocol on persistent and vexatious complainants should be referred to in such cases.

22. MONITORING AND GOVERNANCE

- 22.1 A computerised complaints database will be kept by the complaints team on behalf of the CCG (and accessible at the CCG HQ) and be available for inspection by NHS England 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
- 22.2 An annual report will be submitted to the Hampshire and Isle of Wight Partnership Board and Quarterly updates to the Quality forums Committee and the reports 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

22.3 The Hampshire and Isle of Wight Partnership Board 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.

23. ROLES & RESPONSIBILITIES

A. INDIVIDUAL RESPONSIBILITIES

- 23.1 Each individual who handles complaints is required by the CCG to have an NHSmail account. All complaints with patient identifiable data will only be electronically shared via NHSmail.
- 23.2 It is the responsibility of all CCG staff to adhere to the Complaints Policy and to meet the timescales required to comply with the legislative requirements. This will enable CCG complaints to be managed in a timely, professional way and adherence to this will be performance managed.
- 23.3 Staff will be made aware of the complaint and asked to prepare written or verbal statements as part of the investigation. Staff are required to co-operate with the complaints procedure as part of their terms of employment. Where an employee refuses to give an interview or a written account without reasonable grounds, appropriate and proportional action will be taken.

B. CCG RESPONSIBILITIES

- 23.4 The management style and culture within the organisation will promote positive attitudes towards managing and investigating complaints.
- 23.5 Where members of staff are named in the complaint, either personally or by role, they will be informed of the complaint by their line manager as soon as they have been identified. 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.
- 23.6 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. 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.

C. ROLES

- 23.7 **Accountable Officer:** The 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, and for ensuring that action is taken, if necessary, based on the outcome of a complaint. The Accountable Officer is responsible for signing final response letters to complainants but can delegate this responsibility to a director.
- 23.8 **Director of Quality and Nursing:** is responsible for overseeing the procedures for the handling of complaints ensuring that complaints are handled in accordance with this policy.
- 23.9 **Complaints Officer:** The Complaints Officer is responsible for the handling of complaints and a member of IW CCG staff will be readily available to receive complaints. The Complaints Officer will also support staff with the local resolution process and to give information and advice where required.
- 23.10 Where appropriate, the Complaints Officer will also arrange a conciliation service to assist in the resolution of complaints. Information will also be relayed to the complainant regarding advocacy services (see Section 13) that are available. The Complaints Officer will co-ordinate and collate all the information required in order to produce a response to the complainant. The Complaints Officer will support the Investigating Officers in monitoring actions arising as a result of a complaint investigation.
- 23.11 The Complaints Officer is responsible for entering information onto the complaints database and producing appropriate reports as required, including the collection of data to enable the mandatory quarterly complaints return to the Department of Health.
- 23.12 **Investigating Officer:** The Investigating Officer is responsible for undertaking the detailed investigation of a complaint, to provide information in order that the Complaints Officer can draft the written response, prior to signature by the Accountable Officer or nominated director. The investigator will establish the underlying causes of complaints and ensure that these are properly understood, lessons are learned and where appropriate, improvements to patient care are implemented. The investigator is also responsible for ensuring that any actions arising from complaints are implemented and the outcome is fed back to the Complaints Officer.
- 23.13 **All Staff:** All staff, including temporary and agency staff, are expected to:
- have a working knowledge of the complaints procedure and will be familiarised with this policy as part of their induction
 - be aware that all material relating to a complaint will be made available to all personnel involved in investigating the complaint (this may include external investigations)

- pay attention to the content and standard of electronic mail messages about complaints and hard copies should be retained within the relevant complaints file
- attending relevant training / awareness sessions when provided

24. EQUALITY ANALYSIS

- 24.1 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.
- 24.2 Everyone who complains has a right not to be discriminated against, regardless of their differences.
- 24.3 Information will be made available in different languages and an interpreter arranged at any meeting with the complainant on request.
- 24.4 Information and support needs will be arranged and be available to complainants and/or their carer who have a disability, impairment or sensory loss to avoid substantially disadvantaging a person with a disability. This applies to someone who has a physical or mental health condition that affects their ability to communicate.
- 24.5 Every complainant will receive an Equality Monitoring form with their acknowledgement letter. They will be asked to complete the form and return it in a pre-paid reply envelope to the Complaints Officer. All information provided will be given anonymously and be included in complaints monitoring to identify any themes or trends relating to complaints and one or more protected characteristics under the Equality Act 2010.
- 24.6 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 Act.

25. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

- 25.1 At approximately six monthly intervals, an evaluation will be carried out on the way that complaints are handled. This will take the form of a questionnaire being sent to all complainants whose complaints have been resolved in the previous six months. The evaluation will ask questions on:
- access to the complaints procedure
 - experience of the complaints procedure
 - Equality and Diversity – ethnic and disability monitoring outcomes

25.2 This will enable the CCG to monitor the effectiveness of the Complaints Policy and Procedures. The results of the evaluation will be published on the CCG website.

26. REVIEW

26.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis or sooner if the complaint guidance changes.

27. REFERENCES AND LINKS TO OTHER DOCUMENTS

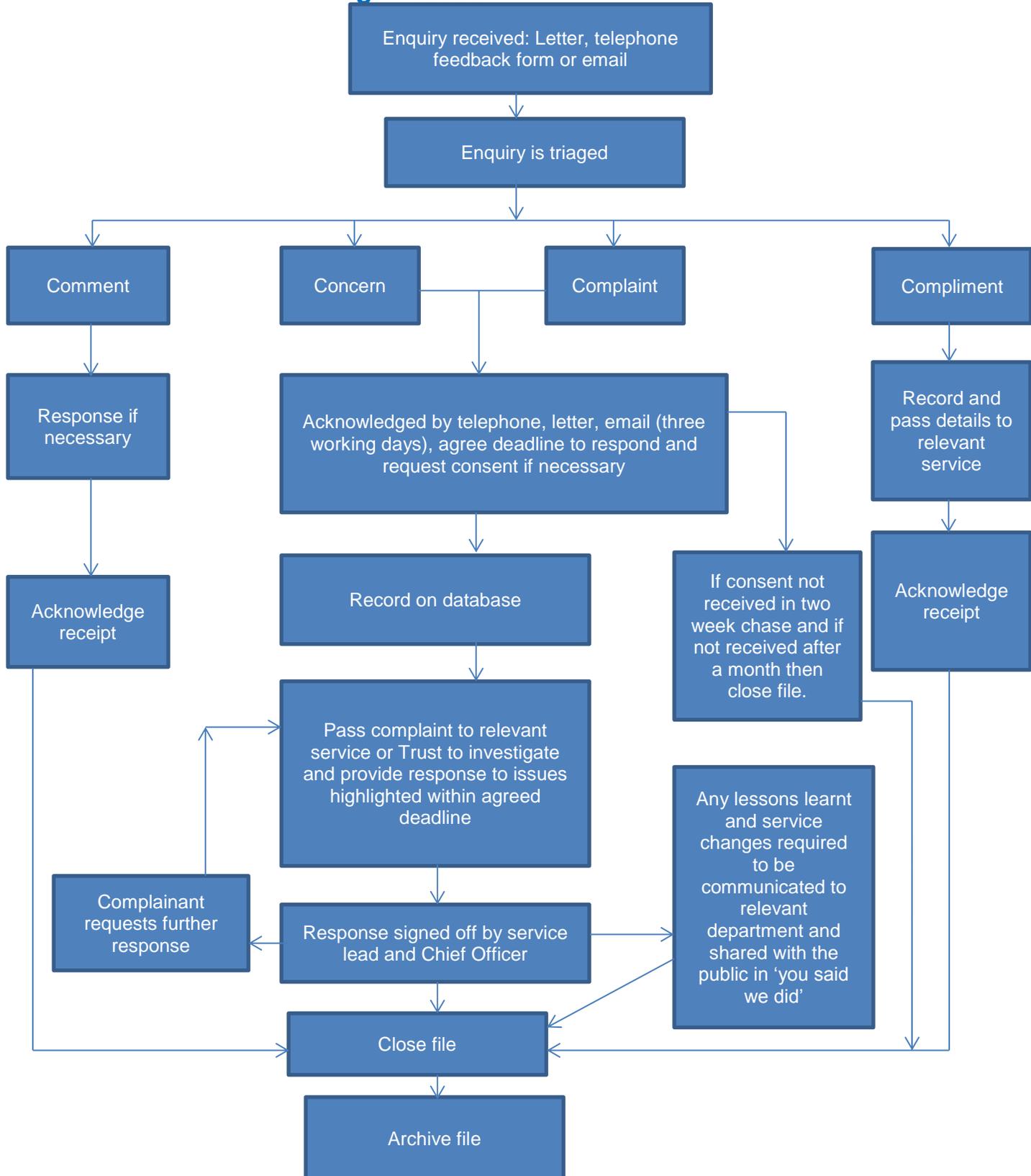
27.1 Other related policy documents

- Reference should be made to the individual policies which were used to assist in the development of this policy: (West Hampshire CCG, NHS England, Fareham and Gosport and South Eastern Hampshire CCGs) Complaints Policies
- Protocol for the handling of inter-organisational complaints in Wessex (Hampshire, Dorset and IoW)

27.2 Legislation and statutory requirements

- Department of Health (2009) Local Authority Social Services and National Health Service Complaints (England) Regulations. London. HMSO.
- Department of Health and Social Care (2019); Handbook to The NHS Constitution for England. London. HMSO.
- Equality Act 2010. London. HMSO

APPENDIX A: The CCG Complaints, Compliments, Comments and Concerns Handling Process



APPENDIX B: Template Call-Answer Checklist

Complaints / Concerns / Enquiry calls

FORWARD THIS FORM TO THE COMPLAINTS TEAM

Things to ask:

Establish nature of complaint / concern / enquiry

Which organisation / healthcare provider? I.e. IW NHS Trust

Enquirer's Name & Patient Details (if different)

Enquirer's Address

Enquirer's telephone number

Enquirer's GP and practice

Call taken by _____

Date & Time _____

APPENDIX C: Consent Form

The Isle of Wight CCG CONSENT FORM

I confirm that I accept that the Isle of Wight CCG will process my complaint and that the Isle of Wight CCG will only forward a copy of my complaint to organisation(s) for direct investigation after gaining consent from me. I also confirm that I accept that a copy of all correspondence will be held by the Isle of Wight CCG.

I consent, to the release of my records and understand that the information obtained will be used to assist in the investigation of my complaint. Confidential information can and may be shared with the following organisations:

- [List of individuals]

Your name in capitals:

Your telephone number:

Your address:

Your date of birth:

Signature:

Date:

All personal data you supply is stored on a secure server with limited, authorised access. We will not, under any circumstances (unless required by law), share your details with any other person or organisation except where related to your complaint.

Please check this box if you wish to receive further communications from us not directly concerned with your complaint or any subsequent issues, including follow-up satisfaction surveys.

Any information is retained in accordance with the CCG's retention schedule and Department of Health guidance.

Please complete and return this form within the next fourteen days to:

Complaints Team

IOW CCG Building A, The APEX, St Cross Business Park, Monks Brook, Newport, Isle of Wight PO30 5XW

Or email: iwccg.complaints@nhs.net

APPENDIX D: Remedy and Redress

Remedy and Redress

The Health Service Ombudsman's Principles for Remedy (March 2007, updated February 2009), sets a clear direction that providing fair and proportionate remedies is an integral part of good customer service and complaints handling. The underlying approach promoted by the Principles for Remedy is for the service provider to restore the complainant to the position they would have been in if the maladministration or poor service had not occurred.

Redress and remedy following a complaint being partially or fully upheld could include:

- An apology
- Reassessment of a need
- Provision of a service
- Change of procedure to prevent recurrence (the complainant should be advised)
- Occasionally a "time and trouble" ex gratia payment.

Remedies should be fair, reasonable and proportionate to the injustice of hardship incurred.

Financial compensation would not be appropriate in every case but should be considered for upheld complaints on a case-by-case basis.

Decisions to make payments should be endorsed by the CCG Director of Finance/ Chief Officer. Such decisions should take into account the following factors:

- How much the complainant has demonstrably lost financially or what extra costs they have incurred
- The impact on the individual, for example whether the events contributed to ill health or led to prolonged or aggravated injustice or hardship
- The length of time taken to resolve a dispute or complaint
- The trouble the individual was put to in pursuing the dispute or complaint

In reviewing complaints referred to them, the Health Service Ombudsman may recommend that a payment be made. All recommendations, both for financial and non-financial redress, will be considered by the HIOW CCG Partnership Executive Director of Quality and Nursing for relevant cases.

Where the recommendation to make a payment is not implemented, the reasons will be explained to the complainant and the Health Service Ombudsman in writing.

Where the CCG is investigating complaints about a primary, secondary or tertiary care provider, the provider (rather than the CCG) would be responsible for making any payments given as remedy at local resolution or following Health Service Ombudsman review.

Any payments made by way of remedy under the complaints process would be logged in the Register of Losses & Special Payments in line with the CCG's Standing Financial Instructions and this must be notified to the finance department at the time of raising the Payment Request Form.

Financial Redress Matrix

Parliamentary and Health Service Ombudsman – principles for remedy

The Matrix is to be independently completed by both the Complaints Officer and appropriate Director having fully considered the complaint, responses and actions/ learning. It is necessary to take each category in turn and consider to what extent the complainant/ patient has been affected by the maladministration and / or poor service identified within the complaint investigation.

Grade	£ +/-	Effects of clients own actions	Quantifiable loss	Loss of value (example damage to possessions)	Lost opportunity	Distress-anxiety inconvenience worry and uncertainty	Professional fees (consequence of maladministration?)	Time and trouble in pursuing complaint.
1 Low								
2								
3								
4								
5								
6								
7								
8								
9								
10 High								
Total								
Other								

<https://www.ombudsman.org.uk/about-us/our-principles/principles-remed>

Appendix E: Equality Impact Analysis

Title:

Policy for the Management of Complaints and Easy Read Version

What are the intended outcomes of this work?

To provide a procedure for handling complaints received by the Isle of Wight CCG 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.

Who will be affected?

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 is detailed and provides information to show that the complaints process is:

- easy to access
- simple
- fair and impartial
- respects the rights of confidentiality

The policy includes a section on equality and diversity and human rights in which it is stated that complainants will be dealt with fairly, with dignity and respect. In addition, they will not be discriminated against, regardless of their background 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. A Plain English guide to explain this policy will be produced and shared with Public Participation Groups for feedback to ensure that this policy is even more accessible to the public.

An equality monitoring form for anonymous feedback via a pre-paid envelope (or by email) 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 a high standard of investigation and investigation report for complaint responses.

Evidence

What evidence have you considered?

This policy was developed after reviewing the complaints policies that currently exist in North Hampshire CCG, North East Hampshire and Farnham CCG, South Eastern Hampshire CCG and Fareham and Gosport CCG. A list of the further documents reviewed to develop this policy are listed in Section 27 entitled References.

This policy complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009:

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

The policy sets out the CCGs' principles for equality and diversity as set out in the Equality Act 2010 in this way the words patient/service users and clients are used interchangeably in the policy to describe all persons accessing services. Engagement of local communities (see below).

The following have been taken into account

- Equality Act guidance; every complainant will receive an anonymous equality monitoring form with their acknowledgment letter.
- Accessible Information Standard (SCC11605)
- Joint Strategic Needs Assessment (JSNA) for the geographical areas of the CCGs to identify other groups not stipulated under the legislation.
- Data Protection Act 1998/2003 and the GDPR introduced in May 2018.

Age Consider and detail (including the source of any evidence) across age ranges on old and younger people.

This policy relates to all age groups. It provides for third party representation, including representation for children and young people.

In the case of a complaint being raised about the care received by a child, the CCG will ensure it is satisfied that there are reasonable grounds for the complaint being made by a representative of the child. Furthermore the CCG will ensure that the representative is making the complaint in the best interests of the child; taking into account 'Gillick' competency.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs' annual report on complaints.

Disability Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.

This policy supports inclusion of people with a disability whether this is mental or a physical disability. A meeting will be arranged to support the complainant with a disability to support the process. The policy includes a commitment to support the information and communication

needs of complainants and/or their carers who have a disability, impairment or sensory loss to avoid substantially disadvantaging a person with a disability when compared to a person who is not disabled.

Equalities monitoring will seek to identify specific issues for each protected characteristic. This includes where a complainant has a disability.

In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the CCG will ensure it is satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

All information can be requested in other formats such as braille, audio and other languages. Information will be provided in the format that the complainant requests whether email which can be read through the computer or provided in large font if identified. The NHS Complaints regulation 2009 states that a representative or third parties, such as advocates and carers can raise a complaint on behalf of someone who has a physical incapacity or lacks mental capacity. In such cases due consideration must be given to the issue of consent. If a complainant informs the CCG that they have physical disability then reasonable adjustments will be made to ensure the conciliation meeting is held in an appropriate environment which is accessible to the individual.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs' annual report on complaints.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender people. This can include issues such as privacy of data and harassment.*

The policy section on consent and confidentiality includes ensuring care is taken at all times throughout the complaints procedure to ensure any information disclosed about a patient/service user is relevant to the investigation of the complaint. Also, that information will only be disclosed to people who have a demonstrable need to know it. In line with GDPR guidance published in May 2018, a complainant will always be asked for consent before sharing information with another organisation.

The policy sections relating to complex/multi-agency complaints and complainant meetings have particular relevance for those with this protected characteristic.

The equalities monitoring form will capture this information to ensure that we are being accessible to all and adhering to the requirements for consent and confidentiality. This information will be presented in the CCGs' annual report on complaints.

Marriage and civil partnership *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

Complaints are received from all groups and there will be no barriers imposed. This policy

demonstrates protocols for equality of access. Staff are supported by their line manager and consulted with during the investigation. The investigation should be full, fair and timely and should not apportion blame.

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

The policy section on complex/multiagency complaints may have particular relevance in the case of unfavourable treatment because of pregnancy and maternity. This will apply to staff involved in a complaint as much as service users.

The management style and culture within the organisation will promote positive attitudes towards dealing with complaints. The CCG has a Maternity, Paternity and Adoption Policy.

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

The CCG sets out its commitment to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. The CCG recognises that there may be a need to meet with the complainant where English is not their first language. In addition, on request different languages and an interpreter will be arranged at any meeting with the complainant.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs' annual report on complaints.

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

The CCG is committed to treating all complaints equitably and this will include religion or belief or no belief where this is raised as part of the complaint. Of particular relevance will be the policy sections on staff involved in the complaint and complex/multi-agency handling of complaints.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs' annual report on complaints.

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

As stated above, the CCG is committed to treating all complaints and complainants equitably and this covers sexual orientation including other gendered.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs' annual report on complaints.

Sexual orientation *Consider and detail (including the source of any evidence) on*

heterosexual people as well as lesbian, gay and bisexual people.

As stated above, the CCG is committed to treating all complaints and complainants equitably, and this covers sexual orientation and is implicit, as with all protected characteristics within policy procedure.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs' annual report on complaints.

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*

The policy relates to carers as well as patients and service users, including the CCG's commitment to be openness and honesty which will be governed by consent and confidentiality clauses and in partnership with the patient or service user who is either making the complaint directly or indirectly with the support of their carer.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs annual report on complaints.

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

In line with the work of the CCGs, this policy takes into account identified groups that may experience barriers to health care. Population needs assessment as identified through the JSNA (<https://www.iow.gov.uk/Council/OtherServices/Isle-of-Wight-Facts-and-Figures/Information-Factsheets-and-Figuresheets>) and ONCS 2011 data. Every effort will be made to ensure and support feedback on experience of these groups in accessing and receiving health care. This will include in liaison with the work of the CCGs' Communications and Engagement Team.

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

This policy has previously engaged stakeholders within the catchment areas of partner mainland CCGs. It has also been shared with Isle of Wight Healthwatch for comment. **Include feedback**

How have you engaged stakeholders in testing the policy or programme proposals?

The policy is based on national statutory guidance and has been in place since 2009.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs: As above

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

In accordance with the Accessible Information Standard an Easy Read version of this policy has also been produced.

Ongoing monitoring of complaints handled will ensure that the complaints process is accessible and equitable to all.

Action planning for improvement

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Please give an outline of your next steps based on the challenges and opportunities you have identified.

To monitor the adherence to the complaints process, the annual Complaints report will include a report which states satisfaction rates with the complaints handling process based on satisfaction forms that are sent out with resolution letters. The annual Complaints report to the CCGs Partnership Board will also include lessons learned as a result of complaints as well information as to how the complaints process for the CCG adheres to national target deadlines. Reports will also be made to the Partnership Board on a quarterly basis. This policy is due to be reviewed 2 years after it is approved.

For your records

Name of person who carried out this assessment:

Mishal Salih, Quality Manager (NHCCG)

Yvonne Fisher, Complaints & Patient Experience Quality Officer (SEHCCG & F&GCCG)

Amy Childerley, Complaints and Deputy Quality Manager (NEHFCCG)

Helen Jenner, Complaints Officer (NHCCG)

Karen Morgan, Senior Clinical Quality Manager (IWCCG)

Date assessment completed:

To be added

Name of responsible Director:

Emma Holden, Director of Quality and Nursing (NHCCG & NEHFCCG)

Julia Barton, (SEHCCG, F&GCCG & IWCCG)

Date assessment was signed: To be added