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<b>Complaint, Concerns and Compliments Policy</b>	
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V3.0	Feb 2017	Significant update of policy, titles responsibilities, process flow chart for managing complaints, Equality Health Impact Assessment (EHIA), Privacy Impact Assessment (PIA) and Training Needs Analysis (TNA).	Associate Director of Quality and Patient Safety	
V4.0	July 18	Updated to include Sefton practices procedure	Associate Director of Quality and Patient Safety	
Reference Documents		Electronic Locations (Controlled Copy)	Location for Hard Copies	
See Section 20 of this document for reference list.		Primary Care 24 Intranet / Policies and Guidance documents	Policy File, Wavertree Headquarters	
Consultation: Committees / Groups / Individual			Date	
Leadership Team, Policy Group, SMT, Quality & Workforce Committee, Board			23.03.2017	

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## 1 INTRODUCTION

Primary Care 24 (hereafter referred to as PC24) is a social enterprise company which provides a number of out of hours and in hours services from our headquarters in Liverpool. Its stated vision is to deliver safe, care and effective services.

The aim of the policy is to ensure that PC24 listens to feedback from service users, carers and their relatives who can expect PC24 to respond openly and specifically to their needs remembering to ensure that patient and service user expectations lie at the heart of our approach to complaint handling, and improves services as a result of lessons learned.

Complaints, concerns and compliments form a key part of PC24's mechanisms for seeking continuous improvement and the effective use of this policy is central to good clinical and corporate governance.

This policy provides information and guidance on the PC24 approach to handling complaints, concerns and compliments reported by service users, carers, relatives and other organisations following the principles of openness and learning. The procedures describe the effective handling of complaints, concerns and compliments in a way which is easily accessible for service users and the public and is fair to all parties involved.

All complaints, concerns and compliments received into PC24 are recorded onto the Datix Risk Management System.

As a social enterprise supplying services to the NHS, we recognise our duty to support the NHS Constitution. The PC24 Complaints Policy can be made available on request.

## 2 PURPOSE

The purpose of the policy is to ensure that patients, relatives or their representatives and other healthcare providers have their complaint, concerns and compliments listened and responded to in a timely and appropriate manner.

### 3 SCOPE

This policy applies to the management of all complaints made about the services provided by PC24.

#### 3.1 This policy has been prepared to comply with:

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- Health and Social Care Act 2010
- Care Quality Commission: Essential Standards of Quality and Safety 2010
- Parliamentary and Health Service Ombudsman: Vision for good complaint handling, 2014
- Equality and Health Inequalities Analysis
- Equality and Health Inequalities Screening Tool & Guidance Notes
- Privacy Impact Assessment Compliance

**3.2** This document should be considered in conjunction with PC24's Policy for Managing Incidents and Serious Incidents (UC24POL32) and the Duty of Candour Policy (UC24POL103).

#### 3.3 Duty of Candour

Primary Care 24 will adhere to the principles of the Duty Candour regulations, to be open and transparent with service users and their care and treatment.

Where there is a serious clinical incident involving a patient, the Chief Executive Officer or delegated executive will be responsible for ensuring the communication of what happened and the follow up.

Where it comes to light following a concern or complaint raised by the patient or person acting on behalf of the patient that a patient has been exposed to harm, the Chief Executive Officer will be responsible for ensuring that the patient is informed of the facts in an open, honest and transparent way.

## 4 DEFINITIONS

**Complaint or Concern** - A complaint or concern is defined as an expression of dissatisfaction about an act, omission or decision of PC24 either verbal or written, and whether justified or not, which requires a response.

**Compliment** – A compliment can be defined as an expression of praise, appreciation or thanks for a service received.

## 5 DUTIES, ROLES & RESPONSIBILITIES

### Chief Executive Officer

- Will ensure that an effective and appropriate complaints' system is in place.
- Will approve and sign response letters to complainants.

### Director of Nursing & Governance

- Responsible for the operational delivery of the described complaints' system.
- Reports information on complaints to the board and other committees.

### Medical Director / Deputy Medical Director or Delegated Medical/Clinical Lead

- Have the authority to assign owners and investigating officers to lead on complaints.
- Will independently review any complaint regarding clinical care which requires a serious incident investigation approach.

### Associate Director of Nursing

- Ensure that complaints are received and disseminated to appropriate personnel.
- In liaison with the Head of the Service Delivery Unit (SDU) / Department and Medical Director, assign to each complaint an 'owner' and investigating officer.
- Ensure that a thorough review is initiated by the SDU in which the complaint originated, and that the response is comprehensive and compliant with the expected standard for the response letter

### Quality & Patient Safety Team

- Ensure there are robust systems for registering, acknowledging and responding to complaints.

- Undertake a central role in communicating where appropriate with patients and external agencies.
- Provide statistical information to meet reporting requirements
- Direct and Support investigations as appropriate and as required
- Provide support to managers with responsibility for investigating/managing complaints.

### **Head of SDU / Clinical Leads/Practice Managers**

- Ensure the complaints policy is implemented and any investigation follow this guidance
- Implement and record any learning/management actions identified from complaints
- Support staff allocated to investigate a complaint
- Inform any member of their team if a complaint has been made against them.
- Offer immediate and ongoing support to staff who have been complained about and/or who are involved in the investigation of a complaint. Any support offered should be recorded. Support may take the form of:
  - Guidance and information to alleviate anxieties
  - Checking rotas and where necessary rearranging shifts
  - Support by a professional colleague, e.g. HR
  - Occupational Health Referral

**All staff** have a role to play in reducing the number of complaints received by ensuring that:

- As far as possible, their attitude, approach or behaviour do not give cause for a complaint
- They deal with issues courteously and efficiently
- They keep good quality records
- They refer to an appropriate member of PC24 staff if the limits of their authority or experience are exceeded

### **Appointed Investigation Officers will:**

- Investigate complaints as set out in this policy

- Adhere to the agreed timescales for the management of complaints as set out in this policy
- Keep accurate records and update Datix as required
- Define the support needed for any meetings required as part of the investigation
- Use a recognised methodology for identifying the root cause of the complaint
- Develop an action plan that addresses the root causes identified
- Attend relevant training when required

The appointed IO will normally be an experienced staff member who has received the appropriate level of training for the level of investigation required.

## 6 WHO CAN MAKE A COMPLAINT

A complaint can be made by the person who is affected by the action, omission or decision or is likely to be affected by an action, omission or decision of PC24 or a person acting on behalf of a patient in any case where that person:

**Has died** – In the case of a person who has died, the complainant must be the personal representative of the deceased who had or has a sufficient interest in the individual. PC24 needs to be satisfied that the complainant is the personal representative. Where appropriate PC24 may request evidence to substantiate the complainant's claim to have a right to the information. If it is determined that a person is not suitable, a full explanation outlining the reasons for the decision will be provided. Advice will be sought from PC24 Solicitor as necessary.

**Is a child** – in the case of a child, PC24 must be satisfied that the complainant has parental responsibility or has had consent from the person who has parental responsibility.

**Has physical or mental incapacity** – In the case of a person who is unable by reason of physical capacity or lacks within the meaning of the Mental Capacity Act (2005) to make a complaint themselves, PC24 needs to be satisfied that the complaint in being made in the best interest of the person on whose behalf the complaint is made

**Has requested a third party to act on their behalf** - In such cases consideration needs to be given to the requirements to obtain consent from the patient to divulge or discuss their care.

**Ensuring patients or their relatives / carers are not disadvantaged or treated differently as a result of a complaint** - Every assistance will be given to individuals who wish to make a complaint, including the provision of interpreter services or any other service or body which may serve to enhance communication of the complaint to the organisation.

Patients must be supported in expressing their concerns and must not be led to believe either directly or indirectly, that they may be disadvantaged because they have made a complaint. Making a complaint / raising a concern does not mean that a complainant will receive less help.

Everyone can expect to be treated fairly and equally regardless of age, disability, race, culture, nationality, gender and sexual orientation.

## **6.1 Complaints not required to be dealt with under the NHS Complaints Regulations 2009**

PC24 is not required to deal with some types of complaints under the NHS Complaints Regulations 2009, in particular:

- A complaint by a responsible body (for example, a Local Authority, NHS body, Acute Trust or Provider).
- A complaint made by an employee about any matter relating to their employment.
- A complaint which has been made verbally and is resolved to the complainant's satisfaction by the end of the next working day.
- A complaint, the subject matter of which has previously been investigated via the NHS Complaints Procedure.
- A complaint, the subject matter of which has been or is being investigated by a Health Service Commissioner under the 1993 Act (the PHSO is empowered by the Health Service Commissioners Act 1993 to investigate complaints about the NHS in England); and
- A complaint arising out of the alleged failure by a responsible body to comply with a request for information under the Freedom of Information Act 2000.



Where PC24 receives a complaint that falls into one of the above categories then a written reply should be sent to the complainant explaining why the issues they have raised will either not be dealt with or will be dealt with outside of the NHS Complaints Regulations

## **7 TIMESCALE FOR MAKING COMPLAINTS**

A complaint must be made within 12 months of:

- the date on which 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 notice of the complainant.

The 12 month time limit will not apply if the organisation is satisfied that the complainant had good reasons for not making the complaint within that time limit; and it is still possible to investigate the complaint effectively and fairly.

## **8 MAKING A COMPLAINT**

### **Receipt of a complaint**

PC24 will receive complaints in the following ways:

- Face-to-face
- writing a letter or email, or
- Dialling a phone number to tell someone about their concerns.

Often patients, carers, their representatives, other members of the public or other healthcare professionals complain directly to PC24 personnel regarding aspects of their experience.

Patients, relatives and carers can bring enquiries and concerns to the attention of any member of staff. Best practice is to attempt to diffuse the situation at the earliest opportunity by listening to the concerns raised in an appropriate and empathetic manner and to offer either to resolve the issues if possible or to refer them to a more senior manager. The immediate response of staff to verbal complaints made at the time of care is often critical to satisfying concerns. And in a number of instances if this type of timely action is taken, this may prevent an unnecessary formal process and lengthy investigation.

Where patients, carers, their representatives, other members of the public or other healthcare professionals are concerned about an aspect of the services provided by PC24, a brief explanation and apology (if appropriate) may be all that is required.

All complaints should be reported within the Datix risk management reporting system by the staff member taking the complaint information and escalated to the respective Manager who will support staff in the recording the details. This will ensure adequate recording, monitoring and due consideration can be given to implementing any changes that might avoid a repetition of the circumstances leading to the complaint.

Alternatively the Complainant can be advised to write to the Chief Executive Officer at Primary Care 24,

The Chief Executive Officer Can be contacted by postal address at:

Chief Executive Office  
Primary Care 24  
C/O The Roy Castle Lung Foundation Building  
4-6 Enterprise Way  
Wavertree Technology Park  
Liverpool L13 1FB

By Telephone on: 0151 254 2553.

By Email – [Chiefexecutiveoffice@pc24.nhs.uk](mailto:Chiefexecutiveoffice@pc24.nhs.uk)

Independent complaints advocacy is available for people who would like to access independent help in raising their concerns. Information about this service is provided to complainants when the complaint is acknowledged.

Should a complaint escalate outside of normal office hours, staff should advise the respective Shift Manager / Service Manager as soon as possible. The On Call duty Manager will assess the situation and may contact the on-call Director for advice or support. In such circumstances, the Quality and Patient Safety Department must receive notification of the complaint via the agreed reporting mechanisms **by the following working day.**

## **9 PRIMARY CARE 24'S COMPLAINT PROCESS**

All complaints in relation to PC24 will be treated as serious.

All complaints in relation to PC24 will be recorded onto the Datix Risk Management system. In the event of a Datix system failure, PC24 staff should refer to the Complaint Investigation Template (Appendix 1) to maintain the records of a complaint.

### **9.1 Timescales for Responding to a Complaint**

Primary Care 24 will acknowledge any complaint received no later than three working days after the day on which it receives the complaint. The acknowledgement will be in writing. The acknowledgement will be made by an appropriate member of the Quality and Patient Safety Department.

Where a complaint is made verbally, the Quality and Patient Safety Department will ensure that an acknowledgement letter (Appendix 2) is sent which includes details of the concerns raised.

The acknowledgement will include an offer from the person acknowledging the complaint to discuss with the complainant the manner in which the complaint is to be handled, request consent to progress the complaint if necessary, communicate the investigation plan, discuss timescales for resolution and seek guidance on what the complainant would like to see happen as a result of the complaint.

In the acknowledgement letter, reassurance will be given that any disclosure will be confined to that which is relevant to the investigation of the complaint and only made to those people who have a demonstrable need to know for the purpose of the investigation of the complaint.

Primary Care 24 aim to respond to complaints within 25 working days. Where the complaint raises particularly complex issues or the investigation or circumstances highlight serious concerns the case will be highlighted at a senior level within PC24 (Head of Service and Director level) as soon as possible.

Consideration should also be given at this stage as to whether the case should be notified to PC24 indemnity providers. This decision will be taken at Executive Level.

If a response cannot be sent within the agreed timescale, a member of the Quality & Patient Safety Team will notify the complainant in writing or by telephone and explain the reason why (NHS Complaints Regulations 2009).

## 9.2 When the complainant is not the patient

If the complainant is not the patient and consent is needed, the Quality and Patient Safety Team will contact the complainant and request consent from the patient requesting their permission to release confidential information to the complainant. (See Appendix 3a and 3b) for copy of the templates for requesting consent). The review can commence at this point, if there is no reason to believe the patient will not give their permission, but no response should be given to the complainant until the signed and dated consent form has been received by the Quality and Patient Safety Team. If a consent form is issued, but not returned, the complaint shall be deemed closed within 15 working days of issue, the agreed timescale of compliance will commence from the date of its receipt or where that the consent form is received.

## 9.3 Defining Outcomes

PC24 will use the following criteria to define outcomes:

**Complaint Upheld** – Complaints in which the main or majority of concerns were found to be correct on investigation and an apology given.

**Complaint Partly Upheld** – Complaints in which, on investigation, the main concerns were not found to be upheld, however, some of the concerns or issues raised by the complainant were found to be correct and an apology given.

**Complaint Not Upheld** – Complaints in which the main or majority of concerns were not found to be correct on investigation. If a complaint is not 'upheld' PC24 still recognise the validity of the concern to the complainant and will acknowledge that we have failed to meet their expectations.

## 9.4 Investigation and Management of Complaints

A member of the Quality and Patient Safety Team will inform the appropriate Service Delivery Unit (SDU) Head of Service who will ensure the allocation of an appropriate Complaint Investigating Officer.

Each complaint must be initially risk assessed upon receipt by the relevant, based on the level of known harm. This will support determining of the level of investigation required and whether any additional actions need to be taken, e.g. Serious Incident Management. This triage will identify the next steps for the complaint. See appendix 4 for investigation triggers and types. It is important to note that complaints do not fit into a 'one size fits all'. In determining whether there are any other policies which may apply in the management of the complaint the National Patient Safety Agency Clinical Incident Decision Tree maybe of use to managers in their assessment (Appendix 5).

Complaints will be risk assessed using the Primary Care 24 risk scoring matrix. Those complaints which have been risk assessed as moderate or above will be subject to a strategy meeting being convened by the Head of the SDU. At this meeting the scope and investigation methodology will be defined, a lead for the investigation identified and an Investigation Officer. The Chronology Template (Appendix 6) should be used to collate the chronology.

Note; the process for a reportable serious incident is dealt with separately within this document.

As part of the investigation process, consideration should be given to meeting with the complainant and any representative, to clarify the issues involved and effect mediation. The complaint Investigating Officer should interview staff involved in the complaint or obtain written statements. A written statement or record of any interview should be produced by the Complaint Investigator and signed by the interviewer and interviewee.

Where the Complaint Investigator identifies that the complaint should be investigated as a Serious Incident (SI), this will be discussed with an appropriate executive.

The investigation process includes providing anyone identified as the subject of a complaint with a full account of the reasons for the investigation, giving them a proper opportunity to talk to the Complaint Investigator and ensuring they are kept informed of the process. These actions must be taken by the person allocated to investigate the

complaint. (See appendix 7 and 8) for summarised process for managing clinical and operational complaints).

The complaint Investigating Officer should interview staff involved in the complaint or obtain written statements. A written statement or record of any interview should be produced by the Investigating Officer and signed by the interviewer and interviewee. The statement/interview record should be held within the completed investigation report within the Datix Risk Management System with the completed investigation report.

## 9.5 Receiving Outcomes

A formal response by the Chief Executive Officer to the complaint will be sent at the conclusion of the investigation should local resolution not be achieved

Responses will include the following:

- An explanation of how the complaint has been considered
- An explanation of events and timescales where appropriate and based on facts.
- The conclusions reached, including any matters for which remedial action is required.
- An apology if appropriate.
- Confirmation as to whether PC24 is satisfied that any action needed in consequence of the complaint has been taken or is proposed to be taken.
- Details of the complainant's right to take their complaint to the Parliamentary and Health Service Ombudsman.

Recommendations will be made by the Complaint Investigator to ensure that any opportunities for improving the services offered by PC24 are taken. These recommendations will be entered onto the Service Delivery Unit (SDU) Datix domain. Head of the SDU and Clinical Lead/ relevant subject matter expert will ensure that an action plan is formed and implemented in relation to the recommendations. The Head of the SDU will monitor and report on the action plan on a monthly basis at the Service Delivery Performance Meeting to provide assurance that all recommendations are actioned.

## 10 COMPLAINTS INVOLVING MORE THAN ONE ORGANISATION

When PC24 receives a complaint from a patient, their relatives, representative or a member of the public about one or more organisations, PC24 is committed to providing a single response with the other organisation/s involved.

If, on receipt of a complaint, it is found to be entirely in relation to another organisation, with the consent of the patient/complainant the complaint will be passed to the other agency.

Alternatively if the complaint is partly in relation to PC24 and another organisation, then with the appropriate patient/complainant consent the complaint can be shared with the other organisation.

When determining the lead organisation the following factors should be taken into account;

- which organisation has the most serious complaint about them
- which organisation has the most issues related to it
- which organisation originally received the complaint
- whether the complainant has a clear preference for which organisation takes the lead

Alternatively, the complainant may wish to address the issues separately with each organisation. In this instance the issues that will be addressed by PC24 from the complaint will be clearly communicated with the complainant.

The subsequent investigation and resolution will be carried out jointly between the agencies and a single co-ordinated response sent from the lead organisation. A number of inter-agency procedures are also in place within the region and where these exist PC24 will work in accordance with them.

## 11 COMPLIMENTS

It is important that compliments are treated with the same importance as a concern or complaint. All compliments received by PC24 will be recorded on PC24's Datix Risk Management reporting system.

Each compliment will be acknowledged. Where a compliment is received from a patient, an acknowledgement letter will be sent to the person who made the compliment (See Appendix 9).

Once a compliment has been logged onto Datix, the information will be sent directly to the line manager of the staff member(s) involved. The line manager will ensure that the staff member(s) involved receives the appropriate recognition.

## **12 INDEPENDENT REVIEW**

If the complainant is dissatisfied with the outcome of local resolution, enquirers have a right to request an independent review from the Parliamentary and Health Service Ombudsman (PHSO), though they do not have an automatic right to insist that one be set up. The PHSO provides a service to the public by undertaking independent investigations where an NHS body has not acted properly or fairly or has provided a poor service.

The Quality and Patient Safety Team is responsible for recording all contact with the PHSO on the Datix Risk Management System.

## **13 COMPLAINTS RELATED TO SERIOUS INCIDENTS – (SI)**

A serious incident will require investigation and is defined as an incident that occurred in relation to NHS funded services and care resulting in one of the following:

- The unexpected or avoidable death of one or more patients, staff, visitors or members of the public
- Permanent harm to one or more patients, staff, visitors or members of the public, or where the outcome requires lifesaving intervention or major surgical / medical intervention, or will shorten life expectancy (this includes incidents graded under the NPSA definition of severe harm (Seven Steps To Patient Safety, Full Reference Guide 2004).



- A scenario that prevents, or threatens to prevent, a provider organisation's ability to continue to deliver health care services, for example, actual or potential loss or damage to property, reputation or the environment
- Allegations of abuse
- Security incidents
- Adverse media coverage or public concern for the organisation

If a complaint is received and the key points are being investigated under the serious incident investigation, the complainant is kept informed and a longer timescale is agreed to respond. The Governance Manager should keep the complainant informed of the progress of the investigation. If the person has raised issues that are not being investigated under the serious incident investigation, then they will be investigated under a complaint investigation.

Where any part of such a complaint could be investigated and responded to outside this SI Investigation, this will occur in line with the complaints policy.

In the case where a response is wholly reliant on the SI investigation outcome, the Chief Executive Officer will write to the complainant to advise:

- That the matters raised in the complaint are subject to internal investigation.
- Offer a meeting with the complainant to discuss and clarify the complainant's questions and expectations of the outcome of the complaints process.
- Give open and fair notice of why the timescale for response is likely to be delayed and that this type of process can take several weeks or months to reach an outcome.
- Inform the complainant that the Quality and Patient Safety department is a point of contact should they wish to seek an update on the progress of their response.
- The Quality and Patient Safety department will update the complainant proactively at the agreed intervals up to the point of providing the complaint response.

## 14 LEARNING FROM COMPLAINTS

PC24 is committed to the concept of organisational learning, and recognises that whatever the circumstances each complaint provides opportunities for organisational learning to occur.

If any learning or management actions are identified during the course of the complaint investigation that is specific to an SDU or Service it is a requirement that the Head of the SDU or Service Manager will develop and implement an action plan which addresses the findings of the complaint and the wider lessons learnt for the organisation. The Quality and Patient Safety Team will support the individual SDU in dissemination of lessons learnt.

All actions plans will be subject to periodic evaluation through the SDU Performance Meetings.

## 15 MONITORING AND REPORTING

The Quality and Patient Safety Department is responsible for monitoring compliance with this policy monthly or sooner to ensure that staff are meeting the policy requirements. The following performance measures will be used:

Element	Lead	Tool	Frequency	Reporting arrangements
100% of complaints responded to within 25 working days. If not, 100% of complaints receive holding letters / updates with rationale for exceeding 25 days.	Director of Nursing & Governance	Audit level of compliance within Datix.	Monthly	Quality and Workforce Committee
100% of complaints are acknowledged within 3 working days of receipt	Director of Nursing & Governance	Audit level of compliance within Datix	Monthly	Quality and Workforce Committee
Policy is in date	Quality & Patient Safety Facilitator	Policy review schedule	Every 3 years	Board of Directors

Complaints are included and discussed at monthly Board meetings as they are included in the Integrated Performance Report. Monthly reports are produced for Quality and

Workforce Committee. Out of Hours complaints are reported to the Contract Monitoring Board on a monthly basis.

There are designated groups with operational responsibility for oversight and monitoring of complaints at SDU level.

## **16 IMPLEMENTATION**

Once implemented, this policy completely replaces version 2.3. This policy will be displayed on the PC24 staff intranet and promoted in the NEWS24 newsletter and within the organisation via email to Heads of Departments and Service Delivery Units.

All staff need to know how to react and what to do if someone makes a complaint as their initial response may help to resolve the situation quickly and/or provide assurance to the complainant that their concerns will be taken seriously and dealt with appropriately.

## **17 TRAINING**

PC24 aims to ensure its employees have the required level of knowledge of the complaints procedure to ensure they can maintain open positive communication with complainants at all stages of the complaints process. All staff will have access to training appropriate to their level of responsibilities and complaint management. Please refer to (Appendix 10).

## **18 EQUALITY & HEALTH INEQUALITIES**

PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact as defined by the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary.

## 19 PERSONAL INFORMATION

PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 1998, therefore no Privacy Impact Assessment is necessary.

## 20 REFERENCES AND BIBLIOGRAPHY

National Patient Safety Agency 01.02.204. Available at:

<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59900>

Parliamentary and Health Service Ombudsman's Principles of Good Complaint Handling. Available at:

<https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling>

NHS Complaints Regulations 2009. Available at:

<https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-jul16.pdf>

Seven Steps to Patient Safety, Full Reference Guide 2004. Available at:

<http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/?entryid45=59787>

Health & Social Care Act 2012. Available at:

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Care Quality Commission: Essential Standards of Quality and Safety 2010. Available at:

[https://services.cqc.org.uk/sites/default/files/gac\\_-\\_dec\\_2011\\_update.pdf](https://services.cqc.org.uk/sites/default/files/gac_-_dec_2011_update.pdf)

## 21 APPENDICES

## Appendix 1 Complaint Investigation Template

Investigation Template – **only to be used in the event of a Datix Failure**

<b>Date of Incident</b>		<b>Directorate/SDU:</b>	
<b>Date first Received</b>		<b>Speciality:</b>	
<b>Date of 25 day timeframe</b>		<b>Date Closed:</b>	
<b>Complaint Handler:</b>			
<b>Manager:</b>			
<b>Location:</b>			
<b>Method:</b> (please state how we received the complaint i.e. in writing, email):			
<b>Description</b> (please describe the complaint):			
<p><b>People Affected &amp; involved</b></p> <p>Please provide details of any other people involved or affected by this record. Please include the type of person, i.e., family, advocate, contractor, staff and how they are affected e.g. witness, police, complainant.</p> <p>Type Name: Contact No. How affected</p> <p>Type Name: Contact No. How affected</p> <p>Type Name: Contact No. How affected</p> <p>Type Name: Contact No. How affected</p>			
<b>Provide details of the employee/staff member recording this complaint.</b>			

<b>Name:</b> <b>Job Title:</b> <b>Contact No.</b> <b>Email:</b> <b>Managers Name:</b>				
<b>Date Consent obtained:</b>				
<b>Date Consent Requested:</b>				
<b>Date Consent Received:</b>				
<b>Please delete as appropriate.</b> <b>Complaint</b> <b>Upheld</b> <b>Not Upheld</b> <b>Partly Upheld</b>				
<b>Investigation.</b>				
<b>Investigating Officer(s)</b>				
<b>Date Started:</b>		<b>Date Completed:</b>		
<b>Actions Taken:</b>				
<b>Lessons Learned:</b>				
<b>Outcome Code:</b> <b>Please delete as appropriate.</b> Upheld / Not Upheld / Partly Upheld				
<b>Risk Grading: Please refer to Incident management Policy for risk scoring matrix and delete as appropriate.</b>  <div style="text-align: center;">Insignificant / Minor / Moderate / Major / Catastrophic</div>				
<b>Progress Notes:</b>				

## Appendix 2 Acknowledgement Letter (Complaint)

DATE

### Private & Confidential

NAME

ADDRESS 1

ADDRESS 2

ADDRESS 3

Dear NAME

### Re: D-COM

Thank you for contacting us on *DATE* to raise concerns about the service you received when you attended our .....service and were seen by ..... I was sorry to hear that you are unhappy with the service provided to you.

In your complaint your raised concerns in that:

- Bullet points are an option to list the complainants concerns

The Head of Service will undertake of review of your complaint and we will be in contact with you again once the review has been completed.

We aim to provide a response within 25 working days in line with our Complaints Policy. However, should we encounter any delay, you will be kept fully informed.

If you require any assistance with your complaint please do not hesitate to contact me on the above number. Alternatively you can contact Healthwatch via telephone on 0808 801 0389 or via email at the following address

[merseysideandcheshire@healthwatchadvocacy.co.uk](mailto:merseysideandcheshire@healthwatchadvocacy.co.uk)

Yours sincerely

## Appendix 3a Letter Requesting Consent

DATE

### **Private & Confidential**

Name

Address 1

Address 2

Address 3

Address 4

Dear XXXXXXXX

I have been contacted by XXXXXXXXXXXXXXXX regarding the service you received from Primary Care 24 on XXXXXXXXXXXXXXXX.

I am sorry to hear about this experience. In order for us to fully investigate this concern we need your permission to access your data held by PC24 and share the results of the investigation with XXXXXXXXXXXX.

In line with patient confidentiality guidelines, I would be grateful if you will please sign the enclosed consent form and return this to the Quality & Patient Safety Department using the enclosed stamped addressed envelope.

I would hope to reassure you that any information disclosed will be confined to that which is relevant to the review relating to the concerns raised and only made to those people who have a demonstrable need to know for the purpose of the investigation.

Please do not hesitate to contact me if you would like to discuss this further

Yours sincerely

Sheila Dineley  
Quality & Patient Safety Facilitator



## Appendix 3b Consent to release/review personal information

### Patient Consent Form

**Complaint Reference: D-COM XXX**

**Complainant Name:** \_\_\_\_\_

In order for the above concern to be full reviewed, I hereby give my consent for the following:

- I agree to Primary Care 24 reviewing information held on its data storage system which relate to encounters with Primary Care 24 (if applicable)
- Sharing of my information with relevant parties
- Contact to be made other Primary Care 24 personnel who were involved in my care

I permit the above information to be released to the party named below.

Your information will be released to: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*To be signed by parent or guardian if data subject is under sixteen years of age*

## Appendix 4 Investigation Triggers and Types

Investigation Triggers	Level / Type of Investigation
Could have realistically resulted in severe or death outcome	Comprehensive Investigation (there is often much to learn from how incidents were prevented)
Incident occurring on subject where national guidance has been issued	Comprehensive Investigation (there is often much to learn from how incidents were prevented)
Frequently Occurring	Consider Multi-incident or Concise Investigations (combining multiple investigations may lead to more effective solutions)
May represent significant concern or systemic service failure	Concise Investigation or Comprehensive Investigation (dependent on potential for future harm)
Attracting public concern or media interest and not included above	Concise Investigation
Could have realistically resulted in severe or death outcome	Comprehensive Investigation
Incident occurring on subject where national guidance has been issued	Comprehensive Investigation
Frequently Occurring	Consider Multi-incident or Concise Investigations (combining multiple investigations may lead to more effective solutions)
May represent significant concern or systemic service failure	Concise Investigation or Comprehensive Investigation (dependent on potential for future harm)
Attracting public concern or media interest and not included above	Concise Investigation or Comprehensive Investigation (dependent on potential for future harm)

Could have realistically resulted in severe or death outcome	Comprehensive Investigation
Incident occurring on subject where national guidance has been issued	Comprehensive Investigation
Frequently Occurring	Consider Concise, Multi-incident or Aggregate investigation (combining multiple investigations may lead to more effective solutions)
May represent significant concern or systemic service failure	Concise Investigation or Comprehensive Investigation (dependent on potential for future harm)
Attracting public concern or media interest and not included above	Concise Investigation or Comprehensive Investigation (dependent on potential for future harm)
Frequently Occurring	Consider Comprehensive or Aggregate investigation (combining investigations may lead to more effective solutions)
All other patient safety incidents, claims or complaints with severe outcome	Comprehensive Investigation
<b>Homicide by or of Patient in receipt of Mental Health Care Programme Approach in last 6 months</b>	<b>Comprehensive Investigation and/or Independent Investigation (set timescales)</b>
<b>Suicide of Patient in receipt of Mental Health Care Programme Approach in last 6 months</b>	<b>Consider Comprehensive or Aggregate investigation (combining investigations may lead to more effective solutions)</b>
<b>Any other potentially avoidable death in healthcare or healthcare premises</b>	<b>Comprehensive Investigation</b>

When investigating incidents which continue to recur despite previous investigation, recurrence may be due to appropriateness of recommendations, effectiveness of implementation of action plan etc.

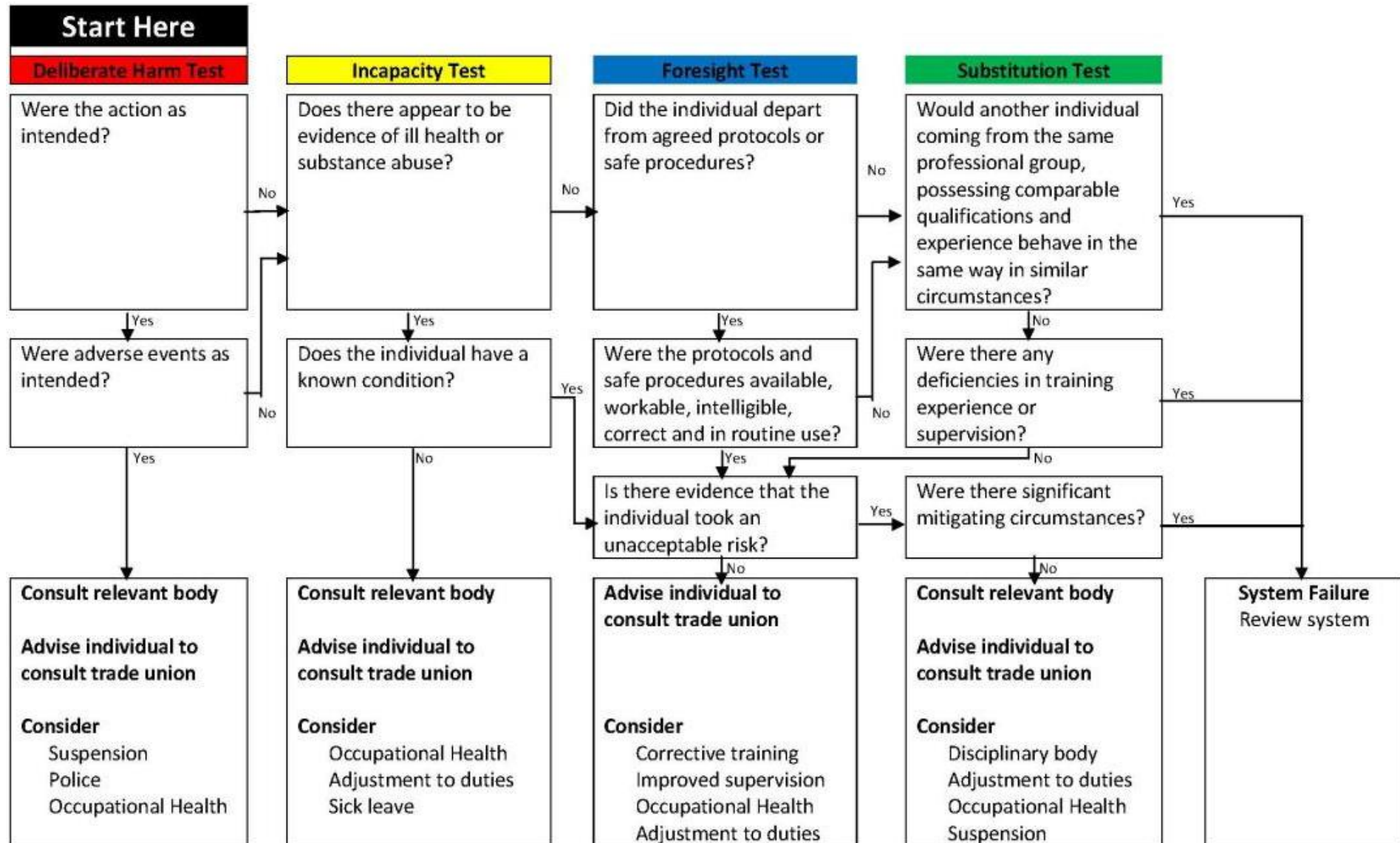
It is important to protect the integrity of the RCA process from a situation where there is probability of disciplinary action, or criminal charges.

The following 4 types of incidents should be referred to alternative investigation processes for resolution e.g. Human Resources, Professional Regulatory Body, Police etc.

- Events thought to be the result of a criminal act by care provider / staff

- Purposeful (malicious) unsafe acts by care provider/staff intending to cause harm
- Acts related to substance abuse by care provider/staff
- Events involving suspected patient abuse of any kind

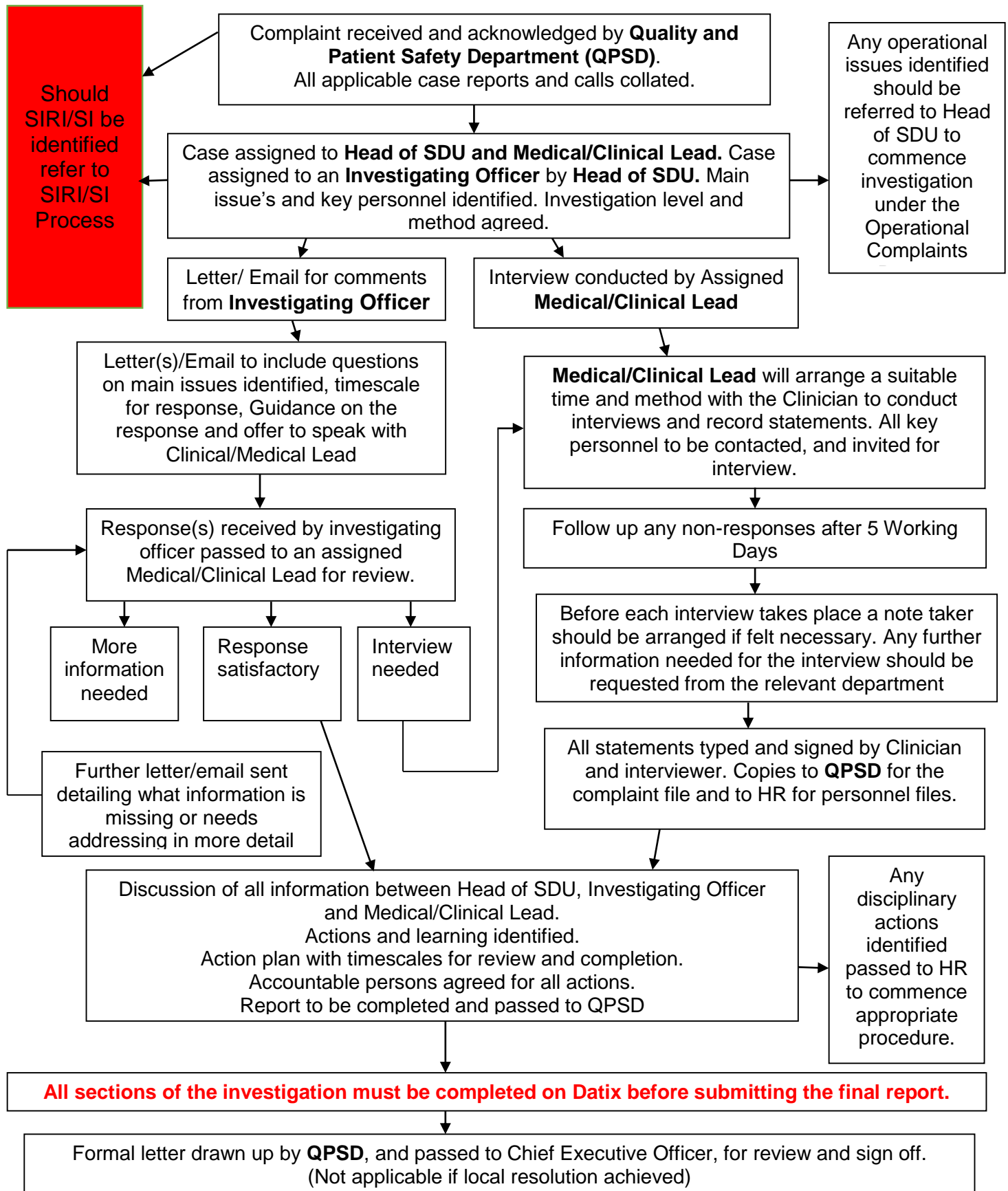
# Appendix 5 - Incident Decision Tree (National Patient Safety Agency 01.02.204)



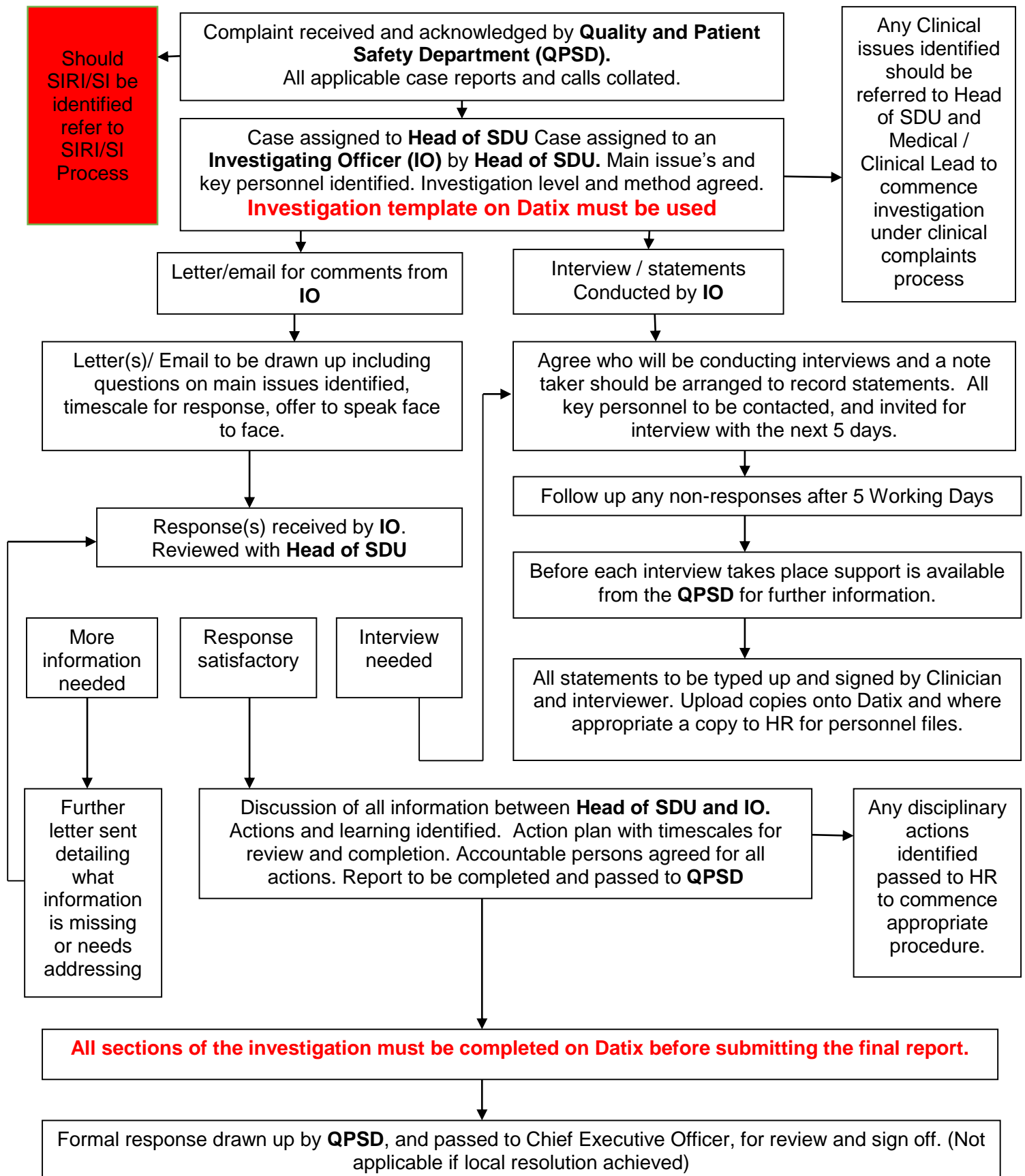
## Appendix 6 Chronology Template

**Datix Reference Number:**[illegible]

## Appendix 7 - Process for Investigating Clinical Complaints



## Appendix 8 – Process for Investigating Operational Complaints





## Appendix 9 Acknowledgement Letter (Compliment)

(Date)

### **Private & Confidential**

(Name)

(1<sup>st</sup> Line of Address)

(2<sup>nd</sup> Line of Address)

(3<sup>rd</sup> Line of Address)

(Post Code)

Dear (Name of complainant)

### **Reference**

Thank you so much for taking the time to contact us to let us know about your recent experience with Primary Care 24.

I wanted personally to let you know how gratifying it was to receive your **\*delete as appropriate....** \*kind note of support and encouragement / \*your positive experience with Primary Care 24/ kind note about your experience when you attended ..... and were seen by.....

Your thoughts are important to us, but we're especially pleased when the feedback is positive. I have taken the liberty of sharing your compliment with the staff involved. Your words were visibly heartening to them. They, as much as I, deeply appreciate your endorsement.

We try hard to provide the best possible service to our patients and their satisfaction is our reward. The more satisfied customers we have, the more our organisation will thrive. We really appreciate you taking the time to let us know we're doing something right.

Yours sincerely,

## Appendix 10 Training Needs Analysis

Training Programme	Course Length	Frequency	Delivery Method	Staff Group	Recording Attendance	Strategic & Operational Responsibility
Complaints and Concerns Handling Awareness	awareness	On appointment	Face to face	All staff	Attendance is recorded on the training database	Director of Quality & Patient Safety
Root Cause Analysis Training	1 day	On appointment	classroom	Nominated managers and clinicians based on roles and responsibilities	Attendance is recorded on the training database	Director of Quality & Patient Safety

**Please note:** Investigation training (Root Cause Analysis) provided by Primary Care 24 is detailed in the Incident Management Policy.

## Appendix 11

### SEFTON PRACTICES PROCEDURE FOR REPORTING AND MANAGING COMPLAINTS

The PC24 Complaint, Concerns and Compliments Policy was ratified by the Board in March 2017 and must be adhered to by all PC24 staff.

*All complaints, concerns, compliments received by the Sefton practices must be recorded on the Datix template immediately upon receipt and submitted to [datix@pc24.nhs.uk](mailto:datix@pc24.nhs.uk).*

PC24 accept verbal and written complaints. Complaints should always be managed using the PC24 Complaints, Compliments and Concerns Policy.

#### 1 Best Practice and Policy Guidance

- Practice Manager will implement a contingency plan for receipt of incoming complaints in their absence in efforts to adhere to policy timeframes for responses
- All sections of the Datix form need to be fully completed with as much information as possible. The information must be clear, accurate, and factual and include no opinions.
- Any subsequent correspondence received or information gathered in relation to a complaint is to be submitted to [datix@pc24.nhs.uk](mailto:datix@pc24.nhs.uk) where it will be uploaded onto the Datix system
- The Practice Manager must keep a file to record and store documents for each complaint (electronic or other)
- Where a complaint involves the Practice Manager, the Head of Service will request another Practice Manager or PC24 Manager to undertake the role of the investigation officer.

#### 2 Complaints Management Process

- Upon receipt of a complaint into the practice, a Datix form must be completed and submitted with the complaint letter to [datix@pc24.nhs.uk](mailto:datix@pc24.nhs.uk)
- The PCS Administrator will add the complaint onto the Datix system and notify the Quality & Patient Safety Team and Head of Service and/or Associate Director of Service Delivery.
- Datix will automatically generate a Datix reference number for each complaint. (D-COM XXX). The PCS Administrator will make the practice aware of this reference

number. This reference number must be used against the complaint for any future correspondence.

- On receipt of a complaint, the Practice Manager will undertake an initial risk assessment in line with the policy and begin an investigation for complaints deemed low risk. High risk complaints will need to be escalated to the Head of Service.
- The Practice Manager will submit any subsequent correspondence to the PCS Administrator who will add the information onto Datix, e.g. medical records, signed consent, investigation records, statement, and reflections.
- The Quality & Patient Safety Team will acknowledge, in writing, receipt of each complaint to the complainant within 3 working days of receipt of complaint. A copy of the acknowledgement letter will be emailed to the Practice Manager
- Where appropriate, the PCS Administrator (based at HQ and accessed via the [datix@pc24.nhs.uk](mailto:datix@pc24.nhs.uk) email) will work with the PCS Clinical Lead to request a medical review of records or other clinical element of the complaint
- Following investigation, a draft response letter will be compiled by the Practice Manager within **15 days** of receipt of complaint.
- Practice Manager to submit draft response letter to the [datix@pc24.nhs.uk](mailto:datix@pc24.nhs.uk) email account where it will be reviewed by the Head of Service or Associate Director of Service Delivery and then quality checked by the Quality & Patient Safety (Q&PS) team prior to going to the Chief Executive Officer for approval and signature.
- Once finally approved and signed by the CEO, the final response letter will be sent to the complainant by the Q&PS team. A copy sent to the Practice Manager, a copy will be uploaded onto Datix and the Head of Service will be notified by Q&PS Team.

### 3 Complaints received via NHS England

The complaint will be managed as above, except;

- The Practice Manager will acknowledge receipt of the complaint to NHS England via email or as dictated by NHS England.
- Any correspondence back to NHS England will also include the NHS England reference number as well as our Datix reference number.
- Where there is a clinical issue and a GP has provided a reflection and/or statement, following review by the Primary Care Clinical Lead, this will be submitted to NHS England with a cover letter which will be approved and signed by the CEO before submission to NHS England.
- Any complaint received from NHS England will be managed using the timescales for responding to a complaint as per PC24 policy.

#### 4 Timeframes

- Acknowledge receipt of complaint in writing within 3 working days of receipt
- Draft response letter to be submitted by Practice Manager within 15 working days of receipt
- Final response letter to be sent to complainant within 25 working days of receipt
- Late responses – if it is identified that a response to a complaint is going to breach the 25 working day response, as per policy, the Practice Manager must notify the complainant in writing by sending a 'holding letter'. A copy of the holding letter along with the rationale for the lateness must be recorded on Datix.

***Staff can contact a member of the Quality & Patient Safety Team on 0151 254 2553 at any point for help, advice and support.***

**END OF POLICY**