


MEETING DATE:	13 September 2012	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE
AGENDA ITEM NUMBER:	Item 7.4	
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JOB TITLE: DEPARTMENT:	Patient Liaison Manager (Humber) Commissioning Support Unit	

POLICY FOR THE REPORTING & MANAGEMENT OF PATIENT COMPLAINTS

PURPOSE/ACTION REQUIRED:	Receive and Approve
CONSULTATION AND/OR INVOLVEMENT PROCESS:	North Lincolnshire CCG Quality Group
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:			
To set out the policy for the reporting and management of complaints within North Lincolnshire CCG			
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: <i>(will be populated following agreement with Council of Members)</i>			
3. IMPACT ON RISK ASSURANCE FRAMEWORK:			
Yes		No	X
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:			
Yes		No	x

5. LEGAL IMPLICATIONS:			
Yes	X	No	
Requirement under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to have arrangements in place to manage complaints			
6. RESOURCE IMPLICATIONS:			
Yes		No	x
7. EQUALITY IMPACT ASSESSMENT:			
Yes		No	x
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:			
Yes	x	No	
PCT complaints leaflet needs to be amended for use by CCG			
9. RECOMMENDATIONS:			
<p>The CCG is asked to: -</p> <ul style="list-style-type: none"> • Receive and approve this policy 			



North Lincolnshire
Clinical Commissioning Group

POLICY FOR THE REPORTING & MANAGEMENT OF PATIENT COMPLAINTS

Authorship: Zoe Wray

Approved date:

Approved

Review Date: April 2013

Equality Impact Assessment: To be confirmed

POLICY AMENDMENTS

Amendment reference	Date of Issue	Issued By	Nature of Amendment
01- First draft	23.8.12	Zoe Wray	

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COMPLAINTS POLICY

1. INTRODUCTION

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

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

With a growing population of approximately 168,000 people, it is acknowledged that people will occasionally be dissatisfied with the services or the care they receive. We recognise the importance of using the information gained through complaints, concerns, comments and compliments to improve and develop services with the aim of maintaining and improving safety, improving effectiveness and thereby improving patient experience.

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

2. AIM

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

3. STRATEGIC OBJECTIVES

- Ensure a complaints system is in place which ensures ease of access by the population of NL CCG.
- Increase people's confidence that their complaints will be taken seriously and dealt within a confidential, courteous and conciliatory manner.
- Promote a simple, consistent unified approach to be used across Health and Social Care ensuring an open and honest culture is maintained across the North Lincolnshire promoting fairness to people using and delivering services.

- Promote early and effective resolution of issues ensuring that the information from complaints will be used to improve services incorporating a clear process for feedback regarding lessons learnt.

4. EQUALITY AND DIVERSITY

NL CCG is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare professionals. All information in relation to the complaints process is available in alternative languages and formats upon request.

Every complainant is dealt with as an individual and complainants are spoken with to agree what the outcome is that they are looking for and how we will maintain contact. Adjustments are made at this point based on individual needs.

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

5. DEFINITION

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

6. FREEDOM OF INFORMATION

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

7. ROLES AND RESPONSIBILITIES

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

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

7.3 Director of Quality and Governance (Nursing) Humber Cluster is responsible for ensuring there is a process in place for the management of patient complaints in accordance with the DH complaints regulations in relation to non CCG functions.

7.4 Senior Officer Quality and Assurance will ensure that the CCG agreed process for complaints management and investigation is appropriately implemented and regularly reviewed. They will be supported in this role by designated staff working in the Commissioning Support Unit.

7.5 Patient Relations (based in the North Yorkshire and Humber Commissioning Support Unit) will be responsible for the day to day handling of complaints on behalf of NL CCG.

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

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

8. COMPLAINTS PROCEDURE

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

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

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

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

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

8.1 Commissioned Services

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

9. Being Open with Patients and Relatives

In line with the National Patient Safety Agency (NPSA) Strategy, NL CCG is committed to improving communication with patients and carers. When things go wrong, it is essential that the relevant parties are kept fully informed and feel supported. The being open process underpins the local resolution stage of the complaints process.

Being open involves:

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

10. MONITORING AND REPORTING

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

11. LEARNING

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

The CCG will

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

12. ORGANISATIONAL PERFORMANCE TARGETS

NL CCG will:

- Acknowledge all complaints within 3 working days verbally or in writing.
- Negotiate with complainant :
 - The manner in which the complaint is to be handled
 - The period in which the investigation of the complaint is likely to be completed
- Provide a full written response to the complainant within the time period agreed with the complainant.

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

13. TRAINING

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

14. IMPLEMENTATION

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

15. POLICY REVIEW

This policy will be reviewed April 2013

16. REFERENCES

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
National Patient Safety Agency (NPSA) Strategy
National Reporting and Learning Service Being Open Process