

## **COMPLAINTS POLICY**

West Gloucestershire Primary Care Trust welcomes any comment, suggestion or complaint about the way in which we carry out our responsibility to ensure the provision of quality NHS services in West Gloucestershire. We acknowledge the contribution made by those who have experienced the service and we believe that together we can try to improve the service to the benefit of all those in the community.

All comments, suggestions and complaints will be treated seriously and in confidence, whether made orally in person, by telephone or in writing. Any informal complaints received may be directed to the Community Patient and Liaison Service (PALS) who may be able to assist with the swift resolution of patients or carers concerns. We will aim to resolve the matter immediately, but if that is not possible, we will acknowledge the complaint within two days of receipt and then respond fully within 20 working days of receipt. If a thorough investigation within this timescale is not possible, we will undertake to keep the complainant informed of the reason for the delay, which will be kept to a minimum. All investigations will be carried out fairly to both the complainant and any member of staff involved. We will not seek to apportion blame, but to respond in an impartial manner. All comments, suggestions or complaints will be reported to the Complaints Manager, even those that are resolved immediately. The Complaints Manager will maintain a register of complaints and record the type of complaint, method of investigation, response provided, action undertaken and outcome.

Complaints about acute hospital services will be re-directed to the appropriate Complaints Manager with the prior permission of the complainant. Complaints against family health service contractors (GPs, dentists, pharmacists and opticians) will be re-directed to the appropriate practice again with the prior permission of the complainant. The 3 Primary Care Trusts (PCTs) in Gloucestershire provide a range of services, some of which are provided by 1 PCT on behalf of the county. Where a PCT "hosts" a service on behalf of the other PCTs it also has responsibility for responding to complaints made against that service. All complainants will be informed of the role and address of the Independent Complaints Advocacy Service - ICAS.

Any complainant who remains dissatisfied with local resolution of a family practitioner, community hospital or services provided by West Gloucestershire Primary Care Trust will be informed of their right to request that an Independent Review Panel looks into their complaint. From the 1<sup>st</sup> July 2004 the Healthcare Commission, who are an independent body established to promote improvements in healthcare through the assessment of the performance of those who provide services, took over responsibility for this stage and all complainants will be informed of the Healthcare Commission's contact details at the end of Local Resolution.

# WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

## COMPLAINTS PROCEDURE

### 1. Introduction

- 1.1 This document sets out the standards and processes required to create and maintain a supportive and positive environment to receive and act upon comments, suggestions and complaints about:
- The purchasing decisions of West Gloucestershire Primary Care Trust
  - Unsuccessful resolution of primary care complaints within West Gloucestershire
  - Community hospital/service complaints within West Gloucestershire
  - Healthcare provided at HMP Gloucester
- 1.2 The report of the Wilson Committee "Being Heard" (May 1994) and the Government's response "Acting on Complaints" (March 1995) set out the principles within which the complaints procedure should operate:
- For the patients, the procedure should be accessible and simple, swift and responsive, confidential and impartial
  - For the West Gloucestershire Primary Care Trust staff member, the procedure should be supportive
  - For the provision of Services by West Gloucestershire Primary Care Trust, the procedure should be cost effective and quality enhancing.
- 1.3 The procedure is in two parts:
- Local Resolution which is available to all patients with a concern about an NHS Service
  - Independent Review which is available upon request to the Healthcare Commission.
- 1.4 Discipline has been separated from the complaints procedure and the emphasis has been placed very much on resolving the complaint without attempting to apportion blame. Reference Committee acting with delegated responsibility from the Trust Board decides whether or not there should be disciplinary action.

### 2. Who May Complain and Initial Contact

- 2.1 Complainants will be existing or former patients using the Trust's NHS services and complaints may be made on behalf of existing or former patients by anyone who has the patient's consent
- 2.2 It is important that patients are given the confidence to speak to us if they have a concern and feel confident that we will deal with the matter constructively and promptly. If the matter can be dealt with immediately by the person hearing the concern, all the better. If not, please refer the matter to the Complaints Manager.

- 2.3 If the matter cannot be dealt with immediately or the complaint is in writing, the complainant must know what will happen, how long it will take and, where appropriate whom to contact.
- 2.4 The Complaints Manager must be informed of any expression of concern whether or not it has been dealt with immediately.

### **3. Time Limits**

- 3.1 Normally a complaint should be made within six months from the date of the incident or within 12 months of the date of the incident if there are reasons why the complaint could not be made earlier. There is discretion to extend the time limits where it would be unreasonable in the circumstances for the complaint to have been made earlier and where it is still possible to investigate the facts of the case.

### **4. Local Resolution**

- 4.1 The primary objective of Local Resolution is to provide the fullest possible investigation and resolution of the complaint as quickly as possible under the circumstances, aiming to satisfy the patients, while being fair to staff.
- 4.2 Local Resolution should be open, fair, flexible and conciliatory. The complainant should be informed of all the possible options for pursuing the complaint and the process should encourage communication on all sides.
- 4.3 Conciliation forms part of the Local Resolution stage and 4 Conciliators are available to assist with complaints where both parties agree to it.

### **5. Independent Review**

- 5.1 Complainants who are dissatisfied with the response at Local Resolution may ask the Healthcare Commission for an Independent Review. This request should be made in writing within 56 days of the completion of the Local Resolution stage and must state clearly the reasons for the request.
- 5.2 The Healthcare Commission can decide any of the following:
  - i To make an initial decision regarding any action necessary once they have received all relevant and necessary paperwork and obtained expert advice (as necessary)
  - ii Investigate the complaint, seeking expert advice if necessary, issue their report to all parties, draw up and monitor an action plan
  - iii Establish a panel hearing with Terms of Reference set where there has been no preliminary investigation, seeking expert advice if necessary. Panel membership to include a Lay Chairman, Clinical Assessors etc. Issue their report to all parties, draw up and monitor an action plan
  - iv Establish a panel hearing following an investigation with Terms of Reference set, seeking expert advice if necessary. Panel membership to include a Lay Chairman, Clinical Assessors etc. Issue their report to all parties, draw up and monitor an action plan

## **6. Hospital and Community Health Services**

6.1 If any complaint received by a member or employees of the Trust indicates a prima facie need for referral to any of the following:

- i an investigation under the disciplinary procedure
- ii one of the professional regulatory bodies
- iii an independent inquiry into a serious incident under Section 84 of the National Health Service Act 1977
- iv an investigation of a criminal offence

the complaint and/or information must be passed immediately to the Complaints Manager who will ensure it is passed onto someone who can decide whether or not to initiate such action: this reference may be made at any point during any stage of the complaints procedure.

## **7. Negligence Claims**

7.1 The complaints procedure must cease if the complainant explicitly indicates an intention to take legal action in respect of the complaint.

## **8. Complaints Manager**

8.1 The Trust has a designated complaints manager who is readily accessible to the public and to whom complainants are able to refer their complaints.

## **9. Appointment of Complaints Sponsor**

9.1 The Trust must appoint a Complaints Sponsor at Board level to act a "driver for change" and to play a key role in the performance management to ensure that complainants receive full consideration and responses and that action is taken as a result of the findings of investigations. Regular reports are required on the numbers of complaints received, the substance of those complaints and the action taken as a result.

## **10. Support and Information**

10.1 Both national and local leaflets are available advising people how and to whom to lodge any complaint, explaining the process and how long the process may last.

10.2 The PCT will make available support to patients who may have limited access to the complaints procedure.

10.3 Training for staff:

- Training will be provided on all aspects of the Complaints Procedure to all staff as required and as identified by Line Managers
- Training will be built into induction programmes for new members of staff
- Any training needs should be directed to the Complaints Manager

10.4 Four trained Conciliators have been appointed and they are available to assist in resolving complaints at the Local Resolution stage, where the initial resolution has been unsuccessful.

## **11. Monitoring**

11.1 A register of all complaints received, the manner in which they were resolved and the time taken to resolve them will be kept and maintained by the Complaints Manager.

## **12. Time Standards**

12.1 All written complaints must be acknowledged within two working days of receipt.

12.2 A full response must be provided within 20 working days of receipt where the complaint is about a complaint against the Trust or a Trust decision.

12.2.1 An initial investigation should be completed within 10 - 15 working days of notification by the Complaints Manager that an investigation is required and this should include a report and statements or notes from any staff interviewed which must be sent to the Complaints Manager.

12.2.2 A draft response will be prepared within 15 working days of receipt of the complaint, which will be agreed by the relevant Director prior to dispatch to the complainant within the 20 working day target.

12.3 A full response must be provided within 10 working days if the complaint relates to a primary care contractor.

12.4 If a full response is not possible within the 10/20 working day target, the Complaints Manager will inform the complainant of the reason for the delay.

12.5 If the Complainant subsequently seeks an Independent Review, the request must be made within 56 days of the end of Local Resolution by contacting the Healthcare Commission.

## **13. Complaints Management Group**

13.1 This group was established in May 2004 and Terms of Reference are attached as Appendix 1.

## **14. Compliments**

14.1 All compliments are recorded and included in the Complaints Quarterly Board Report

## **15. Further Information**

Please contact Debbie Townsend, Complaints Manager on 01452 389460 with any queries about this or any complaints related documents.

April 2005

## **Appendix 1**

### **Terms of Reference for Complaints Management Group**

#### **Overall Aim**

To provide support to the PCT's complaints function ensuring explicit links are made with Clinical Governance and service quality. To provide a forum to ensure that issues arising from complaints are actioned and lessons are shared across the PCT.

#### **Objectives**

1. To establish project management arrangements to oversee the implementation of the revised Local Resolution Procedure once guidance is issued (expected at end of the year).
2. To establish policies and procedures to support the revised Independent Review Panel process which is the responsibility of the Healthcare Commission from 1<sup>st</sup> July 2004.
3. To review provision of Community PALS, exploring the possibility of integrating PALS and Complaints
4. To monitor action plans arising from all complaints (including those against primary care contractors) and to identify and cascade lessons learnt
5. To monitor trends/themes arising from complaints
6. To review complaints publications
7. To oversee training to PCT staff including clinicians
8. To provide regular reports to the Board

#### **Relationships with other groups**

- Risk and complaints sub group
- PALS
- AGW Complaints Networking Group
- PCT Complaints Managers
- ICAS - Independent Complaints Advocacy Service
- Southwest Complaints Consortium Group
- PPI Reference Group

#### **Membership**

Membership of group is as follows but recognizing that this may change in the light of revised management arrangements:

Assistant Director Corporate Services (Mel Crosby), Nominated Primary Care Development Manager (Jeanette Giles), NED as Complaints Sponsor (Mark Hendry) (Complaints Sponsor), Assistant Director Clinical Governance (Sarah Hughes), Finance Director of Finance (Mike Theelke), Complaints Manager (Debbie Townsend)

### **Frequency of meetings**

Quarterly

### **Reporting Arrangements**

As a sub committee of the Board regular reports will be provided to the Board with links into the Governance and Risk Management Committee and the Clinical Governance Steering Committee