

Complaints & Feedback Policy

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This policy supersedes all previous versions.*

Purpose:	<p>The purpose of this policy is:</p> <ul style="list-style-type: none"> - To provide a process whereby patients can provide feedback on their experience whilst utilising the services provided by Connect Health - To give staff guidance on how to respond to formal and informal complaints raised by patients, relatives and carers in line with national guidance - To provide a framework to ensure that learning and service improvements result from the feedback process - To ensure the management of concerns and complaints complies with the NHS Complaints Regulations (SI 2009 no 309) - To provide guidance on the management of quality alerts
Associated Policies & Documents:	<ul style="list-style-type: none"> - 'How to make a Complaint' Ombudsman Information leaflet for patients - Incident Reporting and Management Policy - Whistleblowing Policy - Clinical Governance Framework - Claims Management Policy (in progress)

Equality Impact Assessment (EIA)

Initial Equality Impact Assessment Carried Out	Yes/No	Date Carried Out
	Yes	12 th December 2019
Any Significant Impact Following EIA	No	
Full Equality Impact Assessment Required	Yes/No	Date Carried Out
	No	N/A
Outcome of Full EIA		

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1. Introduction

Connect Health is committed to delivering high quality services and the optimal patient experience. However, there must be effective, easily accessible and clearly understood mechanisms for patients to report queries and complaints in order for these to be investigated/responded to in an open and honest manner if our patients are not satisfied. Complaints feedback offer an opportunity for us to review our services and to seek to make improvements.

Front line staff are expected to try and resolve any queries and concerns as they arise. However, if those raising issues remain dissatisfied, they have the right to formally complain.

The procedures outlined within this document provide a framework for the company to meet national requirements, provide a timely and proportionate response to complaints and provide a consistent, reliable and methodical process to work by.

Connect operate a 'Just culture', therefore the Executive Board of Connect believe that complaint investigation and reporting should only trigger or contribute to any disciplinary procedure where there is a criminal act or where a colleague has wilfully and/or negligently, exceeded their professional or contractual boundaries.

2. Policy Scope

This policy and associated procedures encompass patient feedback in the form of formal and informal complaints and also 'healthcare professional feedback' including quality alerts reported by patients or other healthcare providers who have used Connect Health's services within the past 12 months or within 12 months of becoming aware of the matter. This time limit can sometimes be extended if it is still possible to adequately investigate the complaint (NHS England SI 2009 No 309).

This policy is companywide and applies to all members of staff working within both National Health Service contracts and Occupational Health (OH) Services.

Where we have contractually agreed to abide by a commissioners policy Connect will uphold this agreement.

3. Aims & Objectives

This policy will provide a robust and clear process for colleagues at all levels to help them understand the expectations of the company, in terms of the management of formal complaints, informal complaints and 'healthcare professional feedback' and in line with national guidance and standards (NHS Complaints Regulations (SI 2009 No 309). This will include:

- Appropriate guidance
- Ensuring that the formal complaints, informal complaints, 'healthcare professional feedback' and compliments processes are clearly described and easily accessible to all patients and carers

- Processes for feedback and audit regarding lessons learnt from concerns, complaints and quality alerts are in place to ensure satisfactory outcomes, organisational learning and that those lessons lead to service improvement

Connect will follow the [Parliamentary and Health Service Ombudsman's guidelines for good complaints handling](#) which means:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

4. Duties: Roles & Responsibilities

The CEO has overall accountability for ensuring that effective concerns and complaints reporting, investigation and management processes are in place across the business and for meeting all statutory requirements. (The CEO will ensure that actions are taken in respect of all concerns and complaints received).

The Executive Team supports the CEO with specific areas of concerns and complaints management in Connect, with support from the Senior Management Team. All executive directors are responsible for encouraging staff to respond to complaints in an open and honest manner and provide leadership towards embedding a positive culture of complaint investigation, without fear of unjust disciplinary action.

The Chief Operating Officer is the designated executive director responsible for implementation of effective systems to manage and monitor complaints and ensure improvements are made.

The Director of Clinical Delivery supports the investigation and management of complaints related to clinical processes or activities resulting in or related to, patient harm. Clinical issues will be communicated and monitored by the designated clinical governance forum as shown in the Clinical Governance Framework. This is overseen by the Patient Safety & Quality Group and escalated to the Clinical Governance Group as necessary.

The Deputy Director – Integrated Governance and Quality is responsible for overseeing concerns and complaints reporting. Responsibilities include ensuring a central database of all complaints is maintained on behalf of the Chief Operating Officer. The Deputy Director – Integrated Governance and Quality will monitor business wide concerns and complaints data which impacts on the clinical services. This will include trend and statistical analysis as part of the systematic aggregation of incidents, complaints and claims. The role will provide advice, guidance and leadership to facilitate the effective investigation of clinical concerns and complaints and will also oversee all serious clinical complaints and liaise with the Parliamentary and Health Service Ombudsman, where necessary.

The Operational Governance Manager provides support to the Deputy Director – Integrated Governance and Risk with the implementation of the concerns and complaints management and investigation processes, providing advice, support and leadership to colleagues to ensure that complaints are managed appropriately through training. The role will ensure that information from complaints are made available to all relevant managers and staff, for lessons to be learned and improvements made. The Operational Governance Manager has responsibility to provide support to managers and clinicians to identify and

address specific risks arising from either individual concerns/complaints or from analysis of wider trends. They will also be responsible for the effective management of the electronic system for recording patient and healthcare professional feedback.

The Occupational Health Clinical Governance lead provides support and leadership to colleagues within Occupational Health in relation to the management and investigation process, lessons learnt and to ensure complaints are managed appropriately. They are also responsible for providing advice and guidance to ensure compliance with SEQOHS (Safe Effective Quality Occupational Health Service) accreditation.

The Clinical Governance Group (CGG) oversees clinical governance and risk throughout Connect. The Clinical Governance Framework includes the group's terms of reference (via One Connect) and outlines the infrastructure in place to ensure that all aspects of clinical governance are in place, effective and monitored, including complaints management and investigation. Significant issues are escalated to the CGG where appropriate.

The Patient Safety & Quality Group provides effective operational oversight of clinical risk and patient feedback, to ensure that there are effective processes in place in order to learn from experience, promote a positive patient safety culture and contribute to the processes for improving the quality of service provision. This includes the effective management of concerns and complaints. The terms of reference are available on One Connect.

The Clinical Governance & Risk Administrators review all complaints received and identify company-wide implications, particularly where there may be concerns around possible litigation. These will be discussed in the Patient Safety & Quality Group meetings. The Clinical Governance team can be contacted for any advice regarding legally sensitive information and the potential for reputational risk to the company. They also escalate any relevant issues identified directly to a senior colleague (e.g. regional manager) where appropriate.

Members of the Clinical Governance & Risk Team and Risk Administrators are responsible for the administration of complaints, ensuring these are handled within the appropriate timescales and that necessary compliance-related details are fulfilled. This is achieved through liaison with line managers and where appropriate, external organisations. An essential part of the team's responsibility is to support the Operational Governance Manager to continuously improve the overall complaints system by the triage of the complaints inbox and management of the patient feedback process.

Regional Managers, Service Managers and Service Leads/Heads of Department are responsible for the effective, efficient investigation and management of concerns/complaints within their respective areas. Appropriate systems are in place to ensure that complaints are delegated, where necessary, to relevant colleague(s) for investigation and response.

Regional Managers, Service Managers and Service Leads/Heads of Department may act as the 'Handler' of a complaint. The handler is responsible for managing/overseeing the complaint investigation. The handler may not necessarily be responsible for investigating the complaint and drafting the response personally (although they may do) but will ensure that the most appropriate colleague investigates the complaint and that an appropriate response letter is compiled.

The handler will ensure that upon appropriate completion of an investigation of a complaint, that suitable actions are taken with any necessary action plans signed off in a timely manner. The handler will ensure that colleagues within their area receive appropriate complaints training to assist in the high quality and content of each complaint response letter.

There may be times when the complainant remains unhappy with the initial complaint response and a second or third complaint may be submitted. In these instances, the complaint investigation and response are escalated; for example, if the initial response was formulated by a service manager, then the second investigation and response should be formulated by the regional manager. The quality and content of complaint response letters is vital and must address each issue raised in turn. Complaint responses received by the Clinical Governance Team which fall below the required standards, will be returned to the responder to amend and return.

The Head of Patient Experience is responsible for implementing efficient management and investigation processes for all complaints associated with the Referral Management Centre (RMC). The Head of Patient Experience will lead and support team leaders in the investigation of complaints relevant to the RMC and to ensure learning from complaints investigation is disseminated across the RMC. The Head of Patient Experience is also responsible for the quality and content of complaint response letters.

Clinical Team Leads/RMC Team Leaders are responsible for investigating concerns and complaints or aspects of concerns and complaints that involve administrative processes in the RMC. This may include drafting a response letter to be sent to the complainant.

The Information Governance Lead will provide support and advice where a complaint involves any information security or data protection issues.

NHS Choices Feedback Co-ordinator is responsible for monitoring social media feedback from NHS Choices, Connect Health's website, Twitter and Facebook and ensuring all feedback receives a response via the social media platform on which it was received.

Each colleague has a responsibility to understand the process and value of complaints and the complaints investigation process and to abide by Connect Health's Complaints & Feedback Policy and processes and the appropriate timescales contained within.

The 'Complaint Investigator' is the colleague responsible for managing/overseeing the investigation of the Informal Complaint/ Formal Complaint. Usually, the assigned manager will be the service manager, head of department, team lead or other appropriate member of staff. At the time the complaint is recorded, the assigned manager is notified via an automated system alert direct to their email inbox. The assigned manager may then delegate the complaint to another relevant member of staff, if necessary.

5. Definition of Terms

Patient Feedback – This can be in several forms, including queries; informal complaints; formal complaints; compliments or quality alerts.

Query - A request for information from a service user received either verbally via telephone or by email through the Company's website. Queries are transferred to the most appropriate person and dealt with at the time of query.

Informal Complaint - An expression of dissatisfaction that is completed verbally or informally by letter or email, where the patient does not require or expect a formal written response. Resolution of informal complaints should be attempted at the time an expression of dissatisfaction is made to the service. This could include a fundamental failing/breakdown of our policy, processes or service proposition. This is likely to mean that we haven't

delivered against a promise or failed to action a task in line with protocol, (e.g. cancelled appointments, failed call back, staff attitude). If an informal complaint is not able to reach a local resolution it will be escalate to a Formal Complaint.

Formal Complaint – An expression of dissatisfaction that is completed verbally or formally in a letter or by email regarding care received where the patient requires a formal written response to their concern. This could be an issue raised about our process whereby we are operating within our framework, but which has led to the dissatisfaction of the patient. This may include but is not limited to; appointment lead times; call wait time to get through to a PCA; location of available appointments.

Compliment - A polite expression of praise or admiration expressed to someone for something. These can be received verbally by telephone; via email, letter or card.

Healthcare Professional Feedback (HPF) – This relates to feedback given to Connect from another healthcare provider including a patient’s own GP, ambulance services, NHS Trusts etc. This includes Quality Alerts (QA), a quality alert provides a mechanism for GP practices to address issues and concerns with Connect as a service provider which requires further investigation in relation to their patients. The process for quality alerts is agreed as part of the contract with the relevant Clinical Commissioning Group (CCG) prior to service commencement.

Customersure – This relates to the system by which Occupational Health services gain feedback from patients and customers.

6. Complaints & Feedback Process

6.1 Process for raising Informal complaints

There are two main ways we receive Informal Complaints:

Verbally or written - Before any informal complaint turns into a formal complaint, it is very important that colleagues dealing with the complainant or their representative(s), address any issues as they arise. It is also important that colleagues give reassurance at this stage to anyone raising a concern that this will be dealt with confidentially and that their/the patient’s care will not be compromised as a result. If raised verbally, a summary of the issues should be documented and confirmed with the patient/representative. Colleagues must ensure they provide a record of these discussions and any resolution, by recording the information as an Informal Complaint on One Connect. At Connect Health, informal complaints are dealt with and logged by each department. The procedure for dealing with informal complaints can be found in Appendix 1.

Where a complainant’s first language is not English, please refer to the Translation Policy.

6.2 Process for raising Formal Complaints

Where we are unable to address patient complaints informally or where the patient clearly wishes to make a formal complaint, the following process is followed:

Stage 1 – *Complaints that are made formally in writing to Connect Health’s head office, via letter or email to complaints@connecthealth.co.uk or complaints.connect@nhs.net or verbally to a Connect colleague.*

When a complaint is made verbally, the colleague must send a brief outline of the complaint along with enough patient identifiable information to the Clinical Governance team via the complaints email system. The RMC team or the Clinical Governance & Risk Administrator will contact the patient to discuss the complaint and agree the wording of the complaint. The Clinical Governance & Risk Administrator will then document the complaint and either email or post out a copy of the complaint for confirmation of accuracy.

(Details of how to make a complaint can be found on Connect Health's website at www.connecthealth.co.uk)

Acknowledgement - An acknowledgement letter or email will be sent to the complainant within three days of receipt of the complaint. The Procedure for Managing Formal Complaints for all colleagues can be found in Appendix 1. Guidelines for the Clinical Governance and Risk Administrator can be found in Appendix 3. All formal complaints will be investigated and responded to within 30 working days (Appendix 1). If there is a second complaint received where the complainant is not satisfied with the initial response then we must immediately acknowledge and should respond to this within 10 working days back to the patient, these responses will be prioritised and checked within the Clinical Governance team.

When a complaint is received, any issues regarding the patient's ongoing care are identified. This is particularly important where the complaint is in relation to their immediate care. It is also important at this stage to reassure people raising formal complaints that they/the patient will not be discriminated against as a result of having made a complaint and that their complaint will be dealt with in confidence. All complaints will be investigated and responded to in accordance with the complaint regulations.

Initial Review/Investigation - The relevant manager will carry out a thorough review of the complaint and produce a response of their findings and, if necessary and advised by the Clinical Governance Team, an action plan. The purpose of the action plan will detail the steps put in place to prevent any other such occurrence in the future. This will be overseen by the Regional Manager who will take responsibility for this process and for the quality of the response letter following completion of the investigation.

During this first local resolution stage of the procedure, every effort is made to respond fully and openly to the complaint raised, which may often involve meetings and/or ongoing discussions and liaison with the complainant.

Formal Response – The formal complaint response letter will be sent back to the complainant within 30 working days of the complaint being received by Connect Health. If a response will not be sent to the complainant within 30 working days, the complainant should be kept informed of the delay by the Clinical Governance Team, or as agreed with the complaint investigator.

The final response should include:

- an introduction including the date complaint was received and the date of the issue occurring
- summary of the complaint and the points that will be addressed
- an apology for the service experienced
- the chronology of "what happened" (where appropriate)
- an investigation outcome
- a conclusion which notes whether the complaint was upheld or not

- The offer of a meeting if the complainant is not happy with resolution and PHSO contact information if local resolution is not possible

Final response letters will be reviewed by the Clinical Governance Team before being sent to the complainant. Colleagues should ensure that the draft complaint response is received within 20 days of the complaint being received and registered (see Appendix 1).

Responses that need further investigation or updates to the draft will be returned to the writer/ relevant colleague, with a reminder of the final deadline for complaint response.

Complaining via Commissioning Body - Complainants have the option to address their complaint directly to the commissioning body of the service (i.e. via the relevant Clinical Commissioning Group) instead of, although not in addition to, making a complaint to the provider of the service (i.e. Connect Health). This may lead to a **Quality Alert** being raised. If a quality alert is raised, the Clinical Commissioning Group will forward details of how they wish the Quality Alert to be managed. The management of this process varies depending on the CCG involved. See Appendix 3 for an example Quality Alert process.

In certain circumstances, Commissioners may decide to take the lead, coordinate and maintain an overview of the complaints process and the complaints management staff, as requested.

Complaints Outside of 12 Months – Complaints must be made no later than twelve months after the date of which the matter which is the subject of the complaint occurred OR twelve months after it came to the notice of the complainant.

For complaints received more than 12 months from the date of the event, Connect Health are not obliged to carry out a full investigation, however the complainant can be contacted for further information asking why the complaint was made outside of 12 months. If there are good reasons for not having made the complaint within the above timeframe *and it is still possible to investigate the complaint effectively and fairly*, Connect Health may decide to still consider the complaint. The possibility of a reputational risk to the company must always be considered.

Stage 2 – The Parliamentary Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied with Connect Health's response following completion of all local resolution actions, they have the right to seek an independent review of their outstanding concerns by the PHSO. To be eligible for review by the PHSO, the complaint must be about a service funded by the NHS and the complainant must ask the PHSO to review the complaint within 12 months of receiving a final written response to their complaint from Connect Health.

The PHSO is not obliged to investigate every complaint put to them and they will not generally take on a case which has not been through the NHS Complaints Procedure or a case which has been dealt with by the courts. Any complaint raised to the PHSO will be managed by the Clinical Governance team.

6.3 Managing Healthcare Professional Feedback

Feedback received from other healthcare providers should be managed in the same way as formal complaints. They should be acknowledged within 3 working days and receive a final response within 30 working days. Timeframes will be monitored against the timeframes in the complaints policy. When responding to healthcare professionals the language may need to be different than it would if responding to a patient. It is important to note that complaints

received by the CCG on behalf of a complainant should still be dealt with via the complaints process and logged as a formal complaint received from the CCG.

Where alternative timescales have been agreed with a clinical commissioning group as part of the quality alerts process, there will be dealt with accordingly.

6.4 Information Governance

All complaints will be dealt with confidentially, according to Connect Health's confidentiality policy and data protection legislation, including General Data Protection Regulations (GDPR).

Copies of any documentation relating to formal complaints raised must not be kept in patient records. Any referral letters should not include reference to the fact that a complaint is/has been made.

Where a complaint is raised by someone other than the patient (or next of kin in respect of deceased patients), evidence of patient consent will be required, and information will not be disclosed to that third party until an appropriate written consent has been received.

Where there is a lack of capacity, the patient's representative must provide adequate proof of their authority to act on behalf of the patient, e.g. they hold power of attorney, prior to the release of any patient related information.

If consent is not received from the patient Connect will 'Withdraw' the complaint on the system. Connect reserves the right to identify key themes and trends from the complaint raised in order to improve the service delivered to patients.

If Connect is required to involve another Healthcare Organisation e.g. sub-contractor, patient's own GP, CCG) in the complaints process Connect will get consent from the patient to pass their details on. This will be documented in the Datix record.

6.5 Non-discrimination

Patients, relatives and carers will not be discriminated against for making a complaint or raising a concern and their future ongoing health care needs will not be affected.

Reassurance is given in Connect Health's acknowledgement letters in respect of the complaints received. This standard is reinforced through staff training, induction and customer care programmes.

6.6 Just Culture and Support for colleagues

Complaints will be thoroughly and fairly investigated to verify the facts so that any allegations can be shown to be true or false. Colleagues named in a complaint will have every opportunity to respond. This can be via email, phone, letter or meeting with the investigating officer.

The Company recognises that a complaints process can be stressful for colleagues and so will endeavour to make sure that appropriate support is provided. On occasions, a manager may decide to take more proactive action to support a colleague. This may include a management referral to support services or options for further training. This will be discussed on an individual basis, if considered necessary.

Counselling for colleagues is also available on the request of the individual colleague, through the HR team.

Connect follows the principles of a [Just Culture](#) as proposed by NHS Improvement this means that we understand that action singling out an individual is rarely appropriate - most patient safety issues have deeper causes and require wider action. All complaint investigations will follow this guidance.

6.7 Lessons learned and shared

Informal comments, surveys, complaints and compliments, provide a valuable opportunity to assess the service we deliver to patients. Complaints are welcomed as necessary for continuous service improvement. It is essential that we use the opportunity to see whether lessons can be learned by the service in question and for Connect Health as a whole.

These lessons are identified through the Patient Safety and Quality Group and fed back via representatives to clinical steering groups which analyse the reports for trends over longer periods of time for a service, contract or region.

Through national reporting of patient concerns and complaints at Connect Health's Patient Safety and Quality Group via information/data from weekly Clinical Governance Team meetings, national and regional trends and recommendations are made to facilitate positive learning from individual concerns and complaints. These are reviewed in the Clinical Governance Group meetings and are supported by the Deputy Director - Integrated Governance and Quality and the Operational Governance Manager.

6.8 Vexatious Complainants

The aim of this section is to define possible situations where the complaint might be habitual, vexatious or unreasonably persistent and to provide a framework for managing these complainants. It is emphasised that identifying complainants as habitual, vexatious or unreasonably persistent should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the Connect Health complaints procedures, for example through local resolution, conciliation, or involvement of advocacy services as appropriate. Judgement and discretion must be used in applying the criteria to identify potential habitual, vexatious or unreasonably persistent complainants and in deciding action to be taken in specific cases. It can be difficult for staff to respond to or deal with these complainants and support may be needed.

Unreasonably persistent complainants are those that raise the same or similar issues repeatedly, despite having received a full response to all the issues they have raised. Habitual complainants may raise several complaints, either in series or contemporaneously, which may or may not have similar issues raised. Vexatious complainants can cause frustration, worry or actual concern for staff welfare.

Connect will treat every individual complaint on merit, however if the Clinical Governance team believe the complainant has become vexatious and that all reasonable attempts have been made to resolve the complaint. Connect can withdraw the complaint and inform the complainant in writing. If a new complaint is received from the same complainant, it will be treated on its own merits and investigated if the new complaint is materially different.

6.9 Records retention

The NHS Code of Practice for Records Management indicates the following retention periods for complaints records:

- Correspondence, investigation and outcomes – 10 years from completion of action
- Returns made to the Department of Health – files closed annually and kept for 6 years following closure

6.10 Care Quality Commission

Any requests made by the Care Quality Commission for information about a complaint must be provided within 28 days. The 28-day period starts the day after the request is received.

6.11 Compliments

All compliments received will be recorded on One Connect. This information will be available for service managers to create reports, which will be fed back to relevant stakeholders, for example, fed back at monthly CCG meetings.

Compliments received within Connect Health's Occupational Health (OH) Services are submitted and stored in the Customersure System and fed back at regular Customer Service Review Meetings.

6.12 Social Media Feedback

The company has a dedicated NHS Choices Feedback Co-ordinator, whose role includes monitoring social media feedback from NHS choices, Connect Health's website, Twitter and Facebook. Compliments will be recorded on One Connect. Concerns and complaints will be managed in line with this policy. All feedback will receive a response via the social media platform on which it was delivered. The NHS Choices Feedback Co-ordinator will provide feedback to the Patient Safety and Quality Group on a quarterly basis. The Occupational Health Clinical Governance Lead will provide feedback from OH Services into the Patient Safety & Quality Group.

7. Training Requirements

All staff will receive a basic introduction to Patient Feedback on induction.

Informal/Formal Complaints

As part of induction all staff will have training on managing complaints, this will vary depending on the level of involvement in complaints. RMC staff will be given training on managing difficult calls and how to escalate complaints when appropriate.

For managers and team leaders who require more advanced skills at resolving and managing complaints, including writing and investigation skills, training will be provided. This training will include investigation skills, verbal communication skills and written response skills. These competences are outlined in Connect Health's generic competences by role type under Delivering Quality and Delivering Governance.

All staff involved in the process will be supported and provided the training required to perform the role expected of them within this policy.

8. Diversity and Inclusion

Connect is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat colleagues reflects their individual needs and does not unlawfully discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). This policy aims to uphold the right of all colleagues to be treated fairly and consistently and adopts a human rights approach. This policy has been appropriately assessed.

“An equality analysis has been undertaken for this policy, in accordance with the Equality Act (2010).”

9. Assurance and Monitoring Compliance

Standard/process/issue	Method	By	Group/meeting	Frequency
Monitoring of formal and informal complaints received. Identification of risk and potential risks which would require immediate action.	Clinical Governance Team weekly report	Clinical Governance Team	Clinical Governance Team Meeting	Weekly
Formal and informal complaints and the complaints process, including improvements made as a result of formal complaints and that the action plan is completed (if necessary)	Monitoring reporting of complaints and collation of information for period	Clinical Governance Officer/ Operations Governance Manager	Patient Safety and Quality Group Clinical Governance Group (by exception) Clinical Steering Groups Monthly Operations Performance meeting (MOPS)	Quarterly Quarterly Quarterly Monthly

The information above will be collated in an annual complaints report which will provide an overview to ensure compliance with this policy. See also Appendix 4 for concern and complaint monitoring procedure.

10. Consultation and Review

The views of The Board, Chief Operating Officer, Chief People Officer, the Director and Deputy Director of NHS Services, Director of Occupational Health Services, Regional Managers, Service Managers, OPS Manager and Occupational Health Clinical Governance Lead have been sought on the revised policy. This policy will be ratified in the Clinical Governance Group.

11. References

- Equality Act 2010
- Data Protection Act (2018)
- GDPR Regulations (2018)
- Health & Social care Act 2008 (Regulated Activities) Regulations 2014
- NHS England SI 2009 No 309
- The NHS Code of Practice for Records Management
- NHS Complaints Policy standards – NHS England (2017)
<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CDwQFjAA&url=http%3A%2F%2Fwww.nhs.uk%2FchoiceintheNHS%2FRightsandpledges%2Fcomplaints%2FPages%2FNHScomplaints.aspx&ei=DCJVZvsN4GasAGyqIAI&usq=AFQjCNHJq68AvhKIZ-5SRlXl9LGnK83q4Q&bvm=bv.96339352,d.bGg>
- NHS Complaints Procedures in England (Jan 2014) House of Commons Library – Thomas Powell
- NHS Litigation Authority Apologies & Explanations www.nhs.uk (NHS Resolution)
- Good Governance Institute - Complaints Handling in NHS Organisations (2014)
- CQC - Complaints Matter (2015 Jan)
http://www.cqc.org.uk/sites/default/files/20141208_complaints_matter_report.pdf
- Care Quality Commission Regulation 16 – Receiving and Acting on Complaints
- Department of Health (2009) Listening, Responding, Improving; a guide to better customer care. (2009) Tackling Concerns Locally *DH website*: www.dh.gov.uk
- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Legislation.gov.uk <http://www.legislation.gov.uk/>
- Parliamentary and Health Service Ombudsman - Principles of Good Complaint Handling (2009)
- Principles for Remedy (2009) <http://www.ombudsman>
- National Patient Safety Organisation – ‘Being Open’ www.npsa.nhs.uk
- Standard F – Relationship with Workers (SEQOHS Standards 2015)
- Standard E – Relationship with Purchasers (SEQOHS Standards 2015)

12. Appendices

Appendix 1 – Complaints Process Quick Reference Guide

Formal Complaint Received

3 working days

- Acknowledge to complainant (include expected response date) in writing (email/letter)
- Request signed Consent if it is not the patient complaining about themselves (use consent guidance)
- Assign appropriate investigator (usually service manager or clinical lead)
- Investigators should contact the complainant by phone if possible to get clear details of the complaint made

10 Working Days

- Investigation undertaken by appropriate person, ensure that the focus is on why the issue occurred and what can be done to improve the service
 - Ask for reflective accounts from staff members where required
 - Draft response to Patient using written Complaints guidance and agreed templates (Investigator)
 - *If consent is not received chase the patient for consent to investigate (Governance Team)*

20 Working Days

- Send draft response to Clinical Governance Team within 20 Working Days (Complaints Inbox)
- The response will be reviewed by the CG Team and comments returned to the investigator if required
- The existing deadline must still be met where possible
- If the complaint is going to breach the deadline (3 working days before due date) send a holding email/letter to the complainant to keep them informed

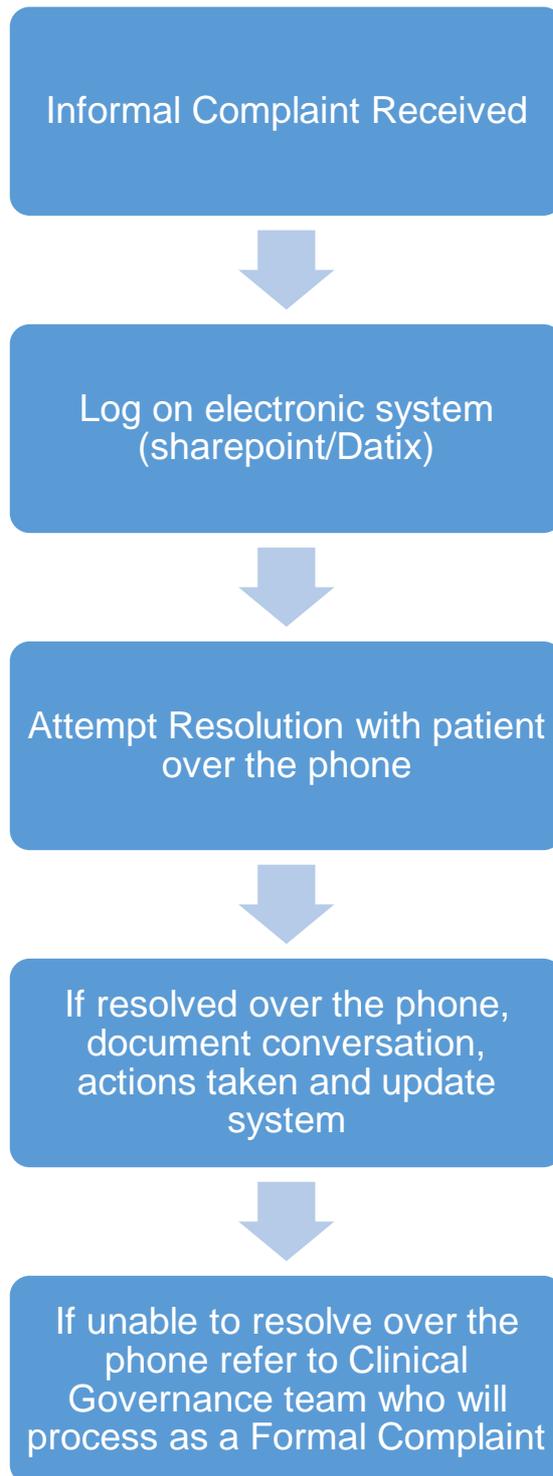
30 Working Days

- Written response sent to patient with clear outcome and actions taken as a result of the complaint
- Offer a meeting/phone call to the complainant if they are unhappy with the response from Connect
- Ensure actions planned/taken are clearly documented and any ongoing actions are identified and monitored

40 Working Days

- If a second response is required this must be completed within 10 working days
- If it is not possible to resolve the complaint at this stage, provide the patient details for the Parliamentary and Health Service Ombudsman (PHSO) who can review the complaint
- Complete and evidence all actions taken as a result of the complaint on the system
- The Investigator should close the Complaint on the system when actions are complete

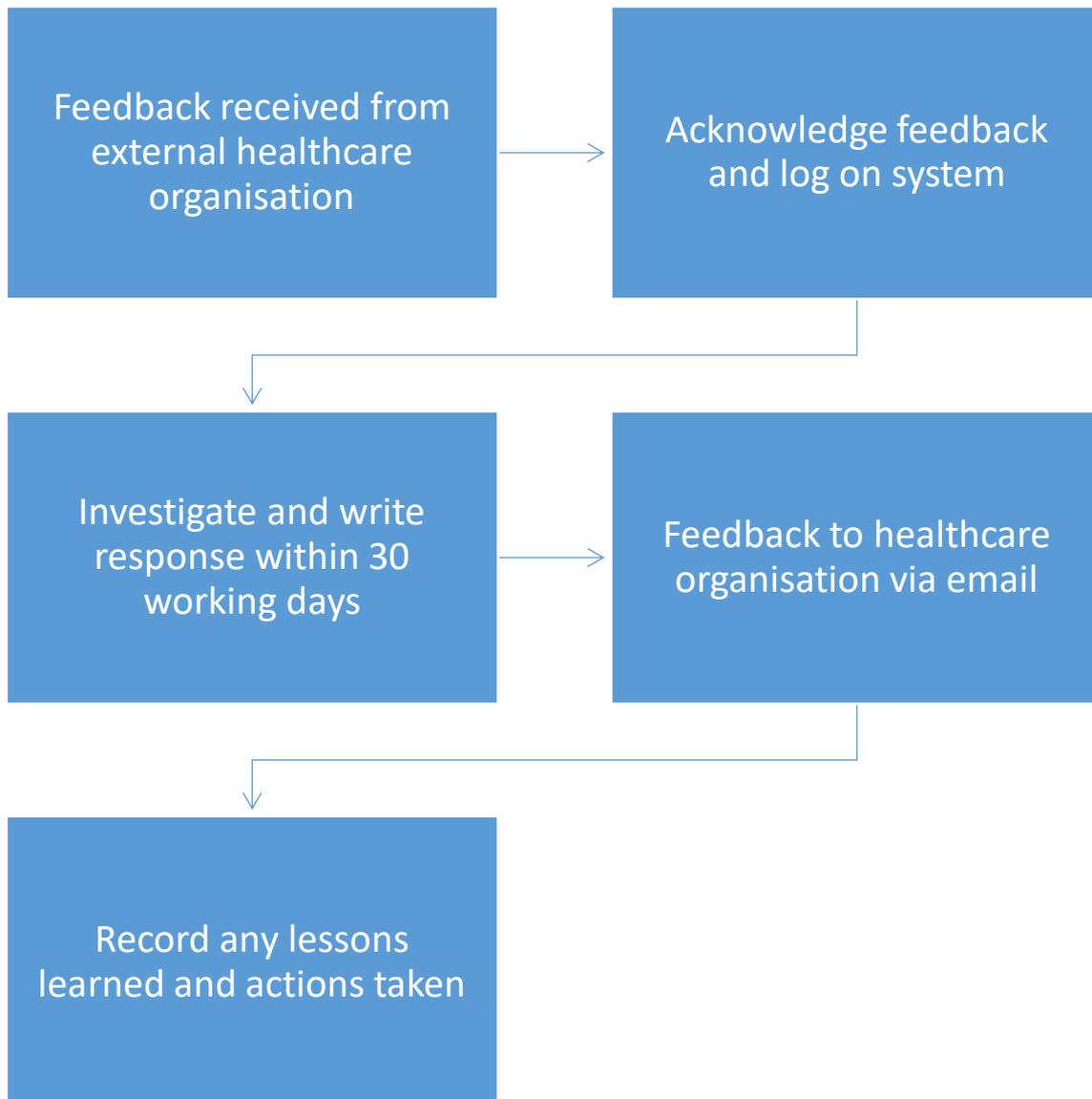
Appendix 2 – Procedure for Managing Informal Complaints



Appendix 3 Clinical Governance Team Process



Appendix 4 – Management of Healthcare Professional Feedback Process (Incoming)



Appendix 5 - Patient Complaint Monitoring Procedure

Report of Formal and Informal Complaints generated by reporting module on Sharepoint. This can be accessed by all Managers who require reports regarding their contracts or colleagues responsible for creating company- wide information, including:

- Completion rate against timeframes
- Number of complaints per contract
- Analysis of complaint type

Reports created:

- Weekly Clinical Governance Team Report
- Monthly RMC 10,000 Report
- Monthly Operations Performance Report
- Quarterly Patient Safety & Quality Group Report
- Quarterly Quality Reports

Uses of monthly audit report include:

- Quarterly review by Patient Safety & Quality Group
- Clinical Steering Group trend review quarterly to identify training needs to staff and managers as well as inform service improvements through trend analysis (internal)
- Summary provided to Clinical Governance Group (internal)
- Summary provided to external stakeholders such as CCGs (external)

Document Control

Revision Number	Revision Date	Description of Change	Reason for Change	Author of change
1.0	03/06/2015	N/A	Policy Created	AR
1.1	04/02/2016	Change to format	Updated Connect format	EW
2.0	27/04/2016	Update to formal complaints information	NHS complaints guidelines	AR
2.1	18/06/2017	No change	Review	EW
3.0	05/07/2017	Update to procedure	Review of procedure	EW
3.1	11/01/18	Change to document ownership	Review of responsibilities	BW
4.0	31/03/2019	Format Update	N/A	WM
5.0	12/12/2019	Updated appendices and references. Clarification regarding processes and guidance	Full review	SW, GW, SGT, TA, JW, JR, EW
5.1	06/02/2020	Updated roles & responsibilities; update of terminology.	Full review	AMc, SW
5.2	26/05/2020	Updates to add OH clinical governance lead role & responsibilities and clarify details on OH services feedback mechanism	Review	TA