Complaints, Comments and Compliments Policy

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Policy Owner	Chief Executive

Important Note:

The version of this policy on the Cumbria Health Website is the only version that is maintained. Any printed copies or copies held on file should be viewed as "uncontrolled" and, as such, may not necessarily contain the latest updates and amendments.

Contents

1. POLICY SUMMARY AND SCOPE

This document outlines Cumbria Health's policy for handling complaints, comments and compliments. It is intended for use by all those employed by and working on behalf of Cumbria Health. It applies to all staff at all sites to ensure that all staff are aware of and can apply best practice when dealing with written, verbal or otherwise communicated complaints and comments in line with best practice guidance set out by Local Authority Social Services and NHS Complaints (England) Regulations (Department of Health and Social Care 2021 guidelines) and Care Quality Commission (CQC) regulation 16 - Complaints.

The Health Service Ombudsman has published the six principles of good complaint handling which Cumbria Health adheres to.

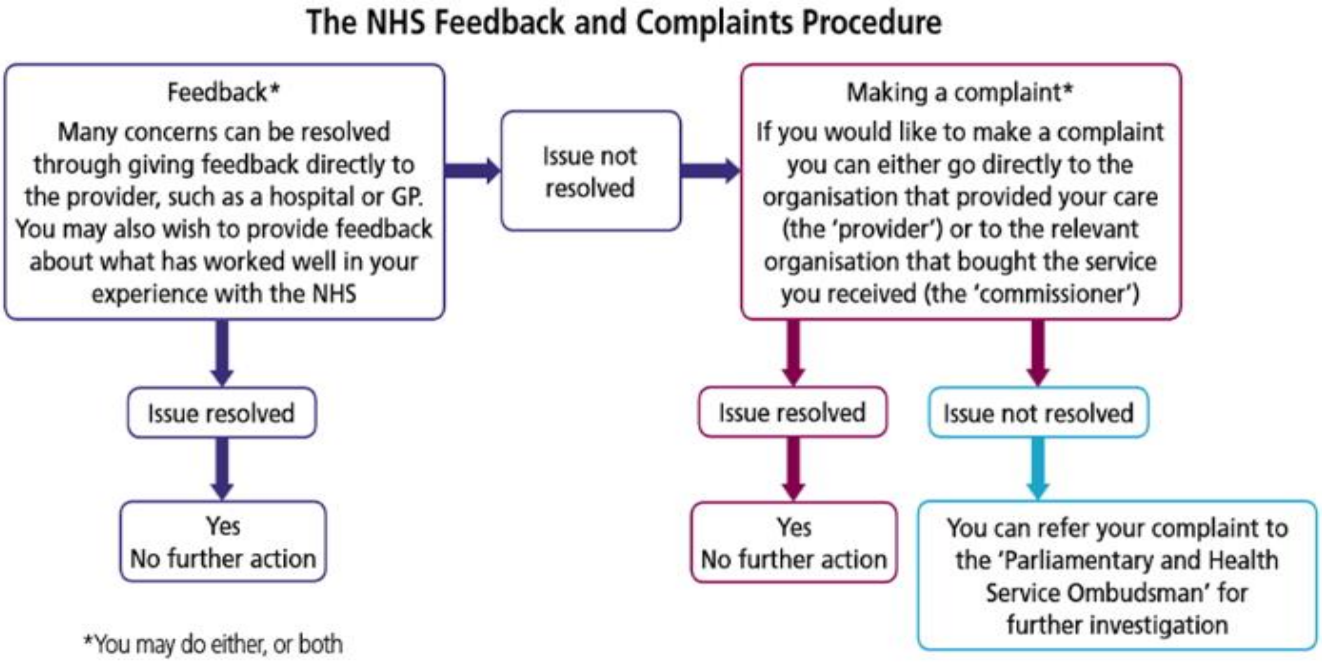
The six principles are:

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

It is Cumbria Health's aim to ensure all staff, patients, carers and members of the public have access to information on how to raise a concern or make a complaint, comment or compliment.

Cumbria Health is committed to providing an effective and timely process for the investigation and resolution of complaints and for providing support for those involved throughout the process.

Cumbria Health encourages informal local resolution of complaints, as per the below diagram taken from the Department of Health and Social Care 2021 guidance. If a complaint is resolved informally there is no requirement for them to be formally recorded as a complaint by Cumbria Health.



This policy is not intended to deal with grievances and/or raising concerns (formerly whistleblowing), please refer to the following Cumbria Health policies for guidance: 001/018 Raising Concerns Policy, 001/010 Grievance Policy.

At all times Cumbria Health will deliver a service that is in line with our values:

Clinically Focussed: Everything every one of us does is for the patient

Responsive: We listen, and we respond quickly in a patient focussed way

One Team: We work together to provide a high quality service which is organised and consistent, and in partnership with both the local Acute and Community Trusts

High Standards: We provide skilled professionals working to the highest standards who are passionate about improving patient care

Growth & Sustainability: With our strong roots we will continue to thrive and grow

Communities: Connecting and engaging to meet local needs

2. DEFINITIONS

2.1 Complaint

A complaint is defined as an expression of dissatisfaction from anyone who has accessed services provided by Cumbria Health or a third party, requiring a response. Cumbria Health will aim to acknowledge all written complaints in writing within three working days.

Under the NHS Complaints Procedure (England) a complaint should normally be made:

- Within 12 months of the incidents happening, or
- Within 12 months of the complainant becoming aware of the issue

However Cumbria Health can exercise discretion and accept complaints outside of this timeframe if there are good reasons for the delay and it is still possible to investigate fairly and effectively.

Complaints received outside this timeframe will be considered on a case by case basis in line with national guidance.

2.2 Complainant

A person, that raises an issue and/or makes a complaint on the service received via Cumbria Health, either as the patient or service user, or someone acting on their behalf.

2.3 Consent

Consent is defined as permission or agreement by the patient, when required (see exceptions) to allow Cumbria Health to share the findings of a full investigation concerning the patient if the person complaining is not the patient. Consent will need to be obtained in writing to the complainant directly and seek permission to progress for the patient. In the case of a patient death the complainant will need to provide evidence of Lasting Power of Attorney or Letters of Administration.

2.4 Informal Complaint or Concern

An informal complaint or concern is defined as a complaint that is locally resolved and not given formal complaint status. Cumbria Health are not required to record informal complaints in its complaint data. Cumbria Health may, however, capture this data for quality monitoring and training purposes.

2.5 A Comment or Compliment

A comment or compliment refers to any positive feedback received by Cumbria Health and recorded in the Impact database. The Impact database is maintained by the Governance Facilitator and Governance and Communications Manager. It is a database which stores the necessary information and can only be accessed by authorised personnel within Cumbria Health.

2.6 Third Party

Concerns/complaints can be reported to Cumbria Health by family, carers or other parties, for example Members of Parliament (MPs). Except in cases where someone is acting lawfully on their behalf, patient confidentiality and consent must be obtained from the patient to share any findings pertaining to personal information obtained during an investigation into the complaint. General information regarding service

provision and operational aspects are not bound by such confidentiality and can be shared when appropriate.

2.7 Parliamentary and Health Service Ombudsman (PHSO)

This external party will only consider assessing a complaint once a complainant has exhausted Cumbria Health's complaint procedure. The Parliamentary and Health Service Ombudsman (PHSO) supports local resolution following the handling of a complaint and carries out independent investigations into complaints in England.

2.8 Joint Complaint Resolution

This will take place when a complaint is raised which involves issues relating to more than one organisation. The Governance and Communications Manager and Governance Facilitator will work with the Complaints Managers (where appropriate) from relevant organisations, to ensure a single response is provided within the timescales of the lead organisation.

2.9 Duty of Candour

Regulation 20: Duty of Candour (Health and Social Care Act 2008) imposes a specific and detailed duty of candour on all providers where any harm to a service user from their care or treatment is above a certain harm-threshold.

Further information on harm thresholds and timescales are set out in Cumbria Health Policy 004/009 Being Open and Duty of Candour.

2.10 NHS Resolution CNSGP Scheme

From 1 April 2019, NHS Resolution is operating a new state indemnity scheme for general practice in England called the Clinical Negligence Scheme for General Practice (CNSGP). The scheme covers clinical negligence liabilities arising in general practice in relation to incidents that occurred on or after 1 April 2019. CNSGP provides a fully comprehensive indemnity for all claims within its scope. This applies to all clinical staff working under the GP contract (GPs, pharmacists, ACPs, nurses, paramedics).

If a matter falls under CNSGP, the Scheme Rules require that notification, 'a Request', is to be made to NHS Resolution (NHSR) as early as possible upon receipt of a 'Claim'.

CNSGP covers liabilities which arise as a consequence of a breach of duty of care where:

1. An act, or an omission to act, by a Health Care Professional results in personal injury or loss to a third party;
2. The act, or omission to act, relates to the diagnosis of an illness or the provision of care or treatment to the third party; and
3. The act or omission to act occurred on or after 1 April 2019.

Whilst most clinical negligence claims for NHS work would be eligible for cover under CNSGP, there remain certain scenarios which may fall outside of its scope. There may also be instances where both CNSGP and insurance/MDO involvement is required.

In respect of some instances where CNSGP cover is not likely to be available, Cumbria Health must notify their insurer in the following scenarios:

- Circumstances and claims arising from treatment occurring before 1 April 2019
- Circumstances and claims in relation to non-NHS work; including private practice and good samaritan acts
- Upon first awareness of and/or receipt of an intimation of any formal investigations being made against Cumbria Health; for example a GMC inquiry, CQC investigation, Parliamentary Health Service Ombudsman investigation, etc.
- Upon first awareness of the unnatural death of a patient which could lead to the requirement for inquest representation
- Upon receipt of an intimation of disciplinary proceedings against Cumbria Health or a member of staff
- Circumstances and claims in relation to non-medical malpractice (e.g.: defamation, data protection breaches, employers' liability, public liability, property liability, cyber liabilities)

There may be some instances where both CNSGP and insurers involvement may be required.

Further detailed information regarding the CNSGP scheme can be found on the NHSR website listed within the references.

3. RESPONSIBILITY AND ACCOUNTABILITY

3.1 Clinical Governance Committee

The Clinical Governance Committee receives all complaints on a quarterly basis and is responsible for ensuring that they are reviewed. The complaints are received anonymously, and each one is discussed by the committee. Representation on the committee includes the Cumbria Health Medical Director, Associate Clinical Director, Clinical Quality Lead, Governance and Communications Manager, Non-Executive Director, GP and Nurse Clinical Representatives, Cumbria Health Safeguarding Leads, a CCG Representative and a Patient Representative.

3.2 Quality, Improvement and Safety Team Meeting

The Quality, Improvement and Safety Team (QIST) Meeting is held fortnightly and is attended by the: Chief Executive, Medical Director, Chief Operating Officer, Associate Clinical Director, Clinical Quality Lead and the Governance and Communications Manager. The QIST meeting reviews all open complaints, a verbal update report of investigations are given, and discussion can take place around these, this includes reflecting on lessons learned and how these can be shared.

3.3 Chief Executive and Medical Director

The Chief Executive, along with the Medical Director, is responsible for reviewing and responding to all complaints that are received by the organisation. The Chief Executive is responsible for working with and communicating with any other organisations involved in a multi-provider complaint. The Medical Director will present a quarterly report that is received by the Clinical Governance Committee and the Commissioners which summarises (anonymously) the complaints dealt with within the previous quarter, and whether they were upheld, not upheld, or partially upheld following thorough investigation.

3.4 Chief Operating Officer

The Chief Operating Officer will contribute to the investigation process and will assist the Chief Executive and Medical Director to ensure that lessons are learned where systems have gone wrong.

3.5 Associate Clinical Director

The Associate Clinical Director will contribute to the investigation process and will assist the Chief Executive and Medical Director to ensure that lessons are learned where systems have gone wrong.

3.6 Clinical Quality Lead

The Clinical Quality Lead attends the fortnightly Complaints and Adverse Incident meeting, supporting the investigation process where required.

3.7 Governance and Communications Manager

The Governance and Communications Manager provides the administrative function necessary for assisting with complaints recording required in the Vantage database within Cumbria Health. This role involves ensuring that complaints are received, monitored and responded to within agreed timeframes. This role is also responsible for ensuring that complaints are highlighted to the Cumbria Health insurers, where necessary within agreed prompt timeframes.

The Governance and Communications Manager is responsible for the administration of the fortnightly Quality, Improvement and Safety Team Meeting.

3.8 Practice Manager/ Delivery Lead and GP Practice Clinical Leads

At CH managed GP Practices, Practice Managers/ Delivery Leads and GP Practice Clinical Leads are responsible for acknowledging, investigating and responding to complaints, comments and compliments received. The Practice Managers/ Delivery Lead are responsible for logging complaints on the Vantage database and updating these during investigation. The QIST have oversight of this process, with regular reviews held during each fortnightly QIST meeting.

3.9 All staff

Have a responsibility to resolve concerns and if necessary to escalate them to a line manager where appropriate. All staff have a responsibility to identify if the information shared with them requires escalation due to the content indicating safeguarding or other operational concerns.

4 POLICY

4.1 Management of Complaints

Complaints, comments and compliments will be treated seriously and dealt with effectively, respecting the seriousness of the situation and with flexibility, taking into consideration the desired outcome of the complainant.

In the event of a complaint being received from a third party regarding the care or service received by a patient, written consent will be requested from the patient, when required, before proceeding with complaint resolution.

Where a patient does not provide Cumbria Health with their consent to access their clinical records, to allow for a full and thorough investigation into their care to take place, Cumbria Health will respect this wish and carry out an investigation of the complaint without breaching patient confidentiality.

All complaints are acknowledged in writing within three working days. The acknowledgment process is administered by the Governance and Communications Manager for CH, and by the Practice Managers at CH GP Practices.

4.2 Assessing the complaint

When a complaint (written or verbal) is received, a discussion will take place between the Chief Executive, the Medical Director and Associate Clinical Director and a decision reached as to whether the matter requires notification to either the insurers or NHS Resolution (NHSR). The decision process and outcome will be documented in Vantage.

Medical negligence occurs where a medical professional has provided care that was below a reasonable standard, resulting in bodily injury (which could also include mental anguish). If a complaint indicates an intention to claim or if it is considered that there is even a low risk of legal action due to bodily injury, as soon as possible a notification form must be completed and notified as a circumstance to NHS Resolution who will log all the relevant details. No correspondence should be issued to a complainant or their representative in connection with a claim or potential claim without prior authorisation of the Chief Executive and Medical Director.

The decision to notify should be reviewed and the decision documented at each stage of the complaint process and NHS Resolution notified as and when required.

All Serious Incidents and Coroners requests should also be reported as soon as possible to Gallaghers Insurance brokers, who in turn will alert Cumbria Health insurers. This is done by either the Governance and Communications Manager, or the Governance Facilitator.

Cumbria Health uses two steps to assess how serious the complaint is, referring to 'Listening, Responding, Improving: A guide to better customer care, published by the Department of Health in 2009. All the relevant information will be recorded in the Cumbria Health Vantage database and will be used to inform the Cumbria Health Team about the necessary steps that need to be addressed. The database will be externally audited by Audit South West and during CQC Inspections.

Step 1: Decide how serious the issue is

Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care. **OR** Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
Seriousness	**Description**
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. **OR** Serious issues that may cause long-term damage, such as grossly sub-standard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

Step 2: decide how likely the issue is to recur

Likelihood	**Description**
Rare	Isolated or "one off" – slight or vague connection to provision of service.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequently or regularly.

Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable. Risks will be added to the Risk Register which is reviewed by the CUMBRIA HEALTH Board three times per annum.

4.3 Investigating the Complaint

All complaints are fully investigated. The Chief Executive is responsible for the investigation of all complaints; who may delegate this to an appropriate member of the senior management team.

During and following the investigation all complaints will be reviewed fortnightly by the Chief Executive, Medical Director, Chief Operating Officer, Associate Clinical Director and the Clinical Quality Lead.

4.4 Investigation Process

Investigations are conducted by the Chief Executive, Medical Director, Associate Clinical Director, Chief Operating Officer, Clinical Quality Lead or a Practice Manager (in the case of GP Practice complaints). There is a fortnightly meeting where all complaints will be reviewed, and a verbal update report of investigations are given. Where appropriate, statements are collated from all individuals involved and investigation into the time line of events is completed.

4.5 Responding to the Complaint

- An acknowledgment letter will be sent to the complainant within three working days and includes an indication of the anticipated time frame for investigation and response.
- Cumbria Health aim to ensure that all complaints are responded to within a reasonable timeframe (4-6 weeks), accounting for the seriousness and complexity of the investigation required. All complaints open for longer than six months should be reviewed to ensure everything is being done to resolve them.
- All complaints will be formally responded to via a letter sent to the complainant from the Chief Executive, Medical Director, Associate Clinical Director or Practice Manager. An offer of a telephone call with the Chief Executive, Medical Director or Associate Clinical Director may be offered with a face to face meeting if the complainant feels that this will be beneficial.

When responding to a complaint the following will be included:

- A summary of each element of the complaint
- Details of policies or guidelines followed
- Reference to the Duty of Candour process, if the complaint relates to an associated notifiable incident
- A summary of the investigation
- Details of key issues or facts identified by the investigation

- Conclusions of the investigations – was there an error, omission or shortfall by Cumbria Health; Did this disadvantage the complainant, and if so, how, and what needs to be done to put things right
- An apology or acknowledgement of the complainant dissatisfaction
- Lessons learnt/reflection from the organisation's and or clinician's perspective, where applicable
- An explanation of what happens next, e.g. what will be done, who will do it and when
- How lessons learnt will be disseminated to the wider workforce
- Invitation to meet the Chief Executive and Medical Director in person for further discussion if necessary
- Information on what the person complaining should do if they are still unhappy, including information regarding the appeals process and referral to the Ombudsman.

4.6 Dealing with Informal Complaints

- The complainant must be contacted personally within three working days
- A five day response process requires the issue to be resolved by the end of five working days
- If the complainant is happy, the case is closed (low risk cases only)
- If the complainant is unhappy the complaint moves to the formal process.

4.7 Multi-Provider Complaints

Cumbria Health is part of the Cumbria Joint Complaints Policy, ensuring that a patient who highlights a series of issues between organisations receives a single point of contact and a single response within Cumbria.

Cumbria Health is part of the Joint Complaints Protocol dated June 2012. The Chief Executive is included on the Cumbria Complaints Leads Revised Protocol Approved List.

4.8 Vexatious Complainants

Cumbria Health will deal with vexatious complaints by conducting a full investigation. Cumbria Health will notify insurers and the ICB should there be adverse publicity.

4.9 Possible Claims for Negligence

Where the complainant indicates or implies that compensation may be sought the Chief Executive must be informed immediately. A claim notification form must be completed and submitted to NHSR.

All Serious Incidents relating to bodily injury (including mental anguish) should be reported via the Cumbria Health Adverse Incident reporting process and the Chief Executive informed immediately. A claim notification form must be completed and submitted to NHSR.

Upon first awareness of and/or receipt of an intimation of any formal investigations being made against Cumbria Health; for example a GMC inquiry, CQC investigation, Parliamentary Health Service Ombudsman investigation, a report should be submitted as soon as possible to Gallaghers Insurance brokers, who in turn will alert Cumbria Health insurers.

4.10 Complaints Involving the Cumbria Health Executive Team

A Non-Executive Director of the Cumbria Health Board of Directors will be appointed to oversee the investigation and management of any complaint where a member of the Executive Team is the subject of the complaint

4.11 Complaints Management Process

Complaints can be received verbally, via post or via email. Any concerns noted on social media sites will be asked to contact the Cumbria Health office directly to have a discussion – this can be done via telephone (01228 514 830) or email ch.office@cumbriahealth.nhs.uk. Cumbria Health will not enter into dialogue regarding complaints on social media sites. Once received by the Cumbria Health office all complaints are logged on the Vantage database and given a unique identifier. All complaints are reviewed fortnightly by the Chief Executive, Medical Director, Chief Operating Officer, Clinical Quality Lead, Associate Clinical Director and Governance and Communications Manager. The Clinical Governance Committee receives a quarterly complaints summary report, prepared by the Governance Manager, detailing all official complaints.

The outcome of complaints in terms of 'lessons learned include information being disseminated via monthly CH Newsletter, incorporated into clinical and none clinical away days teaching material, discussed at clinical forum. During the course of the complaints investigation any staff member involved will be engaged in the process, this includes the feedback of any lessons learned and reflections requested.

The Clinical Governance Committee reviews all official complaints summarised by outlining the nature of the complaint, the investigation undertaken and whether the complaint has been upheld or not and lessons learnt in anonymous format three times per annum. The role of the committee is to ensure that the process is followed and give assurance to the Cumbria Health Board of Directors.

4.12 Documentation

All documentation is electronically stored in the Vantage database. This is a secure, backed up database which will be kept for 25 years.

4.13 Compliments

Compliments are received via the patient experience surveys, email, written or over the phone. Compliments received directly are responded to in a timely manner while compliments received via the out of hours patient experience survey are shared monthly with all OOH operational and clinical staff.

Compliments where a member of staff are referred to by name are shared with that member of staff along with their line manager. These are recorded on the internal Impact database and reported to the wider staff group monthly via the Cumbria Health Newsletter.

5 TRAINING REQUIREMENTS

There is no mandatory training for all staff in relation to this policy.

The Chief Executive, Medical Director and Associate Clinical Director have an update on managing complaints every three years.

6 POLICY MONITORING

The use of this policy is monitored fortnightly by the senior management team and bi-monthly by the Board of Directors.

7 REFERENCES/BIBLIOGRAPHY

Department of Health: Listening, Responding, Improving: A Guide to Better Customer Care, 2009
http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095439.pdf

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20; Duty of Candour

NHS Resolution CNSGP Resources:
https://resolution.nhs.uk/services/claims-management/clinical-schemes/general-practice-indemnity/clinical-negligence-scheme-for-general-practice/

8 RELATED CUMBRIA HEALTH POLICIES

004/001 Adverse Incident Policy
004/009 Being Open and Duty of Candour Policy
003/002 Safeguarding Policy
001/024 Registration Check Policy
001/018 Raising Concerns and Freedom to Speak Up

9 APPENDIX

None.