

NHS Nene and NHS Corby Clinical Commissioning Groups

COMPLAINTS HANDLING POLICY

**Approved and ratified by the Quality Committee on behalf of
NHS Nene and NHS Corby Clinical Commissioning Groups
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The Seven Principles of Public Life

The Governing Body of NHS Nene and Corby Clinical Commissioning Groups (the CCGs) has signed up to the seven principles of public life as set out in the first report of the Committee on Standards in Public Life. These principles are reproduced below to provide support and guidance to staff when conducting business on behalf of the CCGs.

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example

Complaints Handling Policy

Introduction

NHS Nene & NHS Corby Clinical Commissioning Groups (the CCGs) are committed to achieving excellence in all services they commission and understand the importance of complaints, comments, concerns and compliments as a means of reviewing their standards and as an avenue by which patient experience can be improved.

The CCGs are responsible for the local NHS budget and commissioning healthcare for the residents of Northamptonshire.

Our objective is to listen, respond and improve services for the local population and we are committed to providing all service users, their relatives and carers with the opportunity to seek advice, raise concerns, make a formal complaint and provide a compliment about any of the services we commission on their behalf.

1. Aim

The aim of this policy is to set out NHS Nene & NHS Corby Clinical Commissioning Groups (the CCGs) approach to receiving, handling and responding to complaints made under the provisions of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (SI 2009/309)¹.

The CCGs welcome complaints as a valuable means of receiving feedback on the services they commission for the people of Northamptonshire and also on the way the CCGs go about their business. The CCGs aim to use information gathered from complaints as a means of improving services and the effectiveness of the organisations they commission. The CCGs will seek to identify learning points that can be translated into positive action, and where necessary provide redress to set right any injustice that may have occurred.

It is an aim of the CCGs' complaints procedure to ensure that the complainant is at the centre of the process and we strive to provide the complainant with a high quality service that will respond openly to the issues and concerns that have been raised.

The CCGs do recognise, however, that in some instances it will not be possible to provide satisfaction to a complainant and where this is the case, the CCGs will work closely and co-operatively with the Parliamentary and Health Service Ombudsman on any case the Ombudsman chooses to investigate.

¹ UK Parliament (2009). *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (SI 2009/309)*. London: The Stationery Office.

2. The Human Rights Act

The CCGs have considered The Human Rights Act and the equality benefits of a Human Rights based approach when handling complaints. The Human Rights Act contains 15 rights, all of which NHS organisation have a duty to act compatibly with and to respect, protect and fulfil.

Six rights are particularly relevant to healthcare, four of which have greater relevance to this policy. In compliance with Articles 3, 5, 6 and 8 of the Human Rights Act this policy allows patients:

- The right to complain about services
- The right to be treated with dignity and respect throughout the complaints process
- An improved quality of health services – patients treated with fairness, respect, equality and dignity.

3. Background

The NHS Complaints Procedure was first introduced in 1996 and replaced the Hospital Complaints Procedure² and the primary care complaints procedure operated by Family Health Services Authorities^{3,4}. The 1996 procedure sought to introduce a single standardised approach to handling complaints, although it included some variations to meet the specific needs of primary care contractors. The procedure was backed up by statutory regulations that imposed legal duties and standards for the processing of complaints by NHS bodies.

There have been three subsequent revisions to the complaints procedure regulations in 2004, 2006, and most recently the 2009 regulations referred to above. The latest regulations implemented proposals set out in “*Listening, Responding, Improving*”⁵, a key aim of which was to move NHS and Social Services bodies away from a system that saw emphasis being placed on meeting process targets to one where outcomes became the primary focus.

4. Area for implementation

This policy applies to all parts of the CCGs.

² UK Parliament (1985). *The Hospital Complaints Procedure Act 1985 (c42)*. London: Office of Public Sector Information.

³ UK Parliament (1992). *The National Health Service (Service Committees and Tribunal) Regulations 1992 (SI 1992/664)*. London: Office of Public Sector Information.

⁴ UK Parliament (1994). *The National Health Service (Service Committees and Tribunal) Amendment Regulations 1994 (SI 1994/634)*. London: Office of Public Sector Information.

⁵ Department of Health (2009). *Listening, Responding, Improving: a Guide to Better Customer Care*. London: The Department of Health.

This policy covers those complaints where the CCGs agree with another organisation to take the lead in handling a complex, multi-agency complaint.

5. Organisational accountability and responsibilities

The Director with corporate responsibility for ensuring the CCGs have arrangements in place that comply with the regulations, and that appropriate action is taken arising from complaints, is the Director of Nursing and Quality [Regulation 4].

The person responsible for managing the CCGs' complaints procedures in accordance with the arrangements made under the regulations is the Director of Nursing and Quality [Regulation 4].

The person responsible for day to day management of complaints cases is the Complaints Manager.

Section 9 contains contact details for handling complaints

6. Intended users

This policy is intended for use by the CCGs' staff and persons wishing to make a complaint under the regulations, parliamentary and other representatives who provide support to persons wishing to make a complaint.

This policy is also available for scrutiny by external agencies who have an audit and inspection role regarding the CCGs' complaints functions.

Because of the diverse audience for which this policy is intended, it is written in such a way as to make it a practical guide to using the CCGs' complaints handling service, and the types of complaints the CCGs cover.

7. Definitions and explanation of terms used

"Client" refers to an individual who is seeking to use the CCGs' complaints procedure and this can include the patient who received services that are the subject of the complaint, or a recognised representative of the patient.

For the purposes of this policy a **"complaint"** refers to a matter that can be investigated under the provisions of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (SI 20009/309). Where the subject matter falls outside the scope of these regulations the CCGs' complaints team will advise the client on the process that will need to be followed for getting the matter addressed.

"Local resolution" refers to the first stage of the complaints procedure where the responsible body investigates and provides a full response to the matters raised in the complaint.

“Provider” refers to any organisation or individual that has been specifically commissioned by the CCGs to provide NHS services to the population of Northamptonshire.

8. Equality impact statement

We welcome feedback on this policy and the way it operates. We are interested to know of any possible or actual adverse impact that this policy may have on any groups in respect of gender or marital status, race, disability, sexual orientation, religion or belief, age, deprivation or other characteristics.

The person responsible for the equality impact assessment for this policy is the Director of Quality and Nursing.

This policy has been screened to determine equality relevance. The policy is considered to be high in equality relevance particularly in relation to: age, disability, race, gender, religion/belief, sexual orientation, transgender and deprivation.

It is important for staff to remember that complainants may not be able to read or write, may not have English as their first language or may have disabilities which make it difficult for them to express their complaint. There are many groups in our communities that find it hard to access the services that they need. Therefore, it is important that the CCGs have in place mechanisms to ensure that all groups are given the opportunity to access proper health care services. Staff have access to an interpretation and translation service via the CCGs who can also provide advice on the translation of literature into languages relevant to Northamptonshire’s communities.

This policy embraces diversity, dignity and inclusion in line with statutory requirements and human rights guidance. The CCGs recognise, acknowledge and value differences across all people. Every person will be treated with respect, courtesy and with consideration for their individual backgrounds. The CCGs will ensure that everyone is treated fairly and conveys equality of opportunity in service delivery and employment practice. Practically, this means that the CCGs will anticipate, and take steps, to meet individual needs. This will include making reasonable adjustments to processes and communications to help ensure their accessibility to all. Further information on how this will be achieved is set out in section 19.

9. Complaints handling procedure

This service will provide all necessary activities to enable NHS Nene and NHS Corby CCGs to meet their statutory duties and obligation as set out in the 2009 Complaints Regulations.

The key elements of the services are:

- Central access point (Monday to Friday excl bank holidays 9am to 5pm).
- Dedicated telephone and e-mail with supporting literature.
- Acknowledgment of issue or complaint
- Each contact will be logged as a case.

- Any case raising concerns will be immediately flagged to the customer in accordance with agreed protocols.
- Identification and agreement of action plan to progress case.
- Co-ordination of and support to the investigation including consent as required.
- Preparation of response letter from investigation findings.
- Co-ordination of any further local resolution required to resolve the case.
- Record all contact details and maintain database.
- Analysis of data and production of bi-annual and annual reports.
- Re-direction of complaints about other organisations.
- Provide information on complaints to answer Freedom Of Information (FOI) requests.
- Provide information on MP concerns.
- Point of contact and liaison with Ombudsman's office.
- Facilitate and support face to face meeting between customer and complainant.
- Provide complaint investigation expertise.
- Fulfil the statutory complaints reporting obligations.
- Keep up to date on any changes to NHS Complaints Regulations.

Central access point

- Service availability – office hours, Monday to Friday (excluding Bank Holidays).
- Named Complaints Manager as per complaints regulations.
- Dedicated telephone number, freepost address, e-mail address, (link via customer web-site and contact details for inclusion in customer complaints leaflet).
- Signpost patients to appropriate agencies and support groups outside of the NHS.
- Assist patients to resolve concerns or problems with CCG commissioned services and related issues.

Receiving a complaint

- Initial assessment carried out to confirm the case can be handled under NHS complaints regulations.
- If it does not fall under NHS regulations the complainant will be contacted and signposted to appropriate organisation.
- If the complaint is regarding an NHS service the CCGs commission the complainant will be contacted to obtain consent to pass the details onto the provider directly as soon as possible.
- If it transpires the complainant has already made a complaint, and responded to by the provider, the complainant will be advised the next stage of the complaints procedure is the Ombudsman (see also section 15).
- If the complaint has not previously been made to the provider directly the CCGs can decide if it is more appropriate for the provider to handle the complaint. If so, and subject to the complainant's consent, the case will be passed to the provider who is required to handle the complaint in line with the regulations. In this case the CCGs will expect the provider to respond directly to the complainant asking for a copy of the response.
- If the CCGs feel it would be more appropriate for them to handle the complaint they must notify both the complainant and the provider.

Acknowledgment of complaint

- Will include point of contact for the customer or complaint.
- Initial assessment of whether the case comes under the remit of the complaints regulations and if so all such complaints acknowledged within 3 working days of **receipt by the service**. This will include:
 1. The manner in which the complaint will be handled; and
 2. How long the investigation is likely to take and an estimated date for response
- Provide information to the complainant on the local arrangements for a complaints advocacy service where appropriate.
- Identify appropriate Investigation Lead who can work with the service to secure information and facts to enable a full response to be made.
- Where the complaint falls outside of the complaints regulations the complainant will be advised of any alternative options they may have for pursuing their concerns.

Identification and agreement of the case issues requiring investigation

- Identification of the main issues and the outcomes required to resolve the case for the complainant or customer.
- Produce case handling plan for the Investigation Lead.
- Provide Investigation Lead/CCG Manager with details of the case and timescales for completion.
- Inform the CCG main contact when a case is received.
- If the originally agreed timescale for completion cannot be met, inform the complainant at the earliest point that there will be a delay, the cause of it, and a new target response date.
- Where the complaints regulation on the duty to co-operate is activated, facilitate and co-ordinate joint complaint handling with third party organisations.
- Provide details of the CCGs' procedures and related NHS procedures to customer complaints.

Co-ordination of and support to the investigation including consent

- Provide support and advice to the Investigation Lead throughout the investigation.
- Seek and obtain consent from the complainant/patient to access medical records where appropriate.
- Chase progress on the complaint investigation and send reminders of response deadlines.
- Negotiate extension period with complainant where more time is required to complete an investigation.
- Where appropriate provide guidance to investigators on the quality of investigation and any concerns with the investigation report.

Preparation of response letter from investigation findings

- Produce draft response letter from investigation findings, ensuring that all issues identified in the complaint have been addressed.
- Where the investigation findings do not fully address all the issues raised, identify the issue, feedback to the Investigation Lead for further investigation and negotiate revised targets for response.
- Identify learning points and organisational change, to be included in the response.

- Ensure that the CCGs' lead receives updates as agreed throughout the process and quality check draft response letters and seek authorisation from the Investigation Lead prior to submission.

Forward final response letter to Chief Executive for signature and issue to complainant.

Co-ordination of any further local resolution required to resolve the complaint

- Identify outstanding issues and outcomes required and forward onto the Investigation Lead for further investigation.
- Agree timescales for response with the complainant.

Manage the process to ensure that the outstanding concerns are addressed and responded to within the agreed timescales.

Record case details and maintain complaint database

- Record and maintain details of each complaint and their outcomes on a complaints database.

10. Complaints sent to NHS Nene and NHS Corby Clinical Commissioning Groups that have already been responded to by the provider

The 2009 complaints regulations provide for a two-stage complaints process; stage 1 being local resolution by the provider concerned, stage 2 being a review by the Health Service Commissioner (Ombudsman). There is no provision in law for the CCGs to be an intermediary between stages 1 and 2 where the complaint has already been made to, and responded by, the provider that is the subject of the complaint.

At the end of stage 1, local resolution, the response to the complainant should always include details of how to raise the matter with the Ombudsman if the complainant is not satisfied with the final response. The CCGs are aware that sometimes this does not happen, and in some instances complainants are misinformed that the CCGs are the next stage in the complaints process. In these circumstances the CCGs will inform the complainant of the correct procedure to follow and will not conduct a review of the complaint.

11. Time limit for making complaints

There is a statutory time limit for making a complaint, which is 12 months from the date on which the matter being complained about occurred, or 12 months from the date on which the complainant became aware that they have grounds for complaint, whichever is the later.

A complaint made outside of the time limit can be considered if the CCGs decide there are good reasons for the complaint not being made within the time-limit and the case can still be properly investigated.

12. Persons Who Can Make Complaints

Generally it will be the person who has received the service that makes the complaint. However, there are circumstances in which another person can make a complaint on behalf of the patient, which are:

- If the patient is a child who is not able to make the complaint on their own behalf;
- A person who has been assessed under the provisions of the Mental Capacity Act 2005 as not having capacity in this matter;
- Where the patient with capacity has given consent for another person to act on their behalf.
- If a person has died we will need consent from the next of kin or power of attorney to progress the complaint.

With regards to children and people without capacity, the complaints regulations permit the responsible body for the complaint to take a view on whether the person is acting in the patient's best interests, and if it is felt that this is not the case then the responsible body can refuse to handle a complaint made by that person. In practice this means that the CCGs should not automatically assume that a parent or guardian can make a complaint on behalf of a child if it is felt that the child has sufficient maturity and capacity to make, or withhold, the complaint on their own behalf. In any case where the CCGs are considering exercising this power it will only do so after full and proper consultation with relevant other parties⁶.

If an adult with capacity consents to a third person acting on their behalf, and the appointed person can provide a valid and acceptable form of consent, the CCGs will regard the appointed person as a proxy for the patient in the complaint process. However, where a third person claims to be making a complaint on behalf of someone with capacity and does not have that person's valid consent in place, the CCGs will contact the patient and request their consent for the complaint to proceed. This will enable the CCGs to have increased confidence that it is the patient that is genuinely consenting to the complaint being made. Where this consent is not provided the complaints regulations may prevent the complaint from being processed further, namely that it is the complainant's consent that is required in order for the details to be passed onto the provider. If the patient is not granting consent for a third person to act on their behalf then there is no complainant who can provide the consent needed for the investigation to proceed.

13. Complaints That Won't Be Handled by the CCGs

The CCGs will decline to handle any complaints the subject matter of which is covered by one of the exclusions set out in Regulation 8 of the 2009 Complaints Regulations. These include:

⁶ "Relevant other parties" will be determined based on the circumstances of the particular case under consideration and could include the Courts; a social worker; health care professional; or legal advocate.

- A complaint from another responsible body, e.g. a hospital trust, GP practice, or independent provider;
- Matters relating to the employment arrangements of an employee of an NHS body;
- A complaint the subject matter of which has been previously dealt with under complaint regulations;
- Matters that are either under investigation or have been investigated by the Health Service Ombudsman; and
- An oral complaint that has been dealt with and resolved to the complainant's satisfaction within a working day of the complaint being voiced.

Additionally the CCGs will consider declining to handle a complaint:

- That is made beyond the time limit for making complaints and for which a reasonable explanation of the delay has not been given, or accepted by the CCGs;
- In which the CCGs are not satisfied that a third party is a suitable person for making a complaint on behalf of the patient;
- Where it is made by an adult on behalf of a child who is capable of making the complaint themselves and has chosen not to do so, or has not given consent for the complaint to be made on their behalf;
- From an individual to whom the **CCGs' persistent and vexatious complaints policy** has been applied and no satisfactory change in behaviour has been identified.

In all cases where the CCGs decline to handle a complaint we will notify the complainant in writing of the decision and the reasons for it.

14. Mediation

The CCGs are not in a position to provide a formal mediation service for providers and complainants who are having difficulty resolving a complaint. However, it may be able to provide advice on how to resolve a complaint to either party but this will **not** involve a CCGs' complaints officer attending meetings between complainant and provider. Where it is appropriate, the CCGs will advise the complainant of the services of an advocacy service that is established to assist complainants with the management of their complaint (see also section 17 below).

15. The Health Service Commissioner (Ombudsman)

The CCGs welcome the closer involvement that the Health Service Commissioner (Ombudsman) has with regards to complaints as a result of the 2009 regulations. The Ombudsman is in a position to

take an independent view of how the CCGs have handled and responded to a complaint, and whether we have provided sufficient redress where an injustice has taken place as a result of the matters being complained about.

By taking the approach that the CCGs will seek to provide the best answer it can in the final response, and by taking whatever time is reasonably necessary in order to ensure the best quality response, then the CCGs can regard a referral to the Ombudsman in a positive light. There will be one of two outcomes from a referral to the Ombudsman: it will either be decided that we have provided an appropriate response and no further action will be taken; or the Ombudsman will investigate and provide a view on the handling and outcome of the complaint. If the Ombudsman should choose to investigate and find failings or omissions in the CCGs' response then that will provide learning opportunities that can be put to use in future investigations.

The CCGs will not regard a referral to the Ombudsman as an indicator of failure to properly investigate and respond to a complaint because it is acknowledged that a full response may not always provide the complainant with answers that will satisfy them. This is particularly relevant to cases where the redress sought by the complainant is beyond the power or lawful authority of the CCGs to deliver.

This is not to say that the CCGs do not take a referral to the Ombudsman seriously because were we to do so that in itself would be a failure of proper complaints handling. The CCGs will cooperate fully with the Ombudsman's office on any complaint that is referred to it and will take action on any findings that the Ombudsman makes as a result of a complaint.

It should be noted that the Ombudsman will be primarily concerned with identifying whether any maladministration has taken place in the matters raised in the complaint, or in the handling of the complaint, and whether the CCGs have failed to provide a service that it is statutorily required to provide. The Ombudsman will not necessarily challenge a decision made by the CCGs so long as it can be demonstrated that no maladministration or failing has taken place in the process by which the decision was made.

16. Learning the Lessons of Complaints

Twice a year the complaints team will provide a learning and outcomes based report to the CCGs' Quality Committee. This report will highlight what lessons have been learned from complaints and report on key outcomes and changes that have been made as a result of complaints.

Where a complaint identifies risks that the CCGs need to record on their risk register the complaints manager will request the investigating manager to complete a risk assessment and ensure appropriate actions are taken to mitigate or eliminate the risk (see the CCGs' Risk Management Strategy for further details on this process).

17. Working in Partnership

- Multi-agency complaints

Note: This section is predicated on regulation 9 – duty to co-operate – and will only apply where a section of the complaint is about the CCGs exercise of their functions. If the CCGs receive a multi-agency complaint and no element of the CCGs functions can be identified in it then the CCGs will not act as broker for the complaint and will pass it on to the agency that has the majority of the content of the complaint.

Complaints can feature more than one service or organisation and the 2009 regulations permit responsible bodies to agree that one body should take the lead in the handling of a complaint. Where it is appropriate for the circumstances of the case⁷ for the CCGs to take the lead in handling a multi-agency complaint they will do so, and we will work closely with the other agencies involved to ensure that the complaint is properly investigated and the issues complained about are addressed.

Where the CCGs are not the lead agency but a party to the complaint, they will make all best efforts to ensure full co-operation and relevant sharing of information with the lead agency.

Where the CCGs are the lead agency in handling a complaint and for any reason finds an agency to be uncooperative in assisting with the proper handling of the complaint, the agency will first be reminded of its obligations under the regulations and any relevant legislation. If this does not resolve the issue then it will be clearly identified in the complaints response those matters that it has not been possible to resolve because of this lack of co-operation. It will then be a matter for the complainant to decide if they wish to raise these matters with the Ombudsman or other relevant body, such as the Information Commissioner.

- NHS Complaints Advocacy

It is not the role of the CCGs' complaints team to provide advice on the merits of a complaint or on how the complaint should be framed but it can advise on the process that will be followed for handling and responding to complaints. NHS Complaints Advocacy has been established by the Department of Health to provide complainants with an advocacy service that can assist with writing letters, preparing for and attending meetings, explore options at each stage of the complaint, and help with making decisions on the complaint.

⁷ Such circumstances could include whether the complaint is predominantly about a health service; or if another organisation is not able to handle the complaint because of a particular conflict of interest; or if the CCG is the majority or lead commissioner. This is not an exhaustive list but provides examples of where the CCG may agree to take on the lead role in handling a multi-agency complaint.

The contact details for Complaints Advocacy in Northamptonshire are:

NHS Complaints Advocacy
VoiceAbility
Mount Pleasant House
Huntingdon Road
Cambridge
CB3 0RN

Tel: 0300 030 5454

Textphone: 0786 002 2939

Fax: 0330 088 3762

18. Monitoring and Performance Management of the Policy

Apart from the bi-annual reports referred to in section 16, the CCGs will produce an annual report of its complaints activity, lessons learned and changes made as a result of complaints, which will be summarised in a statutory annual report. This report shall be presented to the Governing Body.

The CCGs shall also produce annual reports on complaints handled by the providers it commissions services from and will use information gleaned from these reports to inform our quality monitoring and evaluation work.

This policy is scheduled for a further revised in April 2016, or earlier should a change in legislation occur.

19. Ensuring the Policy Is Accessible To All

The CCGs are committed to ensuring that the guidance in this policy is accessible to all. This means that, as required, additional support will be provided to help ensure that the information in this policy can be understood and its guidance followed. This support includes (but is not limited to):

- The provision of the policy and any associated documents in alternative formats.
- Enabling individuals to have an advocate or interpreter involved for support with communication
- Making reasonable adjustments, in discussion with individuals or their representative, to procedures where these are necessary to ensure their accessibility

All staff involved in the implementation of this policy will need to proactively consider the additional actions that might be required to ensure that individual needs can be met as far as is practicably possible. Ensuring accurate and appropriate communication will help to reduce communication errors and the effective and fair handling of complaints.

Actions to improve communication could include:

- Using easy read, Braille, pictures and symbols, or other formats when explaining information.
- Providing a translator for people for whom English is not their first language.
- Providing information using picture communication symbols.
- Supplying correspondence and leaflets in alternative languages and formats, including easy read.
- Ensuring the client can access advocacy if needed.
- Providing telephone advice and support using alternative languages and formats.
- Using an Induction Loop when communicating with clients with hearing loss.
- Using Augmented and Alternative Communication aids (AAC) for people with speech or writing difficulties.

20. Support and Additional Contacts

Further advice on this policy and its content can be obtained from:

Complaints Service	01604 651710/1102
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Appendices

Forms used for complaints handling:

- Blank complaints form to record the details of the complaint.
- Verbal complaint form (mainly for use by the CCGs complaints staff).
- Consent form for a third person to act on behalf of the patient.
- Consent form to transfer complaint to a provider organisation.
- Consent form to enable complaints handler to access health records.



Complaint Form

To obtain a copy of this form in large print, audio, Braille, easy read (or other format or language) please contact 0800 5870879

Date of complaint:

Complaint ref. no:

Details of person making complaint:

Full name:

Address:

Postcode:

Telephone number:

Patient's name (if not complainant)

Address:

Date of birth:

Summary of complaint:

Return address to be specified

Signature of complainant.....

Continuation Sheet

[Empty rectangular box for continuation content]

Return address to be specified

Signature of complainant.....

Verbal Complaint Form

Date of complaint:

Complaint ref. no:

Details of person making complaint:

Full name:

Address:

Postcode:

Telephone number:

Patient's name (if not complainant)

Address:

Date of birth:

Complaint relating to:

Summary of complaint:

Advice given:

Return address to be specified

Reference

To obtain a copy of this form in large print, audio, Braille, easy read (or other format or language) please contact 0800 5870879

Consent Form – Third Party Authority to Act

When a complainant is not the patient, consent is required from the patient for us to proceed with the investigation of a complaint.

Please ask the patient to complete and sign the form below:

I _____ authorise the complaint reference.....
 to be made on my behalf by..... and I agree that confidential information may
 be disclosed to this person (only insofar as is necessary to answer the complaint).
 Furthermore, if necessary, I authorise the release of my records to the Complaints
 Investigating Officer at NHS Nene and NHS Corby CCG to enable them to carry out a full
 investigation into the issues raised in the complaint.

Signed (patient)

Date of birth:.....

Full name and address

.....

**IF FOR ANY REASON YOU ARE UNABLE TO COMPLETE THIS FORM, PLEASE CONTACT THE
 COMPLAINTS TEAM ON
 01604 651102**

Please return in the 'No stamp needed' envelope provided.

Reference:

Consent Form – Transfer to Provider Organisation

To obtain a copy of this form in large print, audio, Braille, easy read (or other format or language) please contact 01604 651102

I,, give consent for NHS Nene and NHS Corby CCGs to forward my complaint to to enable an investigation to be undertaken into my concerns and for NHS Nene and NHS Corby CCGs to receive a copy of my complaint if requested.

Signed: Date:

Please return the form to the address below in the pre-paid envelope provided (no stamp needed):

Complaints Department
Francis Crick House
Summerhouse Road
Moulton Park
Northampton
NN3 6BF

Reference:

Consent Form – Release of Records

To obtain a copy of this form in large print, audio, Braille, easy read (or other format or language) please contact 01604 651102

I _____ authorise the release of my relevant records to the Complaints Investigating Officer of NHS Nene and NHS Corby Clinical Commissioning Groups to enable a full investigation to be carried out into the issues raised in the complaint.

Signed: _____

Full name: _____

Address: _____

IF FOR ANY REASON YOU ARE UNABLE TO COMPLETE THIS FORM,

PLEASE CONTACT THE COMPLAINTS TEAM ON

01604 651102

Please return in the 'No stamp needed' envelope provided.

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