

## COMPLAINTS POLICY

### 1 CONTEXT

1.1 This Policy sets out how the PCT will apply the latest NHS guidance on managing complaints, whilst providing an effective and efficient process for patients and staff that fosters an open, fair, blame-free and learning culture within the organisation. The Complaints Policy is one of many that underpins the PCTs Quality Strategy, an aim of which is to provide continually improving patient centred Services.

1.2 At the time of writing this Policy, a national review of the complaints process is underway and this document will be updated once recommendations have been published.

### 2 PURPOSE

2.1 This Policy sets out how the PCT will:

- (a) provide a complaints service to patients, clients, carers and other Service users that is accessible (well publicised and user friendly), quick, efficient, fair and impartial (to all parties, including members of staff)
- (b) ensure the organisation meets national complaints response timescales
- (c) equip members of staff at all levels of the organisation with support, information, skills, and training that will allow them to deal effectively with complaints as they arise and to ensure they are able to contribute fully to the complaints process
- (d) ensure that when necessary and appropriate, immediate changes are made to rectify a situation that has led to a complaint
- (e) learn from Service users by recording, tracking and analysing complaints to identify root causes, patterns and trends, in order to pinpoint where improvements to Services could be made and share lessons about complaints where they have a wider application beyond the immediate Service to which they relate.

### 3 SCOPE AND DEFINITION

#### What is a complaint?

3.1 In this policy, the term "*complaint*" refers to an expression of dissatisfaction, either written or verbal, about care, treatment or services provided, hosted or commissioned by the PCT, affecting patients, clients, service users or visitors.

3.2 Specifically, complaints may relate to any of the following:

- (a) a service provided directly or hosted by the Primary Care Trust, or a service provided on behalf of the Primary Care Trust by another NHS or private provider under a service agreement. These providers may be either:
  - (i) hospital or community health services providers including multi-agency providers,
  - (ii) independent contractors (GPs, pharmacists, opticians)
  - (iii) Independent health care providers subject to registration under the Registered Homes Act 1984 (Part II)
- (b) an action or policy of the Primary Care Trust itself, or a general policy issue relating to health services locally.

### 3.3 Complaints may be:

- (a) An **oral** concern or request for help. This will be classed as an informal complaint if it can be resolved quickly and with immediate action at the point of contact with the person making the complaint. Sometimes it may be necessary and helpful, for the Manager of the service provided to write to the complainant summarising the issues and how they have been addressed or resolved. The Manager will have systems in place to ensure all informal complaints are logged and will send a summary of each to PCT Headquarters for entry onto the Complaints database for future trend/pattern analysis. If a verbal complaint cannot be resolved immediately or it warrants escalation, the details of the complaint will need to be put in writing so that it can be registered as a formal complaint. Frontline staff will be provided with guidelines for producing notes from verbal complaints, including ascertaining how the complainant would like to receive a response (e.g. verbally and in writing). The notes will be forwarded to PCT Headquarters, the complaint registered as formal and dealt with within the required timescales.
- (b) A **written** complaint (letter or email) will be classed as a formal complaint and dealt with in accordance with the NHS complaints timescales (see **Section 5**).
- (c) A **written suggestion, negative comment, or query**, which is not intended as a complaint (formal or informal) and does not require an investigation, can be responded to by the Service Manager. The Service Manager will have systems in place to ensure these are logged and will send a summary of each to PCT Headquarters for future trend/pattern analysis.

### Complaints from third parties

3.4 Sometimes written complaints are received from third parties, such as a relative on behalf of a patient who has received treatment. In such cases, whenever possible, the PCT will seek confirmation from the patient that they are happy for the PCT to respond to their complaint.

3.5 Sometimes a patient or relative will make a comment or express concern, for example about the level of service provided, or ask for further information about care or treatment. Such concerns are best dealt with within the Service as an informal complaint, but if someone remains dissatisfied, he or she be advised how to make a complaint under the NHS procedure and the PCTs Complaints Leaflet "*Your Views Matter*", should be issued.

### Legal action

3.6 If a complainant indicates their intention to, or takes legal action in relation to the subject of the complaint, the complaints procedure is halted. The Business Manager is alerted to a potential claim and if appropriate, the PCTs claims procedure initiated.

### Treatment funding decisions

3.7 Concerns or requests from patients relating to treatment funding will be managed in accordance with the ***Clinical Procedures and Treatments Not Usually Purchased Policy*** in the first instance. This policy will facilitate a review of the process by which the funding decision was

made (not the decision itself). It will specifically consider whether the process was followed correctly, whether the funding decision was consistent with the locally agreed funding policy and take into account any evidence of special individual circumstances of the patient. If the patient is unhappy with the Appeal Panel's decision, they will be advised to make a formal complaint. When the complaint is received, it will be fast-tracked to the Independent Review Panel Request stage (see **Section 5 Stage 2**), where it will be reviewed by the Convenor and Lay Chair Person to determine whether an Independent Review Panel will take place.

### **Independent Contractors (GPs, Opticians, Pharmacists)**

3.8 This document also addresses the detailed Regulations concerning complaints regarding the Terms of Service of General Medical, Dental, Pharmaceutical and Optical Independent Contractors that are set out in the NHS. (Service Committees and Tribunal) Regulations 1992.

3.9 As such, the PCT may receive complaints that relate to Independent Contractors however under the above regulations, the Independent Contractors themselves are responsible for investigating and responding to complaints relating to their Services within specific timescales (which are different to those of other statutory NHS organisations). Therefore if the PCT receives a complaint that relates to an Independent Contractor, it will forward the complaint to the Independent Contractor to respond.

#### *Honest broker*

3.10 If the complainant states that they are unhappy to contact the Independent Contractor directly, or that they have already made their complaint to the Independent Contractor and are unhappy with the outcome, they should be advised of their right to request that the PCT act as "honest broker" or intermediary in their communication with the Independent Contractor.

3.11 If the complainant requests the PCT to act for them in this way a member of the complaints team will discuss with the complainant and the Independent Contractor concerned, potential options for resolving the complaint under local resolution. This could involve further written communication or direct involvement of a member of the complaints team or the use of conciliation.

#### *Conciliation*

3.12 The complainant may have already used the Independent Contractor-based procedures and be dissatisfied with the outcome. In this case the Complaints Manager will discuss the complainant's concerns and consider, with the agreement of the complainant and Independent Contractor, whether any help can be offered which might resolve the complaint at local level, for example using a conciliator. The conciliation service is available to Independent Contractors through the PCT complaints team.

#### *Independent Review*

3.13 If the complainant or the Independent Contractor agree that further attempts at Local Resolution are not appropriate, the complainant should be advised that Local Resolution has now ended and that they have 20 working days to request an Independent Review of their complaint. Such requests should be made in writing and passed immediately to the PCT Convenor for consideration (see **Policy Requirements : Stage 2**)

3.14 Periodically, the PCT may ask Independent Contractors to share lessons learned from complaints and changes or improvements to service have been made as a result of complaints. The PCT will share individual feedback from Independent Contractors with other Independent Contractors in an anonymised format with the aim improving clinical Practice and promoting clinical governance.

### **Complaints relating to a commissioned or hosted Service**

3.15 The PCT will liaise with other NHS organisations (PCTs, Portsmouth Hospitals & West Hampshire Mental Health Trust) to ensure that complaints relating to services commissioned from another provider or hosted by the PCT across the District, are acknowledged, investigated and responded to in accordance with national requirements.

## **4 RESPONSIBILITY**

4.1 **Every member of staff** who receives a complaint is responsible for either dealing with it or passing it on to someone who can, without delay, as there are set timescales for acknowledging and replying to complaints. Each member of staff who deals with an informal complaint is also responsible for ensuring it is appropriately logged and centrally reported.

4.2 The **Chief Executive** has overall responsibility and accountability to the PCT Board for ensuring that all complaints are dealt with in a timely and effective manner and in accordance with NHS Guidelines. The Chief Executive will sign the final response letter of all formal complaints.

4.3 The **Complaints Manager** is responsible managing this process on behalf of the Chief Executive and for providing advice and support to the Complaints Officer. This role also includes composing final response letters for signature by the Chief Executive, providing support to the non-executive member of the PCT Board who acts as Convenor for Independent Review panels. The Complaints Manager will also ensure complaints are periodically analysed along with claims, incidents, risk assessments and other risk indicators, to identify historical trends, patterns, etc, that may indicate where improvements to services could be made.

4.4 The **Complaints Officer** will manage the complaints system for the PCT on a day to day basis. This will involve maintaining a central Complaints Register using a commercial software package; liaising with front line staff, complainants and the PALS Co-ordinator; registering and recording complaints; producing management reports; liaising with Operational Directors and the Chief Executive to ensure response timescales are met, and when appropriate, arranging Independent Review Panels with the support of the Complaints Manager if needed.

4.5 **The Operational Director/s or Service Development Director** (as appropriate), is responsible for ensuring that complaints within their remit are appropriately investigated, liaising with the Complaints Officer to ensure that response timescales are met and that where a complaint indicates changes or improvements are needed, necessary action is taken.

4.6 **Local Managers** are responsible for ensuring that this policy is followed and that they have the necessary procedures in place in their Service. When a complaint is received, Managers are responsible for informing and supporting the staff concerned as well as ensuring

that the Policy is followed. Complaints should be handled in a sensitive way and used constructively to make positive changes whenever possible.

4.7 The **Convenor** is a designated non-executive Director of the PCT responsible for deciding whether all opportunities for satisfying the complainant during Local Resolution have been explored, and identifying what issues, if any, should be referred to an Independent Review Panel.

4.8 The **PALS (Patient Advice & Liaison Service) Co-ordinator** will provide information to patients and service users in order for them to make a formal complaint if they so wish. A key role of the PALS is to provide support for both staff and patients/users to resolve concerns as they arise. The PALS and Complaints Officer will work closely together to share information, identify trends and provide the PCT with comprehensive reports.

## 5 POLICY REQUIREMENTS

5.1 This Section sets out how the PCT will ensure all formal complaints are dealt with within required timescales, fully investigated and responded to by the most appropriate person. It also allows the handling of formal complaints within the PCT to be closely monitored and information to be made available so that necessary follow-up action may be taken.

5.2 It meets the requirements of "Acting on Complaints" which describes a simple 2-stage process of resolving complaints either by Local Resolution or Independent Review. This section summarises the more detailed PCT Complaints Procedure, which gives step-by-step detailed instructions for each of the requirements below and sets out the responsibilities of members of staff who are key to the process.

### Stage 1: Local Resolution

#### Receipt of a formal complaint

- (a) A formal complaint can be made within 6 months of the cause of the complaint, or 6 months of becoming aware of a cause for complaint, but no longer than 12 months from the event.
- (b) A formal complaint can be received at any PCT site or service, by any member of staff.

#### Acknowledgement

- (c) Formal complaints that can be resolved and a full response sent within 5 working days of receipt, do not need to be acknowledged in writing. In these cases, personal contact with the complainant should be made (e.g. a telephone call) as soon as the complaint is received, to advise them they will receive a response within a few days.
- (d) Formal complaints that require a fuller investigation must be acknowledged in writing, in an agreed format, at the point of receipt, and a Complaints Leaflet sent accompanying the acknowledgement letter, within 2 working days of receipt.
- (e) Following acknowledgement, copies of all complaints correspondence must be forwarded to the PCT Headquarters Office immediately.

#### Investigation

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- (f) Not all formal complaints will require a full investigation. In some cases, the Manager of the Service will be able to provide the information required for the final response letter. In other cases, a more detailed review may be necessary and on these occasions, a Manager nominated by the appropriate Director/General Manager will investigate and prepare a report within an agreed timescale, which will be used to prepare the final response to the complainant. Investigating Officers may be from within the Service to which the complaint relates, from another Service within the PCT or if appropriate, from another organisation such as another PCT or Social Services. Staff who are nominated as Investigating Officers will have attended an Investigating Officers training course.
- (g) At this stage it may be appropriate to offer a meeting with the complainant and the Service Manager and relevant staff, and/or to consider the use of conciliation and mediation services.

Final Response

- (h) Following the investigation and within 20 working days (28 calendar days) of receipt of the original complaint, a full and final written response will be sent to the complainant which is signed by the Chief Executive.
- The final response letter will include:
    - A full explanation of what happened/outcome of the investigation
    - An apology if appropriate
    - Details and timetable of any action taken
    - Information on the right to appeal for an Independent Review
- (i) If the investigation is unlikely to be concluded within 20 working days, a holding letter should be sent.
- (j) If the complainant does not request an Independent Review within 20 working days of the final response, the complaint file will be closed.
- (k) All staff concerned in the complaint should see a copy of the final response letter and sign up to the agreed or offered actions.

**Stage 2: Independent Review Panel**Request for an Independent Review

- (l) The complainant can request an Independent Review within 20 working days of the date of the final response from the Chief Executive.
- (m) If an Independent Review is requested, the PCT Convenor will acknowledge the request within 2 working days of receipt of the request letter and the PCT will liaise with the Regional Office to identify/appoint a suitable Lay Chair Person.
- (n) The Convenor will liaise with an independent Lay Chair, appointed by Regional Office, to review the case and decide whether an Independent Review Panel will be convened. At this stage, the Convenor may also consider whether conciliation or mediation could be offered to the complainant as an alternative to an Independent Review.

- (o) The Convenor has three options – to refuse to convene a Panel, to refer back to Local Resolution or to convene a Panel.
- (p) The Complainant will be advised in writing of the Convenors decision and the reasons for their decision, within 20 working days of their request for an Independent Review. A copy of this correspondence will also be sent to other relevant parties such as the Chief Executive of the PCT, the independent Lay Chair and NHS Regional Office.
- (q) Staff involved in and interviewed during an Independent Review will be fully supported through the process by the PCT and will receive a copy of final Report with a covering letter from the Chief Executive.

#### The Independent Review Panel/Process

- (r) If the Convenors decision is that an Independent Review Panel is to be convened, he/she will set out the Panel's Terms of Reference and the PCT Headquarters will make the appropriate arrangements for the Panel to meet.
- (s) The PCT will make every effort to meet the national timescales for convening an Independent Review Panel set out below, however there are many factors which may impede this e.g. availability of Panel members:
- (t) The PCT will liaise with the NHS Regional Office to formally appoint an independent Lay Chair Person and other Panel members within 4 weeks of the Convenors decision.
- (u) The PCT will set up an Independent Review Panel which will aim to have met and produced a draft report within 6 weeks of the Panel being appointed.
- (v) The Lay Chair will send the Panel's final report to the Chief Executive of the PCT within 10 days of the draft report being published.

#### Final Response

- (w) Within 20 working days of receipt of the Panel's Final Report, the Chief Executive of the PCT will send the complainant a copy of the Report and a letter which summarises the Panel's findings, recommendations and how the PCT plans to address them.
- (x) All staff concerned in the Review or named in the complaint should receive a copy of the final response letter and sign up to the agreed or offered actions.
- (y) In the final response letter, the Chief Executive will include information about the Health Service Ombudsman and how the complainant may take their complaint to the Ombudsman if they remain dissatisfied with the outcome of the Independent Review.
- (z) The overall target for completion of Independent Review is 6 months from the date when the complainant requests an Independent Review to the date of the Chief Executive's final letter.

#### The Health Service Ombudsman

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- (aa) The role of the Ombudsman is to investigate complaints about NHS services including those about the exercise of clinical judgement and the actions of FHS Independent Contractors.
- (bb) Complainants have the right to put their case to the Ombudsman at any time. It is likely however, that the Ombudsman will not consider a case until he is satisfied that local procedures have been exhausted.

### Record Keeping

- (cc) Throughout the process, copies of all correspondence relating to the complaint will be held in a central file at the PCT Headquarters. The complaint will also be logged and tracked on a complaints database to ensure that response timescales are met and to allow future historical trend analysis.

## 6 COMPLAINTS AND DISCIPLINARY PROCEDURES

6.1 There may be occasions when a complaint investigation raises issues regarding staffs performance which may need to be addressed under the disciplinary procedure.

6.2 The purpose of the complaint procedure is only to resolve the complaint and not to investigate disciplinary matters or to apportion blame. Therefore, in the event that a complaint investigation identifies issues of concern, the appropriate Line Manager & Personnel Manager will be informed and will determine whether to initiate the PCTs *Disciplinary Procedures* to ensure appropriate action is taken.

6.3 In these circumstances the Complaints Manager, Line Manager and Personnel Manager will liaise and agree whether the complaint will continue to be investigated in line with this Policy in order to resolve the complaint only, or whether the complaint investigation should be suspended pending the outcome of the disciplinary investigation. If the latter option is pursued, the complainant will be informed.

## 7 LEARNING FROM EXPERIENCES

7.1 Complaints are valuable individual reflections on the quality of services and can provide useful management information from the perspective of users and their families. They help to identify problems and sometimes suggest solutions that result in service improvements and are to the benefit of all patients as well as those involved in the provision of NHS services.

7.2 Wherever possible, action that can be taken to correct a situation that has led to a complaint should be taken immediately.

7.3 Other remedial or corrective actions may become apparent as the complaint investigation progresses and again, where action can be taken immediately, it should be, rather than waiting for the conclusion of the investigation.

7.4 In the case of more complex complaints, action plans to facilitate changes and service improvements, will be put in place and built into the service performance framework where implementation will be monitored.



7.5 As well as providing an opportunity for individual staff and services to learn from complaints, the process allows a wider sharing of lessons and experiences across the organisation. **Section 11: Reporting** below sets out how feedback from Service Managers on complaints will be disseminated throughout the PCT.

## 8 INFORMATION ABOUT THE COMPLAINTS PROCESS

8.1 Information about the process can be provided to patients, carers, families, patient advocacy agents, etc, in the PCT complaints leaflet, directly by any member of staff, the Complaints Officer and from the PALS Co-ordinator. Leaflets and other written information will be produced in plain English and will be available in other languages on request, and will be easy for patients to access.

8.2 Information for staff about the complaints process will be available from Line Managers and the PCT's Complaints Officer. A Complaints Support Pack containing a copy of the PCT complaints procedure, leaflets, contact details, pro forma for recording informal complaints, details of training courses, etc, will be available in every site, ward and department where PCT services are provided.

## 9 MONITORING COMPLIANCE

9.1 Whilst the PCT needs to learn from the complaints themselves, it must also ensure the quality of the complaints management process. It is crucial that the procedures by which complaints are managed are user friendly, impartial, effective and appropriate for those wishing to complain.

9.2 Monitoring requirements have therefore been developed to assess:

- (a) the effectiveness of the process so that it meets both local and national targets
- (b) the quality of the services that we commission and provide from the perspective of our patients their carers and families.

9.3 Providers and service commissioners will be expected to regularly monitor complaints giving careful analysis to those situations where services need to be improved and demonstrating how complaints resolutions have either resulted in service improvements or service development plans.

9.4 Providers will co-operate with reasonable and agreed requests to audit complaints (up to a maximum of 10%) to quality assure procedures and monitoring arrangements against the criteria set out in **Appendix 1**.

9.5 In addition, nominated Risk Assessors will audit local compliance with this Policy via Risk Assessment checklist shown in **Appendix 2**.

## 10 TRAINING

10.1 As part of their Induction with their Line Manager, all new members of PCT will be informed of the PCT Complaints Policy and Procedures and advised of their role within it.

10.2 Other staff who have a specific role within the process, will receive additional training that is commensurate with their remit; these staff may include:

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- (a) Front line staff including Receptionists and Administrative staff
- (b) PCT Complaints Officer
- (c) The Non-Executive Director appointed as the PCT Convenor
- (d) Complaints Investigating Officers

**11 REPORTING**

11.1 At the end of every quarter, each PCT Service will receive a summary of the complaints relevant to their Service for the previous quarter. Service Managers will provide a narrative which summarises the key issues, lessons, improvements, changes, initiatives, concerns, ongoing developments, etc, that complaints have helped to identify and facilitate.

11.2 This information will be summarised in the Quarterly Quality Report produced by the Head of Service Quality and Complaints Manager. The report will also contain similar information about compensation claims, adverse events, audits that have taken place, risk assessments, etc, and will inform the PCT of the risk and governance issues facing the organisation at a given point in time. This Report is presented to the PCT Board, Executive Committee, Risk Management Committee, Clinical Governance Committee, Operational Management Group and widely distributed across the PCT.

11.3 In addition, the information provided by Service Managers is included in the Operational Directors Quarterly Performance Report which is presented to the PCT Commissioning Managers and the Chief Executive.

11.4 The most significant complaints developments from the year will be included in the Annual Quality Report which will be presented to the PCT Board.

11.5 The PCT will submit the necessary reports to the NHS Executive within the required timescales. In line with the latest guidelines, these reports will include details of the ethnic status of complainants and involved members of staff.

**12 REFERENCES**

12.1 The following documents were used to assist with preparation of this Policy:

- (a) EL (95) 37 Acting on Complaints
- (b) EL (95) 42 Code of Practice on openness in the NHS
- (c) EL (96) 19 Implementation of new complaints procedure
- (d) Dealing with Complaints : Guidance for Good Practice (1986)
- (e) Controls Assurance Core Risk Management Standard (December 2001)
- (f) Willis Risk Management Standard (December 2001)
- (g) Clinical Negligence Scheme for Trusts – Standard 4: Complaints (June 2000)
- (h) Reforming the NHS Complaints Procedure – A Listening Document (September 2001)
- (i) PCT Clinical Procedures & Treatments Not Usually Purchased Policy (May 2002)

**13 POLICY DISTRIBUTION**

- (a) All East Hampshire PCT Policy Holders
- (b) East Hampshire PCT Convenor
- (c) Independent Contractors (Dentists, Doctors, Pharmacists, Opticians)

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(d) Main Providers from whom the PCT commissions services (Portsmouth Hospitals, West Hampshire Mental Health Trust, other PCTs, etc)

The PCT Complaints Procedure will also be held in a Complaints Support Pack, which will be available, and accessible to all staff in all services, wards, departments and areas managed by the PCT.

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<b>Date Policy Approved</b>	April 2002
<b>Author</b>	Julie Jones Risk & Governance Manager
<b>1<sup>st</sup> Review Date</b>	April 2003

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## APPENDIX 1

**MONITORING AND EVALUATION**

There are five main criteria by which the effectiveness of complaints procedures' can be assessed. For each of these five criteria, there are standard requirements as follows:

**1. Be accessible to users (in style, content and publicity arrangements)**Standards:

- ◆ Procedures will be published and displayed.
- ◆ Publicity will be available in formats appropriate to users. Arrangements will include steps to be taken to assist users unable to advocate for themselves.
- ◆ Style of publicity materials will be user-friendly and efforts made to ensure that communications are understood.

**2. Be, and be seen to be, impartial and fair (including access to independent review and impartial advocates where needed).**Standards:

- ◆ Procedures will include the possibility of independent review for users who are not satisfied with the response(s) they receive.
- ◆ Procedures should allow for the purchaser to assist at the stage of independent review.
- ◆ A whistle-blowing mechanism will be in place for staff.

**3. Be an effective mechanism for resolving grievances.**Standards:

- ◆ All complaints should be included in the procedure.
- ◆ The complaints procedure should have a person nominated for reviewing its effectiveness.

**4. Deal with complaints quickly and as close as possible to the point at which they arise.**Standards:

- ◆ Complaints should be acknowledged within 2 working days and responded to within 10 working days (for Independent Contractor complaints) or 20 working days (for all other complaints).
- ◆ Complainants should be advised of any reasons wherever a response within this time is not possible and always given a contact name.

**5. Have a mechanism by which results of complaints can be used to improve services and influence planning .**Standards:

- ◆ Complaints procedures will include feedback mechanisms to inform service managers and planners of the concerns raised by complaints.
- ◆ Procedures should include arrangements for monitoring individual complaints and trends/patterns.

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## APPENDIX 2

## Risk Assessment Checklist

**COMPLAINTS**

As part of the annual risk assessment process, appointed Risk Assessors will use this checklist to assess compliance with the PCTs Complaints Policy & Procedures.

1.	The procedure for dealing with complaints is explained to all staff as part of their Induction with their Line Manager?	YES	NO
2.	All informal complaints are recorded?	YES	NO
3.	All formal complaints are acknowledged in writing within 2 working days at the point of receipt.	YES	NO
4.	Complaints and PALS leaflets are on display in areas to which members of the public have access.	YES	NO
5.	There is a Complaints Pack held in the Ward or Department which contains the most up to date Complaints Procedures and copies of other relevant information.	YES	NO
6.	There is a member of staff designated with Lead responsibility for complaints in the ward/service/department and all staff know who that person is?	YES	NO
7.	Relevant staff in the ward or department have attended complaints training? These staff include (but are not limited to): <ul style="list-style-type: none"> <li>◆ Receptionists/Admin Staff</li> <li>◆ Lead Manager in each area</li> <li>◆ PCT Complaints Officer</li> <li>◆ Complaints Convenor</li> </ul>	YES YES YES YES	NO NO NO NO
8.	Relevant staff have attended Investigating Officers training?	YES	NO
9.	Do all staff concerned in the complaint, a) see the final response letter? b) sign up to the agreed or offered action?	YES YES	NO NO