

## 27.0 COMPLAINTS HANDLING AND REPORTING

27.1 The service handles complaints in accordance with the Ombudsman's principles for good complaint handling:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

27.2 Anyone may be the recipient, or subject, of a compliment, comment, concern, or complaint. All colleagues shall act with openness, transparency and integrity in the investigation or administration process. Colleagues have a responsibility to alert their line manager if a compliment, comment, concern, or complaint is received in accordance with this policy. Feedback is categorised in 3 ways.

*Compliments* - A compliment is a positive comment received from someone who has interacted with the service. It will usually be in written form and will contain sufficient detail to enable the organisation to understand what has been liked or valued by the person.

*Concerns* - A concern is an expression of worry or disquiet about an event or incident which is usually current and can be addressed immediately or within a short period of time.

*Complaints* – A complaint is an expression of dissatisfaction with the service which has personally affected an individual, and which requires a proportionate investigation and a formal response in order to promote resolution between the parties concerned. It is usually historic and cannot be remedied immediately. All complaints about the PCMH service even if about other partners staff or services, will be logged within the PCS as the CQC registered provider. They will be logged on Teamnet system where the progress to resolve the complaint will be monitored.

**ALL COMPLAINTS SHOULD BE FORWARDED IMMEDIATELY TO THE HEAD OF SERVICE OR OPERATIONS MANAGER IN THEIR ABSENCE.**

Compliments and concerns that have been addressed can be forwarded to the Operations manager for logging,

- 27.3 The Head of the service has overall responsibility for the management of compliments, concerns, and complaints, including ensuring they are responded to and logged.
- 27.4 Patients or carers, who wish to make a complaint should always be permitted to do so. If a patient asks for information on how to report a complaint, in order to ensure their complaint is heard in a timely way, they should be supported
- 27.5 Due consideration should be given to address any communication challenges (Language / Learning differences etc.), with the initial referrer (GP) to establish and agree any working adjustments in place or required i.e. (Font size, interpreter) etc.

Complaints may be made in writing to the Head of Service at the following address:

Complaints and Compliments

5th Floor

722 Prince of Wales Road,

Sheffield

S9 4DZ

or

[pcs.enquiries@nhs.net](mailto:pcs.enquiries@nhs.net)

If a complaint is received in practice, it should be forwarded on the day of receipt via nhs.net email to [pcs.enquiries@nhs.net](mailto:pcs.enquiries@nhs.net).

A complaint can be made by a representative acting on another person's behalf if that person:

- Has requested the representative to act on their behalf and this is confirmed in writing to the satisfaction of PCS (the data controller). This is particularly important where the response contains confidential or sensitive information of a clinical nature.
- Is unable to make the complaint themselves because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005, and where the representative can prove he or she has legal entitlement to act.

- Is a non-Gillick competent child, and where the representative can prove he or she is a parent or legal guardian within the meaning of the Data Protection Act 2018/GDPR
- Has died

The service values the role played by carers, family members and friends in supporting patients and recognises the effects that concerns regarding the care of a patient can have on people close to the patient. In circumstances where a carer, family member or friend raises concerns but the patient themselves does not wish to complain, the service will consider whether the representative themselves is directly affected by the actions, omissions, and decisions of the team. Where possible we will aim to resolve the representative's concerns, e.g., by sharing and explaining non-confidential information about our policies and procedures, without breaching the confidentiality of the patient.

Where the patient has died or is not able to give consent the Head of Service will consider whether the complainant is a suitable person to represent the patient. If the service believes that the complainant is not a suitable representative or is not acting in the patient's best interests PCS will not respond to the complaint and will write to the representative explaining the reasons for this decision.

PCMH is committed to ensuring that concerns are fully investigated, but when a complaint is made by a representative of an individual who is not able to give their consent to information being shared, it may not be appropriate to share the full details of the investigation with the representative. Particular attention will be paid to the need to respect the confidentiality of the patient, and to any known wishes expressed by the patient that information should not be disclosed to third parties.

- 27.6 The Head of Service will ensure complaints are acknowledged in writing within 3 working days of receipt, detailing the timescale for responding to their complaint (usually 30 days) and information regarding the NHS Complaints Advocacy Service (appendix 4).

They will maintain a Complaints Log which documents; unique complaint number, PCN name, date received, patient surname, hyperlink to complaint, outcome, age range, complainant, subject area, brief summary of complaint, response to complaint and outcome of quarterly review discussion.

- 27.7 The Head of Service will assign an investigating officer (for example Operations Manager for any admin issues, or Professional Lead for a clinical complaint) and provide them with a copy of the complaint letter, and blank investigation report (appendix 5) by email. They will state the deadline for completion of the investigation, normally by day 25, and explain who the completed report should be returned to. Clinical complaints will normally be returned to the Clinical Lead while non-clinical complaints should be returned to the Head of Service.

On occasion, complaints may be received from NHSE, acting on behalf of the patient/complainant. In this case, the Head of Service/Clinical Lead should respond directly to the NHSE named contact following the timescales laid out in the email. The email should include a signed statement from the patient that they give permission for NHSE to handle the complaint on their behalf.

Any complaints relating to a data breach should be reported to the PCS Commercial Director.

The investigating manager will robustly complete the investigation and record all relevant information in the Investigation Report. The report will faithfully represent the information collected and will be written up on the Investigation Report Template.

Depending on the nature of the complaint and the wishes of the patient/complainant, a discussion may be required between the Investigating Officer and the patient/complainant. A record of the discussion should be made and included in the Investigation Report.

During the course of an investigation, questions of confidentiality and sharing information with other colleagues may arise. Three principles are useful in determining whether information should be shared concerning a colleague, patient, or allegation.

27.8 On receipt of the Investigation Report, the Head of Service/Clinical Lead will ensure they have sufficient information and understanding of the complaint to provide a robust response to the patient/complainant (appendix 6). The response will faithfully represent the information collected and will include:

- an explanation of how the complaint has been considered
- the conclusions reached in relation to the complaint (whether the complaint has been upheld).
- confirmation as to whether the service is satisfied that appropriate action has been taken as a result of the complaint.

The response will be sent to the patient within 30 days of the receipt of the complaint by post or email, dependent on how the complaint was received.

It is not expected that any response will take more than 30 days. If exceptional circumstances occur meaning that the 30-day response period will be breached, the Head of Service/Clinical Lead will make contact with the patient/complainant by letter or email, explaining the reason for the delay and will explain to the patient/complainant a revised date by which they should expect to receive a response.

27.9 The Complaints Log will be updated to indicate that the complaint is now closed, and whether the complaint was upheld, partially upheld, or not upheld.

27.10 Complaints will be reviewed on a quarterly basis. Clinical complaints, and non-clinical complaints of note will be reviewed at the Joint Management Team meeting.

Concerns will be reviewed quarterly at the Operational Management Group.

Learning will be shared, via training, newsletter, and staff meetings.