**Complaints Policy**

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**Version Control**

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# Introduction

## Policy statement

The purpose of this document is to ensure that all staff are aware of the complaints procedure within YHN, affording patients or their representatives the opportunity to make a complaint about the care or treatment they have received at YHN.

## Status

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

YHN will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the practice and other individuals performing functions in relation to YHN, such as agency workers, locums and contractors.

## Why and how it applies to them

All staff at YHN are to be fully conversant with this policy and are to understand that all patients have a right to have their complaint acknowledged and investigated properly. YHN takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental and timely manner. We will maintain communication with the complainant (or their representative) throughout, ensuring they know the complaint is being taken seriously.

YHN aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

# Guidance

## Legislation

Every NHS facility has a complaints procedure; this permits a patient (or their nominated representative) to submit a complaint either to the NHS organisation or the organisation that has been commissioned by the NHS to provide a service.

YHN adopts a patient-focused approach to complaint handling in accordance with the [National Health Service England Complaints Policy (2017)](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf) whilst also conforming to guidance detailed in:

1. [Good Practice Standards for NHS Complaints Handling 2013](https://www.patients-association.org.uk/wp-content/uploads/2014/06/Good-Practice-standards-for-NHS-Complaints-HandlingSept-2013.pdf)
2. [Parliamentary & Health Service Ombudsman’s Principles of Good Complaints Handling 2009](https://www.ombudsman.org.uk/sites/default/files/page/0188-Principles-of-Good-Complaint-Handling-bookletweb.pdf)
3. [My Expectations 2014](https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf)
4. [The NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england)
5. [Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16](https://www.cqc.org.uk/sites/default/files/20150510_hsca_2008_regulated_activities_regs_2104_current.pdf)

## Definitions of a complaint

A complaint or concern is an expression of dissatisfaction about an act, omission or decision of NHS England, either verbal or written, and whether justified or not, which requires a response[[1]](#footnote-1).

There is no difference between a “formal” and an “informal” complaint. Both are expressions of dissatisfaction[[2]](#footnote-2).

## Commitment

Yorkshire Health Network views complaints as an opportunity to learn and improve for the future as well as a chance to put things right for the person or organization that has found the need to make the complaint.

If a patient or service user has a complaint or concern about the service that they have received or any of the staff working within our organization, they should be able to make a complaint. Our complaints system meets NHS criteria.

Our policy aims:

* To provide a fair complaints procedure which is clear and easy to use for anyone who wishes to make a complaint
* To make sure that everyone in the organization know what part they play should a complaint be received
* To make sure that all complaints received are investigated fairly and in a timely way
* To make sure that complaints are, wherever possible, brought to resolution
* To gather information to help us grow in a transparent way and improve our services

.

## Responsible person

At YHN the responsible person is Dr Cath Dixon – Medical Lead. They are responsible for ensuring compliance with the complaints regulations and making sure action is taken as a result of the complaint.

|  |
| --- |
|  |

## Complaints manager

At YHN, the complaints manager is Dr Cath Dixon – Medical Lead. They are responsible for managing all complaints procedures and must be readily identifiable to service users. The responsible person and complaints manager can be the same person[[3]](#footnote-3).

## Complainant options

The complainant, or their representative, can complain about any aspect of care or treatment they received at YHN to:

1. YHN via the complaints manager
2. NHS England: Telephone 03003 112233, email [england.contactus@nhs.net](mailto:england.contactus@nhs.net) or in writing: NHS England, PO Box 16738, Redditch, B97 9PT. In British Sign Language (BSL) patients can talk to NHS England via a video call to a BSL interpreter

## Timescale

The time constraint on bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time that they become aware of the matter about which they wish to complain.

If, however, there are good reasons for complaints not being made within the timescale detailed above, consideration may be afforded to investigating the complaint if it is still feasible to investigate the complaint *effectively* and *fairly.* Should any doubt arise, further guidance should be sought from NHS England by the Dr Cath Dixon.

## Response times

The complainant has a right to be regularly updated regarding the progress of their complaint. The complaints manager at YHN will provide an initial response to acknowledge **any** complaint within three working days after the complaint is received.

There is no end date by which the complaintant must receive their response to allow a full investigation including that of third parties to occur. However, regular updates from the practice to the complainant must occur throughout the investigation. In addition to regular updates, a response or decision should be made within six months, if it extends beyond this time then you must advise the complainant[[4]](#footnote-4).

The complaints manager will advise of the complaints procedure to the complainant or their representative. In many cases a prompt response and, if upheld, an explanation and an apology will suffice and will prevent the complaint from escalating (an apology does not constitute an admission of organisational weakness).

## Procees to be undertaken

Yorkshire Health Network is committed to the highest possible standards of openness, probity and accountability.

Complaints should be made in writing to [yhn.yorkshirehealthnetwork@nhs.net](mailto:yhn.yorkshirehealthnetwork@nhs.net), by mail to our offices (address shown below) or posted in the letter box found in Extended Access Reception

**Yorkshire Health Network**

**Room 6.35**

**Windsor House**

**Cornwall Road**

**Harrogate, North Yorkshire**

**HG1 2PW**

Complaints can also be made over the telephone on 01423 611060 however, follow up in writing will generally be required.

**3.9.1 Resolving complaints, what we do**

We will acknowledge the complaint within ten working days, and offer to discuss and agree how the complaint will be dealt with, agreeing a way forward that would be helpful for the complainant. This will include:

* Clarification of issues
* What the desired outcome would be for resolving the complaint
* Agreeing/negotiating a timescale

When we investigate the complaint, we will aim to:

* Find out what happened and what went wrong
* Make it possible for the complainant to discuss the problem with those concerned, if they require this
* Ensure that we apologise, where this is appropriate
* Identify what we can do to make sure the problem does not happen again

**Stage One**

* In many cases a complaint is best resolved by the person responsible for the issue or being complained about.
* On receiving the complaint, the details should be recorded onto the log and the complaint should be handed to an appropriate lead to coordinate the investigation and appropriate timescales set for responses.
* Complaints should be acknowledged and should contain information around when to expect a reply.
* Ideally, complaints should receive a definitive reply within four weeks. If this is not possible due to lengthy or prolonged investigation, a progress report should be sent with an indication of when a full reply will be provided.
* The reply to the complainant should describe the action taken to investigate, the conclusion to the investigation and any action taken as a result of the complaint.

**Stage Two**

* If the complainant feels that the problem has not been satisfactorily resolved at stage one, they can request that the complaint is reviewed at board level.
* The board member nominated should investigate the facts of the case themselves or delegate a suitably senior person to do so.
* If the complaint relates to a specific person, they should be informed and given a further opportunity to respond.
* The decision taken at this stage is final, unless the board decides that it is appropriate to seek external assistance with resolution.
* Should the complainant require further advice they can be directed to the Parliamentary and Health Service Ombudsman, as follows:

Address: The Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London

SW1P 4QP

Telephone: 0345 015 4033

Email: phso.enquires@ombudsman.org.uk

**3.9.2 Monitoring and learning from complaints**

Complaints are reviewed monthly and monitored for trends.

## Verbal complaint

If a patient wishes to complain verbally and if the patient is content for the person dealing with the complaint to deal with this matter and if appropriate to do so, then complaints should be managed at this level. After this conversation, the patient may suggest that no further action is needed. If this should be the case, then the matter can be deemed to be closed, although the complaints manager should still be informed as this needs to be added to the complaints log at [Annex G](#_Annex_G_–).

This local resolution is the quickest method of resolving a complaint and will negate the requirement for the complaint to proceed through the formal complaint process.

An acknowledgement of the verbal complaint will suffice and therefore the complaints manager does not need to subsequently respond in writing, although the verbal complaint must be recorded in the complaints log. This will enable any trends to be identified and improvements to services made if applicable.

The complaints manager should record notes of the discussion (for reference only) which may be used when discussing complaints at YHN meetings.

If the matter demands immediate attention, contact the complaints manager who may offer the patient an appointment or may offer to see the complainant at this stage.

Staff are reminded that when internally escalating any complaint to the complaints manager then a full explanation of the events leading to the complaint is to be given to allow any appropriate response.

## Written complaints

An alternative option is for any complaint to be forwarded by letter or email to the complaints manager. When a complaint is received then the response is to be as per [Article 3.8](#_Response_times).

## Complaints advocates

Details of how patients can complain and also how to find independent NHS complaints advocates are to be detailed at [Annex F](#_Annex_F_–). Additionally, the patient should be advised that the local Healthwatch can help you to find independent NHS complaints advocacy services in your area.

Independent advocacy services include:

1. POhWER – a charity that helps people to be involved in decisions being made about their care. POhWER’s support centre can be contacted via 0300 456 2370
2. SeAp Advocacy – gives advocacy support. Call 0330 440 9000 for advice or text SEAP to 80800 and someone will get back to you.
3. Age UK – may have advocates in your area. Visit their website or call 0800 055 6112

## Investigating complaints

YHN will ensure that complaints are investigated effectively and in accordance with extant legislation and guidance.

YHN will adhere to the following standards when addressing complaints:

1. The complainant has a single point of contact in the organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking is established at the outset.
2. The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.
3. Investigations are thorough, where appropriate obtain independent evidence and opinion, and are carried out in accordance with local procedures, national guidance and within legal frameworks.
4. The investigator reviews, organises and evaluates the investigative findings.
5. The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.
6. The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.
7. Both the complainant and those complained about are responded to adequately.
8. The investigation of the complaint is complete, impartial and fair.

## Final formal response to a complaint

Upon completion of the investigation, a formal written response will be sent to the complainant and will include the following information:

* An explanation of how the complaint was considered
* An apology if appropriate
* An explanation based on facts
* Whether the complaint in full or in part is upheld
* The conclusions reached in relation to the complaint, including any remedial action that the organisation considers to be appropriate
* Confirmation that the organisation is satisfied that any action has been or will be actioned
* Where possible, a response will be given to people about any lessons learnt
* Information and contact details of the Parliamentary and Health Service Ombudsman as the next stage of the NHS complaints process

The complaints manager will clearly stipulate that this response is the final response to be issued by YHN and if the complainant is not satisfied then they should contact the PHSO.

## Confidentiality in relation to complaints

Any complaint is investigated with the utmost confidence and all associated documentation will be held separately from the complainant’s medical records. Complaint confidentiality will be maintained, ensuring only managers and staff who are involved in the investigation know the particulars of the complaint.

## Persistent and unreasonable complaints

The management of persistent and unreasonable complaints at YHN is achieved by following the guidance detailed at [Appendix 2](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf) of the NHS England Complaints Policy.

## Complaints involving locum staff

YHN will ensure that all locum staff, be it GPs, nurses or administrative staff, are aware of the complaints process and that they will be expected to partake in any subsequent investigation, even if they have left YHN (keeping in mind the 12 month time frame to complain).

Locum staff must receive assurance that they will be treated equally and that there is no discrepancy between locum staff, salaried staff or partners.

## Summary

The care and treatment delivered by YHN is done so with due diligence and in accordance with current guidelines. However, it is acknowledged that sometimes things can go wrong. By having an effective complaints process in place, YHN is able to investigate and resolve complaints in a timely manner, achieving the desired outcome for service users, whilst also identifying lessons learnt and ultimately improving service delivery.

## Annex A – Patient Complaint Form

**SECTION 1: PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | |  | | --- | | Address | |  | |  |
| Date of birth |  |
| Telephone No. |  | Postcode |  |

**SECTION 2: COMPLAINT DETAILS**

Please give full details of the complaint below, including dates, times, locations and names of any YHN staff (if known). Continue on a separate page if required.

|  |
| --- |
|  |

**SECTION 3: OUTCOME**

|  |
| --- |
|  |

**SECTION 4: SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname & initials |  | Title |  |
| Signature |  | Date |  |

**SECTION 5: ACTIONS**

|  |
| --- |
| Passed to management YES / NO |

## Annex B – Third Party Patient Complaint Form

**SECTION 1: PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | |  | | --- | | Address | |  | |  |
| Date of birth |  |
| Telephone No. |  | Postcode |  |

**SECTION 2: THIRD PARTY DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename |  | |  | | --- | | Address | |  | |  |
| Date of birth |  |
| Telephone No. |  | Postcode |  |

**SECTION 3: DECLARATION**

I hereby authorise the individual detailed in Section 2 to act on my behalf in making this complaint and to receive such information as may be considered relevant to the complaint. I understand that any information given about me is limited to that which is relevant to the subsequent investigation of the complaint and may only be disclosed to those people who have consented to act on my behalf.

This authority is for an indefinite period/for a limited period only\*.

Where a limited period applies, this authority is valid until ………./………./……….

**SECTION 4: SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname & initials |  | Title |  |
| Signature |  | Date |  |

## Annex C – Complaint Handling Desktop Aide-Memoire

**\*** It may be necessary to liaise with external third parties such as hospitals in order to gather additional information or to formulate a joint response. Where this is the case the patient or their representative must be advised accordingly.

## Annex D – Annual Complaints Report

**Introduction**

The purpose of the Annual Complaints Report (ACR herein) is to detail the complaints received by YHN during the year 01 April 2019 to 31 March 2020. YHN takes a proactive approach to the management of complaints, a process that is aimed at improving the quality of service and delivering a better patient experience.

**Purpose**

The purpose of the ACR is to:

* Specify the number of complaints received during the reporting period
* Specify the number of complaints that were warranted, unwarranted or partially warranted
* Specify the nature of the complaints (source, staff group, categorisation)
* Specify the number of referrals to the ombudsman
* Identify trends that can be analysed and audits undertaken
* Identify remedial actions and learning points
* Notify patients of any changes to policy as a result of complaints

In accordance with NHS(E) directives regarding the complaints process, the ACR for YHN will be available to the public upon request.

**Tabular representation**

For ease of reading, the ACR is presented in tabular form and illustrated overleaf.

**Table 1** – Complaints received during reporting year 01 Apr 2019 until 31 March 2020

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Number of complaints received** | **Warranted** | **Unwarranted** | **Partially warranted** |
| April | 2 | 1 | 1 | 0 |
| May | 2 | 1 | 1 | 0 |
| June | 2 | 1 | 0 | 1 |
| July | 3 | 1 | 0 | 2 |
| August | 1 | 1 | 0 | 0 |
| September | 1 | 1 | 0 | 0 |
| October | 1 | 1 | 0 | 0 |
| November | 0 | 0 | 0 | 0 |
| December | 2 | 2 | 0 | 0 |
| January | 1 | 1 | 0 | 0 |
| February | 1 | 1 | 0 | 0 |
| March | 1 | 1 | 0 | 0 |

**Table 2** – Nature of complaints during the reporting year

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Number of complaints** | **Treatment** | **Staff attitude** | **Access** | **Referral process** | **Facilities** | **Medication** | **Waiting times** |
| April | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| May | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| June | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| July | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Aug | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Sept | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Oct | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Nov | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dec | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Jan | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Feb | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Mar | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |

**Table 3** – Referrals to the ombudsman during the reporting year

|  |  |  |
| --- | --- | --- |
| **Month** | **Number of complaints received** | **Referrals to ombudsman** |
| April | 2 | 0 |
| May | 2 | 0 |
| June | 2 | 0 |
| July | 3 | 0 |
| August | 1 | 0 |
| September | 1 | 0 |
| October | 1 | 1 |
| November | 0 | 0 |
| December | 2 | 0 |
| January | 1 | 0 |
| February | 1 | 0 |
| March | 1 | 0 |

**Table 4 –** Categorisation of complaints by staff group during the reporting year

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Number of complaints** | **GP** | **Nurse** | **HCA** | **Pharmacy** | **Reception** | **Admin** | **Locum** |
| April | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| May | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| June | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| July | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Aug | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Sept | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Oct | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Nov | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dec | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Jan | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Feb | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Mar | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |

**Table 5** – Complaint trends identified during the reporting year

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Number of complaints received** | **Trends by category** | **Trends by staff group** |
| April | 2 | Treatment (ear-syringing) | Nursing |
| May | 2 |  |  |
| June | 2 |  |  |
| July | 3 |  |  |
| August | 1 |  |  |
| September | 1 |  |  |
| October | 1 |  |  |
| November | 0 |  |  |
| December | 2 | Attitude | Reception staff |
| January | 1 |  |  |
| February | 1 |  |  |
| March | 1 |  |  |

**Table 6** – Remedial actions/lessons identified

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Number of complaints received** | **Remedial actions** | **Lessons identified** | **Comments** |
| April | 2 | Treatment plans reviewed for ear-syringing | Staff require regular refresher training | Annual training to be arranged by…. |
| May | 2 |  |  |  |
| June | 2 |  |  |  |
| July | 3 |  |  |  |
| August | 1 | Review GP rota to ensure sufficient coverage to maintain acceptable waiting times | GPs must ensure they discuss leave requirements in advance with PM – no later than June | Leave pro forma to be emailed to all staff following Easter for summer to enable management time to source cover |
| September | 1 |  |  |  |
| October | 1 |  |  |  |
| November | 0 |  |  |  |
| December | 2 | Staff survey conducted, identifying excessive workload at peak times during the year | Practice manager/lead receptionist to maintain an awareness during peak times, monitoring staff for fatigue, etc. | Discuss the rotation of staff between administrative roles and reception to alleviate fatigue |
| January | 1 |  |  |  |
| February | 1 |  |  |  |
| March | 1 |  |  |  |

**Table 7** – Changes to YHN policy

|  |  |  |
| --- | --- | --- |
| **Month** | **Number of complaints received** | **Changes to policy** |
| April | 2 | Ear-syringing protocol changed to reflect annual refresher training requirement |
| May | 2 |  |
| June | 2 |  |
| July | 3 |  |
| August | 1 | HR policy regarding leave requests changed, stating new cut-off dates for summer break |
| September | 1 |  |
| October | 1 |  |
| November | 0 |  |
| December | 2 | HR policy update regarding monitoring of staff for fatigue |
| January | 1 |  |
| February | 1 |  |
| March | 1 |  |

**SUMMARY**

This ACR ensures transparency between YHN and its patients. The information is accurate and reflects the complaints received during the reporting. This information is available to the public upon request and also discussed at the PPG meeting.

## Annex E – Complaint Review Form

**Introduction**

The purpose of the complaint review form is to enable YHN to conduct a detailed analysis of every complaint received with a view to making recommendations for improvements to services and enhancing patient experience within YHN

Any key points will be used to populate the Annual Complaints Review, identifying trends and learning points for further development in the handling of complaints and routines within YHN.

**Usage**

This form can be used by the complaints manager and responsible officer and any other parties involved in the management of complaints at YHN. Where the complaint involves more than one NHS organisation, discussions will take place between the bodies concerned about the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant[[5]](#footnote-5).

**Complaint review form** is shown overleaf.

**COMPLAINT REVIEW FORM YHN**

|  |  |  |
| --- | --- | --- |
| Complaint reference number | Patient identifying number | Date of review |
|  |  |  |

|  |
| --- |
| **Summary of complaint:** |

|  |
| --- |
| **Summary of learning points:** |

|  |  |
| --- | --- |
| **Action points:**  1.  2.  3.  4.  5.  6.  7.  8. | **By whom:**  1.  2.  3.  4.  5.  6.  7.  8. |

|  |
| --- |
| **Complaint category**   * Treatment * Staff attitude * Access * Referral process * Facilities * Medication * Waiting times |

|  |
| --- |
| **Complaint staff group**   * GP * Nurses * HCA * Pharmacy/Dispensary * Receptionists * Admin * Locum staff |

|  |
| --- |
| **Date team meeting held to discuss complaint:** |

|  |
| --- |
| **Review date:** |

|  |  |
| --- | --- |
| **Complaints manager signature:** |  |
| **Complaints manager name:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Responsible officer signature:** |  |
| **Responsible officer name:** |  |
| **Date:** |  |

**Annex F – YHN Leaflet**

A patient information leaflet regarding complaints is shown overleaf.

| Advocacy support   * POhWER support centre can be contacted via 0300 456 2370 * SeAp Advocacy gives advocacy support on 0330 440 9000 * Age UK on 0800 055 6112   Further actions  If you are dissatisfied with the outcome of your complaint from either NHS England or this practice, then you can escalate your complaint to:  Parliamentary Health Service Ombudsman (PHSO)  Milbank Tower  Milbank  London  SW1P 4QP  Tel: 0345 015 4033  www.ombudsman.org.uk | **Yorkshire Health Network**  Room 3.12, Windsor House, Cornwall Road  Harrogate, North Yorkshire  Tel: 01423 611060; ADD GENERIC EMAIL ADDRESS |  | Complaints Process |
| --- | --- | --- | --- |
| Talk to us Every patient has the right to make a complaint about the treatment or care they have received at Yorkshire Health Network.  We understand that we may not always get everything right and, by telling us about the problem you have encountered, we will be able to improve our services and patient experience. Who to talk to Most complaints can be resolved at a local level. Please speak to a member of staff if you have a complaint; our staff are trained to handle complaints. Alternatively, ask to speak to the complaints manager, Vicky Hogg, YHN Clinical Services Lead. | If for any reason you do not want to speak to a member of our staff, then you can request that NHS England investigates your complaint. They will contact us on your behalf:  NHS England  PO BOX 16738  Redditch  B97 9PT  03003 112233  [england.contactus@nhs.net](mailto:england.contactus@nhs.net)  A complaint can be made verbally or in writing. A complaints form is available from reception. Additionally, you can complain via email to yhn.yorkshirehealthnetwork@nhs.net Time frames for complaints The time constraint on bringing a complaint is 12 months from the occurrence giving rise to the complaint, or 12 months from the time you become aware of the matter about which you wish to complain.  The Clinical Services Lead will respond to all complaints within three business days.  We will aim to investigate and provide you with the findings as soon as we can and will provide regular updates regarding the investigation of your complaint. | | Investigating complaints Yorkshire Health Network will investigate all complaints effectively and in conjunction with extant legislation and guidance. Confidentiality Yorkshire Health Network will ensure that all complaints are investigated with the utmost confidentiality and that any documents are held separately from the patient’s healthcare record. Third party complaints Yorkshire Health Network allows a third party to make a complaint on behalf of a patient. The patient must provide consent for them to do so. A third party patient complaint form is available from reception. Final response Yorkshire Health Network will issue a final formal response to all complainants which will provide full details and the outcome of the complaint. Further information is detailed in our Complaints Policy. |

## Annex G – Complaints Log (example)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Date Received** | **Format** | **Consent obtained** | **Complaint description** | **Ack’d date** | **Outcome** | **Upheld** | **Date closed** |
| 1/19 | 08 Jan 19 | In person | N/A | Fall in car park | N/A | Apologised, SEA raised, repairs to car park. Discussed at all meetings | Yes | 31 Jan 19 |
| 2/19 | 10 Feb 19 | Email | Yes | Wrong tablets prescribed on mother’s prescription | 12 Feb 19 | Advised that the drug was the same, although different branding. Letter written to daughter following investigation | No | 19 Feb 19 |
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1. [NHS(E) Complaints Policy 2017](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf) [↑](#footnote-ref-1)
2. [Good Practice for Handling NHS Complaints 2013](https://www.patients-association.org.uk/wp-content/uploads/2014/06/Good-Practice-standards-for-NHS-Complaints-HandlingSept-2013.pdf) [↑](#footnote-ref-2)
3. [A Guide to Effective Complaints Resolution England](https://www.medicalprotection.org/docs/default-source/pdfs/Booklet-PDFs/eng-med-complaints-booklet.pdf?sfvrsn=4) [↑](#footnote-ref-3)
4. <http://www.themdu.com/guidance-and-advice/journals/inpractice-july-2014/timescales-for-acknowledging-investigating-and-responding-to-complaints> [↑](#footnote-ref-4)
5. [NHS England Complaints Policy](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf) [↑](#footnote-ref-5)