



A Quality Framework for Complaints

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities
- Legal Guidance can be found at <https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/>

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1. Aims and Objectives

This framework is intended to describe what quality looks like in terms of NHS England's management and provision of a complaints function. It is not meant to replicate the content of [NHS England's Complaints Policy and Procedure documents](#) which were published on 26 March 2015.

Since the publication of Hard Truths there has been much discussion and numerous reports describing the state of complaints handling in the NHS. The Department of Health chaired a Programme Board which oversaw work streams arising from Hard Truths – all with the aim of improving complaints management and the experience of making a complaint.

The most significant piece of work describing what quality looks like in complaints management was delivered by the Parliamentary and Health Service Ombudsman (PHSO) In November 2014 the [PHSO published 'My Expectations'](#) - a vision for complaint handling which was co-created with patients, complainants, service users, front line staff, complaints managers and key stakeholders with an interest in the complaints process.

NHS England has chosen to base A Quality Framework for Managing Complaints on 'My Expectations'. Our aim is to embrace the culture of 'My Expectations' and the specifics of the associated I Statements and have them running throughout our Quality Framework.

The scope of our work goes across all tiers of our complaints handling from tiers one to three and at times more widely into NHS England as a commissioning organisation. It is hoped that the good practice we describe and advocate will spread throughout primary care through our transactions managing complaints with providers.

At the time of publishing 'My Expectations' the PHSO said;

"The vision for complaint handling presented here aims to respond specifically to these needs

- 1) The need to ensure that patient and service user expectations lie at the heart of any system or approach to complaint handling
- 2) The need for a framework of good practice in complaint handling that is relevant to providers of both health and social care"

'My Expectations' incorporates a suite of I Statements seen from the perspective of the complainant (or potential complainant). NHS England was represented at all of the workshops which were arranged by the PHSO when developing the I Statements.

In 'My Expectations' the PHSO talks about implementation of the work operationally and calls upon organisations and specifically leaders with responsibility for complaints management to consider how 'My Expectations' presents practical opportunities. NHS England is a partner of 'My Expectations' and the development of this Quality Framework is in direct response to the PHSO's work. Through this document there will be reference to the I statements and the Peer Review section will be built upon the basis of 'My Expectations'.

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The PHSO says;

“The vision framework should also provide leaders with a way of measuring their own organisation’s complaint handling performance and capacity. In the first instance, a simple measure of whether or not an organisation has the ability to deliver against each of the patient and service user statements should give an indication of how well it can meet patient and service user expectations.”

One of the challenges for NHS England as the commissioner of primary care is that much of the content of aforementioned published views or responses to Hard Truths is that the focus is on complaints in the acute hospital setting and there is less commentary on complaints management in primary care settings. Whilst some of the I Statements may be less relevant or harder to evidence in a small GP surgery for example there are many of the statements which should and will apply. While this Quality Framework is written specifically for the management of complaints overseen by NHS England it is hoped that the good practice described within it will spread across primary care as NHS England’s regional teams interact more and more with an increasing number of primary care practitioners during the management of complaints. The timing is right, with a change in the CQC inspection process making primary care practitioners more aware of their responsibilities around complaints management. NHS England is exploring the provision of complaints management training in primary care.

2. NHS England- the first two years

As well as creating a Quality Framework based upon the principles and practical content of 'My Expectations' the work also reflects the findings of the two internal audits completed a year apart (the most recent being February 2015). While much of the audit is about NHS England's compliance with its own policy and procedure there are recommendations which also relate to quality.

One of the issues which the Quality Framework aims to address is the inconsistency delivery of complaints management across NHS England. In the absence of a Quality Framework centrally regional teams have developed their own ways of working. As part of the Quality Framework a series of templates were co-created with the considerable input of the London and the South complaints teams. Several of the templates included here are based upon documents initiated by London and the South as they sought to improve their complaint handling.

It is recognised that there is still some way to go before NHS England can truly claim to be providing a consistent and consistently excellent complaints service. This will mean that some of the I Statements are aspirational for now but which the organisation should be looking to achieve prospectively.

We will use a combination of the following to assess how successfully this Quality Framework has been implemented;

- Peer Review
- Management of KPIs
- Review of PHSO case outcomes
- Staff engagement with our complaint handlers
- Engagement with our key stakeholders externally
- Internal audit

It is accepted that the Quality Framework will evolve over time and the aim is to review the content and the implementation one year after publication.

3. Considering a complaints (including access) and making a complaint

3.1 I was able to communicate my concerns in the way I wanted

NHS England is committed to providing multiple communication channels enabling complaints to be made in the way determined by the complainant's wishes and communication needs. NHS England accepts complaints verbally by telephone, electronically in writing by email and in writing as white mail.

The Customer Contact Centre and regional complaints teams are working together to improve the number of options of communication channels in order to meet the needs of all potential complainants such as those hard of hearing, visually impaired, with learning difficulties or for whom English is not a first language.

At present technical and practical solutions are being investigated for additional channels but if the Customer Contact Centre receives a request for a complaint to be made via a channel other than described above every reasonable effort should be made to accommodate the complainant's needs either centrally or regionally and any inability to do so should be escalated to the Senior Customer Contact Centre Manager and Regional Operational Complaint Lead for further consideration. Once all practical solutions have been exhausted any inability to accept a complaint based upon the complainant's communication needs should be documented and formally reported to the Customer Contact Programme Board.

3.2 I was able to make a complaint at a time that suited me

The NHS Complaints Regulations 2009 state that a complaint must be made within 12 months of an event or of knowing that there was cause to complain. There may be occasions, however, when a complainant's ability to make a complaint has been compromised, such as for reasons of poor health, grief or a change in personal circumstances. Each case should be considered on an individual basis. Every effort should be made to undertake some form of investigation into a complaint even if only as a paper based review of documentation if key individuals are no longer available to be part of an investigation process. If a complaint investigation is compromised by the length of time it has taken for the complaint to be raised the complainant should be advised accordingly so their expectations can be managed whilst at the same time showing some willing to provide a response.

Typically complaints managed by NHS England are received by the Customer Contact Centre team in Redditch and recorded centrally. All telephone calls, emails and white mail are directed to the Customer Contact Centre. Obviously those making their complaint via email or white mail are in control of the time at which their complaint is sent/ made. However, those wishing to make a complaint by telephone are able to do so during the opening times of the Customer Contact Centre – this being 8am to 6pm Monday to Friday. Additionally, this availability is not met by all regional teams should there be a need for an immediate telephone call transfer.

At present it would remain an aspiration to be able to offer the option of making a complaint by telephone outside of these hours. However, in very special circumstances, if a

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complainant or potential complainant expressed in writing the wish to speak to someone outside of these hours the request should be escalated to the Senior Customer Contact Centre Manager and Regional Operational Complaints Lead to see whether the request could be accommodated to at least receive the complaint. Every effort should then be made, including a commitment from the complainant where possible, to agree the date and time of any further communication with the aim of this being within core operating hours. The effort made to receive the complaint outside of core hours should not lead to an expectation that further contact regarding the complaint will be arranged in this way. If a request for a complaint to be made verbally outside of core operating hours is not met this should be formally documented and reported to the Customer Contact Programme Board.

3.3 I was offered support to make my complaint

The majority of formal complaints made to NHS England are in writing (white mail or email) and therefore the complaint process commences with or without support at that point. Those making contact by telephone however present an opportunity to be notified of the NHS Complaints Advocacy Support available in their area. A telephone contact may not be a complaint at the point of contact, rather an enquiry about the process of complaining.

It is the responsibility of the Customer Contact Centre call handlers to ensure information about NHS Complaints Advocacy is provided in these circumstances. This is easily tested by a survey of enquirers or by mystery shopping.

NHS England's focus in this regard is to ensure that, irrespective of whether support was available in order for the complaint to be made, every complainant is made aware of their right to support throughout the rest of the process. One of the non-negotiable features of the template for the acknowledgement letter is the inclusion of signposting and contact details for the NHS Complaints Advocacy provider local to the complainant. This issue was specifically considered by the internal audit process and actions arising will be owned there.

Regional and national relationships with NHS Complaints Advocacy providers should be formalised through regular organised contact. This should include invitational representation on the Peer Review process. It would be envisaged that such advocacy providers should form part of the peer review panel and should be encouraged to feed in their qualitative experiences of complaints handled by NHS England – this should include both positive and negative experiences.

There should also be an agreed channel for NHS Complaints Advocacy providers to escalate any concern about an individual case or more general quality concerns about NHS England's management of complaints. This should be considered an issue of reputational importance as NHS England should aspire for NHS Complaints Advocacy Providers to view NHS England's management of complaints positively.

The CRM was designed with the ability to easily recognise and report upon the number of complainants supported by an NHS Complaints Advocate. This will permit any review of access to such support geographically should there be a desire to understand why the uptake of support is greater or less in some regions than others.

NHS England's complaints teams will provide an additional form of support if there is a need to clarify the desired outcome of a complaint or of the key lines of enquiry. This will usually

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take the form of a telephone call at the time of initial receipt by the Regional team (or tier 2 if a complaint being managed centrally). All complainants will be offered a discussion within their formal acknowledgement letter.

4. Staying Informed

4.1 I always knew what was happening in my case

Each complainant potentially has different needs, requirements and/or expectations of how often and in what way they will be kept updated once a complaint has made and the acknowledgement process completed. It is also realistic to appreciate that the capacity of the regional complaints teams will fluctuate according to the number of open cases as well as resource available to them and in turn this will impact upon their ability to proactively update complainants during the investigation process. What is important, however, is to try to agree with a complainant when they can expect to be updated and then every effort should be made to meet that agreement. Failure to do so results in a loss of confidence from the complainant's perspective and impacts upon NHS England's ability to achieve a successful resolution to the complaint.

From January 2015 a new key performance indicator was introduced and NHS England aims to respond to complaints within 40 working days. Of course a local complaints team can negotiate an alternative response time depending on the nature of the complaint and this should be clearly communicated to the complainant and the key individuals involved in the investigation of the complaint. It is with this in mind that updates about the case should be considered.

At any stage when it becomes apparent that something is going to prevent a complaint being responded to within 40 working days (or the timeframe agreed with the complainant) this should be proactively communicated to the complainant (and their advocate if being supported). Reasons for any delay should be clearly explained either in writing or by telephone (in which case documented as a file note for the complaint record). Any deadline, be it 40 working days or a mutually agreed timeframe, should never be allowed to pass without communication being made to the complainant in advance of that date passing. That should be the aim of NHS England's Complaints Managers.

Proactive communication with a complainant (and advocate if relevant) should occur every 10 working days after the 40 working day target has been missed. This could be by telephone, email or letter but the format should be agreed with the complainant (complaints which are not responded to within 60 working days are escalated outside of region to the central team).

Communicating with a complainant throughout the process should not be viewed as a tick box exercise but rather one of relationship building between complaints team and complainant and part of the culture we aspire to. Any prescribed targets in this respect should be viewed as the minimum standard and frequent and ongoing communication with a complainant is encouraged and should be agreed with the complainant in terms of how often they wish to be updated (within what is practical).

The CRM is designed to permit documenting of communication with complainants throughout the process and recorded as either proactive (the complaints manager contacted the complainant without being prompted by the complainant) or reactive (in response to a request to be updated). This can be assessed as part of the Peer Review process to ascertain how effective communication is between NHS England and complainant during the life of a complaint.

5. The complaint response and experience of complaining

From a performance perspective quality comes in several forms and what may be perceived as quality to NHS England as an organisation may not be valued with the same relevance by our complainants. To this end our key performance indicators (KPIs) have been developed with a broad view of quality.

5.1 I received a resolution in a time period that was relevant to my particular case and complaint

Receiving a response in a timely manner is understandably an important element of quality. However, speed should not be the only aspect of measuring the quality of a response. NHS England has set a response target of 40 working days from receipt of complaint (at tier 1, not at regional team level and not from the point consent is received) and has a red, amber and green traffic lighting system for measuring performance accordingly. However, where possible and reasonable contact is encouraged with complainants at the point of acknowledgement by the regional team (or national if being managed by the central team) and the response timeframe should be discussed. Whilst NHS England aims to respond to complaints within 40 working days for straightforward complaints shorter timeframes should be possible in keeping with the I statement about the timeframe being relevant to the complaint.

It is important not to lose sight of complaints when the 40 working day target has been missed and any cases which remain open at 60 working days and have not been responded to will be escalated to the monthly operational call (more to follow) with a clear plan of resolution.

NHS England's performance relating to 40 working days will be reported both nationally and broken down by region and then region within a region (area teams within a region as was).

5.2 I felt that my complaint had been handled fairly

5.3 I understand how complaints help to improve services

A quality response to a complaint should result in a complainant feeling as described in the two I statements above. An indication of the quality of our service is the number of complaints which are referred to the PHSO. Consequently it is then important to assess the outcome of these cases and whether they are upheld, partially upheld or not upheld. From a complaint management perspective NHS England's complaints teams must pay attention to any element of the management and administration of the complaint handling which is found to be upheld or partially upheld. This presents NHS England the opportunity to reflect upon how it can improve the service it provides to complainants. Any recommendations about NHS England's complaint handling, whether regionally or centrally, will be reported to the CCPB with appropriate representation either centrally or regionally to report on actions arising and their implementation. This reporting will be overseen by the Central PHSO Case Manager at NHS England.

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From a KPI perspective, a KPI has been created to examine the number of cases regionally being referred to the PHSO and their subsequent outcomes. Depending on the complexity it can take some time to conclude a PHSO investigation and NHS England should not wait for the conclusion as the number of cases being referred alone could represent a concern about quality or at least a concern about the effort being made to resolve a complaint.

5.4 I would complain again, if I felt I needed to

5.5 I would happily advise and encourage others to make a complaint if they felt they needed to

Complementing the KPIs about timeliness of response and the number of cases referred to the PHSO is the satisfaction of our complainants when surveyed after receiving their response/outcome. The experience of complaining to NHS England should be a positive one and whilst understanding that the nature of the outcome is likely to have a bearing on that experience there are specific parts of the process we can ask our complainants to assess us on.

NHS England will use the I Statements in 'My Expectations' as the basis of any survey questions we put to formal complainants and will attempt to ask them to distinguish between their satisfaction with our process and their satisfaction with the outcome of the complaint. Results of the survey will be presented both nationally but also by region (and area within region).

In summary, the three key elements (there are others including acknowledgement of complaint within 3 working days) of measuring the quality of operational performance will be

- Timeliness (% of responses within 40 working days)
- External review (% of complaints referred to PHSO and review of the outcome)
- Complainant satisfaction (measured by a survey of complainants)

6. Reporting of operational performance information

Operational performance data relating to quality will be reviewed and discussed in a number of ways. Monthly operational calls will be hosted by the Head of Patient Experience and will be attended by the Senior Customer Contact Centre Manager (to represent any issues nationally including handover between tiers 1-3) and the nominated regional leads (one operational call per region monthly then a national call quarterly with all regions invited).

The operational calls will permit each region to account for its performance in the month in question with a look back to the quarter as well as year to date.

The regional leads will be expected to account for their performance of all of their complaints teams within the region. The operational call will also provide the regional leads with an opportunity to raise any issues they wish to escalate such as those regarding process, performance of tiers 1-2 or capacity/resource issues (not just those relating specifically to complaints personnel but also those who have a role such as providing clinical advice or director sign off). The Head of Patient Experience will brief the Director of Transformation after each round of monthly calls and will formally escalate any concerns arising from the call. A summary of the most recent operational calls will be included in the complaints performance report presented at each Customer Contact Programme Board. Formal escalation to the Director of Transformation may occur if a regional (area as was) team

- Is rated red for performance against 40 working days for three successive months
- Has a significant increase in PHSO activity (be it in number of open cases, those partially/fully upheld or in the case of any significantly negative outcome for NHS England's complaint handling specifically)
- Has a significant decrease in complainant satisfaction as reported in the complainant survey
- Has any significant issues of staffing in relation to complaints handling

The Director of Transformation can then escalate a concern directly to the Regional Director of Commissioning. All escalation is discretionary and extenuating circumstances may be considered.

In addition to the monthly operational calls, performance data will also be discussed at

- Chief Nurse/Regional Nurse call
- Customer Contact Programme Board

7. Learning and information

7.1 I understand how complaints improve services

In addition to the reports relating to the KPIs as described earlier in this document, NHS England is committed to producing activity and trend reports arising from complaints activity.

Each region will produce a learning from complaints report every six months, in addition to any local requirement, which will include information about

- Trends noted from complaints about primary care
- Any significant actions/learning arising from complaints (individually or in response to a trend) including anonymised outcomes arising from referrals to Performance Advisory Groups (PAG)
- A summary of PHSO activity
- How complaints have been reported into the commissioning function

These reports will be available for use locally but in addition will be sent, for information, to the Customer Contact Programme Board and Complaints Advisory Group. The content of the twice yearly reports will help populate the NHS England complaints annual report.

There is a responsibility to ensure that any complaints relating to the performance of a clinician are appropriately referred to the local Performance Advisory Group (PAG) and that there is a clear audit trail both to and from the PAG. The CRM will have a function permitting complaints handlers to identify complaints which have been referred to PAG (with a clear criteria for referral) and complaints teams will be responsible for ensuring that a brief, anonymised outcome from the PAG process is recorded on the CRM for each complaint referred. We should aim for senior complaints personnel to be suitably trained to participate in their local PAG as this should add value not just in terms of being able to discuss the nature of the complaint but also the broader issues raised.

NHS England will host an annual primary care complaints management conference which will aim to share best practice, demonstrate learning and engage primary care practitioners and managers.

The CRM should be able to provide useful intelligence within NHS England and should be used to inform contractual, commissioning and performance decisions. The Customer Contact Centre senior management team will promote the use of the CRM within NHS England ensuring that all departments are aware of the information available and how to access it. A record of all requests for reports should be held centrally and should be referenced in the NHS England complaints annual report as evidence of learning from complaints. Where appropriate, information held on the CRM will be used shared with other organisations who may hold similar intelligence, such as Monitor, the CQC and PHSO.

The central team will work with regional colleagues and CCGs to agree an acceptable standard of reporting to CCGs (with complaints recorded by CCG on the CRM wherever possible). We will work with CCGs to determine the nature and frequency of reports

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provided, the forum in which they are shared and endeavour to bring a consistency to this element of reporting.

With all of this in mind, regional complaints personnel are expected to maintain high quality standards of data entry in respect of the CRM and in a way which permits meaningful reporting leading to evidence of learning from complaints.

Similarly important is a full audit trail of every touch point across a complaint investigation and which would stand up to internal and external scrutiny such as at peer review or if the PHSO were to consider a complaint. Compliance with data entry and completion of all fields which permit scrutiny of possible delays in the complaints process will be monitored via the operational calls.

8. Parliamentary and Health Service Ombudsman (PHSO) complaints

It is essential that every complainant is aware of their right to request an independent review of their complaint by the PHSO at the point that local resolution has been completed and the complainant feels that NHS England is unable to provide a satisfactory outcome or provide any further useful assistance.

Information about the PHSO must be included in every complaint response completed by NHS England. Additionally information about the PHSO could be included in the acknowledgement letter to the complainant (this offers assurance to the complainant that it is in the interest of NHS England to manage the complaint well and being open and transparent as NHS England is required to share all information with the PHSO in the event that a review is requested).

A disproportionate number of complaints being investigated by the PHSO may indicate a quality related issue with the complaints service provided by a region. There is a KPI around the number of PHSO cases per region so as to monitor and potentially escalate and intercept if concerns about quality are raised.

The CRM has been designed with specific PHSO pages which will permit reporting on the number of active PHSO cases NHS England has at any one time as well as the outcomes in terms of the number of cases upheld, partially upheld or not upheld.

NHS England is centralising the co-ordination of PHSO cases by putting a senior manager into the central team who will oversee the exchange of information between NHS England and the PHSO as well as co-ordinate responses and requests for information from national directors and regional teams.

This is not to remove responsibility or accountability from the regional delivery of the complaints service rather to ensure some consistency of approach and co-ordination of actions arising. This will make for a better quality experience for the PHSO case managers with a positive impact for both complainant and NHSE complaints staff.

Centralising the co-ordination of PHSO cases will also encourage better use of the information arising from these cases and will allow NHS England to consider more effective actions on a wider basis across commissioned services. NHS England's PHSO Case Manager will provide regular reports to the CCPB on PHSO case activity and outcomes and further dissemination of this information will be considered.

The NHS England PHSO Case Manager will work to clear quality guidelines in terms of how information is prepared and shared in response to requests for complaint files and medical records. Any concerns about the quality of this process will be discussed during the operational meetings between NHS England and the PHSO office.

9. Quality staff and staff support

The quality of a service is only as good as the quality of the staff employed to provide that service. Working in an environment handling and/or managing complaints requires staff who are resilient but NHS England should be committed to providing appropriate training and support to its complaints staff.

All staff who have direct contact with complainants should have access to a debrief after any exchange with a complainant which causes them to feel upset or distressed in any way (this could be due to the nature of the issues discussed or the manner in which they were addressed). Any incidents which result in a member of staff feeling abused or threatened should be escalated to their line manager, documented on the CRM and in serious cases an incident form should be completed. The wellbeing of staff handling and managing complaints should be considered in the instance of a complainant whose interactions in terms of volume and/or content causes distress or concern to those in receipt of the contact.

Supervision should be available to NHS England complaints personnel who have direct contact with complainants. Recognising the potentially stressful and emotive nature of the role, NHS England's complaints teams should be regularly signposted to the existing in house forms of support available including counselling. Exit interviews should be offered to NHS England's complaints staff at the point that they leave their role. The outcomes of such interviews should not just be reviewed locally but in looking at the overall delivery of the complaints function at NHS England.

Peer support can be available via NHS England's regional and national complaints manager forum. An NHS England regional complaints manager forum will be held on a six monthly basis with an NHS England national complaints manager forum annually.

At the forums, there will be an opportunity for sharing examples of good practice as well as practical discussions about topical issues which may benefit from a co-ordinated approach or input from the central team. External speakers will be invited and the forums will be chaired by the Head of Patient Experience. Another opportunity to reflect upon quality will be provided by inviting representation from local NHS Complaints Advocacy providers as well as local Healthwatch – such representatives will be able to feedback on their experiences of NHS England's complaints management as well as any feedback they have had from the local population more generally.

NHS England's Complaints Managers should be signed up members of the National Complaints Manager Forum (externally managed) as this ensures NHS England staff are aware of national developments regarding the management of/best practice regarding complaints and aware of opportunities regarding training and development.

10. NHS England's survey of complainants

NHS England is committed to use the PHSO's 'My Expectations' and associated I Statements as the basis of any survey of formal complainants. It is important to understand the complainant's experience of making a complaint to NHS England, their satisfaction with the process and outcome and general feelings about the service provided. Survey responses will be used to improve complaints handling locally and regionally and results can form a part of the Peer Review process.

NHS England's Insight Team will provide technical advice in terms of the design and methodology. Pilots will be undertaken to try different modes of collection with the most effective being rolled out nationally. The approach decided upon may be viewed flexibly if returns are considered insufficient. Initially it is suggested a paper survey will be sent out with the complaint response but returned centrally for collection and analysis. Reports including any free text will then be provided to the regions. Actions arising may be regional or national depending on the context of the feedback.

The survey results will be aligned to the month the complaint was received so that the outcome is comparable with the 40 working day response KPI.

As discussed earlier, the outcome of the survey will be included as a KPI and a marker of quality.

11. Equality and Diversity monitoring

NHS England is committed to providing a complaints service which is accessible to all and information about protected characteristics will be collected from complainants and the results reported locally and nationally on a regular basis. Any actions arising will be monitored by the Customer Contact Programme Board. A template for requesting this information will be made available.

12. Peer review

All NHS England complaints teams will participate in a peer review at least once a year. The initial timetable will be prioritised based upon performance (including any relevant feedback from audit).

The format and content of peer review will be co-designed with contribution from the regional and central NHS England complaints teams. Senior managers from across NHS England should be encouraged to participate in a peer review panel as learning from the subject matter, and not just the complaint management, can be taken back into the organisation.

Again, the I Statements will be used as part of the peer review process. The aim will be to assess quality but not from replicating the audit process which looks at systems and procedure. The key questions for each peer review panel to consider will be;

- Would I want to receive this response
- Would I be confident in this complaint file standing up to external scrutiny
- What did we do well
- What could we have done better
- What value did we add by managing the complaint

Each panel should include a complaints manager from another region (outside of area team and regional structure), local Healthwatch representation, local advocacy provider representation and at least one manager (clinical) from within region. A sample set will be agreed as part of the informal consultation with the regions about the structure of peer review.

At the end of each panel a report will be formulated which will include examples of good practice which can be shared more widely as well any actions arising for the regional team in question. This report and the region's response to it will be available for information at the CCPB and Complaints Advisory Group. The peer review process will be managed centrally. Some elements of the review will be undertaken by the central team as a desk top exercise (those most likely arising from audit – such as reference to PHSO in response, signposting to advocacy in acknowledgement) in advance of the actual panel so that the focus on the day remains a qualitative discussion rather than tick box exercise.

13. Templates

The regional complaints teams in London and the South have led on the development of templates and have worked with the central team to complete this work. The templates should assist with a more consistent approach to complaints management. These should be considered as a guideline and the aim should still be for personalisation rather than standardisation and no complainant wants to feel that they have received a standard or format letter.

There are a number of templates available for use but the key documents to focus on are;

- Acknowledgement letter
- Clinical adviser template
- Handover to primary care document

These three documents have been developed with the I Statements in mind as well as meeting the requirements of the regulations.

14. Complaint responses

There are two models of complaint response presently delivered across NHS England. In simple terms the two options are;

- One letter of response coming from the appropriate delegated authority which incorporates all elements of the investigation
- Two letters of response – one from the practice/provider and one from the appropriate delegated authority with any additional comments, explanation of what has been done, inclusion of clinical advice and next steps signposting

NHS England advocates as few enclosures as possible when responding to a complainant and it should not be necessary for a complaint managed centrally or nationally without external input to be in the form of more than one response. Where the local complaints team has decided to include the response from the provider, the additional response signed by the appropriate delegated authority **MUST** demonstrate that it has added value and must not be in the form of a standard covering letter.

The handover template to the primary care provider provides as much detail as possible to encourage the provision of a quality response, whether incorporated into one response or sent with a covering letter.

The use of plain English is expected and training in this regard is available to all NHS England complaints managers.

Medical terminology and NHS jargon should not be used (or should be explained if essential to include) unless the complainant has clearly understood, based upon their complaint, such language in which case it would be appropriate to use the same language in return. A quality response is a personal one pitched appropriately to the complainant based upon their communication needs.

Special consideration should always be given to any response which may contain sensitive information, information which may come as a surprise or which may be delivered at a sensitive time (such as anniversary of a death). In this situation the complaints manager would be expected to make contact with the complainant before the response is delivered to ensure that it is reasonable and safe for the response to be sent.

Every complaint response from NHS England should include information about the PHSO and should signpost the complainant to the next steps of the process.

Any complaint response which has not been provided in the agreed timeframe should include a clear apology and an explanation for any delay.

If clinical advice has been sought and provided as part of the investigation the role of the clinical adviser should be clearly explained to the complainant.

NHS England wishes to bring to an end the notion of the 'If Apology' and is encouraging complaints managers and primary care providers to provide meaningful apology where it is due but not to use phrases such as "I am sorry if you felt that...." which call into question the credibility of the complainant. If upon conclusion of an investigation both NHS England and

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the primary care provider can evidence that the care, treatment and/or service provided was appropriate/satisfactory this should be made clear and no apology should be necessary.

**APPENDIX 1: TEMPLATE
ACKNOWLEDGEMENT
LETTER WITH OUTCOMES**

OFFICIAL



Complaint Ref:

**Private and Confidential
Recipient's name**

Address 1
Address 2
Address 3
Address 4
Postcode

Sub Region Name
Sub Region Address 1
Sub Region Address 2
Sub Region Address 3
Sub Region Address 4
Sub Region Direct Tel number
Sub Region Complaints email

NHSE CCC tel (if unable to contact SR)

Date

Dear

I am writing to you with regard to your recent INSERT EMAIL/LETTER/CALL, which concerns INSERT CARE PROVIDER(S). I was sorry to learn of YOUR/YOUR (INSERT RELATIVE) experience. INSERT CONDOLENCES HERE IF REQUIRED OR OTHER PERSONALISATION (SUCH AS "I HOPE YOU ARE RECOVERING WELL/FEELING BETTER ETC").

Thank you for taking the time to contact us. Whilst we would never wish for a patient, their relative or carer to have a poor experience, complaints provide invaluable feedback and help us to improve the NHS.

TWO OPTIONS;

- 1) WHERE CONCERNS AND DESIRED OUTCOME ARE CLEAR – USE PARAGRAPH TO SUMMARISE
- 2) FOR COMPLEX COMPLAINTS INCLUDING MULTI-AGENCY INCLUDE COMPLAINT PLAN

OPTION ONE

I have attempted to identify the issues which are most important to you and have listed these below. This does not mean I will not address all of the issues you have raised but I wanted to ensure that I have correctly understood your concerns. It is important that I have captured these accurately so that I can provide you with a response that addresses each of your concerns. If this is not the case, please let me know by contacting me on the telephone number or email address above.

INSERT UP TO 5 MAIN CONCERNS

- Concern 1
- Concern 2
- Concern 3
- Concern 4
- Concern 5

OPTION TWO

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In order to assist with my investigation into your complaint I have enclosed a complaint plan as we discussed on the telephone. I would be grateful if you could sign and return the plan to me in the pre-paid envelope provided and at your earliest convenience. Hopefully I have summarised our discussion accurately but please comment on the plan as you see fit.

I will aim to provide you with a full written response within 40 working days. My letter to you should be dated no later than INSERT DATE. If for any reason I am unable to respond within this timeframe then I will contact you to discuss this with you before the date on which your response is due.

If you have any individual requirements concerning how, when and where I share the response with you then please let me know by telephone, email or letter using the contact details in the top right hand corner on page one of this letter.

In order to investigate your complaint I will need to share it with INSERT CARE PROVIDER and for this I need YOUR/INSERT RELATIVE consent. Similarly YOUR/INSERT RELATIVE medical records may need to be accessed and again consent is required. I enclose a consent form to cover all relevant consent issues and would be grateful if you could return your completed form using the enclosed pre-paid envelope. Obviously the timing of the completion of the consent form can affect our ability to respond you in a timely manner as our investigation is dependent upon it.

It is important for you to know that you can receive independent support to make your complaint. This support is free and available to you at any stage of the complaints process. Your local independent complaints advocacy service is provided by INSERT NAME(S) and their contact details are as follows:

INSERT ADVOCACY DETAILS (IF THERE ARE MULTIPLE PROVIDERS THEN SIGNPOST TO HEALTHWATCH LOCALLY WHO WILL ADVISE)

I have included a leaflet about your local advocacy provider with this letter DELETE IF NOT INCLUDING AN ENCLOSURE

NHS England wants every complaint to matter and for every complainant to feel that their complaint has been handled fairly. At the end of the process we want you to feel confident making a complaint should you need to in the future and also that you would advise and encourage others to do the same.

I would like to think that we can work together to achieve a positive outcome for you. However, if you are dissatisfied with our response and any further attempt to resolve your complaint, you have the right to request an independent review of your complaint with the Parliamentary and Health Service Ombudsman (PHSO). The PHSO can be contacted by telephoning 0345 015 4033, emailing phso.enquiries@ombudsman.org.uk or in writing at PHSO, Millbank Tower, Millbank, London, SW1P 4QP.

Finally, I have included an Outcomes and Expectations slip at the end of this letter which you may choose to tear off, complete and return. This helps me understand exactly what you are hoping to achieve by making your complaint and will also assist me in ensuring that we personalise both our investigation and response

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appropriately.

I appreciate that there is a lot of information contained within this letter and so I would welcome the opportunity to have a discussion with you at your convenience to discuss any element of the complaints process, your case or your desired outcome. Likewise if you have any questions or concerns about anything from the timeframe to respond or the consent process, please do not hesitate to contact me via the details provided on page one of this letter.

Yours sincerely

INSERT NAME
Complaints Manager
INSERT NHS SUB REGION

Enclosures:

Consent Form (AMENDED AND PERSONALISED)
NHS England and DH Complaints Leaflet (when available)
Advocacy Leaflet (if able to provide)
Complaint Plan (if relevant)
Pre-paid envelope for returns
DO WE SEND EQUALITIES MONITORING FORM?

.....
COMPLAINT REFERENCE: INSERT REFERENCE NUMBER
COMPLAINANT'S NAME: INSERT FOR COMPLAINANT
PATIENT'S NAME (IF DIFFERENT TO COMPLAINANT): INSERT FOR
COMPLAINANT

If I could achieve three things by making my complaint they would be:

- 1.

- 2.

- 3.

APPENDIX 2: TEMPLATE ACKNOWLEDGEMENT LETTER WITHOUT OUTCOMES

Complaint Ref:**Private and Confidential
Recipient's name**Address 1
Address 2
Address 3
Address 4
PostcodeSub Region Name
Sub Region Address 1
Sub Region Address 2
Sub Region Address 3
Sub Region Address 4
Sub Region Direct Tel number
Sub Region Complaints email

NHSE CCC tel (if unable to contact SR)

Date

Dear

I am writing to you with regard to your recent INSERT EMAIL/LETTER/CALL, which concerns INSERT CARE PROVIDER(S). I was sorry to learn of YOUR/YOUR (INSERT RELATIVE) experience. INSERT CONDOLENCES HERE IF REQUIRED OR OTHER PERSONALISATION (SUCH AS "I HOPE YOU ARE RECOVERING WELL/FEELING BETTER ETC").

Thank you for taking the time to contact us. Whilst we would never wish for a patient, their relative or carer to have a poor experience, complaints provide invaluable feedback and help us to improve the NHS.

TWO OPTIONS;

- 1) WHERE CONCERNS AND DESIRED OUTCOME ARE CLEAR – USE PARAGRAPH TO SUMMARISE
- 2) FOR COMPLEX COMPLAINTS INCLUDING MULTI-AGENCY INCLUDE COMPLAINT PLAN

OPTION ONE

I have attempted to identify the issues which are most important to you and have listed these below. This does not mean I will not address all of the issues you have raised but I wanted to ensure that I have correctly understood your concerns. It is important that I have captured these accurately so that I can provide you with a response that addresses each of your concerns. If this is not the case, please let me know by contacting me on the telephone number or email address above.

INSERT UP TO 5 MAIN CONCERNS

- Concern 1
- Concern 2
- Concern 3
- Concern 4
- Concern 5

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OPTION TWO

In order to assist with my investigation into your complaint I have enclosed a complaint plan as we discussed on the telephone. I would be grateful if you could sign and return the plan to me in the pre-paid envelope provided and at your earliest convenience. Hopefully I have summarised our discussion accurately but please comment on the plan as you see fit.

I will aim to provide you with a full written response within 40 working days. My letter to you should be dated no later than INSERT DATE. If for any reason I am unable to respond within this timeframe then I will contact you to discuss this with you before the date on which your response is due.

If you have any individual requirements concerning how, when and where I share the response with you then please let me know by telephone, email or letter using the contact details in the top right hand corner on page one of this letter.

In order to investigate your complaint I will need to share it with INSERT CARE PROVIDER and for this I need YOUR/INSERT RELATIVE consent. Similarly YOUR/INSERT RELATIVE medical records may need to be accessed and again consent is required. I enclose a consent form to cover all relevant consent issues and would be grateful if you could return your completed form using the enclosed pre-paid envelope. Obviously the timing of the completion of the consent form can affect our ability to respond you in a timely manner as our investigation is dependent upon it.

It is important for you to know that you can receive independent support to make your complaint. This support is free and available to you at any stage of the complaints process. Your local independent complaints advocacy service is provided by INSERT NAME(S) and their contact details are as follows:

INSERT ADVOCACY DETAILS (IF THERE ARE MULTIPLE PROVIDERS THEN SIGNPOST TO HEALTHWATCH LOCALLY WHO WILL ADVISE)

I have included a leaflet about your local advocacy provider with this letter DELETE IF NOT INCLUDING AN ENCLOSURE

NHS England wants every complaint to matter and for every complainant to feel that their complaint has been handled fairly. At the end of the process we want you to feel confident making a complaint should you need to in the future and also that you would advise and encourage others to do the same.

I would like to think that we can work together to achieve a positive outcome for you. However, if you are dissatisfied with our response and any further attempt to resolve your complaint, you have the right to request an independent review of your complaint with the Parliamentary and Health Service Ombudsman (PHSO). The PHSO can be contacted by telephoning 0345 015 4033, emailing phso.enquiries@ombudsman.org.uk or in writing at PHSO, Millbank Tower, Millbank, London, SW1P 4QP.

I appreciate that there is a lot of information contained within this letter and so I would welcome the opportunity to have a discussion with you at your convenience to discuss any element of the complaints process, your case or your desired outcome.

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Likewise if you have any questions or concerns about anything from the timeframe to respond or the consent process, please do not hesitate to contact me via the details provided on page one of this letter.

Yours sincerely

INSERT NAME
Complaints Manager
INSERT NHS SUB REGION

Enclosures:

Consent Form (AMENDED AND PERSONALISED)
NHS England and DH Complaints Leaflet (when available)
Advocacy Leaflet (if able to provide)
Complaint Plan (if relevant)
Pre-paid envelope for returns

APPENDIX 3: TEMPLATE COMPLAINT DECLINED LETTER

Complaint Ref:
**Private and Confidential
Recipient's name**

Address 1
Address 2
Address 3
Address 4
Postcode

Sub Region Name
Sub Region Address 1
Sub Region Address 2
Sub Region Address 3
Sub Region Address 4
Sub Region Direct Tel number
Sub Region Complaints email

NHSE CCC tel (if unable to contact SR)

Date

Dear

I am writing in response to your correspondence dated INSERT DATE. I am sorry to learn that you have had cause to complain about the service provided by INSERT PROVIDER.

I understand that your complaint is being/has already been investigated (AMEND) and responded to by INSERT PROVIDER. We are, therefore, unable to undertake a further review of your complaint.

Under the Local Authority Social Services and National Health Service Complaints Regulations 2009 you are entitled to complain to either the service provider, in this case INSERT PROVIDER, or the commissioner of the service, in this instance NHS England, but not both.

If you are dissatisfied with the response you have received/you receive (AMEND) you should contact INSERT PROVIDER to see what else may be done to resolve your complaint. Alternatively if you feel unable to achieve resolution with INSERT PROVIDER then you can contact the Parliamentary and Health Service Ombudsman (PHSO). The PHSO can review your complaint and may decide to undertake an independent review. The PHSO contact details are as follows:

	<p>The Parliamentary and Health Service Ombudsman Millbank Tower Millbank London SW1P 4QP</p>	<p>Tel: 0345 015 4033 email: phso.enquiries@ombudsman.org.uk www.ombudsman.org.uk</p>
---	--	--

Please feel free to contact me (details at top right of this page) if you should require any further information. Alternatively you may find it helpful to seek some support and

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advice from your local NHS Complaints Advocacy provider, this being INSERT CONTACT DETAILS OR LINK TO HEALTHWATCH IF MULTIPLE PROVIDERS AND EXPLAIN

Yours sincerely

Complaints Manager
INSERT SUB REGION

APPENDIX 4: Consent form (patient is complainant)
--


NHS England Consent Form (patient is complainant)

Complaint Reference Number: COMPLAINTS MANAGER COMPLETE

I confirm that I accept that NHS England will process this complaint and that you will forward a copy of my complaint to the relevant organisation(s) for direct investigation. I also confirm that I accept that a copy of all correspondence will be held by NHS England.

I also consent, to the release of my Medical/Dental records and understand that the information obtained will be used to assist in the investigation of my complaint. Confidential information can and may be shared with the following people:

- NHS England staff investigating my complaint
- Primary Care Practitioner (doctor or dentist for example) who is the subject of my complaint as well as the practice manager/partner
- Any other organisation directly associated with the complaint

Your home telephone number:	
Your mobile telephone number:	
Your date of birth:	(/ /)
Your email address:	
Your name (in capitals):	
Signature:	
Date:	

All personal data you supply is stored on a secure server with limited, authorised access.

We will not, under any circumstances (unless required by law), share your details with any other person or organisation except where related to your complaint.

Any information is retained in accordance with NHS England's retention schedule and Department of Health guidance.

Please complete and return in the envelope provided as soon as possible to help us to respond back to you within the agreed time frame. Thank you

APPENDIX 5: Consent form (third party is complainant)
--


NHS England Third Party Consent Form

Complaint Reference Number:

Consent to act on behalf of patient (to be completed by patient if 18 years of age or older)

Patient Name:	
Address:	
Your relationship to the complainant:	
Patient home telephone number:	
Patient mobile telephone number:	
Patient email address:	
Patient date of birth:	

I do hereby give my consent for _____ to act on my behalf and to receive the final response.

I also consent, to the release of my Medical/Dental records and understand that the information obtained will be used to assist in the investigation of the complaint. Confidential information can and may be shared with the following people:

- NHS England staff investigating my complaint
- Primary Care Practitioner (doctor or dentist for example) who is the subject of my complaint as well as the practice manager/partner
- Any other organisation directly associated with the complaint

I confirm that the information above is true and accurate.

Patient Name: _____

Patient Signature: _____ **Date:** _____

Information on this form will be used **only** to communicate details of the complaint to the practice involved.

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To be completed by person making complaint (the complainant)

I confirm that I accept that NHS England will process my complaint and that you will forward a copy of the complaint to the relevant organisation(s) for direct investigation. I also confirm that I accept that a copy of all correspondence will be held by NHS England and that the patient has given consent and completed the relevant sections above:

Complainant home telephone number:	
Complainant mobile telephone number:	
Complainant email address:	

Complainant name: _____

Signature: _____ **Date:** _____

All personal data you supply is stored on a secure server with limited, authorised access.

We will not, under any circumstances, share your details with any other person or organisation except where related to your complaint.

Any information is retained in accordance with NHS England's retention schedule and Department of Health guidance.

Please complete and return in the envelope provided as soon as possible to help us to respond back to you within the agreed time frame. Thank you

**APPENDIX 6: Consent form
(patient is deceased)**



Authority to Act on Behalf of Deceased Patient Form

Ref:

I declare that the information given by me below is correct and that I am entitled to receive confidential information in relation to my complaint. This may include information taken from the medical records of the deceased patient.

NHS England will process my complaint and will forward a copy of my complaint to the relevant organisation(s) for direct investigation. I also confirm that I accept that a copy of all correspondence will be held by NHS England.

Patient Details

Patient Name:	
Patient Address:	
Patient Date of Birth:	
Patient Date of Death:	

Your Details

Your Name:	
Your home telephone number:	
Your mobile telephone number:	
Your email address:	
Your address:	
Your relationship to the patient:	

1. Are you the executor or personal representative for the deceased's estate?
 Yes No

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2. If yes, then please supply a copy of one of the following documents as confirmation of your appointment :
- Grant of Probate
 - Letters of Administration
 - Copy of patient's Will (front page will suffice)

If none of these are in existence we will need something to prove that you are entitled to receive the complaint response, such as: birth certificate/marriage certificate /death certificate.

3. If no, but you have consent provided by the executor or personal representative, please obtain a signature of confirmation to that effect on this form, or provide us with their contact details so that we may confirm this with them directly.
Alternatively confirm that:
4. You have a claim arising from the patient's death and wish to access information relevant to your claim on the grounds that:

Print Name: _____

Signature: _____ **Date:** _____

Information on this form will be used **only** to communicate details of your complaint to the practice/organisation involved.

All personal data you supply is stored on a secure server with limited, authorised access. We will not, under any circumstances (unless required by law), share your details with any other person or organisation except where related to your complaint.

Any information is retained in accordance with NHS England's retention schedule and Department of Health guidance.

Please complete and return to the address below as soon as possible to help us to respond back to you within the agreed timeframe. Thank you

INSERT ADDRESS

APPENDIX 7: Consent chase letter

Complaint Ref:

**Private and Confidential
Recipient's name**

Address 1
Address 2
Address 3
Address 4
Postcode

Sub Region Name
Sub Region Address 1
Sub Region Address 2
Sub Region Address 3
Sub Region Address 4
Sub Region Direct Tel number
Sub Region Complaints email

Date

NHSE CCC tel (if unable to contact SR)

Dear

I am writing to you further to my previous letter dated INSERT DATE. I would be very grateful if you could return the consent form as requested (I have enclosed another copy and another envelope). As I explained previously, without a signed consent form I cannot start the investigation. If there is an issue or concern you may have regarding the provision of consent please do not hesitate to contact me on the telephone number above.

If the consent form is not returned then I will presume that you do not wish to progress the complaint and I will close the complaint on our system. This does not mean we cannot look at the complaint in the future but will of course still require consent to do so.

I look forward to hearing from you shortly.

Yours sincerely

INSERT NAME
Complaints Manager
INSERT SUB REGION

Enclosures:
Copy of consent form
Paid for/addressed envelope

APPENDIX 8: Consent acknowledgement letter

Complaint Ref:

**Private and Confidential
Recipient's name**

Address 1
Address 2
Address 3
Address 4
Postcode

Sub Region Name
Sub Region Address 1
Sub Region Address 2
Sub Region Address 3
Sub Region Address 4
Sub Region Direct Tel number
Sub Region Complaints email

NHSE CCC tel (if unable to contact SR)

Date

Dear

I am writing to confirm receipt of the consent form you recently returned. I will now proceed with the investigation and respond to you in due course. As per my previous letter to you, your response should be dated no later than INSERT DUE DUE. If I am unable to respond to you in that timeframe I will be in contact to discuss the circumstances with you. **MANAGE EXPECTATION HERE IF CONSENT WAS DELAYED IN BEING RETURNED**

IF OUTCOME AND EXPECTATION SLIP WAS COMPLETED Thank you also for returning the Outcome and Expectation slip. I will be sure to refer to this during the investigation and especially when responding to you.

If you need to contact me at any stage of the process please do not hesitate to do so via the contact details on the top right hand side of this letter.

Yours sincerely

INSERT NAME
Complaints Manager
INSERT SUB REGION

OFFICIAL



**APPENDIX 9: Outcomes
acknowledgement letter**

Complaint Ref:

**Private and Confidential
Recipient's name**

Address 1
Address 2
Address 3
Address 4
Postcode

Sub Region Name
Sub Region Address 1
Sub Region Address 2
Sub Region Address 3
Sub Region Address 4
Sub Region Direct Tel number
Sub Region Complaints email

Date

NHSE CCC tel (if unable to contact SR)

Dear

I am writing to you to confirm receipt of the Outcomes and Expectations slip in respect of your complaint. I will be sure to refer to this during the investigation and especially when responding to you.

Yours sincerely

INSERT NAME
Complaints Manager
INSERT SUB REGION

**APPENDIX 10: Delay
letter**



Complaint Ref:

Private and Confidential

Recipient's name

Address 1

Address 2

Address 3

Address 4

Postcode

Sub Region Name

Sub Region Address 1

Sub Region Address 2

Sub Region Address 3

Sub Region Address 4

Sub Region Direct Tel number

Sub Region Complaints email

Date

NHSE CCC tel (if unable to contact SR)

Dear

I have been unable to make contact with you by telephone in order to apologise for the delay in responding to your complaint.

OR

I am writing to you further to our recent discussion and as agreed I am confirming in writing that there will be a delay in responding to your complaint, for which I apologise most sincerely.

The reason for the delay is that INSERT.

- Practice response not yet been received (confirm this has been chased up)
- Requested additional information from the practice
- The Practice's response is being reviewed by NHS England INSERT SUB REGION senior management team OR clinical reviewer
- Other (explain – for example consent delay, problem with records etc)

At NHS England we always aim to provide a full and comprehensive response and appreciate your patience and understanding in allowing us a little longer to complete this investigation.

My aim is to have your response dated no later than INSERT DATE and in the event that this changes I will of course contact you again before that date to discuss this with you.

If you have any questions, please feel free to contact me on the details above.

Yours sincerely

INSERT NAME

Complaints Manager

INSERT SUB REGION

APPENDIX 11: Letter to provider
--

Complaint Ref:**Private and Confidential****Recipient's name**

Address 1

Address 2

Address 3

Address 4

Postcode

Sub Region Name

Sub Region Address 1

Sub Region Address 2

Sub Region Address 3

Sub Region Address 4

Sub Region Direct Tel number

Sub Region Complaints email

NHSE CCC tel (if unable to contact SR)

Date

Dear INSERT NAMED CONTACT

PLEASE CONFIRM RECEIPT OF THIS LETTER BY EMAIL OR TELEPHONE UPON RECEIPT QUOTING THE COMPLAINT REFERENCE insert comp ref

Please find ATTACHED or ENCLOSED a complaint we have received regarding your patient INSERT NAME. The main issues appear to relate to CUT AND PASTE FROM LIST IN ACK LETTER.

I have acquired the consent to forward the complaint to you, for the investigation to be undertaken, to have access to medical records and for a response to be provided. I include a copy of the consent form for you ~~DELETE IF NOT INCLUDING~~

INSERT IF MULTI AGENCY COMPLAINT: The complainant has asked that NHS England co-ordinates the response to this multi-agency complaint and I have sought responses from INSERT OTHER AGENCIES. If I receive information from any of the other agencies which I feel may inform or affect your investigation I will contact you immediately.

I have enclosed the complaint investigation plan, which I have populated with as much detail as possible. Please ensure your sections are completed and returned with a copy of your response.

In order to assist you with your response I have included a checklist which references the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling as well as My Expectations – a recent complainant –led set of statements identifying what to expect from making a complaint..

It would be helpful, in the case of a clinical complaint, if you could include copies of relevant documentation from the patient's medical records when responding. In some cases your response may be reviewed by a clinical adviser at NHS England and at this stage if medical records had not been provided we would request them and so in order to provide a timely response having access to these at the earliest opportunity would be helpful.

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Your response is due to be returned to NHS England by INSERT DATE – 15 DAYS FROM RECEIPT. If you are not able to respond within this timeframe please can you contact me at the earliest opportunity so that I can keep the complainant updated throughout the process and negotiate a revised response date with them.

If returning your response and accompanying documentation by email, please only send from a secure email account (nhs.net account) to INSERT EMAIL ADDRESS

If replying by post please ensure documents are packaged safely and securely and return to INSERT POSTAL ADDRESS

In the event that your response addresses all of the complainant's concerns satisfactorily and is suitable to shared, it will likely be sent with a covering letter form us summarising the outcome of the complaint and signposting to any next steps. If the decision is taken to use some elements of your response, but not all of it, (such as in the event that content from the clinical adviser needs to be included) NHS England will compose a single response, which of course you will be sent for your records.

I enclose links to the following helpful information for you;

PHSO Principles of Good Complaints Handling

INSERT LINK

PHSO My Expectations

INSERT LINK

Local Authority etc NHS regs 2009

INSERT LINK

Yours sincerely

INSERT NAME

Complaints Manager

INSERT SUB REGION

Enclosures

- Complaint
- Complaint Investigation Plan
- Response checklist
- Consent (DELETE IF NOT INCLUDED)

APPENDIX 12: Complaint investigation plan
--

Complaint Investigation Plan

- The Complaints Investigation Plan is a shared document and may include input from the complainant, the NHS England Complaints Manager and the providers involved.
- The pro-forma can be completed during early telephone contact with the complainant and/or the complaint letter depending upon the complexity of the complaint. The plan should be updated throughout the process. If more than one provider, team or organisation is involved then copies should be sent to each provider.

NHS England Complaint Reference	
Provider Type (GP, dentist, pharmacist etc)	
Provider name and address details	
Main subject of complaint	
Main staff group subject of complaint	
Patient Safety/Serious Incident/Safeguarding concerns (give details if applicable)	
Multi agency complaint	Yes/No
If yes, detail organisations involved	
Patient's name	
Complainant's name (if not the patient)	
Relationship of complainant to patient (if applicable)	
Date complaint received at NHS England	
Acknowledgement date Sub Region	
40 day date	

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Type of consent (Pt/ 3 rd Party /Deceased)	
Consent: to pass complaint to provider and access records	Yes/No
Name/title of NHS England Sub Region contact	
Name of lead Investigating (provider)	
Draft response required from provider by	
If response was not provided by due date, please give reason	Reason for delay >25 Days:
1. Outcome and Expectations of complainant (apology, explanation, learning) (please state if based upon the slip being returned or taken from content of letter)	
<p>1.</p> <p>2.</p> <p>3.</p>	

OFFICIAL

2. Main issues to be investigated

(Main issues extracted from complaint and highlighted in acknowledgement letter to complainant – please note this list is not exhaustive and all points raised must be responded to)

- 1.
- 2.
- 3.
- 4.
- 5.

3. Investigation process - describe your investigation. What methods did you use (taking of statements, interviews with staff, review of clinical records, reference to clinical guidelines/protocols)?

(To be completed by provider)

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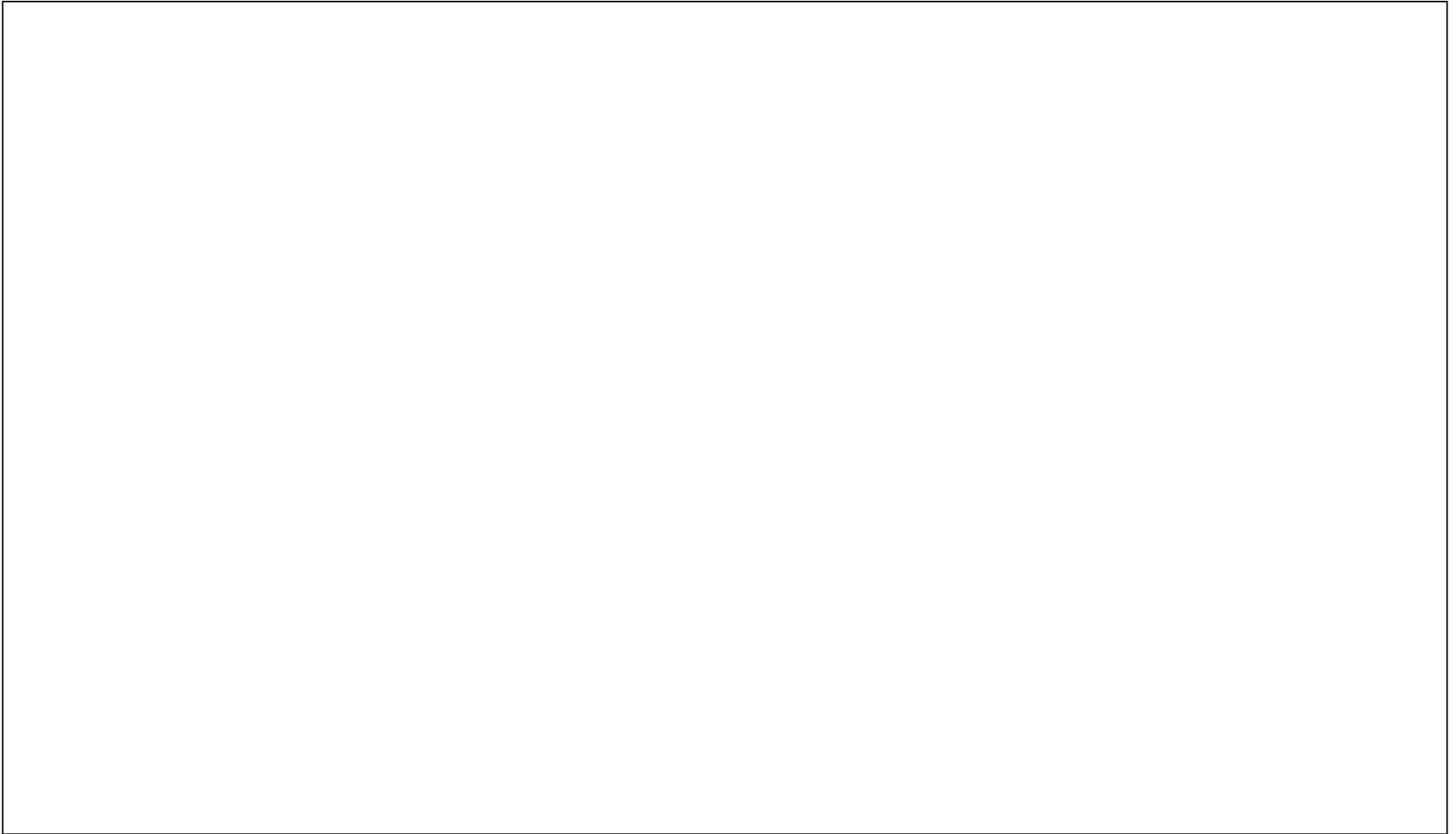
4. Outcome of provider investigations

(Narrative short summary of findings - to be completed by provider – use action plan at end of document to specify details of actions taken. Please discuss whether the subject of this complaint is a recurring theme/new issue)

5. Learning Outcomes – please include meetings or forums where the complaint may have been or will be discussed/shared for learning (anonymously)

(To be completed by practice manager/provider and NHS England)

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Action Plan (to be completed by provider)

Please provide the name of person having overall responsibility for monitoring completion of actions.

Name:

Organisation:

Issue	Action	By whom	By when	Completed	Evidence

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For completion by NHS England:

Person responsible for follow up of completed action plans			
Name	Title	Review date	Primary Care Quality Group sign off (date)

NHS ENGLAND TO ENSURE ACTIONS AND LEARNING ARE ENTERED ONTO CRM SYSTEM

APPENDIX 13: Provider checklist
--



Service Provider Checklist

In April 2012 the Parliamentary and Health Service Ombudsman published **Principles of Good Complaints Handling** and this is summarised by the 6 points below:

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

NHS England supports these principles and would expect every investigation and every response to be reflective of these.

In November 2014 the Parliamentary and Health Service Ombudsman published **My Expectations** accompanied by a series of 'I Statements' which describe the experience every complainant should have when making a complaint. NHS England is an official partner of My Expectations and seeks to evidence compliance with all 26 'I Statements'. You can help by considering the following 10 'I Statements' which are those most relevant to your investigation and response.

1. **I knew for certain that my care would not be compromised by making a complaint**
2. **I felt listened to and understood**
3. **I felt that responses were personal to me and the specific nature of my complaint**
4. **I felt that my complaint made a difference**
5. **I received a resolution in a time period that was relevant to my particular case and complaint**
6. **I felt that the outcomes I received directly addressed my complaint**
7. **I feel that my views on the appropriate outcome had been taken into account**
8. **I would feel confident making a complaint in the future**
9. **I felt that my complaint had been handled fairly**
10. **I understand how complaints help to improve services**

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This Service Provider Checklist has been sent to assist you with constructing your response letter and to ensure that responses reflect both the Principles of Good Complaints Handling and My Expectations. Please use the checklist below to ensure all requirements have been met.

Is the response on headed paper?	
Is the response addressed to the complainant (unless it's a multi-agency complaint in which case address it to the Complaints Manager at NHSE)? This may help with efficiency if the Practice's response can be sent from Sub Region with only the need for an additional covering letter.	
Does the response apologise that the patient had reason to complain?	
Has the Practice responded to <i>all</i> issues in the complaint <i>not</i> just the most important issues highlighted by NHS England?	
Does the response address the desired outcome specified by the complainant?	
If the response identifies any issues within the complaint that are being upheld does the response state: <ul style="list-style-type: none"> a) What happened b) What should have happened c) What action has been taken to address the problem and minimize the risk of it happening again 	
Where action has been taken has supporting evidence been included (e.g. reference to relevant clinical guidelines/protocols)?	
If a safety issue was raised in the complaint has an incident form been completed retrospectively if not completed at the time of the incident?	
Does the response include the	

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offer of a meeting to discuss the complaint/response?	
Has the completed Complaint Investigation Plan been returned to NHS England?	
Has the final response been signed by the responsible person or person authorised to act on his or her behalf?	
Does the response demonstrate how service will be improved as a result of the complaint being made (including whether learning can be shared outside of the practice/provider if appropriate)?	
Does the response include reassurance that care and treatment has not been compromised by making the complaint?	

APPENDIX 14: Clinical review form
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Clinical Review Form (AFTER RESPONSE RECEIVED)

The following form should be completed for each complaint requiring clinical review by the independent clinical reviewer appointed by NHS England.

Complaint Reference:	COMPLAINTS MANAGER TO COMPLETE
Practitioner name (if applicable):	COMPLAINTS MANAGER TO COMPLETE
Practice/Provider:	COMPLAINTS MANAGER TO COMPLETE
Date of review:	
Reviewer name & qualifications:	
Declaration of conflict of interest (if applicable):	
Methodology	
1. Review of material :	
1.1 List the material you reviewed: <ul style="list-style-type: none"> • Electronic/paper patient's health records from <i>date</i> to <i>date</i> • Complaint letter and any other relevant correspondence (including complaint plan) • Response from the practitioner/practice/provider • Any relevant clinical guidance/protocols • Other (please specify) <p>CLINICAL REVIEWER PLEASE TYPE HERE</p>	
1.2 Describe how the items in 1.1 were used (see guidance for examples) <p>CLINICAL REVIEWER PLEASE TYPE HERE</p>	
2. Findings (please see guidance)	
Please comment on the quality of the documentation in the clinical records, the issues raised in the complaint and the appropriateness of the response	
2.1 Please comment on the quality of the clinical notes in relation to the issues raised in the complaint <p>CLINICAL REVIEWER PLEASE TYPE HERE</p>	
2.2 Please comment on the quality of the investigation and response completed by the practitioner/practice/provider	

CLINICAL REVIEWER PLEASE TYPE HERE

3. Other findings (please see guidance)

Please include any other findings not included in section 2

CLINICAL REVIEWER PLEASE TYPE HERE

4. Examples of good practice:

4.1 Please document examples of good clinical practice evidenced from the clinical notes and complaint response

CLINICAL REVIEWER PLEASE TYPE HERE

4.2 Please document examples of good complaints handling evidenced from the response provided

CLINICAL REVIEWER PLEASE TYPE HERE

5. Examples where things could have been done better:

5.1 Please document examples of clinical practice which fell short of accepted standards and which requires improvement

CLINICAL REVIEWER PLEASE TYPE HERE

5.2 Please document examples of where the complaint could have been better handled either at the time or when the complaint was investigated

CLINICAL REVIEWER PLEASE TYPE HERE

6. Conclusions:

The content of this section is likely to be included in the response to the complainant so please ensure that this completed in language that the complainant will understand

6.1 Please document whether you feel the complaint is upheld, partially upheld or not upheld

CLINICAL REVIEWER PLEASE TYPE HERE

6.2 Please explain your rationale, with evidence, to support how you have answered 6.1 (please refer to the clinical guidelines and protocols you documented in 1.1 where possible)

CLINICAL REVIEWER PLEASE TYPE HERE

7. Next steps (please see guidance):

7.1 Have the issues which have been raised and actions which have been identified prompt a wider review of intelligence pertaining to this practitioner/practice/provider?

CLINICAL REVIEWER PLEASE TYPE HERE

7.2 Please comment on the steps you feel are required to ensure that actions taken (if there any actions) have been implemented successfully

CLINICAL REVIEWER PLEASE TYPE HERE

7.3 Have you identified any issues in the complaint and/or response which prompt consider of referral to a regulatory/professional body?

CLINICAL REVIEWER PLEASE TYPE HERE

7.4 Have you identified any issues in the complaint/and or response which prompt escalation within NHS England (from a clinical or contractual basis)?

CLINICAL REVIEWER PLEASE TYPE HERE

7.5 Do you have any further recommendations including where wider learning in the NHS about this complaint could take place?

CLINICAL REVIEWER PLEASE TYPE HERE

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Signed: _____

Print name: _____

Date: _____

**APPENDIX 15: Template
response letter**



Complaint Ref:

Private and Confidential

Recipient's name

Address 1

Address 2

Address 3

Address 4

Postcode

Sub Region Name

Sub Region Address 1

Sub Region Address 2

Sub Region Address 3

Sub Region Address 4

Sub Region Direct Tel number

Sub Region Complaints email

Date

NHSE CCC tel (if unable to contact SR)

Dear

We are writing to you further to your complaint. INSERT APOLOGY IF NOT COMPLETED WITHIN 40 DAYS AND EXPLAIN DELAY

IF APPROPRIATE BASED UPON RESPONSE:

Please accept our apologies that the service you received was not to the standard YOU/YOUR RELATIVE had every right to expect.

This response has been completed with the assistance of;
LIST PROVIDER
LIST CLINICAL REVIEWER (IF INVOLVED)

The Clinical Reviewer is an employee of NHS England and they provide an independent opinion on your complaint and the response provided by your INSERT DOCTOR/DENTIST ETC

SUMMARISE MAIN ACTIONS BEING TAKEN AND INCLUDE VIEWS OF CLINICAL REVIEWER AS SUPPORTING EVIDENCE (IF RELEVANT)

We are satisfied that the enclosed response addresses the issues raised in your complaint and hope that you will agree. If you wish to discuss the response, in the first instance, please contact us here at NHS England and we can liaise with INSERT PROVIDER on your behalf.

We would like to think that we could work with you to resolve your complaint satisfactorily. If you feel that we have not resolved your complaint to your satisfaction, but do not wish to discuss this with us any further, then you can request that the Parliamentary and Health Service Ombudsman (PHSO) considers an independent review of your complaint. The contact details for the PHSO are as follows:

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The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel: 0345 015 4033
email: phso.enquiries@ombudsman.org.uk

If you have any questions, or would like to discuss this further, please feel free to contact us (ask for/address correspondence to the Complaints Manager) by writing, emailing or telephoning using the details on the top right of page one of this letter. Please quote your complaint reference number INSERT in any correspondence and communication.

REITERATE APOLOGY IF APPROPRIATE

Yours sincerely

INSERT NAME
Complaints Manager
INSERT NHS SUB REGION

INSERT NAME
Sub Region DCO
INSERT SUB REGION

Enclosure:
Provider response

ENSURE CC TO ADVOCATE IF RELEVANT

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