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Sutton

Clinical Commissioning Group

COMPLAINTS HANDLING POLICY & PROCEDURE

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COMPLAINTS HANDLING POLICY & PROCEDURE

This policy replaces or supersedes Policy Ref: (not applicable)
New document – conception of SLCSU 2013

THIS POLICY WILL BE APPROVED BY THE CLINICAL COMMISSIONING GROUP (CCG) GOVERNING BODY, AND WILL HAVE EFFECT AS IF INCORPORATED INTO THE CONSTITUTION AS PART OF THE SCHEME OF DELEGATION.

Target audience	Governing body members, committee members and all staff working for, or on behalf of, the CCG, Patients and public
Brief description (max 50 words)	This policy sets out the principles by which the CCG requires complaints to be managed. It provides a framework for clinical commissioning group (CCG) complaints handling services to ensure a consistent approach across the South London Commissioning Support Unit (SLCSU)
Action required	<p>Following approval at the CCG Governing Body, The Chief Officer will ensure that the requirements of this policy will be raised at all team meetings, and confirm the requirements with the chairs of each committee, and with CCG executives.</p> <p>Chairs of committees will identify the programme of review with the Accountable Executive for each policy within their committee remit.</p> <p>Accountable Executives will identify policy owners for each policy within their remit.</p> <p>The Corporate Business Manager will establish and maintain a corporate register of all policies and their status, and will ensure that these are appropriately reflected on the website.</p>

Approved: 04.09.2013
Review date: 04.09.2015

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Draft 0.1 (un-ratified)	Jan 2013	Complaints Managers Senior Nurse & Clinical Governance Lead	First version of this policy
0.2	February 2013	Freedom of Information Manager	Comments reflected within the policy
0.3	March 2013	Merton CCG Director of Quality	Comments reflected within the policy
0.4	March 2013	Croydon CCG Director of Quality	Comments reflected within the policy
0.5	March 2013	Equality & Diversity Lead	Comments reflected within the policy
0.6	March 2013	Individual Funding Request Lead	Comments reflected within the policy
1.0	April 2013	CCG Review and ratification	Approved by 1 CCG
2.0	June 2013	Document review	Structure changes and consolidation. Amendment to appendices
2.1	June 2013	Communications Team	Plain English review
2.2	July 2013	PALS and Complaints Team	Refinement prior to CCG circulation
2.3	August 2013	PALS and Complaints Team	Following Feedback from CCG Leads

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Document Information:

Title /version number/(date)	Complaints policy Draft version 2.3 July 2013
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Name & title of author(s)	Jacqueline Hanratty; Quality Lead SLCSU Jenny McFarlane; Complaints Manager SLCSU Lynn Locke; Complaints Manager SLCSU Avril Satchwell; Quality and Governance Lead SLCSU
Accountable executive/director	Chief Officer
Responsible post holder/policy owner	Corporate Business Manager
Date approved	04.09.2013
Approved by	CCG Governing Body
Publication date	04.09.2013
Review date	2 years This policy will be reviewed no later than 3 years from the date of original ratification, if necessary, more frequently as required by national or local change.
Disposal date	SLCSU Quality & Clinical Governance Team will retain a CCG electronically signed copy of ratification for the archive in accordance with the SLCSU Information Governance Policy
Circulation and consultation list	Email address: SLCSU.complaints@nhs.net and/or written: The Complaints Team, 1 Lower Marsh, Waterloo London. SE1 7NT
Stakeholders engaged in development or review	See circulation list as below
Superseded document	Any previous CCG or SLCSU Complaint's Policy
Financial resource implications	Yes – Training, investigating and reporting time for Investigating Officer and payments to Independent Conciliator.
Equality analysis	Equality Analysis This Policy is applicable to the Governing Body, every member of staff within the CCG and those who work on behalf of the CCG. This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This document demonstrates xxx CCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.
Equality analysis outcome	Full equality analysis is not required.
Contact details for further information	South London Commissioning Support Unit. Complaints Team

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This policy progresses the following authorisation domains and Equality Delivery System (Tick all relevant boxes).

Clear and credible plan		Commissioning processes	
Collaborative arrangements		Leadership capacity and capability	
Clinical focus and added value		Equality delivery system	
Engagement with patients/communities	x	NHS Constitution Ref:	

Associated Policy Documents

Reference	Title
(see main document)	

Approval/ratification history

Version	Date	Committee/Group	Outcome
0.7	28/04/2013	Ratified by respective CCGs and signed off by the SLCSU Management Team	

Glossary

Term	Definition
Accountable Executive	CCG executive accountable for development, implementation and review of the policy
Policy owner	Post holder responsible for the development, implementation and review of the policy
Document definitions	These are provided in section 1

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Complaints Handling Policy & Procedure

Forward

Sutton Clinical Commissioning Group is responsible for the NHS services provided within its geographical area. We also have responsibility for funding other services or specific treatments. We do all we can to provide good quality health services, but sometimes things don't go as they should. So we welcome people telling us about how we can improve, or making a complaint about the service they have received from the NHS in Sutton.

We are also very pleased to receive positive feedback and compliments about our work or the quality of health services received by local residents. .

We provide a Complaints Leaflet for residents that provides more information on how to make a complaint or pass on a compliment. Advice about the complaints procedure is also available from the Complaints Team. Anyone who makes a complaint will receive a full response that addresses all the points raised and also advises on what further action can be taken if they remain unsatisfied.

To ensure a complaint is fully investigated it is vital that all staff who work in Sutton CCG cooperate fully when the CCG is investigating a complaint.

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PART ONE – POLICY

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Section 1 - Introduction

1.1. Overview

The South London Commissioning Support Unit (SLCSU) and the Clinical Commissioning Group (the authors of this policy) take complaints from patients and the public very seriously. This document sets out our policy and procedures, i.e. how we will ensure complaints are handled sensitively and effectively. We are committed to openness and transparency, which was enshrined in the 'Duty of Candour' recommended by Government after the Mid Staffordshire NHS Foundation Trust Public Inquiry.

<http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>
<https://www.gov.uk/government/policies/protecting-patients-from-avoidable-harm--2>

This policy includes guidance on relevant subjects such as access, timescales, support, informal resolution, investigation, monitoring and learning from complaints. All complaints will be treated with equal seriousness. The outcome of the complaints investigation will form part of the respective CCG's continuous quality improvement processes.

SLCSU and the CCG have a commitment to ensure that complainants will be treated equally and will not be discriminated against on grounds of ethnic origin, gender, religion or belief, sexual orientation, age, disability, gender reassignment, marital status and maternity nor placed at a disadvantage by making a complaint.

1.2. Policy statement

This policy has been formulated to ensure that complaints are handled to a satisfactory standard on behalf of CCGs, and to comply with the requirements contained within The Local Authority Social Services and National Health Service Complaints (England) regulations 2009.

The Health Act, 2009, draws attention to the NHS Constitution, which sets out the following rights for patients:

- A right to have any complaint about services dealt with efficiently and to have it properly investigated
- A right to know the outcome of any investigation into the complaint
- A right to take a complaint to the independent Health Service Ombudsman if not satisfied with the way the complaint has been dealt with by the NHS

Further details can be obtained from www.dh.gov.uk/nhsconstitution.

Effective management of complaints (Outcome 17) is one of the Care Quality Commission's Essential Standards of Quality & Safety (2010) for compliance with The Health and Social

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Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

<http://www.cqc.org.uk/organisations-we-regulate/registered-services/guidance-meeting-standards>

SLCSU on behalf of respective CCGs will ensure that all investigations are managed in line with the “Principles of Good Complaints Handling – Parliamentary and Health Service Ombudsman” and the *Being Open* Policy Framework.

<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=83726>

This Complaints Policy will be reviewed periodically or in response to relevant legislation.

1.3. Definitions

Examples of complaints include:

- Concerns about the quality of service provided
- A failure to follow standard procedures and practice
- Poor communication
- The accuracy of clinical records
- The attitude or behaviour of a member of staff

Terms and their definitions used within the context of this document are as follows:

- **Complaint:** an expression of dissatisfaction about any aspect of service that the respective CCG commissions and requires an investigation and a response
- **CCG** - Clinical Commissioning Group
- **SLCSU** – South London Commissioning Support Unit
- **Ombudsman** - The Parliamentary and Health Service Ombudsman
- **PALS** - Patient Advice and Liaison Service
- **Investigating Officer** – Service manager in commissioned service investigating complaint
- **Independent Lay Conciliator** - Lay Conciliators are independent and impartial and do not act for either party

1.4. Purpose and aims

The purpose of this policy is to outline the complaints process and procedures for handling complaints about staff or services provided by the local CCG or commissioned by the local CCG with the aim of ensuring that complaints and concerns are dealt with in a consistent manner as efficiently as possible to ensure that appropriate and comprehensive responses are made to each and every complaint.

This policy also aims to provide:

- An outcome-focused (rather than process-driven) complaints process

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- Accessible, flexible and responsive patient-centred complaints handling, integrally linked to continuous service improvements and patient safety

The document is written in 3 sections for ease of use:

- Section 1 – Policy
- Section 2 – Procedure
- Section 3 – Additional Guidance

1.5. Scope

This policy aims to outline the processes and procedure for handling complaints directly related to staff or services provided by or commissioned by the local CCG. The policy will also aim to provide additional supporting guidance on how to manage more complex complaints involving multiple organisations, etc.

1.6. Exceptions

The following are excluded from the scope of this policy:

- Services provided by independent contractors, including GPs, pharmacists, dentists and opticians. NHS England is responsible for managing complaints from these services under a separate complaints policy and process
- Complaints and grievances by members of staff relating to their contract of employment
- Complaints by third party organisations about contracts arranged by the respective CCG under its commissioning arrangements
- Complaints which have previously been investigated under these or previous regulations where no significant additional information is supplied;
- A complaint which is being or has been investigated by the Health Service Ombudsman
- Investigations and enquiries arising out of a CCG's alleged failure to comply with a data subject requests under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000. The respective CCG's FOI Policy will take precedence in the case of Freedom of Information (FOI)
- Complaints about social services
- Complaints about privately funded health care treatment
- Management of claims and compensation

1.7. Considerations

If any complaint relates to other concerns, which are not specified above, these may be dealt with under the complaints regulations. SLCSU on behalf of respective CCGs will notify complainants in writing if it decides not to consider the complaint and the reason for the decision.

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The complaints procedure must be followed for every complaint and the person making the complaint should be treated with respect and sensitivity and encouraged to be open about their concerns.

Complaints and enquiries made by MPs on behalf of their constituents related to CCGs and their commissioned providers will be dealt with in accordance with the agreed procedures set out in this policy document. All MP complaints and enquiries will be managed under the high risk criteria and treated as a formal complaint.

MPs have added responsibility and are implicitly accountable for obtaining consent to disclose information about constituents' complaints. This disclosure permission cannot be delegated to another organisation, for example, SLCSU.

Complaints should normally be made as soon as possible after the event occurs and within one year of the events complained about. However, this requirement can be waived if there have been exceptional circumstances, such as bereavement or illness, and the view of the CCG Complaints Executive or Chief Officer should always be sought before complainants are refused access to the procedure.

1.8. Principles

This policy is based on the following principles:

- The policy defines best practice in the reporting and management of all patient complaints
- It embraces the 'Being Open' principle which enables transparency and openness
- Complainants will be communicated with fully
- The CSU on behalf of the CCG will take responsibility and ownership for the reporting and management of complaints
- Complaints will be dealt with in a positive, supportive and non-threatening complaint handling culture
- Staff are encouraged to participate in the investigation and learn from patient complaints without apportionment of blame
- Actions are taken and documented in response to patient complaints
- Staff will be provided with adequate knowledge in notifying, reporting, investigating and responding appropriately to patient complaints
- Formal debriefing and feedback will be offered to staff and service users, where applicable, involved in patient complaints
- Learning from complaints will be shared appropriately in order to maximise the benefits of the reporting and management processes

The Parliamentary and Health Service Ombudsman's Principles for Remedy in Investigating and Handling Complaints will be applied.

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

The Principles for Remedy document is available on the Health Service Ombudsman website at:

<http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-for-remedy>

A key principle of this policy is to ensure that all complainants will be treated equally and will not be discriminated against because of race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation, age, disability or marital status.

SLCSU staff will ensure that patients and their carers are not discriminated against when a complaint is made and that their on-going treatment will be unaffected.

Every effort will be made to resolve the complaint to the satisfaction of the complainant whilst being fair to the staff/practitioner. Each complaint must be taken on its own merit and responded to accordingly.

1.9. Publishing the complaints procedure

A PALS and complaints leaflet is available within the CCG regarding who to contact for information or to make a complaint. Information is also available on the CCG website including contact details for SLCSU Complaints Team.

Additionally; a factsheet will be provided to all complainants, which will be included, along with the formal letter of acknowledgement.

Section 2. Roles and accountabilities

2.1. Roles

CCG Chief Officer: Accountable for all complaints received and ensuring that their CCG has the necessary management systems in place to enable the effective handling of complaints raised. He/she has overall responsibility for ensuring compliance with the arrangements made under the complaint regulations and that any actions arising from an investigation are implemented.

The CCG Chief Officer will also sign (or delegate appropriately) formal responses to complaints. As accountability rests with the CCG, they may intervene if SLCSU fails to manage complaints in a manner which is both timely and effective.

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CCG Executive Lead for Complaints: These are the CCG appointed executives with responsibility for overseeing the effective management and monitoring of complaints. They are accountable to the CCG Board for an oversight of complaints and PALS trends and the effectiveness of this policy.

SLCSU Director of Governance: This person has the SLCSU executive responsibility for ensuring that the SLCSU Complaints Team has the necessary management systems in place to effectively implement the SLCSU Complaints Handling Policy.

SLCSU Governance and Quality Team (Complaints Team Members): This team has delegated responsibility for the operational, management and strategic development of complaints and PALS.

Quality Surveillance Groups (QSG)

NHS England and regional teams, CCGs, and the National Trust Development Agency (NTDA), will make use of the opportunities for sharing anonymous information about complaints themes and trends, through the relevant local and regional quality surveillance groups, with a focus on raising standards of service.

ICAS – Independent Complaints Advocacy Service

The Independent Complaints Advocacy Service (ICAS) is a free, independent advocacy service that can help members of the public make a complaint about any aspect of their NHS care or treatment including hospitals, dentists and chiropodists, private hospital treatment or care home funded by the NHS. They also provide information about how the public can access their medical records.

The advocacy service provides direct advocacy, help with letters and attending meetings, and referral to other local support groups. This assistance is available throughout the NHS complaints procedure: whether this involves local resolution or independent review with the Care Quality Commission and Health Service Ombudsman.

From 1 April 2013, Local Authorities were given the duty to ensure that local complaints advocacy services operate effectively and deliver value for money.

Local Authorities in England have now commissioned new providers of what was previously known as ICAS.

There are a number of different providers across London therefore, people who need advocacy support in relation to complaints about NHS services should be referred to the advocacy service covering the Borough where the person lives, and not where the services they are complaining about is located.

See Appendix A

PALS

The patient advice and liaison service, known as PALS, was introduced to ensure that the NHS listened to patients, their relatives, carers and friends, and answer questions and resolve enquiries as quickly as possible. A large number of PALS cases will be signposting

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individuals to services and organisations who can help them with their enquiry in more detail.

It has also helped the NHS to improve services by listening to what matters to patients and their loved ones and making changes when appropriate.

PALS are available in NHS provider organisations, CSUs (on behalf of CCGs) and now Healthwatch. (See below).

Independent Lay Conciliators

A conciliator should be an independent person who will act as an impartial third party. Their aim is to help both parties resolve issues that have arisen between them.

Healthwatch

Healthwatch is a new independent organisation that gives people the voice to improve and shape services and help them get the best out of health and social care services. It exists in two distinct forms – local Healthwatch, at local level, and Healthwatch England, at a national level.

Local Healthwatch:

- Will enable people to share their views and concerns about their local health and social care services
- Will alert Healthwatch England to concerns about specific care providers
- Will provide people with information about their choices and what to do when things go wrong; this includes either signposting people to the relevant provider, or itself providing (if commissioned by the local authority), support to individuals who want to complain about NHS services
- Will provide, or signpost people to, information about local health and care services and how to access them
- Will provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services
- Will help and support CCGs to make sure that services really are designed to meet the public's needs

2.2. Confidentiality

Complaints will be handled in the strictest confidence. Information will only be disclosed to those who have a demonstrable need to have access to it for the purpose of investigating concerns raised.

Professionals must adhere to their relevant professional body's Code of Professional Conduct and Local Confidentiality Policy.¹

¹ The legal requirements as set out in the Data Protection Act 1998, the Human Rights Act, 1998 (HRA) and also the Common Law Duty of Confidentiality (CLDC) must be observed.

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The Caldicott Principles provide relevant guidance: - The Caldicott Guardian Manual 2010

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PART TWO – PROCEDURE and PROCESS

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Section 3 – The complaints procedure

3.1. Who can complain?

A complaint may be made by a person who:

- Receives or has received services
- Is affected, or likely to be affected, by the action, omission or decision of the responsible body which is the subject of the complaint

A complaint may be made by a person acting on behalf of someone who:

- Has died
- Is a child
- Has physical incapacity or
- Lack of capacity within the meaning of the Mental Capacity Act 2005 or
- Has requested the representative to act on their behalf; e.g. formal complaints raised by Members of Parliament on behalf of their constituents

The complaint can be raised by a relative or friend on behalf of the patient, if they have been given permission to act, and/or anyone who is affected by or is likely to be affected by the action, omission or decision of the responsible body which is the subject of the complaint.

In some circumstances and at the discretion of the executive complaints lead or chief officer, complaints may be accepted by a relative or friend without the patient's consent if the complaint is thought to be in the interests of public health or standards of care, e.g. if the complaint is regarding general hospital policies such as nutrition or uniform. In these cases we would provide a general response omitting any patient specific information.

Confidentiality must be safeguarded, particularly in relation to clinical complaints, and copies of correspondence should not be sent to any party external to the CCG or SLCSU without the written consent of the complainant.

3.2. How to make a complaint

A complaint may be made in writing; for example, by e-mail, letter, fax, comments card; or verbally if the complainant is unable to put the complaint in writing. SLCSU will offer to record the details of the complaint and confirm this with the complainant. They will also provide advice, support and information about local advocacy services. (See appendix A)

The complaints procedure must be followed for every complaint and the person making the complaint should be treated with respect and sensitivity and encouraged to be open about their concerns.

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When a complaint is made the complaint handler will assess the complaint and ask the complainant where possible of their choice to make an informal (concern) or formal complaint.

3.3. Informal Complaint (concern)

Informal complaints will be logged as such and processed as quickly as possible to ensure the complainant's concerns are addressed promptly; this may involve a meeting or phone call being arranged with the provider and complainant to discuss their concerns directly with the provider. A summary of the outcome should then be provided to the SLCSU Complaints Team for logging and closure. In the event that the complainant remains dissatisfied with the local resolution they have the right for the complaint to be handled through the formal route.

All formal complaints should follow the formal route described in this section.

Appendix B; provides a flowchart of the first stage resolution process.

3.4. Advice and Support

Advice and support can be found from a variety of organisations: - Please see section 2.1 and Appendix A.

3.5. Local resolution of complaints within 24hours

A complaint does not have to be dealt with under the formal complaints procedure if it is resolved locally to the complainant's satisfaction no later than the next working day after the complaint was made. However, it is important that we learn from all feedback and the person who resolves the complaint informally must provide the SLCSU Complaints Team in writing, or by e-mail brief details of the actions they have taken to resolve an informal complaint. The SLCSU Complaints Team will record the information on the complaints database which will be reported back to the CCG on a regular basis.

3.6. Access to the SLCSU PALS and complaints service

The SLCSU Complaints Team will ensure that all parts of the community served by respective CCGs are able to access the complaints service. The SLCSU Complaints Team can be contacted as outlined below:

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Address: SLCSU Complaints Team
1st Floor
1 Lower Marsh,
Waterloo
London SE1 7NT

Hours of Service: Monday to Friday: 9am – 5pm (excluding bank holidays)

Freephone: 0800 456 1517

Facsimile: 0203 049 4153

Email: SLCSU.complaints@nhs.net

3.7. Consent to investigate complaint

Consent is required to investigate and share appropriate content related to the complaint with the organisations relevant to the complaint. To comply with fair processing requirements, CCGs and local MPs need to inform complainants:

- That their complaints will be passed to a named CSU so that their complaint can be investigated on behalf of the local CCG
- That CSUs will access their records and disclose relevant information to the CCG and other organisations relevant to the complaint
- That their information may be used for other purposes, providing a list of these other purposes (e.g. monitoring the complaints process or improving service quality) but that wherever possible only anonymous information will be used for these other purposes. If identifiable data is needed for other purposes then their consent will need to be obtained unless there is another legal basis
- Who to contact if they have any concerns about how their information is to be used and, if they do not want their information to be disclosed to the CSU, how to dissent from this, how quickly they would need to respond if they wanted to prevent their information being shared (for example 5 working days) and what the implications would be if they were to withhold their consent (e.g. that this may prevent the CCG from investigating the complaint adequately)

In future, if the information above is contained within the complaints form that the patient uses and on the CCG's website, then the CCGs and CSUs can imply consent. If however, the patient simply submits a letter without the complaints form, and with no way of knowing whether they have accessed the website, then the two weeks' notice in order for them to refuse the transfer of their information to the CSU should be signalled to the complainant. (See appendix C: Note from Dame Barbara Hakin)

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3.8. Timescales for reporting complaints

It is important that complaints are made as soon as possible after the event occurs and within 12 months of the event. (See section 1.7)

Section 4 - Formal complaints process

4.1. First stage

Once it is clear that an individual wishes to make a formal complaint, the SLCSU Complaints Procedure should be followed. The SLCSU Complaints Team will coordinate the discussions and investigation of the complaint liaising with the complainant and in conjunction with the CCG Complaints Lead and/or any other relevant parties so that all parties agree on the way the complaint will be investigated.

4.2. On receipt of a formal complaint

When a complaint is received, the SLCSU Complaints Team will where possible contact the complainant to clarify their concerns and to find out how they would like their complaint resolved.

Options include:

- Face to face meetings with the complainant and parties involved
- Resolution of the complaint by telephone
- The use of an independent advocate or mediator arranged by the SLCSU Complaints Team

NB: This list is not exhaustive and a combination of methods can be used when handling a single complaint to ensure that it is resolved to the complainant's satisfaction.

The SLCSU Complaints Team will assist in making the necessary arrangements for meetings. During this discussion, the SLCSU Complaints Team will negotiate a timeframe for resolving the complaint which is both realistic and acceptable to the complainant.

Timescales for investigating complaints are not intended to be rigid and the CSU on behalf of the respective CCGs will negotiate timescales with the complainants which reflect the complexity of the issues. It is considered that 25 working days is a reasonable length of time in which to investigate most complaints, however more serious or complex complaints may require longer.

If the offer of a discussion is not accepted, SLCSU Complaints Team should determine the response period and acknowledge the complaint within 3 working days and notify the complainant about how the investigation will proceed. Acknowledgement should be by letter, (which should be recorded in the complainant's file), or by e-mail. Usually the method of acknowledging a complaint would match the method in which it was originally made.

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The acknowledgement should invite the complainant to:

- Discuss and clarify their concerns
- Explain the manner in which the complaint will be investigated
- Give details of the desired outcome and the timescale

An equal opportunities monitoring form (appendix D), will be included with each acknowledgement letter, together with a prepaid envelope to help the CCG monitor how services are used.

All formal complaints should be notified to the relevant CCG complaints lead. The CCG complaints lead will agree who will investigate as soon as the appropriate consent has been received from the complainant. The SLCSU Complaints Team should then be provided with all documents relating to the complaint.

4.3. Representing a child

If a complaint is being made by a person stating they are representing a child under the age of 18, it must be verified by the SLCSU Complaints Team that this person is the legal guardian or formally nominated by the legal guardian to represent the complainant. The same applies where a representative makes a complaint on behalf of a person who lacks capacity under the Mental Capacity Act 2005.

A child or young person under 18 is entitled to make a complaint in their own right. For all complaints regarding children or young people under 18, whether made by the parents, other family or friends or the children themselves, the circumstances of the complaint will need to be handled sensitively and advice sought by the complaints team as to any concern for the child's immediate or future safety.

4.4. Risk scoring complaints

The formal complaint should be graded accordingly on receipt by the SLCSU as to the actual consequences and also the potential for future complaints on a similar issue (see appendix G), providing the potential to flag serious risks to the CCG. Complaints should be investigated at a level appropriate and proportionate to the complaint raised. A risk form may be sent to the organisation investigating the complaint to record any future actions or planned actions for learning/service improvement as a result of the complaint and investigation.

4.5. Investigation of Serious Complaints

A comprehensive investigation of the complaint may include a root cause analysis (RCA) if there are complex issues. The RCA should be undertaken by senior members of staff identified to carry out the investigation for the relevant service. The amount of time spent on a complaint investigation should be proportionate to its seriousness and risk rating. Whilst most complaints can be responded to within 25 working days, more serious or complex cases may require longer. The statutory time frame for responding to complaints is

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six months. (2009 No. 309 National Health Service, England and Social Care, England: The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009). Therefore complex complaints should aim be completed within this timeframe, keeping the complainant informed throughout the process as to what progress has been made and when a response is to be expected.

4.6. Serious incidents and Safeguarding Issues

Where a complaint leads to the identification of a serious incident (SI), the CCG's serious incident policy should be followed. If the CCG has commissioned serious incident management services from the SLCSU, the SLCSU serious incident policy will apply.

If a complaint is received which raises child protection issues or concerns the protection of vulnerable adults the responsibility for highlighting through safeguarding processes lies with the person who has received the concern. If there is any doubt about how an issue should be handled then the person should contact the SLCSU Complaints Team who will liaise with the CCG safeguarding children or adults nurse or doctor.

The safety of the child and vulnerable adult must always be paramount.

4.7. Complaint Investigation

Once a complaint is made and consent to share received, the complaint will be passed to an Investigation Lead, within the organisation where the complaint occurred. The Investigation Lead will then make arrangements to collate facts and information relevant to the complaint, this will require:

- Gathering of information
- Reviewing patient records
- Reviewing organisational records and
- Interviewing staff, managers and others involved in the complaint

The Lead will then construct and send a suitable response covering all aspects of the complaint to the SLCSU for further processing.

If a response cannot be sent within the agreed timescale, an explanation should be given for the delay and an extension agreed with the complainant and CCG Complaints Lead. A holding letter should be sent giving the reason for the delay, apologising for the delay and an indication of when a response will be sent. It is expected that most complaints will be resolved at the local resolution stage. Exceptionally, in the case of serious complaints, it may be necessary to involve an independent investigator.

The need for an extension should be requested by the CSLSU 5 working days prior to the due submission date.

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4.9. Response

Upon completion of the investigation, SLCSU Complaints Team will prepare a draft response letter addressing all the points raised in the complaint.

A response letter should:

- Explain how the complaint has been considered
- Address the concerns expressed by the complainant and show that each element has been fully and fairly investigated
- Report the conclusion reached including any matters for which it is concerned remedial action is needed
- Include an apology where things have gone wrong
- Report the action taken or proposed to prevent recurrence
- Indicate that a named member of staff is available to clarify any aspect of the letter
- Advise the complainant who to contact in the first instance if they are not happy with the response
- Advise the complainant of their right to take their complaint to the Ombudsman if they remain dissatisfied with the outcome of the complaints procedure

The letter or response should be written in plain English and clinical and other technical information should be explained. They should be drafted in a format which meets the complainant's needs.

The final response letter will be sent to the CCG Complaints Lead where possible 3-5 working days before the deadline date and will be signed by the respective CCG chief officer, or a designated deputy, at least two working days prior to the deadline date agreed and sent to the complainant.

SLCSU recommend the use of a manual signature, posted by the CCG directly to the complainant and a copy sent to the SLCSU Complaints Team stating the letter has been sent. Electronic signatures can be used provided confirmation is received from the signatory.

4.9. Action plan

Regardless of the method used to resolve the complaint, an action plan should be put into place by the service for any improvements that are identified. The relevant manager should monitor the action plan and provide the SLCSU Complaints Team with a progress report within two months of the complaint letter, which will be entered on the complaints database. If the SLCSU Complaints Team has any concerns about the monitoring of action plans they will inform the respective CCG Complaint Lead.

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4.10. Unresolved Complaints

All complaint response letters will describe what the next steps are and who to contact if the complainant is not satisfied with the outcome, or if they would find it helpful to discuss the matter further either on the telephone or in person with a senior manager. Following discussion with the CCG Executive Complaints Lead or Chief Officer an independent review may be offered prior to referring to the Ombudsman.

Should the complainant remain dissatisfied at the conclusion of local resolution, complainants will be advised of their right to contact the health service Ombudsman to review their complaint within twelve months of raising the complaint.

4.11. Independent lay conciliation

Independent conciliation can be an effective means of bringing parties together in discussion and is generally considered for more complex complaints. It is provided by SLCSU Complaints Team at no cost to the complainant or practitioner, who can also request conciliation. A lay conciliator can assist with any complaint about any services provided or commissioned by respective CCGs. It is sometimes helpful for a clinician to attend a conciliation meeting to provide a source of independent advice to the conciliator and complainant.

Conciliation is a confidential process; no notes are retained, although the conciliator will write to both parties after the meeting copied to the SLCSU Complaints Team. The letter will confirm that the meeting took place and will summarise the outcome of the meeting and any action to be taken. Full details of the discussions which took place will not be given.

All time spent in conciliation will be discounted for the purposes of monitoring timescales.

4.12. Satisfaction questionnaire

After the complaint has been dealt with, the SLCSU Complaints Team will send the complainant a complaints handling satisfaction questionnaire (see appendix E) enclosing a pre-paid envelope. Analysed information obtained from complaint satisfaction surveys will be submitted to the respective CCGs on a quarterly basis.

4.13. Second Stage - The Ombudsman

The Ombudsman is independent to the NHS and promotes “doing it once and doing it well”. Complaint responses following local resolution should, however, advise the complainant that if they remain dissatisfied they can take their complaint to the Ombudsman. In the case of complaints which span health and social care issues, the Health Service Ombudsman will work closely with the Local Government Ombudsman.

If dissatisfied following local resolution, a complainant can approach the Ombudsman to request a review. (See appendix F) Referral to the Ombudsman is the second and final stage of the complaints procedure. However, all efforts should be made locally to resolve a complaint before the complainant is directed to the Ombudsman. The Ombudsman will only usually consider complaints that have been through the NHS complaints procedure.

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Complaints should usually be referred to the Ombudsman within 12 months of the complainant raising the complaint. There is no appeal against a decision made by the Ombudsman, although a complainant is able to seek a legal remedy.

All staff should be aware that where a complaint is referred to the Ombudsman any information received as part of their investigation may be used to assess the organisation's performance. The Ombudsman's office has published a series of principles of good administration, of remedy and of good complaint handling. The ombudsmen can be contacted at the following address:

NHS Complaints
The Parliamentary & Health Service Ombudsman
Millbank Tower
Millbank
London, SW1P 4QP
Telephone Helpline: 0345 015 4033
Email: phso.enquiries@ombudsman.org.uk
Website: www.ombudsman.org.uk

Any recommendations from the Ombudsman's office will be implemented and monitored by the appropriate people as determined in the organisation and the respective CCGs.

4.14. Supporting staff

Where an incident or complaint investigation requires staff to prepare a formal statement, or where staff may be asked to give evidence as a witness, e.g. at an inquiry, they are to be actively supported by their line manager in accessing appropriate advice. This may be through a professional union, registration body or the SLCSU Complaints Team.

Section 5. Monitoring, reviewing and informing quality

5.1. Reports, monitoring and audit

A database will be held centrally to record and monitor all complaints. Information gathered for the purposes of annual reporting will be anonymised.

An annual report of complaints handling will be undertaken to monitor the CCGs performance in respect of the following:

- Number of complaints received
- NHS England referrals
- MP complaints on behalf of constituents
- Summary of the subject matter
- Themes and trends
- Summary of actions taken as a result of these complaints,

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- Performance against the agreed timescales for acknowledgements and responses
 - Number of complaints that were referred to the Health Service Ombudsman
 - Whether the complaint was upheld
 - A narrative about significant issues relating to SLCSU's experience of complaints during the year, including lessons learnt and action taken,
 - Issues arising and lessons learnt
 - Consolidated learning from other anonymised CCG data

The Complaints Team will prepare a quarterly report that will demonstrate:

- Numbers and type of complaints received
- Achievement of key performance indicators
- Trends and areas of concern
- Actions taken to improve services as a result of complaints

Complaints analysis information can be used by the CCG quality & safety lead to triangulate the quality of services commissioned.

5.2. Learning from complaints and monitoring of recommendations

Action will be taken, as necessary, in the light of the outcome of a complaint. The respective CCG's risk assessment matrix: appendix G will be used to assess the seriousness of a complaint and the likelihood of recurrence in conjunction with respective CCGs.

Complaints reports will be produced by the SLCSU Complaints Team for the CCG. This would give respective CCGs confidence that:

- Complaints are being dealt with appropriately and that monitoring arrangements for local complaints handling are in place
- Trends and patterns are identified, to enable the CCG to take action in dealing with areas of concerns and share learning across South London CCGs
- Complaints data is triangulated with aspects of patient safety, clinical effectiveness and patient experience

Analysed information obtained from patient satisfaction survey will be submitted to the CCG on a quarterly basis. The CCG will identify how the outcome of complaints will be monitored e.g. via an Integrated Governance and Performance Report. Complaint reporting data and outcomes from investigations will act as a tool for improvement in the quality of services where necessary. Lessons will be learnt from individual complaints and concerns raised from local reviews such as trend analysis. Any recommendations from the Ombudsman's office will be implemented and monitored by the appropriate people as determined in the organisation and the CCG.

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5.3. Training

SLCSU on behalf of respective CCGs is committed to providing training to help support and advise staff on the handling of complaints. The SLCSU Complaints Team will design and deliver training programmes which will cover communication, complaints investigation, risk management, fairness and equality and learning from complaints as well as good practice in customer care.

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PART THREE – ADDITIONAL INFORMATION

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Section 6: Additional guidance

6.1. Individual funding request (IFR) decisions

If a complaint is received about an IFR decision, the complainant will be advised that they are entitled to appeal this decision and a copy of the appeal process will be provided if requested. If the complainant still wishes to make a formal complaint SLCSU Complaints Team will only investigate the process under the NHS Complaints Procedure.

6.2. Joint complaints handling

The regulations require a duty to co-operate where a complaint involves another NHS trust or other bodies, such as the local authority, or a service provider. When the SLCSU Complaints Team receives a complaint involving other organisations there will be an agreement between the organisations as to who will take the lead in co-ordinating the handling of the complaint and communicating with the complainant. It may be that the complainant wishes to deal with each organisation individually and this will be respected. Where there is an agreed lead that organisation will be responsible for monitoring progress, keeping the complainant informed, coordinating information from the other organisation(s) and sending the final joint response. The complaints professionals will communicate regularly and ensure that any lessons needing to be learnt are identified by the relevant organisations. Complainants will be informed when aspects of the concerns raised are not within the respective CCG.

Consent must be obtained from the complainant in order to share the relevant information. Discussions will take place between the relevant SLCSU complaints managers, in conjunction with the complainant, as to whether the issues should be handled separately or as part of a joint response. When the issues raised in complaints are interconnected, it is usually better to arrange a joint response. The SLCSU Complaints Team writing the response should ensure that they clearly inform the complainant, in writing, which organisation is responsible for each part of the complaint.

Where a joint response is acceptable to the complainant, the other organisation/s should provide the relevant information, within an agreed timescale, relevant to the consideration of the complaint to the lead organisation to ensure that a single full response is provided.

6.3. Complaints about social care

The SLCSU Complaints Team will seek consent from the complainant to pass the complaint on to the respective council's complaints team for investigation of complaints regarding adult social care or children's services. It should be noted that complaints about adult social care are dealt with under the same 2009 Regulations as NHS complaints but complaints about Children's Services are dealt with through the statutory complaint procedures as set out in The Children Act 1989 Representations Procedure (England) Regulations 2006 (Statutory Instrument 2006 No. 1738).

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6.4. Complaints against provider organisations

Complainants may direct their complaints to a CCG rather than the NHS provider organisation that has provided the relevant service. The CCG may decide to undertake the handling of the complaint itself, act as a contact point or, if it deems it appropriate and has the complainant's consent, refer the complaint to the provider organisation concerned.

The respective CCG is not obliged to accept a complaint under these circumstances and in normal circumstances will wish to direct the complaint to the responsible organisation. In cases where an independent investigation is required, or where there is another compelling reason, the CCG may oversee the complaint throughout. Although the respective CCG can be part of local resolution, it should not be used as a 'second stage'. The final decision on who should investigate a complaint in these circumstances will rest with the CCG in conjunction with SLCSU Complaints Team.

6.5. Complaints about independent contractors

If the SLCSU Complaints Team receives a complaint about an independent contractor (GP practice, pharmacy, optician, dentist) the team will seek the complainant's consent to forward this to NHS England for investigation. A complaint record sheet will be completed and emailed to NHS England's contact centre; (see appendix H). NHS England may notify SLCSU of changes to the operational procedures and this policy will be updated in response to such notifications.

6.6. Persistent complaints

Occasionally, the SLCSU complaints services may be faced with persistent, serial or vexatious complainants. Staff are trained to respond with patience and sympathy to complainants, but it is recognised that there are times when there is nothing further that can reasonably be done to rectify a real or perceived problem. It is important to appreciate that such complainants may have genuine grievances that should be properly investigated.

If a member of staff from a commissioned service feels that a complainant is persistent, serial or vexatious then they should contact the SLCSU Complaints Team for advice. The organisation has guidance (see appendix I) for dealing with persistent, serial, or vexatious complainants. This guidance should only be implemented by the SLCSU Complaints Team, following advice from the relevant CCG chief officer and/or CCG complaint lead.

6.7. Discriminatory complaints

These are complaints made against an individual because of their ethnic origin, gender, religion or belief, sexual orientation, age, disability, gender reassignment, marital status, and maternity. Any complaint of an overtly discriminatory nature may be referred to the police.

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6.8. Complaints against members of staff

It is not the purpose of the complaints procedure to apportion blame amongst staff, but to investigate complaints to satisfy complainants whilst being scrupulously fair to staff. The internal organisational staff investigation processes will be followed. Adult and children safeguarding procedures may be activated.

6.9. Anonymous complaints

Anonymous complaints will be accepted which may arise from a telephone call or letter. Where possible, the person should be encouraged to provide their name and other relevant details. If the person is unwilling to provide contact details, the SLCSU Complaints Team will follow the agreed complaints procedure but will be unable to provide a formal written response.

6.10. Freedom of Information (FOI)

Complaints can contain requests for information, under either the Freedom of Information Act 2000 (FOI) or Data Protection Act 1998 (DPA). Requests, which may include the complaint file, need to be in writing in both cases. These do not need to refer to legislation and must be handled under the policies and procedures relevant to FOI and DPA requests. Reference to the separate process can be made in the complaint and the fact that both have an independent process with a right of appeal. The FOI legislation also provides a duty to advise and assist, which can be met with a referral to the SLCSU FOI Team who will provide specific guidance. This will relate mostly to policies and documents in place at SLCSU but is not exhaustive. Requests relating to DPA will be referred to the Information Governance Team, most commonly this will relate to patient record access requested by their representative or relative.

Complaints which contain only FOI or DPA requests should be passed formally to the correct team within the SLCSU and the complainant informed of who will be handling their request.

6.11. Claims and compensation

A complainant may take legal action. Depending on the circumstances, it may or may not be necessary for the complaints procedure to be suspended or cease. Particular care is needed in order not to prejudice any legal action. Complainants may obtain advice through Citizens Advice Bureau or a solicitor. The SLCSU Complaints Team should seek advice from the respective CCGs' solicitor and ensure all parties are informed in writing.

The NHS complaints procedure cannot assist complainants with claims for compensation. Depending on the complaint investigation, the Ombudsman's guidance on redress and remedy may be relevant. This can include an apology, reassessment of a need, provision of a service or changes in procedure.

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6.12. Other providers

SLCSU on behalf of the CCG shall ensure that all NHS providers, and any private providers, with whom it has a contract or service level agreement have robust arrangements in place for handling complaints about the services they provide for the CCG.

6.13. Withdrawal of a complaint

If a complainant withdraws a complaint at any stage the complained against should be informed immediately in writing. The complainant should also be sent a letter confirming that the decision of the complainant has been noted by the CCG. Any identified issues should be followed up within the service area and any learning cascaded in a normal manner.

6.14. Media/press

Complainants shall be dealt with on a strictly confidential basis. However, some cases may come to the attention of the media through the actions of complainants, staff or unconnected third parties.

Should a staff member be approached by the media, they should not comment and explain that they will pass the enquiry onto the SLCSU Communications Team.

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Appendix A – Local Independent NHS Complaints Advocacy Services Contacts by Borough

CCG	HealthWatch	Advocacy	NHS England Contact Centre
Lambeth	HealthWatch Lambeth, 336 Brixton Road, London SW9 7AA Tel: 020 7274 8522 info@healthwatchlambeth.org.uk	Voiceability, United House, North Road, London N7 9DP Tel: 0300 330 5454 Textphone: 0786 002 2939 Fax: 0330 088 3762 nhs.complaints@voiceability.org	NHS England, PO Box 16738, Redditch B97 9PT Tel: 0300 311 22 33 england.contactus@nhs.net
Southwark	HealthWatch Southwark Tel: 020 7358 7005 sec-chan@healthwatchsouthwark.co.uk alvin@healthwatchsouthwark.co.uk	Voiceability, United House, North Road, London N7 9DP Tel: 0300 330 5454 Textphone: 0786 002 2939 Fax: 0330 088 3762 nhs.complaints@voiceability.org	NHS England, PO Box 16738, Redditch B97 9PT Tel: 0300 311 22 33 england.contactus@nhs.net
Lewisham	HealthWatch Lewisham Tel: 0207 998 7796	Voiceability, United House, North Road, London N7 9DP Tel: 0300 330 5454 Textphone: 0786 002 2939 Fax: 0330 088 3762 nhs.complaints@voiceability.org	NHS England, PO Box 16738, Redditch B97 9PT Tel: 0300 311 22 33 england.contactus@nhs.net
Croydon	Healthwatch Croydon (Croydon Citizens Advice Bureau) Tel: 01689 808131	Voiceability, United House, North Road, London N7 9DP Tel: 0300 330 5454 Textphone: 0786 002 2939 Fax: 0330 088 3762 nhs.complaints@voiceability.org	NHS England, PO Box 16738, Redditch B97 9PT Tel: 0300 311 22 33 england.contactus@nhs.net
Sutton	HealthWatch Sutton, Granfers Community Centre, 73-79 Oakhill Road, Sutton SM1 3AA Tel: 020 7644 2867 info@suttonlink.org.uk	Sutton CAB 020-8405-3548 neil.hamilton@suttoncabx.org.uk	NHS England, PO Box 16738, Redditch B97 9PT Tel: 0300 311 22 33 england.contactus@nhs.net
Merton	Healthwatch Merton Tel: 020-8685-1771	Voiceability, United House, North Road, London N7 9DP Tel: 0300 330 5454 Textphone: 0786 002 2939 Fax: 0330 088 3762 nhs.complaints@voiceability.org	NHS England, PO Box 16738, Redditch B97 9PT Tel: 0300 311 22 33 england.contactus@nhs.net
NW Surrey	HealthWatch NW Surrey, Astolat, Coniers way, Burpham, Guildford, Surrey GU4 7HL Tel: 0303 3030023 info@healthwatchsurrey.org.uk	Surrey Disabled Peoples Partnership are the central contact. They also work closely with 5 key partner organisations which provide advocacy for people with learning disabilities, mental health needs, autism, hard of hearing community, older people and people with a visual impairment. Tel: 0300 030 7333 advocacy@sdpp.org.uk	NHS England, PO Box 16738, Redditch B97 9PT Tel: 0300 311 22 33 england.contactus@nhs.net

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Appendix B - First Stage – Local Resolution



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Appendix C – Note from Dame Barbara Hakin: National Director

Complaints handling by CSUs on behalf of CCGs: 25th April 2013: Dame Barbara Hakin - National Director: Commissioning Development

Complaints received by clinical commissioning groups (CCGs) may be delegated to a commissioning support unit (CSU) to investigate which raises a number of information governance considerations.

CSUs are not legal entities in their own right. They are hosted by NHS England with staff employed by the Business Services Authority and as such they cannot therefore be Data Controllers as defined by the Data Protection Act. NHS England would be the Data Controller.

NHS England has to ensure that adequate and suitable arrangements are in place for CSUs to be able to handle patient-identifiable data, to meet compliance with the Data Protection Act and other legal obligations such as the common law duty of confidentiality. In order to comply with fair processing requirements, CCGs need to inform complainants that:

- their complaints will be passed to a named CSU so that their complaint can be investigated;
- this will involve the CSU accessing their records and disclosing relevant information to the CCG;
- their information may be used for other purposes and providing a list of these other purposes e.g. monitoring the complaints process or improving service quality, but that wherever possible only anonymous information will be used for these other purposes. If identifiable data is needed for other purposes then their consent will need to be obtained unless there is another legal basis;
- they know who to contact should they have any concerns about how their information is to be used and that if they do not want their information to be disclosed to the CSU how to dissent from this, how quickly they would need to respond if they wanted to prevent their information being shared (for example five working days) and what the implications would be if they were to withhold their consent i.e. that this may prevent the CCG from investigating their complaint adequately.

In future, if the information above is contained within the complaints form that the patient uses and on the CCG's website, then CCGs and CSUs can imply consent. If, however, the patient simply submits a letter without the complaints form, and with no way of knowing whether they have accessed the website, then the two weeks' notice in order for them to refuse the transfer of their information to the CSU should be signaled to the complainant.

These arrangements should be backed up by a clear information-sharing protocol between the CCG and CSU, defining how information will be shared and for what purposes, the process and contractual arrangements in place, what each will do to ensure compliance with the protocol and legal obligations, and the penalties for non-compliance by either or both parties.

It is only reasonable to imply consent for the use of personal and confidential information to investigate and resolve the complaint, provided the individual concerned has been informed about who will have access to it and how their information will be used. Article 2(h) of the

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European Data Protection Directive defines consent as “any freely given specific and informed indication of his wishes by which the data subject signifies his agreement to personal data relating to him being processed”.

In exceptional circumstances, a complaint may raise serious patient safety issues. Where this is the case, there may be justification on public interest grounds for using the individual’s personal confidential data even where they wish to withhold their consent for its use. Such decisions should be taken by a senior clinician, with advice from the Caldecott Guardian where appropriate.

Dame Barbara Hakin

National Director: Commissioning Development

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Appendix D – Equal Opportunities Monitoring Form

It is important to us to make sure our services are provided fairly and equally.

So that we can see we are meeting this commitment, please complete this form and return it to South London Commissioning Support Unit in the freepost envelope provided.

All information is held in the strictest confidence. **(Please tick relevant box)**

1.	Ethnic origin							
	White	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>	
	Mixed	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Any other Mixed background <input type="checkbox"/>
	Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
	Black or Black British	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	
	Other Ethnic Groups	Chinese	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>			
2.	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Not disclosed <input type="checkbox"/>
3	Sexuality							
		Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Lesbian <input type="checkbox"/>
		Not disclosed	<input type="checkbox"/>					

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4	Age	Date of Birth							
	Age Group	16-25	<input type="checkbox"/>	26-35	<input type="checkbox"/>	36-45	<input type="checkbox"/>	46-55	<input type="checkbox"/>
		56-65	<input type="checkbox"/>	66+	<input type="checkbox"/>				
5	Do you consider yourself to have a disability?								
	Registered disabled	<input type="checkbox"/>	Unregistered disabled	<input type="checkbox"/>	Not disabled	<input type="checkbox"/>			
	Nature of disability								
	Hearing impairment	<input type="checkbox"/>	Speech impairment	<input type="checkbox"/>	Mobility Impairment	<input type="checkbox"/>	Age related impairment	<input type="checkbox"/>	
	Visual impairment	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Mental health	<input type="checkbox"/>	Other	<input type="checkbox"/>	
6	Religion								
	No religion	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Other	<input type="checkbox"/>	
	Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>			
7	Marital Status								
	Are you married?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	In a civil partnership	<input type="checkbox"/>	
8	Pregnancy								
	Are you pregnant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do you have a partner who is pregnant?	<input type="checkbox"/>	

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Appendix E – Complaints Handling Confidential Feedback Questionnaire

Complaints Handling Questionnaire

We would welcome your feedback - Please tell us about your experience of our service.

We are constantly looking for ways to improve our complaint service. As you have been through the complaint process we are keen to know your feedback on how your case was handled. To ensure that we are getting it right we would be grateful if you could take the time to fill in this questionnaire. We have enclosed a freepost (no stamp required) envelope for your response.

What will we do with the information we receive from the questionnaire about our complaint service?

We will feedback results to your local Clinical Commissioning Group (CCG) who manage healthcare in your local community to improve their services and to improve our complaints service on behalf of the CCG.

Please tick/circle the appropriate answer and/or fill in the comment section

1. How did you know to contact South London Commissioning Support Unit (SLCSU) Complaints team to make your complaint? Comments:	CCG Website /Healthwatch/GP Health Professional Other (please Comment)
2. Did you have to contact other organisations before the SLCSU Complaints Team acknowledged receipt of your complaint? Comments:	Yes / No
3. Did you feel that you had enough information about how your complaint would be handled following receipt of your acknowledgement letter/email? Comments:	Yes / No
4. Did you feel that you were kept informed throughout the process following receipt of your acknowledgement letter/email? Comments:	Yes / No

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5. Did you receive a leaflet explaining the complaints process?	Yes / No
6. Did the complaint response answer all the issues you had raised? If you would like to discuss this please contact us on Tel: 0800 456 1517 Email: SLCSU.complaints@nhs.net	Yes / No
7. Was the complaint response clear and easy to read?	Yes / No
8. Is there any way you feel that we could improve the complaints process? Comments:.....	Yes / No
9. Should the need arise would you use SLCSU complaints service again?	Yes / No
10. Would you like to be contacted about your feedback? <i>If yes please provide your contact details below.</i> Name..... Address..... Phone: Email.....	Yes / No
11. May we use your feedback in our promotional material to encourage more patients to raise issues with their CCG? <i>We will not use your personal details only feedback.</i>	Yes / No
12. Would you be willing to take part in any further questionnaires or feedback sessions about healthcare? <i>If yes please provide your contact details below.</i> Name..... Address..... Phone: Email:	Yes / No

Please use the space below for any further comments

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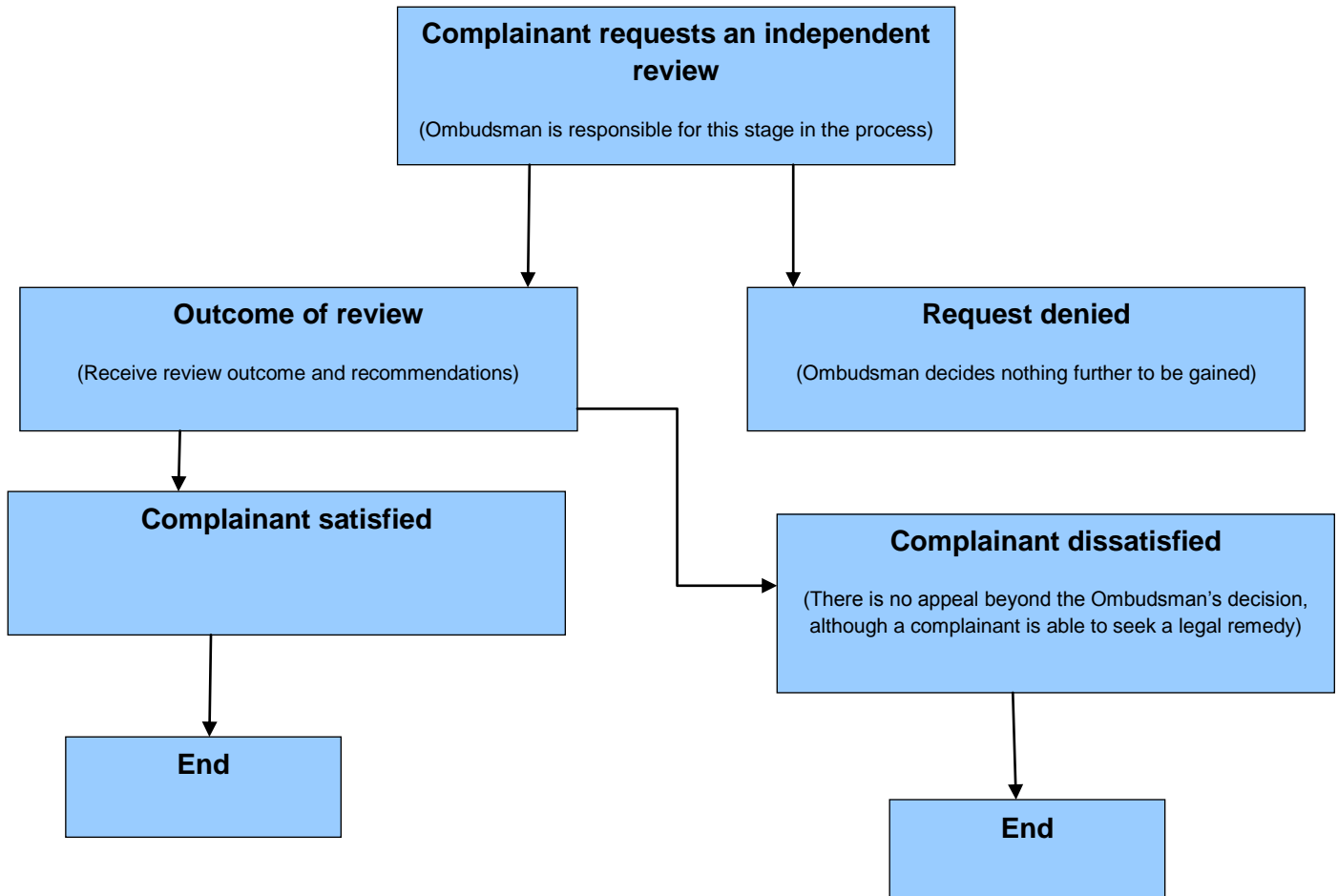
This questionnaire is available in other languages and formats upon request.

Thank you for taking the time to complete this questionnaire.

Complaints Team, South London Commissioning Support Unit, 1st Floor, 1 Lower Marsh
London SE1 7NT. Phone: 0800 456 1517, Email: SLCSU.complaints@nhs.net

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Appendix F - Independent Review – Second Stage (Parliamentary Health Service Ombudsman)



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Appendix G – Risk Grading of Complaints

(Risk Grading Tool No. RM17: NHS Litigation Authority 1/2012)

1. Decide how serious the issue is

Most likely severity (if in doubt grade up, not down):				
Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
No injury or identifiable damage No disruption to service or the organisation Financial implication are negligible e.g. spills of non hazardous liquids, paper cuts	Mild injury (will probably resolve in less than 1 month) The impact would threaten the efficiency of some aspects of the organisation Some financial implication e.g. absence from work < 3 days, incorrectly filed documents	Some injury (emotional, psychological or physical), ill health, damage or loss of function likely to resolve within a few months Disruption to organisation could be managed Moderate financial implication (>£50K) e.g. RIDDOR reportable injury, local adverse publicity, lost claim file	Serious injury (emotional, psychological or physical), ill health, damage or loss of function possibly with prolonged disability Serious disruption to the organisation High financial implications (>£500K) e.g. large section of roof falling in, national adverse publicity, computer network failure >3 working days, prolonged time off work (>15 days), theft of claim file	Death or significant permanent disability Organisation unable to function Very high financial implications (>£1million) e.g. large scale fraudulent claims management, international adverse publicity, bomb threat, anything untoward that involves >50 people

2. Decide how likely the issue is to recur

Likelihood	Description
1 Rare	Cannot believe that an event of this type will occur in the foreseeable future
2 Unlikely	Unlikely that this type of event will happen
3 Likely	This type of event may well happen (e.g. 50:50 chance)
4 Highly Likely	This type of event will happen but it is not a persistent concern
5 Certain	This type of event will happen frequently

3. Categorise the complaint

Likelihood					
Consequence	Insignificant	Minor	Moderate	Major	Catastrophic
Rare	1	2	3	4	5
Unlikely	2	4	6	8	10
Likely	3	6	9	12	15
Highly Likely	4	8	12	16	20
Almost Certain	5	10	15	20	25

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Appendix H – Complaint Record Sheet

CONFIDENTIAL

COMPLAINT RECORD SHEET

To be completed on complainant's behalf by member of staff.

To be returned to: SLCSU.complaints@nhs.net

DATE & TIME RECEIVED:

RECEIVED BY:

Name & Position/Dept.

1. COMPLAINANT'S DETAILS

☐ Male ☐ Female (Tick as appropriate)

Name: _____

Address: _____

Tel. No(s) _____ GP _____

If not patient/client, relationship to patient/carers. _____

Consent: Requested _____ Obtained _____

2. PATIENT'S DETAILS *(if different from above)*

☐ Male ☐ Female (Tick as appropriate)

Name: _____

Address: _____

Tel. No(s) _____ GP _____

If not patient/client, relationship to patient/carers. _____

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3. SUMMARY OF COMPLAINT

Please use sheets if necessary

4. ACTIONS TAKEN

Please use additional sheets if necessary.

Appendix I – Dealing with Persistent, Serial or Vexatious Complainants

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This guidance should only be implemented by the CCG following advice from the Chief Officer. If a member of staff feels that a complainant is persistent, serial or vexatious then they should contact the SLCSU Complaints Team for advice.

Occasionally staff are faced with persistent, serial or vexatious complainants. Staff are trained to respond with patience and sympathy to complainants, but it is recognised that there are times when there is nothing further that can reasonably be done to rectify a real or perceived problem.

What process should be followed in dealing with persistent, serial or vexatious complainants?

It is important to appreciate that such complainants may have genuine grievances that should be properly investigated. The SLCSU Complaints Team must first ensure that the CCG's complaints procedure has been fully implemented and that no element of the complaint has been overlooked or not properly addressed. If the SLCSU Complaints Team recognises that the complainant may be persistent, serial, or vexatious, then he/she should discuss their concerns with the head of organisational development and governance and the clinical leads complaints champions. This should only be done as a last resort and after all reasonable measures have been taken to try and resolve the complaint.

It is good practice to make clear to a complainant regarded as unreasonably persistent or vexatious the ways in which his or her behaviour is unacceptable, and the likely consequences of refusal to amend it, before referring the matter to the chief officer. If all reasonable measures have been taken, SLCSU Complaints Team must then discuss this matter with the chief officer and request that he/she makes a decision regarding how this complaint should be dealt with. The chief officer should then write to the complainant informing them that a full response has been made to their complaint, he/she has tried to resolve the complaint and there is nothing further that can be done and that correspondence is not at an end. He/she may wish to say that future letters will be acknowledged but not responded to.

If the investigation is still underway the chief officer should send a letter to the complainant setting parameters for a code of behaviour, and inform the complainant that if these parameters are contravened then consideration will be made to implement further action. If a complainant is abusive or threatening, it is reasonable to inform him/her that you require him/her to communicate in one particular way only. For example in writing and not by telephone, or solely with one or more designated members of staff. It is not reasonable to refuse to accept or respond to communications about a complaint until it is clear that all practical possibilities of resolution have been exhausted.

Withdrawing persistent, serial or vexatious' status

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Staff should previously have used discretion in recommending persistent, serial or vexatious status and discretion should similarly be used in recommending that this status be withdrawn.

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Appendix J – CCG Policy Assurance Appendices

Checklist for approval of policies and organisational documents

To be completed by policy owner and attached to any document which guides practice or organisational approach when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	Rationale		
	Are reasons for development of the document stated?		
3.	Development Process		
	Are people involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
4.	Content		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are supporting documents referenced?		
6.	Approval		
	Does the document identify which CCG committee/group will approve it?		
	If appropriate have third party organisations approved the document? (i.e. Staff Side bodies for HR matters/ partners for joint		

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	documents)		
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
	Title of document being reviewed:	Yes/No/ Unsure	Comments
8.	Document Control		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
	Is there a plan to review or audit compliance with the document?		
10.	Review Date		
	Is the review date identified?		
	Is the frequency of review identified? If so is it acceptable?		
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?		
12	Equality Impact Assessment (EIA)		
	Has an equality analysis been undertaken in preparation for this policy?		
	Has the Accountable Executive undertaken a review, and signed off any mitigating actions to reduce any impact on protected groups?		

Accountable Executive Approval

If you are happy to approve this document, please sign, date it, and forward to the chair of the committee/group where it will receive final approval.

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Name		Date	
Signature			
Sub-Committee /Governing Body Chair Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	
Signature			

Monitoring statement

Policy Title:

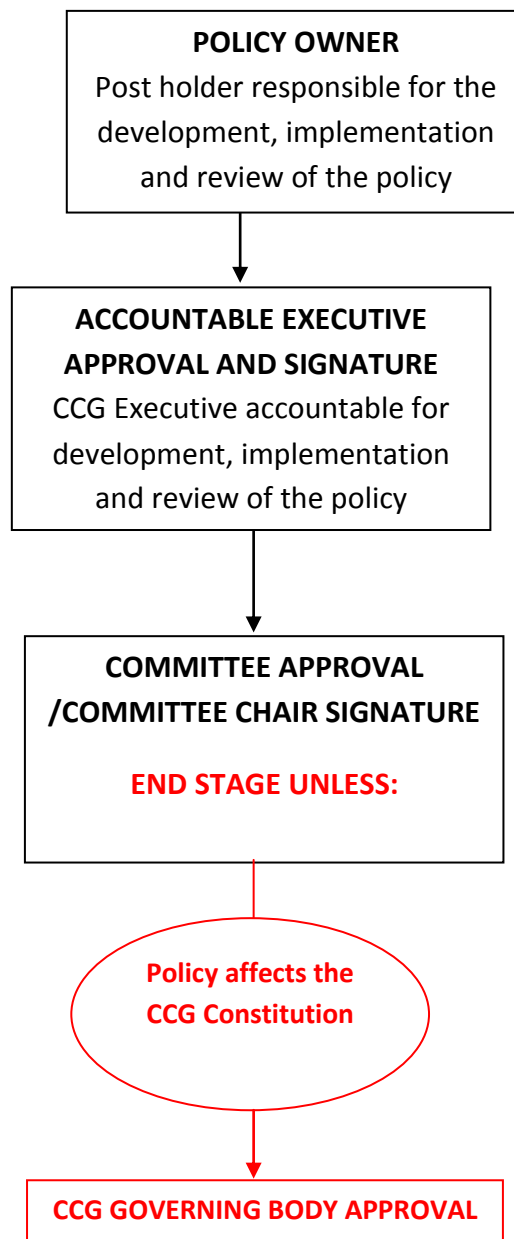
Policy Owner:

Approving Committee:

Group/committee responsible for ensuring actions are in place:

Aspect of the policy to be monitored	Monitoring Method	Individual/Team responsible for the monitoring	Frequency	Group/committee that will receive the findings/monitoring report	Actions taken by the Group/committee

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Appendix K - Approval Flow Chart

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Other Policies and References

Policies and procedures relating to:

- Being open
- Incident management & reporting
- Serious incident management
- Whistle blowing
- Disciplinary action and appeals
- Safeguarding adults and children
- Claims management
- Information governance related policies – Freedom of Information (FOI), confidentiality, access to records, information sharing and data management

References

- The Local Authority Social Services and National Health Service Complaints (England) regulations (2009):
<http://www.legislation.gov.uk/uksi/2009/309/contents/made>
- Statutory Instrument 2009 No 309. The Local Authority Social Services and national Health Service Complaints (England) regulations 2009
- Department of Health (DH) Listening Responding Improving: A Guide to better Customer Care
- NHS Constitution for England: the NHS belongs to us: 26th March 2013
- Being Open Framework (National Patient Safety Agency (NPSA) 2009
- <http://www.midstaffspublicinquiry.com/report>
- Guidance from relevant professional Bodies – Royal college of General Practitioners (RCGP) , Nursing & Midwifery Council (NMC)
- Equality Act 2010 Public Sector duty
- Statutory Complaint Procedures as set out in The Children Act 1989 Representations Procedure (England) Regulations 2006 (Statutory Instrument 2006 No. 1738)
- Health & Social Care Act Health and Social Care Act 2008(Regulated Activities) Regulations 2010 Essential Standards Quality & Safety Outcome 17 (also 7,12,16)
- The Caldicott Guardian Manual 2010
- Principles of Good Complaint Handling Parliamentary Health Service Ombudsman (2008)
- Implementing a Duty of Candour (DH December 2012) further guidance awaiting as result of consultation
- Data Protection Act (DPA) (1998)
- Duty of Candour Clause: The NHS Standard Contract for 2013/14
- Freedom of Information Act (FOI) 2000