

## PATIENT FEEDBACK POLICY, INCLUDING COMPLAINTS, CONCERNS COMMENTS AND COMPLIMENTS

| DOCUMENT CONTROL               |              | POLICY NO           | GP/C7         |
|--------------------------------|--------------|---------------------|---------------|
| Policy Manual/System General   |              |                     |               |
| Author(original policy)        | Louise Ewing | Version No.         |               |
| Reviewer (policy review)       |              | Implementation Date | December 2014 |
| Signed by Responsible Director | Scott McLean | Next Review Date    | December 2017 |

### 1. PURPOSE OF POLICY / PROCEDURE

1.1 The policy will ensure that NHS Fife has a standardised approach to encouraging and receiving feedback from service users, in accordance with best practice. To achieve this, the policy will:

- Define and promote best practice in handling and learning from feedback, comments, concerns, complaints and compliments as outlined in “Can I Help You?” (Scottish Government, 2012)
- Define roles and responsibilities for all elements of feedback and complaints
- Provide detailed guidance for staff to deal with feedback and complaints
- Provide information about the available training for staff in relation to feedback and complaints
- Promote local ownership and early resolution of complaints
- Ensure appropriate and timely action is taken when a concern is raised or a complaint is made to reduce the risk of recurrence and ensure that learning takes place as a result
- Raise awareness of the Patient Advice and Support Service (PASS)
- Raise awareness of feedback mechanisms employed by the Board and the national work stream relating to person centred care

- Detail the reporting and governance structure surrounding feedback and complaints
- Specify the ways in which the Board will demonstrate learning

## **2. WHERE THE POLICY / PROCEDURE APPLIES**

- 2.1 Applicable to all services across NHS Fife.
- 2.2 NHS Fife Board has a monitoring role in relation to complaint handling concerning independent contractors. Whilst the policy does not apply, Appendix 3 provides relevant information and guidance.

## **3. RESPONSIBILITY**

- 3.1 The Chief Executive of NHS Fife has statutory responsibility for the quality of care delivered by the organisation.
- 3.2 The Board Director of Nursing has been nominated by the Chief Executive to take Executive Lead for the organisation's person centred agenda which includes all elements of feedback and complaints.
- 3.3 The Patient Relations Manager has been designated to deliver on all work streams relating to the person centred agenda, including feedback and complaints.
- 3.4 The Patient Relations Team Coordinator is responsible for working with staff to:
  - 3.4.1 Develop ways of encouraging feedback by involving service users and using their feedback to improve services.
  - 3.4.2 Manage the operation of the NHS Complaints Procedure within the statutory directions.
  - 3.4.3 Establish procedures to record the complaint handling process.
  - 3.4.4 Establish procedures to ensure that lessons are learned and shared throughout the organisation.
- 3.5 Divisional Managers across the Board are responsible for ensuring that there are local procedures in place to ensure the application of this policy and to disseminate the learning from service user feedback.
- 3.6 All members of NHS staff are responsible for ensuring that the process for dealing with feedback and complaints is followed and escalated appropriately.

## **4. OPERATIONAL SYSTEM**

- 4.1 Feedback forms an essential element in our efforts to continually raise the standard of patient care and service delivery. Feedback should be encouraged in a range of ways, including; surveys, comments, social media (Patient Opinion) and compliments, as well as locally developed methods. Appendix 1 provides guidance for staff and procedural information in relation to gathering feedback and the wider sharing of this information.
- 4.2 Complaints should be viewed as valuable feedback and as a positive opportunity to reflect on practice and make changes to improve where required. As a Board we actively encourage those who have any concerns or are unhappy with the care/service they have received to let us know. Appendix 2 provides guidance for dealing with complaints.

## **5. RISK MANAGEMENT**

- 5.1 NHS Fife Board requires assurance that information gained from all forms of feedback, including complaints, is used to improve service quality. This is achieved by reporting via local Clinical Governance Committees, to the Patient Focus Public Involvement Standing Committee and to NHS Fife's Clinical Governance Committee. Reports are provided quarterly detailing feedback and complaints received. Information includes the numbers of complaints and compliments received themes from complaints, changes in service delivery as the result of feedback, action plans developed and lessons learned. Response times to complaints are reported via NHS Fife's performance management route.

## **6. RELATED DOCUMENTS**

- 6.1 NHS staff are responsible for ensuring that the following information is available to members of the public:
- The Charter of Patients Rights and Responsibilities, NHS Inform  
<http://www.nhsinform.co.uk/rights/publications/patientscharter/~media/hrisdocuments/charter/the%20charter%20of%20patients%20rights.ashx>
  - Feedback and Complaints, NHS Inform  
<http://www.nhsinform.co.uk/rights/publications/leaflets/~media/hrisdocuments/leaflets/feedbacknhsscotland.ashx>
  - Confidentiality, NHS Inform  
<http://www.nhsinform.co.uk/~media/hrisdocuments/leaflets/yourhealthyourrightsconfidentiality.ashx>
  - Consent, it's your decision, NHS Inform.  
<http://www.nhsinform.co.uk/rights/publications/leaflets/~media/hrisdocuments/leaflets/consentyourdecisionleaflet.ashx>
  - How to see your Health Records, NHS Inform.  
<http://www.nhsinform.co.uk/rights/publications/leaflets/~media/hrisdocu>

[ments/leaflets/how%20to%20see%20health%20records%20leaflet%20v5.ashx](https://www.nhs.uk/leaflets/how%20to%20see%20health%20records%20leaflet%20v5.ashx)

- Consent – your rights (a guide for young people under 16), NHS Inform.  
<http://www.nhsinform.co.uk/rights/publications/leaflets/~media/hrisdocuments/leaflets/consent%20%20rights%20leaflet%20yp%20v4%202013.ashx>
- Confidentiality – your rights (a guide for young people under 16) NHS Inform.  
<http://www.nhsinform.co.uk/rights/publications/leaflets/~media/hrisdocuments/leaflets/confidentialityyour%20rightsleafletv3.ashx>
- Have your say! Your right to be heard (Guide for young people) Health Inform.  
<http://www.nhsinform.co.uk/rights/publications/leaflets/~media/hrisdocuments/leaflets/have%20your%20say%20leaflet%202012%20yp.ashx>
- Patient Opinion  
<https://www.patientopinion.org.uk/services/nhs-scotland>

6.2 The following policies provide related information that might be of value to NHS staff:

- Confidentiality Policy  
<https://intranet.fife.scot.nhs.uk/atoz/index.cfm?fuseaction=policy.display&objectid=45279114-BFDC-5788-BA56BA624A9CD86D>
- Management of Employee Conduct  
<https://intranet.fife.scot.nhs.uk/atoz/index.cfm?fuseaction=policy.display&objectid=B7B847B5-E7AD-F1AB-032D044994EAD63E>
- Whistle blowing policy –  
<https://intranet.fife.scot.nhs.uk/atoz/index.cfm?fuseaction=policy.display&objectid=4F643854-F7DD-6504-A5FF29A21CFE89C2>
- Adverse Events  
<https://intranet.fife.scot.nhs.uk/atoz/index.cfm?fuseaction=policy.display&objectid=FB18ED24-D39C-B3F1-A47B32DD033F5570>
- Patient Access Policy  
<https://intranet.fife.scot.nhs.uk/atoz/index.cfm?fuseaction=policy.display&objectid=FE936018-9915-FEBB-ABB4D048B1C1BAC2>
- Use of Independent Advocacy Policy  
<https://intranet.fife.scot.nhs.uk/atoz/index.cfm?fuseaction=policy.display&objectid=6BB589F9-AC5B-E9AC-13DCFD40B6209D7>

- Data Protection Policy  
<https://intranet.fife.scot.nhs.uk/atoz/index.cfm?fuseaction=policy.display&objectid=E2EB7287-E163-9D44-41F01E6C85F9C881>
- Data Protection Act 1998.  
[http://www.opsi.gov.uk/Acts/Acts1998/ukpga\\_19980029\\_en\\_1](http://www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1)
- Freedom of Information Act 2000.  
[http://www.opsi.gov.uk/Acts/acts2000/ukpga\\_20000036\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2000/ukpga_20000036_en_1)
- Disability Discrimination Act 1995 and 2005.  
[http://www.opsi.gov.uk/acts/acts1995/ukpga\\_19950050\\_en\\_1](http://www.opsi.gov.uk/acts/acts1995/ukpga_19950050_en_1)  
[http://www.opsi.gov.uk/Acts/acts2005/ukpga\\_20050013\\_en\\_1](http://www.opsi.gov.uk/Acts/acts2005/ukpga_20050013_en_1)
- Race Relations Act 1976.  
<http://www.statutelaw.gov.uk/content.aspx?ActiveTextDocId=2059995>
- Race Relations (Amendment) Act 2000.  
[http://www.opsi.gov.uk/acts/acts2000/ukpga\\_20000034\\_en\\_1](http://www.opsi.gov.uk/acts/acts2000/ukpga_20000034_en_1)

## 7. REFERENCES

THE SCOTTISH GOVERNMENT (2010). The Healthcare Quality Strategy for NHSScotland. Edinburgh: The Scottish Government.

<http://www.gov.scot/Resource/Doc/311667/0098354.pdf>

THE SCOTTISH GOVERNMENT (2012). CEL 7: 28 March 2012. Patient Rights (Scotland) Act 2011 – Secondary Legislation and the Charter of Patient Rights and Responsibilities. Edinburgh: The Scottish Government.

[http://www.sehd.scot.nhs.uk/mels/CEL2012\\_07.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2012_07.pdf)

THE SCOTTISH GOVERNMENT (2012). CEL 8: 28 March 2012. Guidance on Handling and Learning from Feedback, Comments, Concerns and Complaints. Edinburgh: The Scottish Government.

[http://www.sehd.scot.nhs.uk/mels/CEL2012\\_08.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2012_08.pdf)

THE SCOTTISH GOVERNMENT (2012). Can I Help You? Guidance for handling and learning from feedback, comments, concerns or complaints about NHS healthcare services. Edinburgh: The Scottish Government.

<http://www.gov.scot/Resource/0039/00390974.pdf>

The Scottish Public Services Ombudsman (2011) Guidance on a Model Complaints Handling Procedure

<http://www.valuingcomplaints.org.uk/wp-content/media/Guidance-on-a-Model-Complaints-Handling-Procedure.pdf>

## **Appendix 1**

### **Guidance for NHS staff in relation to dealing with feedback**

#### **1. COMPLIMENTS / THANK YOU'S**

- 1.1 Positive feedback provides an opportunity to share good practice throughout the organisation and should not be under-estimated. Where an expression of thanks is received in the form of a card or a gift this should be recorded locally by the Service on DATIX (complaints handling database). This will allow the figures to be collated for inclusion in quarterly reports.
- 1.2 Where a letter of thanks is received identifying the source, this should be acknowledged at the point of contact and a copy sent to the area concerned directly for logging on DATIX. This should be copied to the Patient Relations Department for information.
- 1.3 Letters received directly in the Patient Relations Department will be acknowledged, logged and forwarded to appropriate personnel for information, dissemination and learning.

#### **2. COMMENTS**

- 2.1 NHS Fife encourages feedback from service users in a range of ways. Posters are displayed in all wards across Fife which encourage feedback at the point of contact as well as identifying the other methods for providing feedback. In addition, posters and leaflets are displayed in public areas of hospitals and health centres seeking feedback: these are available in different languages/formats. NHS Fife's website contains information about ways in which comments about health services can be made and comment cards are widely available for use across all services.
- 2.2 In hospital settings comment cards should be returned to the Patient Relations Department where comments are recorded before being forwarded for information/action to appropriate personnel.
- 2.3 The Patient Relations Team will seek feedback on actions taken in order to record this information and ensure that changes in services, as a result are shared, thus promoting a culture that welcomes comments/suggestions.
- 2.4 In Health Centres the information will be collated and recorded locally. The Health Centres should forward examples of changes in service to the Patient Relations Team to ensure these are included in Fife wide reports.

#### **3. CONCERNS**

- 3.1 Service users may wish to make a comment or raise a concern without wishing to make a formal complaint. In many instances an explanation and apology where something has gone wrong will be all that is required to reach a satisfactory conclusion. Staff should welcome the views of service users and see this as an opportunity to improve their service.

3.2 Where a concern is raised staff should:

- Ensure the patient's immediate health care needs are being met before dealing with the issue/s raised
- Provide the individual with an opportunity to have their concern heard. It may be necessary to arrange an interpreter to do so
- Listen to the concern raised
- Acknowledge the issue raised and apologise at this stage for the concern the situation has caused
- Be sensitive in dealing with the matter
- Assure the individual that raising a concern will not compromise future care or access to service
- Seek the patient's consent if it is not the patient who is raising the concern
- Consider the use of the Patient Advice and Support Service (PASS) where support may be required
- Gather the necessary information to respond appropriately
- Keep a record of any correspondence or discussions in relation to the concern and ensure the safe keeping of this information
- Where it is not possible to provide an immediate response, a timescale for the way forward should be agreed
- Provide an open, honest and objective response. This should include an explanation, an apology where appropriate, and should indicate what is being done to avoid the problem reoccurring
- Respond verbally unless a written reply has been specifically requested
- Where a written response has been requested this should be provided, approved by the Patient Relations Manager
- A copy of the details of the concern and subsequent response should be sent to the Patient Relations Department to be entered on DATIX
- The Patient Relations Team Coordinator will monitor any common themes arising to bring to the attention of the local Management Team and Executive Lead for Complaints and to ensure that learning takes place

3.3 Where staff feel unable to deal with a concern raised they should:

- Seek support from a senior member of staff
- Seek support from the Patient Relations Team

3.4 Where a senior member of staff or a member of the Patient Relations Team is approached for support, priority should be given to responding immediately. If this is not possible a timescale for the way forward should be agreed.

3.5 Where the person raising the concern remains dissatisfied after receiving a verbal or written response they should be given appropriate information relating to the NHS Complaints Procedure in the form of the booklet, "Making a complaint about the NHS". The complainant should also be given the contact details for the Patient Relations Department and advised that a

member of the Patient Relations Team will be able to provide further information relating to making a complaint or to providing support or signposting to independent support sources throughout the Complaints process.

#### **4. NATIONAL IN-PATIENT/PRIMARY CARE SURVEYS**

- 4.1 NHS Fife is required to participate in the national patient experience surveys.
- 4.2 NHS Fife will report and publish the results from the national surveys and ensure that local delivery units use any relevant information to improve the experience of patients.

#### **5. PATIENT OPINION**

- 5.1 NHS is subscribed to and registered with Patient Opinion. This method of social media enables people to share their stories on line and to receive a response from the Board directly.
- 5.2 The Board Chief Executive, Director of Nursing, Director for Acute Services, Associate Medical Director, Patient Relations Manager and Patient Relations Team Coordinator have all been given responding rights on Patient Opinion.

A range of people have been set up to receive notifications of postings, these include Service Managers, Clinical Leads, Heads of Service.

When a story is posted on Patient Opinion, identified individuals will be notified of a post and the Patient Relations Manager will take responsibility for co ordinating the Board response.

The Patient Relations Manager will also make sure that all appropriate personnel are notified of a story if not on the notifications list.

The Board is committed to responding to all stories posted in a timely fashion. A personal and empathic approach when responding is expected and the person responding should adopt an engaging manner which serves to encourage openness, transparency and promotes dialogue.

The Board is committed to promoting Patient Opinion across all sites. The Patient Relations Manager will make sure that information about Patient Opinion is made available to staff and included in training sessions.

#### **YOUR CARE EXPERIENCE**

Your Care Experience is a question set that has been developed using the “must do with me principles”. The questionnaire has been developed to bring about consistency in approach to seeking real time feedback about experience across Fife. The Board is aiming to see 90% of respondents state that they had a positive experience of the service.



All wards across Fife will be required to introduce the Your Care Experience tool. Following baseline data, wards will be required to identify activity/action to support ongoing improvement. Sampling will be carried out quarterly across the Board in accordance with a rolling programme.

Results will be available at ward level and it will be the responsibility of the local teams to own the data and identify actions. Information will be centrally collated for reporting purposes.

## Appendix 2

### Guidance for NHS staff in relation to dealing with formal complaints

#### 1. FORMAL COMPLAINTS

- 1.1 The Citizen's Charter Complaints Task Force describes a complaint as "an expression of dissatisfaction requiring a response".
- 1.2 "Can I Help You?" (Scottish Executive 2012) provides Guidance on Complaint Handling.
- 1.3 "Making a complaint about the NHS" provides information to service users about making a complaint.

#### 2. WHO CAN MAKE A COMPLAINT?

Complaints may be made by:

- 2.1 A patient or former patient/service user
- 2.2 Any appropriate person in respect of a patient who has died, e.g. next of kin or agent
- 2.3 Someone on behalf of or for an existing patient or former patient providing they have the consent of that individual e.g. a parent, carer, guardian, visitor, advocate, MP, Councillor, MSP.
- 2.4 Where someone other than the patient or an authorised individual wishes to make a complaint they should be advised that they must be able to demonstrate that they have obtained the patient's consent (normally in writing) to:
  - Make a complaint on their behalf
  - Members of staff examining the patients health records, if this should prove necessary as part of the investigation of the complaint

#### 3. WHAT CAN BE COMPLAINED ABOUT?

NHS Care provided:

- By hospitals and health centres
- By family health services (including GP's, General Dental Practitioners, Opticians and Community Pharmacists)
- Community services who provide health services such as community dentists, nurses, physiotherapists, dieticians, health visitors
- Private hospitals or care homes in which the patient is funded by the NHS
- NHS funded catering, domestic and environmental matters

- Public health issues such as management of major incidents or outbreaks where they have been adversely affected
- Decisions NHS Boards make regarding what services are funded and provided locally
- The way in which healthcare services are organised locally

#### **4. WHAT CANNOT BE COMPLAINED ABOUT?**

- Private care and treatment or services including dental care or privately supplied spectacles except where treatment is sourced and funded by NHS Fife
- Services not provided or funded by the NHS
- Staff grievances
- Aspects of care where social work services have responsibility
- Any case where legal action is intimated

4.1 If a member of staff has a concern about the way in which they have been dealt with under the Complaints Procedure they should seek advice from Human Resources. Staff may also take their concerns to the Scottish Public Services Ombudsman (SPSO). The SPSO would normally expect staff to have followed local procedures in the first instance.

4.2 The value of working in partnership with social services through complex healthcare issues is recognised. NHS Fife is committed to working in partnership to improve the process for the person making the complaint and to ensure shared learning.

4.3 Any complaint that raises matters normally dealt with:

- Under the disciplinary procedure
- By a professional regulatory body
- An independent inquiry into a serious incident under section 76 of the National Health Service (Scotland) Act 1978
- An investigation of a criminal offence including fraud
- A possible claim of negligence
- Under Freedom of Information

#### **5. TIME LIMITS**

5.1 Given the difficulties that the passage of time can make to the resolution of a complaint, generally NHS Fife will investigate complaints that are:

- Made within 6 months of the event; or
- Made within 6 months of the complainant realising that they have cause for complaint
- But not normally more than 12 months after the event

5.2 NHS Fife will review cases on an individual basis and extend these timescales where it would have been unreasonable for the complaint to be made earlier and where it is still possible to investigate the facts. A decision not to extend

these time scales should be agreed by the Chief Executive. A patient can appeal to the Scottish Public Services Ombudsman against a decision not to accept their complaint.

## 6. COMPLAINT HANDLING PROCESS

NHS Fife is committed to providing a sensitive complaint handling service that is:

- Easy to use
- Accessible to all
- Fair for all
- Credible
- Independent

6.1 Persons who require independent support to complain should be signposted to the Patient Advice and Support Service (PASS).

6.2 Written concerns may arrive at various destinations within the organisation. It is important that when a written concern is received, the person receiving it clarifies whether it is intended as a formal complaint. Any queries at this stage can be directed to the Patient Relations Team who will advise appropriately.

6.3 Once a written concern is identified as a formal complaint it should be passed **IMMEDIATELY** to the Patient Relations Department to deal with.

6.4 The Patient Relations Team will consider letters on an individual basis and will make telephone contact at this early stage under the following circumstances -

- Where issues are of a sensitive nature, e.g. following bereavement. Contact will be made to ensure a personal touch and to discuss complaint process in detail, seeking to determine the best way to reach resolution. It may be appropriate to arrange an early meeting with staff.
- Where the issues of concern are not clear. Contact will be made to clarify the concerns being raised.
- Where the complainant intimates legal proceedings or indicates an outcome that is not within the remit of the Complaints Procedure. Contact will be made to detail the remit of the complaint process and to advise on alternative routes to pursue concerns.
- Where consent is required.
- Where complaints made cross boundaries between health/social care or multi-agency. Contact will be made to advise of the process and to seek approval to forward letter on to relevant agent to deal with and respond directly to. Where possible NHS Fife will work closely with partners to provide joint responses to such complex cases by identifying lead investigator with other parties feeding in to process.
- Where it is unlikely that the 20 working day response time will be met due to complexity of complaint.

- 6.5 The Executive Lead for Complaints has access to copies of all letters received by the Patient Relations Department.
- 6.6 In accordance with NHS Complaints Guidance (**Scottish Executive 2005a**) the Patient Relations Team will ensure that the letter is formally acknowledged within 3 working days. A copy of "Making a complaint about the NHS" (**Scottish Executive 2005b**) will be enclosed with the acknowledgement letter and information relating to the Patient Advice and Support Service (PASS) provided.
- 6.7 The acknowledgement letter will include assurance to the individual making a complaint that doing so will not result in a compromise to treatment or access to service.
- 6.8 The acknowledgement letter will offer contact in an alternative format.
- 6.9 The acknowledgement letter will clearly state the need to access health records in a clinical complaint.
- 6.10 Confidentiality of the complainant must be considered at all times and consent sought to share information on a need to know basis.
- 6.11 Mediation should be considered at an early stage as a means of resolving difficult situations where there has been a break down in the patient/clinician relationship.
- 6.12 The Patient Relations Team will determine to whom the letter of complaint should be sent in order that a full investigation of the issues raised is carried out. Service Managers and Clinical Directors/Leads where appropriate will be copied in to the correspondence at this stage to make them aware of the concerns raised within their area of responsibility.
- 6.13 Staff will be asked to provide responses within 10 working days of receipt of the complaint to ensure that the national target of 20 working days for responding to a complaint is adhered to.
- 6.14 Each Operational unit will be responsible for ensuring that they have a system in place for chasing outstanding information.
- 6.15 The Patient Relations Team Coordinator will meet to review all cases with the Patient Relations Officers on a weekly basis. After 10 working days of receipt of the complaint, if statements have not been received, this will be chased and escalated to the relevant service lead.
- 6.16 Performance Management reports will identify areas of non compliance and prompt further action.
- 6.17 The complaint will be logged in DATIX and file thereafter maintained within the Patient Relations Department relating to each complaint.
- 6.18 Legal advice will be sought where required via NHS Fife's Legal Services Manager/Central Legal office

- 6.19 Advice may be sought from the Clinical/Medical Director/Director of Nursing/Head of Nursing where the complaint relates to a complex clinical case.
- 6.20 Where it is not possible to provide a full response within the national target time it is vital that all parties are kept informed and made aware of the reason for the delay. This will be done in writing by way of a holding letter. An indication of when a response can be expected should be given. This should not normally exceed a further 20 working days. If it is not possible to respond in 40 working days the Board should notify the person, again in writing, making the person aware of their right to approach the Scottish Public Service Ombudsman (SPSO).
- 6.21 Upon receipt of all relevant information from the service a draft response will be prepared by the Patient Relations Team for the approval of those providing the information.

All complaints will be subject to an overview process which will be carried out by a Clinical Lead/Identified Lead to ensure objectivity in the process.

- 6.22 Once approved the letter will be sent for sign off to the appropriate senior manager. In most circumstances this will be the Director of Acute Services or to the Divisional General Manager (or nominated representative) of each of the NHS Fife Community Services as appropriate.
- 6.23 The response should:
- Address all concerns raised
  - Include an apology where things have gone wrong
  - Report the actions taken to prevent a recurrence
  - Highlight any issues that are unlikely to be resolved with an explanation for this
  - Indicate a named member of staff within the Patient Relations team to contact to clarify any aspect of the response or to offer further advice if not satisfied with the response. Reference to the Scottish Public Services Ombudsman (SPSO) will be made in a second response.
- 6.24 Copies of responses will be sent to those who provided information during the complaint investigation and to Service Manager, Clinical Director, Executive Lead for Complaints, CHP General Managers, where appropriate.

## **7. COMPLAINTS RELATING TO FAMILY HEALTH SERVICE PRACTITIONERS**

- 7.1 Most Family Health Service Practitioners such as GP's, dentists, opticians and community pharmacists are not employed by the NHS and are "independent contractors" who hold a contract with the NHS to provide a service to patients. They are responsible for their own actions in exercising clinical duties and for administrative and organisational aspects of running

their practices. Generally the staff within the practice are employed directly and as such are responsible to the practice for their actions.

- 7.2 Family Health Service Practitioners are obliged by the “terms of service” in their contract to have in place and operate a practice based complaints procedure for the NHS services provided. This must comply with directives issued from the Scottish Government.
- 7.3 The focus of the Complaints process is to resolve issues between parties and to learn lessons for the improvement to service delivery.
- 7.4 It is recognised that Family Health Services are very personal services and as such complaints can be made either to the practice or to the NHS Board who will agree a way forward with the person making the complaint.

## **8. THE ROLE OF THE PRACTICE**

The Practice must:

- Ensure that there is a complaints process
- Ensure that the complaints process is owned by the practice
- Designate a named person to be responsible for managing the procedure
- Provide information and co-operate in the resolution of the complaint
- Publicise the procedure ensuring it is clear how to make a complaint and to whom it should be addressed
- Ensure complaints are acknowledged within 3 working days
- Ensure that the nominated person to investigate the complaint makes all the necessary enquires; involving the person making the complaint and the practitioner and practice staff
- Ensure that a factually accurate, full response is provided to the complainant within 20 working days of receipt of the complaint
- Where it is not possible to meet the 20 day target the person making the complaint must be informed of the reason for the delay with an indication of when a response can be expected. This should not normally exceed 40 working days of the date of receipt of the complaint
- Provide information about Patient Advice and Support Services (PASS) and the role of the Scottish Public Services Ombudsman (SPSO)

## **9. THE ROLE OF NHS FIFE BOARD**

The Board must:

- Provide access for people wishing to complain about Family Health Service Practitioners to allow information to be given about how the complaints procedure operates and the options available
- The Patient Relations Team provide a point of contact within NHS Fife
- The Patient Advice and Support Service (PASS) provide an alternative point of contact for the general public

- Where it appears that a practice has no operational complaints procedure the Board will arrange for the facts to be established and ensure appropriate action is taken
- If a practice procedure does not meet the statutory requirements the Board will consider whether disciplinary action for breach of terms of service is appropriate

## **10. THE ROLE OF THE PATIENT RELATIONS DEPARTMENT**

The staff within the Patient Relations Team must:

- Be knowledgeable about the NHS Complaints Procedure
- Promote a culture that values complaints and sees them as vehicles for service improvement and change
- Be able to explain the process to any individual wishing to make a complaint
- Provide NHS employees with advice in relation to dealing with complaints
- Advise regarding access to independent advice via the Patient Advice and Support Service (PASS)
- Encourage contact with the practice in order to achieve the most effective resolution to a complaint
- Support the individual making the complaint in the most appropriate way, e.g. acting as a post box for correspondence or attending meeting between parties
- Support the Practice in dealing with complaints
- Ensure up to date information relating to complaints is readily available throughout Fife
- Provide top up of comment cards for all locations throughout Fife
- Provide complaint handling training

## **11. THE ROLE OF THE SCOTTISH PUBLIC SERVICES OMBUDSMAN (SPSO)**

- 11.1 Where a complainant remains dissatisfied following a local investigation of their complaint they have the right to approach the SPSO.
- 11.2 The SPSO can investigate complaints where injustice or hardship has been sustained as a result of maladministration or service failure on the part of any authority under its jurisdiction. Such authorities include all NHS bodies and family health service providers in Scotland.
- 11.3 The SPSO will generally consider a complaint made once it has exhausted the local complaints procedure.
- 11.4 Complaints to the SPSO should be made in general within 12 months of the event causing concern or within 12 months of the complainant becoming aware that there were grounds for complaint.



11.5 Information relating to the role of the SPSO is provided in complaints literature as well as in leaflet form, displayed within public areas of hospitals and health centres.

## Equality and Diversity Rapid Impact Assessment

| <b>Area</b>                               | <b>Type of Document</b>  |                                      |                          |
|---|--------------------------|--------------------------------------|--------------------------|
| <b>Operational Division</b>               | <input type="checkbox"/> | <b>Human Resource Policy</b>         | <input type="checkbox"/> |
| <b>Dunfermline and West Fife CHP</b>      | <input type="checkbox"/> | <b>Clinical Policy</b>               | <input type="checkbox"/> |
| <b>Glenrothes and North East Fife CHP</b> | <input type="checkbox"/> | <b>General Policy</b>                | <b>x</b>                 |
| <b>Kirkcaldy and Levenmouth CHP</b>       | <input type="checkbox"/> | <b>Strategy/Service</b>              | <input type="checkbox"/> |
| <b>Corporate Directorates</b>             | <b>x</b>                 | <b>Change Papers/Local Procedure</b> | <input type="checkbox"/> |

### **Contact Information**

| <b>Manager Responsible</b>              | <b>Author Responsible</b>               |
|---|---|
| Name: Louise Ewing                      | Name: Louise Ewing                      |
| Designation: Patients Relations Manager | Designation: Patients Relations Manager |
| Base: Hayfield House Kirkcaldy          | Base: Hayfield House Kirkcaldy          |
| Telephone: Ext 28069                    | Telephone: Ext 28069                    |
| Email: louise.ewing@nhs.net             | Email: louise.ewing@nhs.net             |

## Equality and Diversity Impact Assessment Checklist

|  |   |
|--|---|
| <p>Date</p> <p>09/02/15</p>  | <p>Title</p> <p>Patient Feedback Policy, Including Complaints</p>   |
| <p>Is this a new document? <input type="checkbox"/></p>  | <p>Is this an existing document under review? <input checked="" type="checkbox"/></p>   |
| <p>Please list any existing documents which have been used to inform this impact assessment.</p> | <p>C11 and Primary Care Complaints Policy</p>   |
| <p>What is the name and description of the policy, procedure or strategy?</p>                    | <p>Patient Feedback Policy, Including Complaints</p>  |
| <p>What is the intended outcome of this policy, procedure or strategy?</p>                       | <ul style="list-style-type: none"> <li>• Identify areas of good practice and spread these across NHS Fife</li> <li>• Define and promote best practice in complaint handling as outlined in “Can I Help You?” (Scottish Executive, 2012)</li> <li>• Identify a range of feedback mechanisms</li> <li>• Promote local ownership of complaint handling</li> <li>• Ensure appropriate action is taken when a concern is raised or complaint is made to reduce the risk of recurrence and ensure that learning takes place as a result</li> <li>• Raise awareness of the Patient Advice and Support Service (PASS)</li> <li>• Raise awareness of the national patient experience surveys</li> <li>• Demonstrate that NHS Fife uses feedback to improve services</li> </ul> |
| <p>Which individuals are responsible for undertaking impact assessment?</p>                      | <p>Louise Ewing, Patient Relations Manager<br/>Angela Heyes, Equality and Diversity Lead</p>  |

## Six Strands of Diversity

Which group of the population do you think will be positively or negatively affected by this policy, procedure or strategy?

|  | Positively               | Negatively               | No Impact                | Not Known                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Ethnic Minority Communities including Gypsies and Travellers | <b>x</b>                 | <b>x</b>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>x</b>                 |
| Religion or Faith  | <input type="checkbox"/> | <input type="checkbox"/> | <b>x</b>                 | <input type="checkbox"/> |
| People with a disability                                     | <b>x</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Age  | <b>x</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lesbian, Gay and Bisexual                                    | <input type="checkbox"/> | <input type="checkbox"/> | <b>x</b>                 | <input type="checkbox"/> |
| <b>Other please state</b>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>x</b>                 |

## Equality and Diversity Rapid Impact Assessment Checklist – Continued

|   |   |
|---|---|
| <p><b>Have any positive impacts been identified?</b></p> <p>There is a very flexible approach to how the Patient Relation Team are able to receive feedback - emails, telephone, face to face, text message, via social media, questionnaires in appropriate format. This ensures that every effort is made to overcome language barriers or access difficulties.</p> <p>The team will also actively promote the use of interpreters and sign language staff to ensure that their service is easy to access by the public.</p> <p>The team members will go out to people's houses to discuss the issues which are raised making access easier for the older people or disabled.</p> |   |
| <p><b>Have any negative impacts been identified?</b></p>  | <p>The complaints procedure is written in English, information about accessing the complaints procedure is in English.</p> <p>Current website information is in English</p>   |
| <p><b>What action is proposed to overcome negative impacts?</b></p>   | <p>A new approach to sharing information about the ways in which people can provide feedback or complain was launched in October 2014 – NHS Fife's CommonHealth. A rolling programme of visits is planned to engage with community groups to ask them to identify their specific information needs.</p> |

|   |   |
|---|---|
|   | <p>Patient Opinion are publishing a BSL version detailing how service can be accessed where a specific need has been identified.</p> <p>Website information is currently under review and will be revised to include main page information and posters in main languages.</p>   |
| <b>What recommendations have you made to eliminate or reduce negative effects?</b>  | Ongoing dialogue with groups to re visit information needs.   |
| <b>If any negative impacts have been found please indicate if a full Equality and Diversity Impact Assessment has been recommended?</b>   | No  |
| <b>Give details of any consultation or involvement which has been undertaken.</b>   | <p>The following groups have been attended and information shared with a further roll out plan in place –</p> <p>Polish Social Club (October 2014)<br/> Interfaith Gathering (October 2014)<br/> Kingsgate and Kingdom shopping centres (October 2014)<br/> St Brycesdale College (October 2014)<br/> Diabetic Volunteer Group (March 2015)</p> |
| <b>Is there a need to collect further evidence in regard to data and research?</b>  | Consideration should be given to have complaints/comments form available in BRAILLE and on audio visual mediums.  |
| <b>How will monitoring be measured?</b>   | Yearly review.  |
| <p><b>Signature of author of the policy, procedure or strategy: Louise Ewing</b></p> <p><b>Head of Department or Service area: Patient Relations Team</b></p> <p><b>Date of review: February 2015</b></p> |   |

If you require further information:  
**Angela Heyes, Equality and Diversity Lead, NHS Fife**  
[angelaheyes@nhs.net](mailto:angelaheyes@nhs.net)  
**Telephone: 01592 226783 or ext 6783**  
**Fax: 01592 226899**