

**GUIDELINES FOR HANDLING
COMPLAINTS ABOUT
COMMUNITY HEALTH COUNCILS**

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1. INTRODUCTION

It is important that CHCs are accountable to patients and local people who they represent in matters concerning the provision of health services. One way in which CHCs can be seen to be accountable for their actions is by giving those who are in any way dissatisfied with the work of the CHC the opportunity to express their dissatisfaction. People should be able to comment or complain about the CHC in the knowledge that their comments or complaints will be dealt with effectively.

Complaints should not automatically be perceived as a threat to the CHC. If handled correctly they can be used to ensure that the services provided by the CHC meet the needs of the local population, and thereby ensure and improve the quality of service.

If complaints are to be handled effectively it is essential that standard procedures are implemented. These procedures should be kept as simple as possible and should be as speedy as possible. The procedures should apply whether the complaint is against a member, staff or the whole CHC.

The CHC complaints procedures may need to be adapted to reflect the standards and procedures used by other NHS agencies locally and to reflect the composition of the CHC. For example, it is stated that in the absence of the Chief Officer, the Deputy Chief Officer should handle complaints. This will not always apply since not all CHCs have Deputy Chief Officers.

Serious complaints about financial irregularities should be referred to the CHC auditors. Similarly, complaints about criminal matters should be referred to the police authorities. The guidelines for handling other complaints made against CHCs are as follow:

2. TIME LIMITS FOR MAKING A COMPLAINT

There should not normally be a time limit for making a complaint. However, complainants should be encouraged to make a complaint as early as possible whilst memories are fresh. This will aid speedy investigation and resolution.

The nature of the complaint will determine who will be responsible for handling the complaint. In the absence of the Chief Officer and the Chair, investigations should be conducted by the Deputy Chief Officer or Vice Chair respectively.

The Chair and Chief Officer should always be advised when a complaint has been made and should be kept fully informed of progress, as should the person about whom the complaint is made.

3. HANDLING THE COMPLAINT

Complaints should normally be dealt with at the lowest level possible, that is, by the person directly involved. If the complaints cannot be resolved at this level they should be handled as follows:

Stage 1

The Chief Officer should handle complaints about CHC staff and, with the Chair, any complaints about the CHC as an organisation.

The CHC Chair should handle complaints about the Chief Officer, CHC members and, with the Chief Officer, complaints about the CHC as an organisation.

If, at this stage, a complaint cannot be satisfactorily resolved it may be referred to Stage 2.

For serious complaints about the Chair of the CHC it may be necessary to go directly to Stage 3.

Stage 2

If, at Stage 1, the Chief Officer had been unable to resolve a complaint to the satisfaction of the complainant, the complaint may be referred to the Chair, who may at her/his discretion involve the rest of the CHC. If the complainant is still not satisfied the complaint may be referred for external investigation.

If, at Stage 1, the Chair had been unable to resolve a complaint to the satisfaction of the complainant, the complaint may be referred for external investigation.

Stage 3 - External investigation

If it is not possible to resolve a complaint by internal investigation it will be necessary for the complaint to be considered by the establishing body for the CHC, at least until 31 March 1996. The NHS Executive intends to discuss with ACHCEW the options by which Stage 3 investigations might be handled.

4. RECORDING DETAILS OF A COMPLAINT

Care must be taken to record the following details for all complaints:

- Date complaint received
- Originator of the complaint
- Name and address of the complainant
- Form of complaint, eg written, oral
- Description of the nature of the complaint
- Action taken by whom, what and when

Use of a proforma would aid the collection of this information. At all stages of a complaint copies of correspondence should be kept and telephone conversations noted. It would be good practice to sign and date all records.

5. COMPLAINTS NOT IN WRITING

In line with the tenets of equal opportunities, CHCs should be prepared to accept complaints from people who cannot make their complaint in writing. The need for training to allow the impartial recording of oral complaints is recognised in FHSA complaints guidelines. CHC staff would need similar training or should be able to call on persons who have received appropriate training. CHCs must take care to communicate with complainants in the formats most appropriate to their needs. CHCs should also recognise that some complainants will be people whose first language is not English and they may need the involvement of a third party (notwithstanding section 6 below).

6. COMPLAINTS ON BEHALF OF A THIRD PARTY

Complaints on behalf of a third party cannot be accepted without their informed consent. Exceptions to this rule would be in the case of people who are incapacitated by reason of age or disability and those who are deceased.

7. ACKNOWLEDGING A COMPLAINT

Complaints should be acknowledged, in writing, within two working days of receipt.

An acknowledgement should include the following:

- A summary of the complainant's concerns
- An invitation to meet with the investigating officer/member to discuss and, if possible, resolve any concerns. Such meetings should not necessarily be at the CHC office.
- The identity of the investigating officer/member
- A description of action to be taken
- A point of contact for any enquiries
- Standards for action including time limits for responses
- Information about independent sources of advice/support

8. SUPPORT FOR COMPLAINANTS AND RESPONDENTS

Complainants should be informed that they can, if they wish, be assisted/accompanied by a person of their choice at any meetings arranged for the purpose of discussing the complaint. The same should apply to respondents. In the case of CHC staff they may wish to consider whether a union representative, or similar, should be present.

9. INVESTIGATION

When investigating a complaint the following points should be borne in mind and any action should be taken accordingly:

Has the CHC acted in accordance with its statutory remit; relevant Department of Health guidance, including *The Community Health Councils Regulations 1985 (SI 304, 1985)*, *CHCs (Access to Information) Act 1988*, and the *Code of Practice on Openness in the NHS (1995)*; and the CHC's equal opportunities policy?

Has the member of staff acted in accordance with the remit of the CHC; her/his contract of employment, job description and current objectives; and the CHC's equal opportunities policy?

Has the member acted in accordance with the remit of the CHC; the *Code of Conduct for CHC Members (1995)*; and the CHC's equal opportunities policy?

10. CONCILIATION

In some instances it may be possible to resolve a complaint by a process of conciliation. Suitable training should be considered for those at CHCs involved in handling complaints.

11. INDEPENDENT ELEMENT TO INTERNAL PROCEDURE

The investigation of complaints against CHCs should be impartial. To facilitate this a degree of independence should be introduced. This might be done by identifying a named person (outside the CHC), for example, a person from the Citizens Advice Bureau, who would be responsible for overseeing and regularly reviewing the operation of the complaints procedure.

12. RESPONSE TO COMPLAINT

The nature of the complaint and the wishes of the complainant will dictate the type of response. The complainant might, for example, simply require an apology. If, however, conciliation/investigation (under Stages 1 and 2) is required, this should be completed and a full response should be made within four weeks of receipt of the complaint. If a response is delayed, reasons for the delay should be explained to the complainant and a new deadline for a response should be given. In the event of a delay, the complainant should be given regular updates of progress.

A full response should include the following:

- An outline of investigation undertaken
- An explanation of what happened
- Responses to each point/concern raised in the original complaint
- Apology/apologies where appropriate
- Details of what action(s) will be taken to ensure that the problem(s) will not recur
- Details of any other action taken as a result of the complaint
- Information about the next step(s) should the complainant remain dissatisfied with the response
- Information about independent sources of advice/advocacy

If disciplinary action is instigated as a result of a complaint against a member of staff, this should be carried out in accordance with the established procedures which apply to the employee concerned, and the complainant should be informed of the outcome of the action.

Regulations give the establishing body the power to terminate a CHC member's term of office where he or she has been found guilty of serious misconduct. If such action is instigated as a result of a complaint against a CHC member, the complainant should be informed of the outcome of the action.

Every full response should be signed by the Chief Officer or Chair as appropriate

13. FOLLOWING INTERNAL INVESTIGATION

Following a full response the investigating officer/member should offer to meet with the complainant to discuss the outcome and clarify issues as appropriate.

14. CONFIDENTIALITY

All reasonable steps must be taken to ensure that information about complaints remains confidential. No identifiable personal information should be disclosed by one individual to another unless the complainant has given express, specific and informed consent.

Documentation concerning complaints should be kept secure and should not be filed with case notes.

15. MONITORING

Complaints against the CHC should be reviewed on a regular basis. Mechanisms should be in place for the Chief Officers and Chairs to report to the CHC and others on complaints

made about them. There should also be mechanisms to enable the information gained from handling complaints, to be used to identify areas for improvement in the quality of provision of services by the CHC.

Complaints procedures should be reviewed in the light of experience and feedback from those involved in their operation. At the time of the full response, complainants should be asked about their level of satisfaction with the complaints procedure. A short questionnaire could be used for this purpose.

16. PUBLICITY

Leaflets and/or posters outlining the complaints procedures should be displayed in the CHC office. More detailed information should be readily available to those making or wishing to make a complaint. This should include the scope of the procedure. That is, what may or may not be covered by the procedure. Publicity should include information about how complaints may be submitted and to whom they should be submitted. All information should be available in formats that will meet the needs of the local population.

17. TRAINING

If the complaints procedures are to be operated successfully suitable training should be considered for all those involved in the handling of complaints.

THIS POLICY WILL BE REVIEWED IN CONSULTATION WITH THE NHS EXECUTIVE
BETWEEN NOW AND 31 MARCH 1996.