

# THE NHS WEBSITE COMPLAINTS POLICY

## THE NHS WEBSITE COMPLAINTS POLICY

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Document Details					
Author:	Vanessa van der Schraft Mandy Williams			Owner:	Mandy Williams
Created Date:	Dec 2014	Current Issue Date:	12/01/15	Version Number:	V4

Review Details			
Version	Date	Reviewed By	Change Description
V0 D0.1	02.11.11	Deborah El-Sayed Bob Gann	Amendments to first draft
V0 D0.2	23.11.11	Capita Workstream Leads	Review
V0 D0.3	17.01.12	Mandy Williams Karen Bell	Comments incorporated
V0 D0.4	26.03.12	Mandy Williams	Further comments incorporated
V0 D0.5	30.06.12	CIAG Complaints Sub Group	Further comments incorporated
V0 D0.6	06.02.13	Anil Passan	Amendments to sections 3 & 30 and Annex 1. Approved by Mandy Williams
V1	26.02.13	NHS Choices Programme Head	Baselined
V1 D01	27.07.13	Karen Bell	Reviewed following changes to operational team
V1 D02	19.08.13	NHS Choices Programme Head	Comment incorporated
V2	23.08.13	NHS Choices Programme Head	Baselined
V2 D01	11.02.2014	Anil Passan	Minor changes to reflect the new org structure.
V3 D01	Dec 2014	Anil Passan	

## THE NHS WEBSITE COMPLAINTS POLICY

### INTRODUCTION

1. The NHS website is committed to ensuring that concerns from people using its services are acknowledged, responded to and that the organisation learns from them. This policy is consistent with the NHS Digital complaints procedure at: <https://digital.nhs.uk/about-nhs-digital/contact-us/feedback-and-complaints> and the guidelines set out by the Office of the Parliamentary and Health Services Ombudsman.

### DEFINITIONS

#### Complaint

2. A complaint is an expression of dissatisfaction requiring a response, communicated verbally, electronically, or in writing. Complaints may be made by any users of our service.

#### Concerns and enquiries (Incidents)

3. A concern or enquiry is a problem raised that can be resolved / responded to straight away, (by the end of the next working day). These are not reported as complaints and fall outside the complaints arrangements.

#### Unreasonable or Persistent Complainant

4. Every effort must be made to resolve a complaint before someone can be described as unreasonable. A complainant who displays threatening or abusive behaviour or language (whether verbal or written), that causes staff to feel afraid, threatened or abused and/or continues to contact the NHS website with unreasonable demands following a complaint investigation, may be considered an unreasonable or persistent complainant. Unreasonable demands can include seeking excessive amounts of information, demanding an unrealistic nature or scale of service, or seeking to prolong contact with the NHS website by continually raising new issues throughout an investigation.
5. The management team of the NHS website will make the decision regarding when a complainant is making unreasonable demands.

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### APPLICATIONS

6. This complaints policy applies to all those working for the NHS website, in whatever capacity.
7. Users can expect to receive appropriate communications from the relevant staff member or team within 30 working days. If the complaint cannot be resolved within this time then regular, timely updates will be sent to the complainant advising them of the progress of the investigation.
8. Failure to follow the requirements of the policy may result in investigation and management action being taken as considered appropriate.

### THE AIMS OF THE POLICY

9. The aims of the policy are to ensure that the complaints process is flexible and responsive to the needs of individual complainants. In addition, it emphasises the need to communicate effectively with complainants and involve them in the decisions concerning the handling of their complaint. The policy seeks to ensure that:
  - Users who complain are listened to and treated with courtesy and empathy
  - Users who complain are not disadvantaged as a result of making a complaint
  - Complaints are investigated promptly, thoroughly, honestly and openly
  - Complainants are kept informed of the progress and outcome of the investigation
  - Apologies are given as appropriate
  - Action to rectify the cause of the complaint is identified, implemented and evaluated
  - Learning from complaints informs service development and improvement
  - Complaints handling complies with confidentiality and data protection policies and is transparent
  - Staff involved in complaints are given support
10. All staff must be familiar with complaints handling processes. This includes details of how users can make complaints, and to whom.
11. Complaints may also include requests for information under the Freedom of Information Act (2000), Data Protection Act (1998) or other relevant legislation

### SUMMARY

12. The purpose of this policy is to ensure that users who are dissatisfied with the service provided by the NHS website are able to raise their concerns and have them thoroughly and effectively investigated.

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12. The policy sets out the way in which complaints are to be managed. It emphasises the importance of prompt resolution wherever possible. The policy also sets out the timeframes for responding to complaints, individuals' roles in the process and the reporting structure for complaints information.

### THE POLICY

#### Principles

##### Support for Users in relation to complaints

14. When a user submits a complaint, the Service Desk will send a reference to confirm receipt. The NHS website will support them by responding with courtesy and sensitivity, and within 30 working days. If the complaint cannot be resolved within this timeframe then the user will be given regular updates on the progress of the investigation.

##### Support for Staff involved in complaints

15. Complaints can be a cause of concern for staff, particularly if the concerns raised relate to their area.
16. Guidance for staff on preparing statements in response to a complaint can be provided by the Senior Management Team.

#### Confidentiality

17. Maintaining user confidentiality is essential and security of data relating to individuals must be protected in accordance with the Data Protection Act (1998). No confidential information relating to complaints will be disclosed to any third party unless there is no reputational risk for the complainant, or the NHS website has the user's consent or some other lawful authority to do so.
18. Anonymised information arising from complaints may be shared with other agencies.

### THE COMPLAINTS PROCESS

#### Local Resolution of Concerns

All staff are responsible for working to resolve concerns raised by users. Prompt action to resolve concerns can prevent them escalating into more serious complaints.

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19. Where a complainant is reporting a poor experience of the NHS website, it is appropriate for the person receiving the complaint to apologise on behalf of the site. Apologies and explanations of adverse events do not alone constitute an admission of liability.
20. Concerns and issues are problems that are raised at the time and staff are able to resolve them by the end of the next working day or earlier
21. Staff must:
  - Ensure that they take time to listen and ensure they fully understand the concerns, this may mean asking for clarification where elements are unclear.
  - Reassure the user that complaints are welcome as a means of enabling the service to improve.
  - Respond to the issues raised or refer the complainant to someone who can assist them further.
  - Contact their line manager if any issue is serious or cannot be resolved by the end of the next working day.
  - The manner used to respond to concerns must never be perfunctory, curt or negative. Care must be taken over the messages sent out in the first interaction as this will set the tone and often influence the likelihood of dealing with the issue and looking to repair the relationship.
23. The member of staff to whom the complaint is made is responsible for ensuring it is registered with the Service Desk. Line managers must ensure that staff have the necessary skills and knowledge to deal with complaints they receive and know how to access support from more senior staff.
24. When a concern/enquiry is made, staff must ensure that their line manager is informed.
25. It is the responsibility of line managers to ensure that staff record details of issues and concerns that are raised and resolved locally and provide these to be discussed in team meetings. The record must include details of how the concern/enquiry has been resolved.

### Recording a complaint

26. All new complaints can be made in writing or via email. Any member of staff receiving a complaint in person should document the details and pass them to the Service Desk without delay for official logging.

Complaints must be registered from the date they are first received in the NHS website. It is essential that staff send all complaints to the Service Desk immediately upon receipt. The Service Desk will follow the process as at Annex 1.



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27. The Service Desk team must contact the complainant within 2 working days to acknowledge receipt of the complaint. All communication with the complainant must be documented on the Service Desk Tracker.
28. The acknowledgement of a complaint must include confirmation of the issues raised, to ensure accuracy and confirmation of the complainant's expectations. The complainant must be consulted on how they wish their complaint to be managed whenever possible. This may include offering:
  - A telephone call from a senior member of staff
  - An email from a senior member of staff
  - A written response from the NHS website Delivery Director
29. The complainant should be informed that these options are not exclusive and if they are dissatisfied with one avenue of resolution, they are entitled to escalate as detailed in the complaints process.
30. In line with the Department of Health's current standard response times, response to complaints should be within 30 working days as an absolute maximum but the NHS website should seek for responses to be as soon as possible without compromising the quality of the response. If this is not possible due to necessary further investigation then the complainant must be kept updated at regular intervals on the progress of their complaint.

### Complaints Involving Other Organisations

32. When a complaint is made to the NHS website that includes issues about other providers, (eg NHS England) the complaint must be acknowledged and a way forward agreed with the user. The user's permission must be sought before forwarding the complaint to the other organisation(s) for investigation.
33. The NHS website will co-operate with any other providers that approach it in relation to issues about our services which may be mentioned in any complaint made to that organisation.

### Complaint Investigations

34. All complaints must be referred by the Service Desk to the Workstream Lead of the area the complaint relates to and who is responsible for investigating complaints.
35. The level of the investigation into a complaint will reflect the complexity of the complaint and may be undertaken by a single manager/named investigator or by a small investigatory team.

Significant or high-risk complaints, which raise serious concerns about clinical information, must be investigated, escalated and will be discussed at Clinical Information Advisory Group (CIAG) meetings as appropriate.

36. If a complaint is likely to become the subject of litigation, advice will be sought from the DH legal team when compiling the draft complaint response.
37. If a complainant alleges discrimination of any kind, a copy should be sent to the Delivery Director or nominated representative for review and comment.
38. Responses will be required by a specified date.
39. A single point of contact, which in most cases will be a senior member of staff, should be identified for all complainants.
40. Complete and accurate records must be kept and be available. These must include:
  - An accurate record, with dates, of all instances of contact
  - The original complaint and other relevant information
  - The issues considered
  - Decisions or actions taken
  - Discussions/correspondence with the complainant
  - Copies of staff responses and other information collected during the investigation
  - Clinical/legal advice taken and details of the advisers
  - National or local policy or guidance consulted
41. All complaint investigations should address the underlying causes of valid complaints and provide clear action plans to prevent them happening again.

#### Preparing a response

43. The response to a complaint must include a summary of the investigation findings and any actions taken to resolve the problems.
44. The response will include the contact details for complainants to contact if they remain dissatisfied and wish to escalate.
45. A response to a complaint must be sent as soon as practicable. The NHS website expects that this will be less than 30 working days for the majority of complaints.

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46. If a response is not provided or resolution of the complaint is not achieved in the time agreed with the complainant, contact must be made with the complainant to negotiate a revised deadline. This must be documented. If the complainant does not agree to an extension and the original due date is not met the complaint is considered overdue.
47. If it is likely that a complaint will be overdue and the complainant has not agreed to an extension, a telephone call must be made to discuss this with the complainant or a holding letter sent 5 working days before the response is due. Holding letters or emails must explain the reasons for the delay and give an indication of when a response will be available. Regular contact must be maintained with the complainant.

### Local Resolution Meetings

48. Many complaints arise from misunderstandings or poor communication. A call/meeting will often provide an opportunity to clarify and resolve these issues, reassuring the complainant that the NHS website takes their concerns seriously.
49. Managers are responsible for ensuring that an accurate record of any communication with a complainant is documented on the Service Desk Tracker.

### Independent Review

50. If all avenues of resolution and escalation are exhausted and a complainant is still dissatisfied with the response they have received, they can request that their complaint is escalated to the CIAG Complaints Sub-Group (CIAG CSG). Once the complaint reaches the NHS website Director level the response should provide the complainant with information that the final escalation point available to them once all avenues of escalation have been exhausted would be the Parliamentary and Health Service Ombudsman (PHSO).
51. The CIAG CSG will be provided with a full dossier of evidence that the NHS website has done its utmost to resolve the complaint before it will review the case. The CIAG CSG will consider:
  - The outcomes sought by the complainant
  - What has happened, what should have happened and what gaps remain
  - Evidence of maladministration or service failure
  - Scope for resolving the complaint with the NHS website
52. The CIAG CSG will want assurance that there is:
  - acknowledgement of the concerns and apology
  - evidence of learning or improvement in service where appropriate.
53. Following a review, the Chair CIAG will write to the complainant with their decision. If the complaint is upheld in whole or in part, the Chair will make recommendations.

Once agreed by the NHS website, the recommendations must generate an action plan. The complainant will be informed on actions taken as a result of the complaint as appropriate.

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54. Should the complainant remain dissatisfied with the outcome of their complaint, they should be advised that their final point of escalation is the Parliamentary and Health Service Ombudsman (PHSO).
55. The PHSO exists to provide a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England have not acted properly or fairly or have provided a poor service.

### Unacceptable Behaviour

57. The actions of complainants who are angry, demanding or persistent may result in unreasonable demands or unacceptable behaviour towards staff. Staff are not expected to tolerate abusive or threatening behaviour, but all complaints must be given equal consideration and be investigated.

### Unreasonably Persistent Complainants

58. Complainants may remain dissatisfied and continue to contact the NHS website about their complaint, despite all attempts at conciliation, intervention and review.
59. Complainants' behaviour should only be considered unreasonable in exceptional circumstances and there must be documented evidence to support the decision. These complainants may have legitimate concerns.
60. A complainant's behaviour may be considered unreasonable if:
- The complainant has threatened, harassed or been abusive towards staff
  - The complainant continually makes unreasonable demands on staff
  - The complainant insists on speaking to a particular member of staff
  - The complainant frequently changes the substance of a complaint and prolongs contact with the NHS website by raising new issues during a complaint investigation
  - The complainant refuses to believe documented evidence given as factual and continues to contact staff following a complaint investigation
  - The complainant makes frequent phone calls or sends repeated communication reiterating existing concerns

This list is not exhaustive.

61. It is essential that staff document all aspects of the complaint handling.

Staff must inform NHS website Senior Management Team of their concerns.

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62. If it is agreed that a complainant is unreasonable, the NHS website Director will decide the most appropriate actions. These may include:

- Asking the complainant to use a single telephone contact or to limit their contact to written correspondence
- Notifying the complainant in writing that the NHS website has responded in full to their concerns and has nothing further to add, so will not enter into any further discussion
- Informing the complainant that the NHS website reserves the right to pass unreasonable behaviour to DH Legal or the police if the complainant has threatened violence
- To temporarily suspend all contact with a complainant, or the investigation of a complaint while seeking legal advice

This list is not exhaustive.

63. The NHS website Director will review and revoke this decision if appropriate.

64. Complainants who have displayed unreasonable behaviour in the past have the right to make further complaints if they wish

### Recognising Risk, Action Planning and Learning

#### Action plans

66. Complaints identified as significant or of high clinical risk must have an action plan in place to manage the risk or prevent a recurrence. Senior Management Teams must ensure that action plans are documented.

67. Completion of action plans relating to CIAG CSG reviews are monitored by the Senior Management Team.

#### Risks

68. Where a complaint investigation reveals actual and potential risks, either clinical or non-clinical, these must be reported to the Senior Management Team, who will advise on appropriate risk assessment procedures.

Where significant risks are identified, or remain, after the implementation of action plans, these will be considered for inclusion on the NHS website's risk register.

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### Learning from Complaints

70. The NHS website will undertake yearly thematic reviews of concerns/complaints, and incidents, including lessons learnt and actions taken. These should be reported annually to NHS website senior managers, CIAG and the complaints sub-group
71. The organisation supports a culture of continual learning from user feedback. Feedback and trends from complaints, incidents and enquiries will be used to inform service improvement and development.

### Sharing Learning across the NHS website

72. The Senior Management Team will support the sharing of learning across the Programme. They will report on the outcome of complaint investigations to the staff and management teams involved and, if appropriate, may choose to update the entire staff cohort on outcomes of investigations into complaints via channels such as the NHS website blog.
73. Lessons learnt and recommendations for change will be disseminated throughout the Programme.
74. Performance issues, in relation to complaints handling, investigation, or timescales, will be reported to the Senior Management Team.
75. An annual report for complaints will be produced. This will be subject to external scrutiny committees (such as CIAG CSG) as appropriate. The report will include:
  - The number of concerns which are received and addressed within the year via the service desk.
  - The number of complaints received in the year and the NHS website's performance in handling them
  - The number of complaints the NHS website decided were upheld
  - The number of complaints escalated to the CIAG CSG

The report will also summarise:

- The subject matter of complaints the NHS website received
- Actions taken to learn from complaints and to improve services as a consequence of those complaints

## Roles and Responsibilities

### Members of the NHS website

76. The NHS website's Head of Customer Service & Programme Manager is responsible for ensuring that the right systems are in place to manage and resolve complaints. The Director has responsibility for monitoring themes and ensuring actions for complaints activity.

### Workstream Leads

77. It is the responsibility of senior members of staff to:

- Lead on complaints management within their area.
- Ensure that action is taken to address issues raised in complaints and provide evidence of improvements
- Ensure that staff within their area are aware of, and understand, the Complaints Policy
- Ensure the application of the Complaints Policy within their area and establish a mechanism through which performance management in complaints handling can be evaluated

### Service Desk / Workstream Areas

78. The Workstream teams will work closely with the Service Desk and senior managers. They are responsible for:

- Providing a single point of contact for people who have complaints about the service within their area
- Ensuring that staff in the area are aware of the complaints policy and work within local guidelines
- Ensuring that all complaints are accurately recorded, acknowledged and the handling negotiated with the complainant including timescales for responding
- Co-ordinating complaint investigations within the area and support the named investigator to draft a response
- Ensuring the timely investigation of complaints and that responses are sent by the date agreed with the complainant
- Ensuring action plans are developed for high or significant risk complaints
- Assisting staff involved in complaints to access support
- Undertaking regular analysis and reporting of complaint themes to ensure that services respond to user feedback
- Responding to all review requests for information within the deadline
- Ensuring that recommendations arising from review of complaints and internal actions are communicated, implemented and followed up
- Providing skills-based training in resolving user concerns, preventing complaints and managing the process as appropriate

The investigator

79. An investigator, usually someone nominated by a senior member of staff, will have responsibility for facilitating the complaint investigation and preparing a draft response, with the support of their manager.
80. The investigator will review the complaint and agree issues, methods and timescales to be responded to, identifying any gaps and/or additional issues.
81. The investigator will plan and undertake the investigation: The investigation may include:
- Identifying key staff involved
  - Collection of statements
  - Informal discussion with staff
82. On completion of the investigation, the investigator will draft an action plan if appropriate to resolve issues raised in the complaint. This will be monitored by the workstream leads.

Senior Management Team

83. The Senior Management Team has overall responsibility for the process of complaints management and application of the complaints policy. It assures the work of the Workstreams in relation to complaints. They do this by:
- Mediating and making final decisions when there is confusion regarding complaints management or the application of this policy
  - Providing advice and support to all NHS website staff regarding complaints handling and management
  - Quality assuring complaint responses and providing feedback and guidance on the standard of letters
  - Carrying out programme wide analysis of complaint themes in conjunction with other NHS website colleagues
  - Providing a monthly complaints' performance report
  - Undertaking an annual audit of the complaints process and themes identified
  - Acting as a point of contact for CIAG CSG, liaising with them and ensuring timely responses
  - Tracking and monitoring performance of complaints handling ensuring concerns are escalated and action is taken when needed
  - In conjunction with others, ensuring that the action plans arising from complaints are written, implemented and the learning is shared



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All staff

84. It is the responsibility of all staff to:

- Work to resolve any concerns expressed by users
- Escalate to their manager any concerns which cannot be resolved locally or where the complainant indicates that they wish to make a complaint

Training

85. All staff should be made aware of the Complaints Policy and undertake mandatory training by their managers as part of local induction.

86. Training in response to local needs will be undertaken by Workstream teams.

87. Training will encompass the following principles:

- Access to the appropriate level of training is available to all staff
- Complaints handling training is mandatory for all
- Training will emphasise that making a complaint will not prejudice the user experience and that users will not be treated differently as a result of raising a concern
- Training will cover the recording of complaints and the storage of documentation on complaints

### Monitoring the effectiveness of the Complaints Policy

88. Workstream Leads are responsible for monitoring the application of this policy within their area and, by exception, escalating any concerns about complaints management.

89. It is the responsibility of Workstream leads to monitor completion of actions arising from complaints, and to report to the Senior Management Team any actions/recommendations which cannot be implemented.

90. Trends and learning needs arising from complaints are included in the yearly report. This report will be reviewed by the Senior Management Team and shared with other NHS website members as appropriate.

91. Monitoring the application of the policy will include:

- Compliance with agreed timescales
- The quality of investigations and responses
- The implementation of recommendations arising from complaints

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92. An annual audit of the complaint process will include:
- A review of the number and nature of complaints raised
  - Complaints that have been reported to external partners or referred for independent review
  - Whether complaints have been investigated at an appropriate level
  - Whether appropriate actions have been agreed following investigations
  - Whether actions have been implemented
  - Whether complaints have been directed to the appropriate workstream in the first instance
  - Whether appropriate steps have been taken to promote learning as a result of complaints
93. Compliance with mandatory training in relation to complaints is monitored by the Workstream Leads.

### Dissemination, Implementation and Access to this document

92. Managers throughout the NHS website will be notified of the approval of this policy via group mail alert and are required to cascade this information.
93. The policy will be publicised and made available via the NHS website staff site.
94. The policy will be brought to the attention of all staff, by managers, as part of their local induction.

### Review, Updating and Archiving of this document

95. The review, updating and archiving of this policy will be undertaken by the NHS website Programme Office. The person with responsibility for initiating the review of the policy is the NHS website Director. However, this will be undertaken at least 2 yearly.

# The NHS Website Complaint Process

