

# **THE NHS MODEL COMPLAINTS HANDLING PROCEDURE (MODEL CHP)**

## **GUIDE TO IMPLEMENTATION**

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## BACKGROUND

The Scottish Health Council's report, 'Listening and Learning - How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland'<sup>1</sup>, was commissioned by the Scottish Government and reported in April 2014. The report made a number of recommendations relating to complaints, including that that, as experts in this area, the Scottish Public Services Ombudsman's Complaints Standards Authority (CSA) should lead on developing a more succinctly modelled, standardised and person-centred complaints process for NHS Scotland, in collaboration with the public, NHS Boards and the Scottish Health Council.

The NHS model complaints handling procedure (CHP) has been developed through a partnership approach, led by a Steering Group involving the Scottish Public Services Ombudsman (SPSO), NHS professionals, the Scottish Government and other key stakeholders. It was produced within the framework of model CHPs previously published by SPSO across the wider public sector in Scotland and takes account of the 'Can I Help You good practice guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services'<sup>2</sup>. The revised procedure will require amendments to the Regulations and Directions associated with the Patient Rights (Scotland) Act 2011. The Scottish Government intends these amendments to be made ahead of the proposed implementation date for the new procedure of 1 April 2017.

Recognising the 'Listening and Learning' report's recommendation to address inconsistencies in complaints management across different NHS services, the NHS model complaints handling procedure provides a standard template for NHS Boards and their service providers to adapt for use by their own organisations. By adapting the NHS model complaints handling procedure documents in this way, and preparing to adopt them by the proposed implementation date as set out in this implementation guide, NHS Boards and service providers will be supported to comply with the requirements of the Patient Rights (Scotland) Act 2011 and associated Regulations and Directions.

The NHS CHP is intended to support NHS Boards and their service providers to take a consistently person-centred approach to managing complaints in the NHS, which is aligned to the complaints procedures adopted across the wider public sector in Scotland. In particular, the aim is to implement a standard process, which ensures that NHS staff and

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<sup>1</sup> [http://www.scottishhealthcouncil.org/publications/research/listening\\_and\\_learning.aspx](http://www.scottishhealthcouncil.org/publications/research/listening_and_learning.aspx)

<sup>2</sup> 'Can I Help You' (CIHY?) guidance <http://www.scotland.gov.uk/Publications/2012/03/6414>

people using NHS services can have confidence in complaints handling, and encourages NHS organisations to learn from complaints in order to continuously improve services.

## **ABOUT THE CHP**

The model CHP is intended to be used by all NHS service providers. This includes any person with whom a relevant NHS body enters into a contract, agreement or arrangement to provide health care. This includes health care providers such as GPs, dentists, opticians, pharmacists, as well as other contractors such as cleaning or catering providers.

The CHP is presented in four sections which explain the end-to-end procedure to be followed in handling complaints:

1. Our complaints handling procedure
2. What is a complaint (including feedback, comments and concerns)?
3. The complaints handling process (early resolution and investigation)
4. Governance of the CHP.

There is also a 'public-facing' CHP which is included as a separate but integral section of the procedure. This provides standardised information on the complaints procedure to people who complain, ensuring that everyone receives the same information on complaints regardless of where they live or the NHS service provider they are involved with.

To be compliant with the Patient Rights (Scotland) Act 2011 and associated Regulations and Directions, as they are intended to be amended ahead of the proposed implementation date of 1 April 2017, NHS bodies should adopt both the CHP and the public-facing CHP.

### **Services provided on behalf of the NHS**

Some NHS bodies use external Boards, Primary Care providers or contractors to deliver services. While these organisations are separate from the NHS body, it is still responsible for ensuring the services provided meet the required standard. It is for each NHS body to ensure that external service providers are meeting the requirements of the model CHP. This may be a straightforward matter where one NHS Board provides a service on behalf of another. It may be less clear when, for example, a private contractor is used. The NHS body on whose behalf a service is being provided must have mechanisms in place to ensure the service provider has a CHP in place which meets the requirements of the NHS model CHP. Alternatively the NHS body may agree to act on complaints handling performance issues where it considers this to be appropriate.

## IMPLEMENTING THE CHP

### Adopting the CHP

The model CHP is provided as a template for NHS bodies and service providers to adapt and adopt.

We recognise the importance of providing scope to adapt the model CHP to reflect, for example, each body's branding, organisational structure, operational processes and corporate style. This will vary considerably, from large Boards to sole practitioners of Primary Care provision. Primary Care providers will note that there are sections of the model CHP which do not relate to the services they provide, and where this is the case the Primary Care provider should amend the procedure appropriately. In respect of the section which includes the 'roles and responsibilities' of staff, Primary Care providers should reflect the roles and responsibilities of staff within their own organisations.

The model CHP has been structured to provide as much flexibility as possible, while still providing the required level of standardisation across NHS service providers. We appreciate that the way in which an NHS body presents its documented procedures is extremely important. The flexibility within the model CHP means that each NHS body can ensure that its own procedure reflects the organisation's corporate identity, branding, structure and language.

In order to meet the needs of all NHS bodies while maintaining standardisation where necessary, the text in the model CHP is presented in different ways. As NHS bodies adapt the model CHP for their own organisation, they must ensure that they reflect the level of flexibility provided for the different sections of the model CHP. The text is set out as follows:

- Text in italics reflects sections where there is an expectation that the NHS body will adapt the text based on their own organisational needs, such as the roles and responsibilities in relation to signing-off complaints;
- Text in square brackets [ ] indicates where NHS bodies may choose to provide additional material or clarification in their CHP, such as additional guidance or reference to local processes.

Care must be taken when amending the text of the model CHP, to ensure that it is not amended to the extent that its purpose or substance is changed in a way which does not

reflect the model CHP or the requirements of the Patient Rights Act (Scotland) 2011 and its associated Regulations and Directions.

It is also important that the information contained in the public-facing CHP is adopted in full by the NHS body. The information presented may be included in a form appropriate to the NHS body (for example, through leaflets or the authority's website) or as part of wider information on how people can provide feedback, comments and concerns as well as complaints. NHS bodies may also provide further information in relation to the CHP, but the information for all people who may complain should remain consistent with the published public-facing CHP.

### **Publication and accessibility**

It is important to make people aware of their right to complain, and information about the procedure should be easily accessible at all times, not just made available when someone wishes to complain. Arrangements about how to make a complaint must be widely publicised, simple and clear, and made available in all areas of service provision. NHS bodies should, therefore, consider the most effective ways to ensure maximum accessibility, such as online information about how to access the procedure which should be clearly visible on the NHS body's website. Information for prisoners about how to complain should also be clearly presented within prison halls and in the prison healthcare setting. Traditional methods such as leaflets can also be helpful and NHS bodies should consider where these can most effectively be displayed.

People must, where appropriate, have the support they need to successfully navigate the complaints procedure. A range of methods for complaining by whatever means is easiest for the person should be provided and accepted to ensure accessibility to the procedure. This may include frontline staff assisting the person by writing the complaint for them.

NHS bodies should take into account special needs, such as for people with learning difficulties, people who are deaf or hard of hearing, elderly people, the visually impaired and non-English speakers. Where appropriate, suitable arrangements should be made for the specific needs of those who wish to complain, including provision of interpreting services, information in a variety of formats and languages, at suitable venues, and at suitable times. It is important to bear in mind that the CHP may be used by any member of the public, and access arrangements must reflect this.

## **Recording complaints**

It has always been a requirement to record all complaints. This remains the case with the revised procedure. Recording and monitoring all complaints is essential to the quality management process, while analysing the causes of complaints and their outcomes provides valuable learning, and essential information to improve services.

## **MONITORING COMPLIANCE AND PERFORMANCE**

### **Compliance**

In accordance with the Complaints Directions, complaints statistics gathered through the quarterly reporting of complaints must be submitted by relevant NHS bodies to the Information Services Division at National Services Scotland, within three months of the year end. The information must be in an appropriate format to allow collation and publication of national complaints statistics.

Primary Care service providers are also required to record and report on complaints. NHS Boards should ensure that arrangements are in place for all contractors to comply with this requirement, so that they can include the information provided by service providers in their own reporting of complaints handling performance. This reporting should clearly differentiate between the Board and its contractors.

Compliance with the revised complaints procedure will be monitored by the Scottish Government with the support of the SPSO. The SPSO will also check that the procedure has been complied with in respect of any complaints it sees.

In 2017 the Scottish Government, supported by the SPSO's Complaints Standards Authority (CSA), will monitor whether or not NHS Boards have properly implemented the revised procedure from the proposed implementation date. Director letter (2016) 19 required Boards to provide their CHP to the Scottish Government by 7 April 2017, with confirmation that they have implemented the procedure from 1 April 2017. NHS Boards should also provide a self-assessment of how their CHP and public-facing CHP meet the requirements of the NHS model CHP. This information must be provided by completing the pro-forma in Appendix 1, which may be provided in advance of 1 April 2017. The Scottish Government will work with the CSA to assess the returns from NHS Boards, and to provide support to

those Boards that may require it. Boards and their service providers should continue to handle complaints in line with the [Patient Rights \(Complaints Procedure and Consequential Provisions\) \(Scotland\) Regulations 2012](#) and the [Patient Rights \(Feedback, Comments, Concerns and Complaints\) \(Scotland\) Directions 2012](#) until the new procedure is introduced.

The CHP and pro-forma return from Boards should be sent to [Pauline.Bennett@gov.scot](mailto:Pauline.Bennett@gov.scot)

All Primary Care service providers must also adopt the model CHP from the proposed implementation date. While Primary Care providers may adapt the model CHP to meet the requirements of the service provided, it is very important that it is not amended to the extent that its purpose or substance is changed in a way which does not reflect the model CHP or the requirements of the Patient Rights Act (Scotland) 2011 and its associated Regulations and Directions. Primary Care providers should use the pro-forma in Appendix 1 to self-assess their CHP against the full requirements of the model. Where the 'Requirement of CHP' does not apply to the Primary Care provider, they should document the reasons in the comments box of the assessment.

## **Performance**

The Scottish Government intends to amend the Regulations and Directions associated with the Patient Rights (Scotland) Act 2011 to require NHS bodies to publish complaints handling performance information around a range of high-level performance indicators, which will help provide internal assurance of performance. These indicators will also provide valuable performance information about the effectiveness of the process, the quality of decision-making, learning opportunities and continuous improvement.

## **Key Performance Indicators**

The Data Recording and Reporting Sub Group of the NHS Complaints Review Steering Group has developed a suite of key complaints performance indicators by which NHS Boards and service providers should measure and report performance.

The indicators provide the minimum requirement to self-assess and report on performance, and to undertake benchmarking activities. NHS bodies may, however, develop and report additional performance indicators considered to be relevant to the services provided.

The complaints performance indicators are:

1. Learning from complaints
2. Complaint process experience
3. Staff awareness and training
4. The total number of complaints received
5. Complaints closed at stage one and stage two as a percentage of all complaints closed
6. Complaints upheld, partially upheld and not upheld at each stage as a percentage of complaints closed in full at each stage
7. Average times
8. The number and percentage of complaints at each stage which were closed in full within the set timescales of 5 and 20 working days.
9. Number of cases where an extension is authorised

A further guidance note explaining the indicators in more detail will be prepared and published to help organisations adopt a robust self-evaluation approach to measuring complaints handling performance against the indicators.

## **Advice and Support**

### **Training**

The revised complaints procedure places a strong emphasis on early resolution of complaints, effective recording of complaints, and staff being properly trained and empowered to deal with complaints.

All staff need to have an understanding of how to deal with complaints and the appropriate knowledge and skills to do so effectively. This includes being aware of how to identify complaints, and when they are authorised to use a range of measures to achieve resolution, such as a meaningful apology where appropriate. Investigative staff must also have the skills and training to effectively investigate and reach robust decisions on more complex complaints.

It is for each NHS body to identify the training needs of appropriate staff to ensure they have the skills and confidence to use the authority delegated to them. The Scottish Government is supporting NHS Education for Scotland (NES) and the CSA to jointly develop a programme of training and events as well as awareness-raising materials to support implementation of the model CHP. This will complement the existing e-learning

modules, which cover skills for frontline staff and complaints investigators and which are freely available for all staff providing NHS services. Alongside this, the SPSO's training unit provides training courses on complaints investigation and complaint handling skills, such as listening, problem solving and conflict resolution. Further details of training and awareness-raising information may be obtained at [www.knowledge.scot.nhs.uk/making-a-difference](http://www.knowledge.scot.nhs.uk/making-a-difference) or [www.valuingcomplaints.org.uk](http://www.valuingcomplaints.org.uk).

### **Valuing Complaints website ([www.valuingcomplaints.org.uk](http://www.valuingcomplaints.org.uk))**

*Valuing Complaints* is the SPSO's CSA website. It provides a centre for best practice in complaints handling. It contains information to help support improvement in public sector complaints handling, including model complaints handling procedures (CHPs) for Scotland, implementation and compliance guidance, and best practice and training resources.

### **Network of complaints handlers**

Where model CHPs have been introduced in other Scottish Public sectors, these sectors have also taken the opportunity to introduce complaints network groups. The remit of these networks include identifying, developing and evaluating best practice, supporting complaints handling practitioners and providing a forum for benchmarking complaints performance.

The NHS Complaints Personnel Association Scotland (NCPAS) is a network that already recognises the need for consistency of information about the complaints procedure and the need for a single voice to represent the NHS in consultations relating to complaints. NCPAS has a role to play in providing a forum for practitioners to share their experiences and learning from complaints handling. Importantly, performance information derived from the key performance indicators will also help NCPAS to compare and contrast performance across the sector, and benchmark for improvements.

## Appendix 1

### Compliance statement and self-assessment

[NAME OF NHS Board]

[CONTACT DETAILS]

The information on this pro forma must be provided to the Scottish Government by **7 April 2017**. Please send the completed form and a copy of the Board's CHP to [Pauline.Bennett@gov.scot](mailto:Pauline.Bennett@gov.scot)

Please provide, at Section 1, confirmation that the Board has adopted both the CHP and the public-facing CHP and has introduced the CHP across all services (if provided after 1 April 2017), or is ready to do so (if provided ahead of this date).

At Section 2 please complete a self-assessment of your Board's CHP, or draft CHP for implementation from 1 April 2017, against the requirements of the revised procedure.

**SECTION 1 - Statement from Senior Officer (CEO) of [NAME OF Board].**

<b>[please delete as applicable]</b>	Please ✓
The Board has adopted both the NHS model CHP and the public-facing CHP and has introduced the CHP across all services from 1 April 2017.	
The Board will adopt both the CHP and the public-facing CHP and will introduce the CHP across all services from 1 April 2017.	

Signed:

Print Name:

Date:.

## SECTION 2 - [NAME OF Board] Self-assessment of compliance

Requirement of CHP	Met Yes/No	Comment
Does the CHP adopt the text and layout of the published model CHP, subject to necessary amendments, to reflect, for example, the organisational structure, operational processes and corporate style?		
Does the customer facing CHP adopt the text and layout of the published model customer facing CHP, subject to necessary amendments?		
Does the CHP include a an appropriate foreword from the Board's Chief Executive?		
Does the CHP provide an appropriate definition of a complaint?		
Does the CHP explain the types of issues which may be considered as a complaint?		
Does the CHP explain the types of issues which may not be considered through the CHP?		
Does the CHP include sections to help staff to distinguish between feedback, comments, concerns and complaints?		
Where appropriate, does the CHP contain the required references to Primary Care service providers?		
Where appropriate, does the CHP contain the required references to complaints from prisoners?		
Does the CHP include guidance in relation to financial compensation?		
Does the CHP include appropriate guidance on handling anonymous complaints?		
Does the CHP include guidance on Whistleblowing?		

Requirement of CHP	Met Yes/No	Comment
Does the CHP include guidance on significant adverse event reviews?		
Does the CHP include guidance on Patient Opinion?		
Does the CHP clarify who can make a complaint?		
Does the CHP provide guidance in respect of circumstances where the person raising the issue does not want to complain?		
Does the CHP cover complaints involving more than one NHS service or organisation?		
Does the CHP include reference to handling social care complaints?		
Does the CHP include a description of the early resolution stage of the procedure?		
Does the CHP explain how a person may make a complaint?		
Does the CHP explain the issues to be considered on the receipt of a complaint?		
Does the CHP include the correct timeline at early resolution?		
Does the CHP explain the basis for an extension to the timeline at early resolution?		
Does the CHP explain the action to take in closing the complaint at the frontline resolution stage?		
Does the CHP explain when to escalate a complaint to the investigation stage?		
Does the CHP include a description of the investigation stage of the procedure?		

Requirement of CHP	Met Yes/No	Comment
Does the CHP explain what to do when a complaint is received at the investigation stage?		
Does the CHP include reference to making contact with the person making the complaint at the start of the investigation?		
Does the CHP explain the requirement to acknowledge the complaint within three working days at the investigation stage?		
Does the CHP explain the requirement to provide a full response to complaints within 20 working days at the investigation stage?		
Does the CHP detail the information to be provided when acknowledging a complaint?		
Does the CHP include reference to meeting with the person making the complaint during the investigation?		
Does the CHP explain the basis for an extension to the timeline at the investigation stage?		
Does the CHP explain the required action when closing the complaint at the investigation stage?		
Does the CHP include guidance in relation to meetings and post decision correspondence with the person making the complaint?		
Does the CHP explain the requirement to provide information about the SPSO at the conclusion of the investigation?		
Does the CHP explain the roles and responsibilities of all staff involved in complaints handling?		
Does the CHP cover complaints about senior staff?		

<b>Requirement of CHP</b>	<b>Met Yes/No</b>	<b>Comment</b>
Does the CHP include the requirement to record all appropriate details in relation to the complaint?		
Does the CHP include the arrangements in place to monitor complaints?		
Does the CHP commit to reporting complaints as is documented in the model CHP?		
Does the CHP include the requirement for senior management to review the information gathered from complaints regularly, and consider how services could be improved or internal policies and procedures updated?		
Does the CHP include the requirement to learn from complaints?		
Does the CHP include the requirement to publish performance in handling complaints annually?		
Does the CHP include arrangements for the National Monitoring of complaints?		
Does the CHP include arrangements for performance reporting by Primary Care service providers?		
Does the CHP refer to legal requirements in relation to confidentiality issues?		
Does the CHP reference the data Protection Act 1998?		
Does the CHP refer to dealing with problem behaviour?		
Does the CHP refer to supporting the person making the complaint?		
Does the CHP refer to the Patient Advice and Support Service?		
Does the CHP set a time limit of six		

Requirement of CHP	Met Yes/No	Comment
months to consider the complaint, unless there are special circumstances for considering complaints beyond this time?		

### 1. Primary Care service providers

Primary Care service providers include General Medical Practitioners, General Dental Practitioners, General Ophthalmic Practitioners, Ophthalmic Medical Practitioners and Community Pharmacists. All are included in references to health service providers throughout this model Complaints Handling Procedure, and the requirements of this procedure apply to all Primary Care service providers.

Most, but not all, Primary Care service providers are independent contractors who provide NHS health services on behalf of NHS Health Boards. However, Boards are required by law to ensure that each of their service providers have adequate arrangements in place for handling and responding to patient feedback and comments, concerns and complaints.

Boards are therefore required to ensure that each of their service providers have self-assessed their compliance with the revised procedure, and reported this to the Board. The CSA can provide additional advice and assistance to Boards, to help them to do this as straightforwardly as possible.