



CONCERNS POLICY (Complaints, Claims and Incidents)

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PROPRIETARY INFORMATION

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1. Introduction and Purpose

The Welsh Government's vision for improving public services in Wales is well documented and it recognises that concerns systems and redress can make an important contribution to the improvement of those services.

The purpose of the policy for handling concerns (hereafter referred to as "the Policy") is to establish:

- Common principles for the effective handling of concerns
- A common model for dealing with concerns

In addition:

- Common data collection procedures
- Common methods for learning from concerns
- A common means to identify and disseminate good practice

Note:

- A "concern" means any complaint, notification of a patient safety incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation
- Where CPG is used, it includes Clinical Programme Groups, Corporate Support Function and the Primary Care Support Unit

The Betsi Cadwaladr University Health Board (BCUHB) is committed to dealing effectively with any made about our service. The Health Board treats thousands of patients throughout each year, in a safe and caring environment in a variety of settings. When things have/or are believed to have gone wrong, we want to make sure that any concerns patients, their families, carers or advocates have, are acknowledged, explained and resolved in an open and supportive way, by apologising and where possible trying to put things right. We also aim to learn from our mistakes and use the information we gain to improve our services. The BCUHB is committed to ensuring that:

People will find it easy to complain and get things put right when the service they receive is not good enough.

2. Scope

This Policy describes how the BCUHB deals with concerns raised by patients, their families/carers or advocates. It provides the organisation's response to several pieces of statutory procedure and best practice advice from the NHS and the Welsh Government; in particular, the National Patient Safety Agency Being Open guidance, the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and the Model Complaints Policy and Guidance for public services in Wales (July 2011).

The Policy has been developed in line with the guidance issued under existing powers of the Welsh Government in respect of the various sectors of the public service devolved to Wales, and Section 31 of the Public Services Ombudsman (Wales) Act 2005.

This policy is fully compatible with the BCUHB Welsh Language Schemes and the requirements of the Welsh Language Act 1993. People who raise concerns should not be disadvantaged where they raise their concern through the medium of Welsh.

3. Organisational arrangements

Any member of the public, including a child/young person, who has received, or was entitled to receive, a service from the Health Board may raise a concern. The same applies if they have suffered due to the inappropriate action or lack of action by the Health Board.

A concern can also be put forward by someone on behalf of another person as follows:

- a) Someone who has died
- b) A child/young person
- c) Those who lack the capacity (as defined by the Mental Capacity Act 2005)
- d) They have been asked to do so by the person affected
- e) A vulnerable Adult/IMCA

In all cases, the Health Board must satisfy themselves, as far as the circumstances of the person affected allow for it, that the representative is acting with the authority of that person and if possible obtain their signature to confirm this (unless the concern must be investigated following statutory Safeguarding procedures).

This procedure is NOT a means for a member of staff to raise employment issues. There are other internal mechanisms for these types of concerns, for example, whistleblowing, bullying or grievance procedures.

Strategic Overview

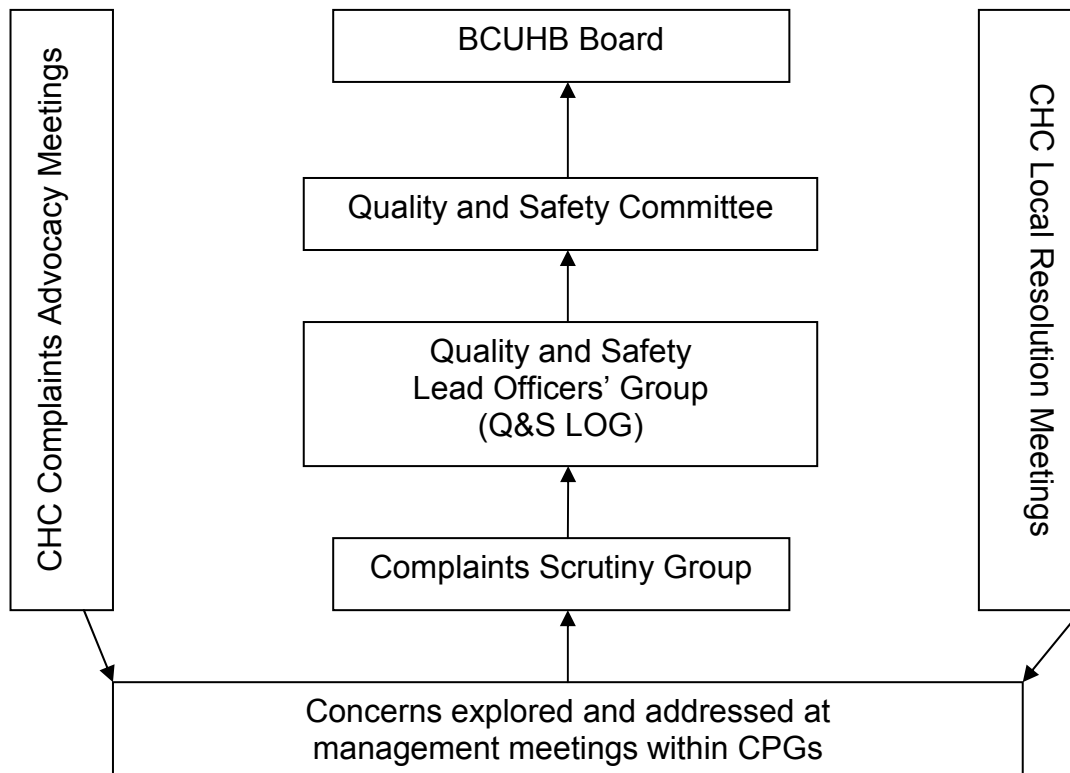
An independent member of the BCU Health Board has responsibility for keeping an overview of the concerns process and ensuring that concerns are dealt with in compliance with the *Putting Things Right* Regulations.

Monitoring and Scrutiny Arrangements

Arrangements are in place for regular reporting and scrutiny of the number and type of concerns and to support the collaborative working between the Corporate Concerns Team, the Clinical Executives, the Clinical Programme Groups and the Community Health Council Advocacy Service to address the issues raised by the complainant to a satisfactory outcome:

- Complaints Advocacy Meeting for North Wales (CHC)
- Community Health Council Local Resolution Meetings (CHC)
- Complaints Scrutiny Group (BCUHB)
- Quality and Safety Lead Officer Group (BCUHB)
- Quality & Safety Committee reporting to the Board of Directors (BCUHB)

The relationship between these meetings is shown diagrammatically below:



Responsible Officer

The Chief Executive is the Responsible Officer for the Putting Things Right (PTR) Regulations and is charged with overseeing the day to day management of the concerns process ensuring that incidents, complaints and claims are dealt with under a single governance arrangement. The Chief Executive has delegated management responsibility to the Director of Governance and Communications.

Senior Investigations Officer

The Assistant Director of Quality and Safety reports to the Director of Governance and Communication and acts as Senior Investigations Officer for the Regulations. The postholder is responsible for the actual handling and consideration of concerns, including co-operating with other persons or responsible bodies (eg primary care providers) to facilitate the handling and investigation of concerns.

Concerns Team

The Health Board's Corporate Concerns Team report to the Assistant Director of Quality and Safety and provide the central point of contact and administrative support for the handling of concerns across the organisation. They are the first point of contact for all concerns received. They work in partnership with clinicians and staff from Clinical Programme Groups and Corporate Support Functions to acknowledge, investigate and respond to concerns raised. The team is lead by the Head of Investigations and Redress and is aligned to CPGs and corporate support functions for the handling of concerns.

CPGs

Each CPG and corporate area will have an identified Concerns lead.

Organisational Development and Training

The duties of the organisation in relation to staff development and training are that the Health Board will provide Concerns awareness training for all staff as a part of corporate induction and will ensure that appropriate training is provided for all staff, tailored to the requirements identified within their post's Knowledge and Skills Framework (KSF). Examples of the training required include:

- Customer Care
- Communication
- Records Management
- Root Cause Analysis Training
- Legal training/ awareness
- Putting Things Right e-learning training
- Safeguarding Children and Vulnerable Adults
- Sensory Awareness (RNIB, RNID)
- Equality and Diversity

All Staff

All staff throughout the organisation should know who to contact in the concerns team for support or advice when a concern is raised.

4. General Principles when someone has a concern

When someone raises a concern, they inevitably have an issue about a service which has been received or not received. Concerns need to be handled in such a way that the complainant is the focus and not the process itself. The following principles should be applied to the process. It should be:

- Well publicised
- Easy to find, understand and use both for public and staff
- Simple and clear instructions for the public about how to raise a concern.
- Has flexibility to meet the different needs of different people, ensuring that those who face challenges in access are not excluded
- Provides information on advocacy and support services
- The stages in the concerns handling process are kept to a minimum

Fair and Impartial

- Concerns are dealt with in an open-minded and impartial way
- Complainants are assured that making a complaint will not adversely affect their future dealings and contacts with the Health Board
- Ensures that complainants get a full response and that decisions are proportionate, appropriate and are fair
- The staff complained about are treated as fairly as complainants

Timely, Effective and Consistent

- Within the parameters of what is appropriate and possible, frontline staff themselves should seek to resolve concerns
- “Investigate Once, Investigate Well” – when a concern requires formal investigation, this should be done thoroughly to establish the facts of the case
- Dealt with as quickly as possible. It should normally take no longer than 30 working days from receipt at the Formal Stage 5 to resolution. If a concern is more complex, complainants should be told why it may take longer to investigate and how long it is expected to take. Complainants and staff involved should be kept informed of progress throughout.
- Consistent so that people in similar circumstances are treated in similar ways
- Concerns involving more than one public services provider are dealt with in such a way that the complainant’s experience is of one system

Accountable

- Provide honest, evidence-based explanations and gives reasons for decisions
- Information is provided in a clear and open way
- When concerns are found to be justified, as appropriate, the Health Board should:
 - acknowledge mistakes
 - apologise in a meaningful way
 - put matters right
 - provide prompt, appropriate and proportionate redress.
- Follow up to ensure any decisions are properly and promptly implemented
- Where appropriate, the complainant is told about the lessons learnt and changes made to the service, guidance or policy
- Ensures that the complainant are informed of their right to complain to the Public Services Ombudsman for Wales (or other appropriate routes open to them, for example, Welsh Language Board in respect of concerns about compliance with Welsh Language Schemes, Equality and Human Rights Commission, Information Commissioner).

Delivers Continuous Improvement

- Lessons learnt from concerns are gathered and feedback is used to improve service design and delivery
- Systems in place to record, analyse and report on the learning from concerns
- The leadership of the Health Board will:
 - Take ownership of the concerns process
 - Regularly review and scrutinise its effectiveness
 - Receive regular concerns monitoring reports, and
 - Demonstrate what the organisation has done to improve service delivery as a result of concerns

4.2 Key principles which apply to the handling of concerns

A patient, carer, relative or advocate can express a concern by notifying their concern through a single point of entry.

At BCUHB this is the single Concerns Team contact point as follows:

Telephone: 01248 38

Textphone:

Fax: 01248 385318

Email: concernsteam.bcu@wales.nhs.uk

Address: Concerns Team,
Betsi Cadwaladr University HB,
Ysbyty Gwynedd,
Bangor, LL57 2PW

Normally, a concern must be investigated with 12 months of the incident. This is because it is better to look into concerns while the issues are still fresh in everyone's mind. In exceptional circumstances, if strong reasons are provided, a concern may be investigated beyond 12 months if sufficient information is available to allow proper consideration to be given. (In any event, regardless of the circumstances, the Health Board will not consider any concerns about matters that took place more than three years ago.)

If a concern is being expressed on behalf of somebody else, their formal written agreement must be given.

4.3 Providing information about concerns

The BCU Health Board will publish and display information about raising a concern and how concerns are received, managed, investigated and responded to;

- In a variety of formats (leaflets, posters, websites)
- In English and Welsh
- In other languages as required
- In other formats as required (eg Braille, large print, audio, Easy Read, Child-friendly)

4.4 Equality and Diversity

The BCU Health Board staff will develop an understanding of why some members of the community who may wish to raise a concern might not feel able to do so. This may be due to cultural, social, gender and other reasons, including sensory loss, any of which might result in ineffective communication. Staff should be mindful of the issues which might act as barriers to people raising a concern and look for ways to assure people that it is safe for them to raise an issue. Further discussion about this issue can be found in the Welsh Assembly Government's *Equality Impact Assessment* document (see references).

For people who may need advice/support in making their complaint the Health Board should keep a list of relevant advice and advocacy organisations in the locality (see Concerns Procedure).

5. Informal Resolution – On the spot (concern resolved ideally by the next working day)

This stage offers the opportunity for the informal engagement at the point of service delivery to seek to resolve complaints either at the time the concern arises or very shortly thereafter (in a timescale agreed with the patient/representative when the concern was raised). This will normally be an explanation or other appropriate remedial action by frontline staff.

Staff should be empowered and trained to deal with concerns as they arise with the aim of resolving issues “on the spot” where possible. The informal resolution stage should, ideally, be done immediately or within one working day.

Staff must advise complainants how to progress their concern to the formal investigation stage, if they are not satisfied with the outcome of a concern at the end of the informal stage. It is the complainants’ prerogative to seek to take their concern directly to a formal procedure.

Examples of the type of concern that can be resolved at the local resolution stage:

- A patient has been waiting for over an hour for their outpatient appointment
- A visitor is unhappy with the dedicated meal times for a patient or the early visiting hours

Examples of the type of concern that should not be resolved at the informal stage:

- The complainant believes there has been a failure in treatment which has led to serious consequences
- It appears a services failure has occurred due to an obvious systematic problem

In some instances, the Health Board may ask to meet with the complainant to discuss their concern.

6. Formal Investigation

‘Investigate Once, Investigate Well’ is the principle for this state of the process with emphasis placed on one investigation to deal thoroughly with the concerns raised. Almost anyone can raise a concern and the Health Board is under a duty to consider whether it can be investigated. However, it might not always be possible to share the full details of the investigation with the person raising the concern, for instance, if they are not the patient or their next of kin. Details as set out in Regulation 12, can be accessed through the Concerns Procedure.

Investigating well also means conducting an investigation in a manner that is proportional to the nature and degree of the seriousness of the concern. All concerns should be sent by the complainant to the central concerns team for the Health Board. Any staff member receiving a concern form should forward it promptly. The complainant should then receive an acknowledgement from the concerns handler within two working days.

The complainant will be notified who is looking into their concern or concern. The Health Board will set out their understanding of the concern and ask for confirmation that they have got it right as well as asking the complainant what outcome they are looking for. Depending on the nature of the concern the concerns handler may need to obtain the complainant's permission to access their personal file. If the complainant refuses then it should be explained to them that this will have an effect on the ability to conduct a thorough investigation .

The concern will be graded by the Corporate Concerns Team to determine seriousness of the concern. The extent of the investigation will depend on how complex and how serious the issues are. Further detail is provided in the Concerns Procedure,

If the Health Board formally investigates a concern, we will notify the complainant through their preferred method of communication, what we have found out. This could be by letter or email for example. An explanation will be given as to how and why conclusions have been made. Consideration should also be given as to whether face to face meetings and/or mediation could be a means to resolving the concern.

Recommendations arising from investigations should be Specific, Measurable, Achievable, Realistic and Timely (SMART)

If the Health Board finds a fault in the systems or the way we do things, the complainant will be told what it is and how we plan to change things to stop it happening again. If the Health Board gets it wrong, we will apologise.

7. Putting Things Right (PTR) at the end of an investigation

If the Health Board didn't provide a service that a patient should have had, we'll aim to provide it now if that's possible. If we didn't do something well, we'll aim to put it right. If the patient lost out as a result of a mistake on the part of the Health Board we'll try to put the patient back in the position they would have been in if we'd got it right.

If a patient had to pay for a service themselves, when it should have been provided by the Health Board, we will usually aim to make good what has been lost.

The aim of PTR is to provide a common approach for handling concerns by replacing process heavy systems with one that is simple, flexible and places emphasis on getting the most appropriate outcome for individuals and services.

The vast majority of concerns are likely to be about the services provided by the Health Board. In those cases, the detail of how concerns are handled and investigated, are described in the Concerns Procedure.

8. If we haven't resolved the concern

If we do not succeed in resolving a concern, it may be referred by the complainant to the Public Services Ombudsman for Wales. The Ombudsman is independent of all government bodies and can look into a concern if it is believed that:

- The complainant has been treated unfairly or received a bad service through some failure on the part of the Health Board providing it or
- Has been disadvantaged personally by a service failure or has been treated unfairly

The Ombudsman expects the complainant to bring their concerns to Health Board's attention first for the opportunity to put things right. The Ombudsman can be contacted by:

phone: 0845 601 0987

e-mail: ask@ombudsman-wales.org.uk

the website: www.ombudsman-wales.org.uk

writing to: Public Services Ombudsman for Wales 1 Ffordd yr Hen Gae,
Pencoed CF35 5LJ

There are also other organisations that consider concerns. For example, the Welsh Language Board about services in Welsh. We can advise you about such organisations.

9. Learning Lessons from Concerns

The Health Board takes concerns seriously and tries to learn from any mistakes made which have been raised through a complaint; an incident or a claim. The Quality and Safety Lead Officer Group, chaired by the Executive Director of Nursing, Midwifery and Patient Services considers a summary of all concerns on a monthly basis as well as details of any serious incidents. The Health Board Quality and Safety Committee also considers our response to concerns quarterly.

Where there is a need for change, we will develop an action plan setting out what we will do, who will do it and when we plan to do it by. We will let complainants know when changes we've promised have been made.

10. Further Information and Assistance

The BCU Health Board staff will aim to help patients, carers and families to make their concerns known to us. If further help or assistance is needed we will try to put complainants in touch with someone who can help, for example Community Health Council Advocacy service, who may be able to assist.

The concerns policy can be used for someone under the age of 18. If help is required you can contact the Meic Helpline (Phone 080880 23456), www.meiccymru.org) or contact the Children's Commissioner for Wales. Contact details for North Wales 01492 52333; post@childcomwales.org.uk; www.childcom.org.uk .

North Wales Office: Penrhos Manor,
Oak Drive,
Colwyn Bay,
Conwy,
LL29 7YW.

11. Concerns Involving Legal or Disciplinary Proceedings

Occasionally, concerns received will involve legal or disciplinary proceedings. It may be necessary to put the investigation of a concern “on hold” until the conclusion of those proceedings. However, it should not automatically be assumed that this is necessary in every case. An assessment should be made to identify whether it is possible to address the subject of the concern without impacting on the other proceedings underway. It is important that if a complainant is in a continued state of disadvantage as a result of a likely poor service delivery that every step is taken to conclude this part of their concern. This will mean that if the concern is upheld the organisation is doing everything it can to return them as soon as possible to the position they would have been in if that failure had not occurred in the first place.

12. Concerns Involving More than One Service Provider

There are occasions when a concern received will involve more than one organisation. In this case the role of the central concerns handler will be slightly different. Having established the elements of the concern and which organisations are involved, they should contact their counterpart(s) in the other organisation(s) involved. The concerns handler should then decide which of them should lead on co-ordinating the response based on which organisation has the greatest involvement.

13. Concerns Concerning Services Contracted Out

Even though the Health Board may have contracted out the provision of services to private/voluntary or other NHS organisations, this does not absolve them of their responsibility for those functions. Those responsible for drafting contracts must be made aware of the need to include as a matter of course, a provision for concerns handling.

14. What is Expected

In times of trouble or distress, some people may act out of character. There may have been upsetting or distressing circumstances leading up to a concern or complaint. The Health Board does not view behaviour as unacceptable just because someone is forceful or determined.

We believe that all complainants have the right to be heard, understood and respected. However, we also consider that our staff have the same rights. We therefore, expect patients, carers and families to be polite and courteous in their dealings with us. We will not tolerate aggressive or abusive behaviour, unreasonable demands or unreasonable persistence. We have a separate policy to manage situations where we find that someone’s actions are

unacceptable (HS02 Procedure and Guidance protecting employees from Violence and Aggression).

References

- National Patient Safety Agency (2009) Being open: communicating patient safety incidents with patients, their families and carers, London: National Patient Safety Agency
- Welsh Assembly Government (2011) Putting Things Right: Guidance on dealing with concerns about the NHS from 1 April 2011, Cardiff: Welsh Assembly Government
- Sivas, M (2010) Being Open Policy, London: Croydon Health Services NHS Trust
- Glover, A (2010) Being Open Policy and Procedure, London: University College London Hospitals NHS Foundation Trust

This table should be completed and added at the end of the document:

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Consultation has taken place with:

Name	Title	Date Consulted
PTR Implementation Group Members: Glanville Owen Rob Lewis Peter Liptrot Peter Barry	CHC Chief Officer ACOS Ops – Therapies Head of Primary Care Nursing Risk Manager	24/10/11