

# **EDP Drug & Alcohol Services**

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## ***Customer Feedback and Complaints Policy and Procedure***

### **1.0 Statement**

- 1.1 Feedback from our customers gives EDP opportunities to learn and improve. We value feedback about our services and recognise the right of our customers to make a complaint, compliment or suggestion about them. We are committed to using customer feedback to improve our services.
- 1.2 This policy lays out EDP's approach to feedback and complaints, the ways in which customers can give feedback to EDP and the specific procedure for making complaints (explaining how complaints can be made, who they can be made to and the response which can be expected by customers). It is written in line with the relevant national guidance and legislation.
- 1.3 EDP will treat complaints seriously and ensure that:
- Complaints, concerns and issues raised by service users, relatives, carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner.
  - The outcome of any investigation, along with any resulting actions will be explained to the complainant by the investigating organisation.
  - 'Lessons learnt' from complaints investigations are used as a driver for change and improvement.
  - Ensure that the care of complainants is not adversely affected as a result of making a complaint.
- 1.4 We will make every endeavour to ensure people:
- Know how to complain and provide feedback.
  - Feel confident that their complaint will be dealt with seriously.
  - Understand that their concerns will be investigated and they will be informed of the findings of that investigation.
  - Are informed about their right to take a complaint further when dissatisfied with our response.
  - Trust that EDP, and any services provided in partnership, will learn from complaints, feedback and praise and apply those lessons whilst also learning from and sharing best practice.

## **2.0 Scope**

- 2.1 This policy applies to the handling of complaints, concerns and feedback relating to services provided by EDP.

## **3.0 Aims & Objectives**

This policy and procedure has been developed to ensure people using the service, people acting on their behalf or other stakeholders are able to make a complaint and provide feedback about their care or treatment and effectively manage, respond to and learn from complaints made about our services.

We will:

- Offer an open, honest, candid, fair and equitable system, which is non discriminatory and accessible to people of all backgrounds, by which people who are dissatisfied with the service they have received from EDP have the opportunity to air their grievance and to receive a response to their concerns.
- Ensure that the organisation uses information from complaints and feedback to improve its services and where possible prevent a recurrence of the factors giving rise to a given complaint.
- Ensure EDP maintains data regarding its performance in relation to complaints and feedback, and provide such data to those bodies which have a legitimate interest in it including our healthcare partners and Commissioners.
- Ensure that the concerns and complaints service of EDP is consistent with all relevant legislation and best practice guidance.

## **4.0 Definitions**

- 4.1 Customer: people using the service, people acting on their behalf or other stakeholders.
- 4.2 Complaint: an expression of dissatisfaction requiring a response, communicated verbally, electronically, or in writing.
- 4.3 Concern or enquiry: a problem raised that can be resolved / responded to straight away, (by the end of the next working day).
- 4.4 Feedback: Comments and suggestions (positive or negative) and compliments provided by customers.

## **5.0 Responsibilities**

- 5.1 The Chief Executive is responsible for ensuring that an effective and appropriate complaints and feedback system exists.
- 5.2 The Director of Operations is responsible for the operational delivery of the described complaints and feedback system and oversees Duty of Candour for EDP.
- 5.3 The Quality & Performance Manager oversees the complaint process ensuring connectivity with Incidents, Claims, Inquests, Safeguarding, equality and privacy processes.
- 5.4 Service Managers are responsible to ensure that complaints are received, disseminated to appropriate management teams, thoroughly investigated and that the response letter is compiled appropriately covering all issues in a chronological order. The Service Manager or designated Team Leader is responsible for providing complaints and feedback details to the Quality and Performance Team and advising them if the response will be outside the agreed time, the reasons for the delay and the expected date of completion.
- 5.5 All EDP staff are responsible for the effective implementation of the policy. This includes:
  - Cooperating fully with the investigation of each complaint, and ensuring that any staff for which they have responsibility respond to investigations in a timely and appropriate manner.
  - Ensuring that action is taken and action plan implemented, following any complaint which gives rise to the need for wider scale implementation of change.
  - Enabling the processes of organisational learning following a complaint.
  - Ensuring that complaints are responded to within the agreed timetable.
  - Releasing staff for relevant training events.

All staff have a role to play in ensuring that:

- As far as possible, their attitude, approach or behaviour do not give service users cause for complaint.
- They deal with any issues courteously and efficiently.
- They keep good quality records.
- They refer on to an appropriate officer if the limits of their authority or experience are exceeded.

## **6.0 Implementation**

### **Feedback & Complaints Procedure**

#### 6.1 Seeking Feedback

6.1.1 Information regarding our feedback and complaints policy (including the EDP Feedback form, EDP Complaints form and EDP How to Make a Complaint information sheet) is made available in all our reception areas, on our website and on the staff intranet.

6.1.2 Service users are regularly consulted regarding services as per the *Service User Consultancy and Involvement Policy* (P12) which will include formal processes such as Service User Forums, Surveys and Feedback/Suggestion Boxes.

6.1.3 Service user and stakeholder feedback about the services we provide will be asked for on an ongoing basis.

#### 6.2 Complaints Process

6.2.1 We are committed to ensuring that the complaint process is fair to all parties (both complainants and staff). We endeavour to develop a listening culture that encourages and embraces complaints and concerns as opportunities to improve the quality of care.

#### 6.2.2 People have the right to:

- Have their complaint acknowledged and properly investigated.
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response is likely to be sent.
- Be kept informed of the progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken.
- Take a complaint to the relevant independent Ombudsman (such as the Parliamentary and Health Service Ombudsmen or the Information Commissioners Office (ICO)) if not satisfied with the way the EDP has dealt with this.

6.2.2 When dealing with complaints we aim to follow the 'Good Practice Standards for NHS Complaints Handling' (Sept 2013), the Parliamentary and Health Service Ombudsman Principles of Good Complaints Handling (2009) and requirements and best practice guidance from other bodies including the Care Quality Commission.

### 6.3 Who can make a complaint?

6.3.1 A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient (as a known representative) if the service user:

- Has died. In the case of a person who has died, the complainant must be the personal representative of the deceased. EDP needs to be satisfied that the complainant is the personal representative and can demonstrate that the responsible party has been affected, or is likely to be affected, by the action, omission or decision of EDP.
- Has physical or mental incapacity. In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, EDP needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made and the complainant can demonstrate that the responsible part has been affected, or is likely to be affected, by the action, omission or decision of EDP.
- Has given consent to a third party acting on their behalf.
  - In the case of a third party pursuing a complaint on behalf of the person affected we will request the; name and address of the person making the complaint; name and either date of birth or address of the affected person and; contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf.
  - This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.
- Has delegated authority to do so, for example in the form of a registered Power of Attorney which must cover health affairs.
- Is an MP, acting on behalf of and by instruction from a constituent.

- Is a child (typically up to the age of 16 years old). In the case of a child, the representative must be satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child, and the representative is making the complaint in the best interests of the child.

6.3.2 If it is considered that a representative does or did not have sufficient interest in the person's welfare or is not acting in their best interests, we will notify that person in writing stating the reasons (this will be determined by the Services Manager or Director of Operations).

6.3.3 Complaints that cannot be dealt with under this policy are:

- A complaint which is being or has been investigated by an independent body such as the Ombudsman.
- A complainant has stated in writing intent to take legal proceedings in relation to the substance of the complaint where it will prejudice the proceedings.
- Instances where EDP has been notified that criminal proceedings have been commenced in relation to the substance of the complaint where it will prejudice the proceedings.
- A complaint, the subject matter of which has previously been extensively investigated and EPD.
- A complaint made by an employee about any matter relating to their employment or superannuation.
- 'Whistleblowing' by staff (refer to HR07 Whistleblowing and Confidential Reporting Policy).

Such complaints will be forwarded to the Director of Operations, or Director of Human Resources (as appropriate) who will provide an appropriate response to the complainant.

6.3.4 In addition, some complaints may refer to services for which EDP is not responsible. In such cases, the complaint should be passed to the appropriate purchaser/provider with complainant's permission. EDP will inform the relevant provider/purchaser that they have passed the complaint on.

## 6.4 How to complain

- 6.4.1 All complaints will be taken seriously. We will seek to resolve most complaints at a local level. If a complaint is made orally and resolved to the complainant's satisfaction no later than the next working day then an investigation and formal process does not need to be followed.
- 6.4.2 If it is not appropriate to raise a concern informally or where informal resolution fails to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint. Where complaints are more serious we will conduct an investigation and follow a formal procedure.
- 6.4.3 A complaint or concern can be received by mail, electronically or by telephone.
- 6.4.4 Information regarding how to complain is made available:
- In EDP's 'How to make a complaint' leaflet (Appendix 1).
  - On EDP's website.
  - Or, additionally, the process can be explained by any member of staff to a complainant during a telephone, email or by face to face conversation.

## 6.5 Timescales for making a complaint

- 6.5.1 Ideally complaints should be made at the time a problem is identified. They can however be made twelve months from the date on which the matter came to the notice of the complainant. If there are good reasons for not having made the complaint within the above timeframe and, if it is still possible to investigate the complaint effectively and fairly, EDP may decide to still consider the complaint.
- 6.5.2 All complaints will be acknowledged no later than **three** working days after the day the complaint is received. The acknowledgement will be made either by telephone, email or letter) and an offer will be made, as appropriate, to discuss with the complainant the following:
- An action plan for handling the complaint.
  - Timescales for responding.
  - The complainants' expectations and desired outcome.

- Information in relation to the provider of independent advocacy services in their geographical area.
- Consent for EDP to handle the complaint in the event that the complaint requires input or investigation from parties or organisations outside of EDP.
- Where appropriate outline the complainant's rights.

#### 6.5.3 The complainant can expect that:

- They will be kept up to date with the progress of their complaint.
- Their complaint will be thoroughly investigated by appropriate members of staff.
- They will receive a quality response with assurance that action has been taken to prevent a recurrence, informed of any learning and where appropriate, a remedy will be made.

### 6.6 Response from EDP

6.6.1 Where the complaint involves more than one organisation e.g. partner organisations, discussions will take place between the bodies concerned about the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant.

6.6.2 Our response to a complainant will be wherever possible by their preferred method of communication (email correspondence will only be responded to by email when the complainant has expressly requested this as their method of communication and security measures will be implemented in line with OR06 Confidentiality Policy to protect personal information sent via email).

6.6.3 On receipt of the investigation report a response to the complaint will be prepared which will include information on the next stages of the complaints procedure should the complainant wish to take matters further.

6.6.4 As soon as it is reasonably possible after completing the investigation, and within the timescale agreed with the complainant, EDP will send a formal response in writing to the complainant which will be signed by the Chief Executive or delegated deputy (Director of Operations). The response will include:

- An explanation of how the complaint has been considered.

- An apology if appropriate
- An explanation based on facts.
- Whether the complaint in full or in part is upheld.
- The conclusions reached in relation to the complaint including any remedial action that the organisation considers to be appropriate.
- Confirmation that the organisation is satisfied any action has been or will be actioned.
- Where possible, we will respond to people about any lessons learnt.
- Information and contact details of the next stage (e.g. Parliamentary and Health Service Ombudsman, Information Commissioners Office).

6.6.5 A key consideration is to make arrangements flexible; treating each case according to its individual nature with a focus on satisfactory outcomes, organisational learning and those lessons should lead to service improvement.

## 6.7 Withdrawing a Complaint

6.7.1 If at any time during the complaint process the complainant or their representative or advocate decides they would like to withdraw the complaint this request can be made either verbally or in writing. The withdrawal of a complaint will be acknowledged in writing and details of the communication retained in the Complaints file.

## 6.8 Confidentiality

6.8.1 Complaints will be handled in the strictest of confidence in accordance with the EDP OR06 Confidentiality Policy, and will be kept separately from client records.

6.8.2 Care will be taken that information should only be disclosed to those who have a demonstrable need to have access to it.

6.8.3 Suitable arrangements are in place for the handling of service user identifiable data to meet the compliance of the Data Protection Act and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality.

6.8.4 The Caldicott Report sets out a number of general principles that health and social care organisations should use when reviewing its use of patient or client information. The Director of Operations is the Caldicott Guardian who is responsible for ensuring that confidentiality is maintained. To maintain

confidentiality only managers and staff who are leading the investigation shall know the contents of the case. Anyone disclosing information to others who are not directly involved in this may be dealt with under disciplinary procedures.

## 6.9 Consent

6.9.1 There is an expectation that when capturing consent for the use and sharing of information, that the person has made an informed decision and clearly understands the processing and potential sharing of their information. Staff must also understand the expectations of confidentiality that the information is provided under. Information will not be disclosed to third parties unless the complainant or appropriate authorised party who has provided the information has given consent to the disclosure of that information.

## 6.10 Advocacy Services

6.10.1 Independent advocacy services to provide support for people making, or thinking of making, a complaint is available.

6.10.2 Advocacy arrangements will vary between local authority areas. The service will provide Complainants on how this service is provided in their area.

6.10.3 Complainants have the right to take a complaint about data protection breaches to the independent Information Commissioners Office (ICO) if not satisfied with the way the EDP has dealt with this.

## 6.11 Equity Impact and Privacy Impact Assessments

6.11.1 EDP is committed to ensuring that everyone who needs to can use the customer complaints and feedback scheme. To achieve this we will:

- Provide foreign language interpreters where needed.
- Communicate with customers in the language of their choice and using the method of their choice.
- Inform customers they can involve a friend/advocate if they wish, to support them to give feedback.
- Train our staff to be sensitive to the needs of people with differing abilities and from different cultures and communities.
- Treat people with respect and be open to ideas about how we can make it easier for customers to give feedback.

- Provide a range of methods to enable customers to give feedback.

#### Exceptions to the Policy

6.11.1 It is recognised that there may be circumstances in which information disclosure is in the best interests for the service user, or the protection, safety or wellbeing of a child or vulnerable adult.

6.11.2 In these circumstances, a complaint will be escalated as necessary in line with P15 Safeguarding Children's Policy and P16 Safeguarding Vulnerable Adults Policy.

6.1.3 Any allegations of fraud or financial misconduct should be referred to the Chief Executive Officer or the Director of Finance.

#### 6.12 Records of complaints.

6.12.1 Keeping clear and accurate records of complaints is important. Records relating to complaints and their investigation should be retained for **ten years**. Refer to the EDP Record Retention Schedule in OR04 Records Management Policy and P24 Record Archive Policy.

### ***7.0 Monitoring, Audit and Review***

7.1 EDP will undertake reviews of complaints handling to monitor the quality and ensure appropriate procedures are followed.

7.2 Quarterly reports for the Clinical Governance Committee will be produced and include identification of trends and highlight issues for audit.

7.3 An annual report will be produced for the Board, which will detail anonymised data:

- Numbers of complaints received.
- Numbers of complaints received considered to be based on solid evidence or good reasons (complaints upheld).
- Issues and key themes that the complaints have raised.
- Lessons learnt.
- Actions taken, or being taken, to improve services as a result of the complaints made.
- Time taken to acknowledge and respond to customer feedback.
- Average time taken to respond.

- Number of cases which EDP has been advised are being considered or referred for independent investigation external investigation.
- Equality impact data.
- On praise and other feedback (positive or negative).

***Related Appendices***

Appendix 1 – Complaints Form

Appendix 2 – Feedback Form

Appendix 3 – How To Make A Complaint Information sheet

**Policy Summary and Sign Off Sheet**

<b>Po2 Feedback and Complaints Policy and Procedure</b>		
<b>Version 2</b>		
<b>Summary:</b>	Details how EDP supports service users and other individuals make complaints and provide feedback in line with our obligations and rights of service users.	
<b>Related Legislation:</b>	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015 Data Protection Act 1998 Human Rights Act 1998 Mental Capacity Act 2005 Common law duty of confidentiality.	
<b>Related Policies:</b>	OR06 Confidentiality Policy HR02 Disciplinary Policy and Procedure P12 Service User Involvement and Empowerment Policy. P15 Safeguarding Children’s Policy P16 Safeguarding Vulnerable Adults Policy. P22 Service User Rights and Responsibilities	
<b>Equality Impact Assessment</b>	EIA undertaken. Potential Impact addressed in policy	
<b>Privacy Impact Assessment</b>	PIA undertaken. Potential Impact addressed in policy	
<b>Next Review Date:</b>	31 March 2018	
<b>Approved by (Sponsor):</b>	Lucie Hartley, CE	<b>Date:</b> 10 March 2016
<b>Ratified by:</b>	Board	<b>Date of meeting:</b> 17 March 2016
<b>Date issued:</b>	24 March 2016	
<b>Author:</b>	Sue Dormer, Quality & Performance Manager	
<b>Reviewers/contributors (Title):</b>	Lucie Hartley	<b>Date:</b> March 2017

## Version Control

### Change Record

Date	Author	Version	Page	Reason for Change
Feb 2012	Clinical Governance Group	V1	All	Policy written
March 2016	Sue Dormer	V2	all	Significant changes to requirements.

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