

Complaints Handling Policy & Procedure

1. Purpose

This procedure:

- Outlines NHS Business Services Authority's (NHSBSA) complaints handling policy
- Describes the process for dealing with informal and formal complaints
- Defines responsibilities for responding to complaints

2. Scope

The NHSBSA's policy is that complaints should be resolved locally, quickly and informally wherever possible. In the event that complaints cannot be locally resolved, this procedure also provides a consistent approach to handling formal complaints.

This policy applies to all staff of the NHSBSA and those suppliers handling customers on our behalf, except where the supplier has a different process stipulated within its contractual arrangements.

This policy does not apply to complaints specifically excluded from the NHS Complaints Procedure such as complaints made by an NHS body in relation to the work of another NHS body. For example, this policy does not apply to complaints by pharmacists against Prescription Services.

This policy will support complaints made against most of the services provided by the NHS Business Services Authority. However, on occasions this policy may not be appropriate. In such circumstances, a complaint should be directed in writing to the NHSBSA's Corporate Secretary.

3. Policy

It is the responsibility of each member of staff to provide good customer service and to try and resolve customer concerns as quickly, fairly and thoroughly as possible.

In addition, the NHSBSA views complaints as an opportunity to learn how we can continue to improve the services we provide to our customers. Where applicable, action is taken to ensure that the problem does not occur again.

The principles underpinning the NHSBSA complaints process are that it is:

- Easy to access and understand

- Speedy, with time limits for action, keeping people informed at all stages of the process
- Informative, so that feedback from complaints can be used to review our practices
- Effective, ensuring all points raised are addressed positively and suitable remedies are provided
- Regularly monitored
- Fair to complainants and staff alike.

4. Definition of a Complaint

The NHSBSA definition of a complaint is:

“An expression of dissatisfaction that requires a response”

This includes dissatisfaction about the service provided, including the conduct of staff, or the process involved in deciding what action to take (or not to take).

The following are examples of things that are treated as complaints:

- Claims of unfair treatment
- Dissatisfaction about how we have dealt with a situation, for example, timeliness, clarity of information, confidentiality
- Claims that a poor standard of service has been provided (for example, losing documents, resulting in time delays and extra effort for the complainant)
- Claims that staff have been unhelpful or rude

However the NHSBSA may not always class as complaints, issues that are raised informally and addressed quickly.

5. Procedure

i) Local Resolution (or informal complaints)

One of the underlying principles of the NHSBSA’s complaints process is that complaints are resolved at the earliest opportunity without escalating to the formal procedure. In most causes, complaints will be managed on an informal basis in the first instance. This is intended to provide the complainant with a quick, amicably and satisfactory resolution.

The NHSBSA will aim to resolve informal complaints in no longer than 10 working days, other than in exceptional circumstances when the complainant will be kept informed of progress.

If it is recognised that an informal complaint cannot be resolved quickly then an acknowledgement (emails should not contain any personal sensitive information) together with a brief summary of the complaint will be issued within 3 working days of receiving the complaint.

Consideration should be given to any improvement opportunities identified as a result of informal complaints.

ii) Formal Complaint – Stage 1

Where attempts at local resolution have been exhausted, complainants have the option to make a formal complaint which will be addressed by the Managing Director of the service involved.

Formal Complaint made Verbally

Where a formal complaint has been made verbally, or the complainant needs help preparing a written formal complaint, this process will be supported by the NHSBSA.

An acknowledgement letter together with a summary of the complaint will be issued within 3 working days of receiving the complaint. This will also give the complainant the opportunity to add any further comments or information they consider to be relevant within 7 working days of receiving the summary of the complaint. If no response is received within 7 working days, it should be made clear that the NHSBSA will consider the complaint summary to be accurate. The NHSBSA will also offer the complainant an opportunity to discuss and clarify the complaint if such support is required.

The timescale for investigating a formal complaint will not begin until the details of a verbal complaint are confirmed as described above.

Written Complaint, including E-mail

An acknowledgement to a written complaint will be issued within 3 working days of receipt setting out the expected process for resolution. The complainant will also be notified that a substantive reply will be sent by the relevant Managing Director within 25 working days of receipt of the complaint.

Investigation

An investigation will be carried out by a senior member of staff independent of the issue. A draft report and response should be prepared for the relevant Managing Director.

Response

The Managing Director of the service involved will review the draft response and the way in which the complaint has been handled and send a written response to the complainant within 25 working days of receipt of the complaint.

The response will address the issues raised and notify the complainant of the review process should they remain dissatisfied.

Delays

If it is not possible to provide a response within 25 working days, the complainant will be informed of the reason for the delay as soon as possible (but no later than 25 working days) and a revised response date will be set.

NHS Pensions

To ensure compliance with pension legislation, NHS Pensions handles stages of the formal complaints process differently. For ease of reference, the formal stages of Pensions Services' Complaints and Disputes process are attached to this policy. It clearly sets out each stage of the formal process including other avenues of redress, should a customer remain dissatisfied with the service they have received from NHS Pensions.

iii) Review by the Chief Executive – Stage 2

If a complainant remains dissatisfied, they have an opportunity to request that the Chief Executive (CEO) of the NHSBSA reviews their complaint. The opportunity for review will be made clear to the claimant at the response stage above. The review will focus on the process followed when investigating and responding to the original formal complaint to ensure the complaint has been handled appropriately. The review will not re-investigate the whole complaint. This is reflected in the reduced timescales below.

The CEO will acknowledge receipt of the complainant's request for a review within 3 working days.

The CEO will allocate the complaint to a senior member of staff, independent of the issue being complained about, who will investigate the complaint, report their findings and provide a draft response for the CEO.

The CEO will respond to the complainant no more than 15 working days from the date of receipt of the review request. If any extension to this timescale is required, the CEO should notify the complainant of the reason for the delay soon as possible (but no later than 15 working days) and a revised response date will be set.

The letter from the CEO would also detail the options available for further redress to the complainant should they remain dissatisfied (i.e. referral to Parliamentary and Health Service Ombudsman).

iii) Parliamentary and Health Service Ombudsman (or Scotland/Wales equivalent) – Stage 3

When a complainant remains dissatisfied following the Chief Executive's review, they can choose to escalate the complaint to the Parliamentary and Health Service Ombudsman.

As part of the investigation, the NHSBSA will provide any information the Parliamentary and Health Service Ombudsman may request in relation to the complaint.

6. Evaluation and Reporting

Evaluation

Complaints evaluation is carried out on a regular basis by the relevant management team to:

- Determine whether recent complaints have been justified or not.

- Consider whether any improvement opportunities have been identified as a result of recent complaints.
- Make recommendations for remedial action to prevent recurrences.

Reporting

Each service will report to their local senior management teams and the NHSBSA's Corporate Secretary on volumes, nature and outcomes of complaints on a quarterly basis.

Complaints reports will categorise each complaint under the following headings:

- Availability of services and information
- Quality of information
- Timeliness of services
- Feedback on staff
- Security of information
- Operational issues
- Compliance
- Other

In addition to the statistical report, the service complaints lead will provide a brief description of any reviews by the CEO and outcomes together with any other issues they consider need to be brought to the senior management team's attention.

The quarterly reports will provide an overview of informal complaints received and highlight any emerging issues or trends. They will also summarise formal complaints as follows:

- Category of the complaint
- Details of the complaint
- Action taken
- Any follow up action identified / required
- Response timescales
- Outcome of complaint (whether justified, not justified or partly justified)

Updated June 2011

NHS Pensions – Formal Complaints and Disputes Process

This section adds clarity regarding the formal complaints process for NHS Pensions. This is necessary to comply with national legislation relating to pensions.

If a complaint has not been resolved informally to a satisfactory level at an informal level, the complainant may ask for their case to be considered under the formal Dispute Resolution procedure.- the stages of which are set out below:-

i) Formal Internal Dispute Resolution – Stage 1 (IDR1)

For the first stage, the complainant should complete and send the form DRP1 to Pensions Services [[link here](#)], - using the same form for Pension Scheme or Injury Benefit Scheme complaints, unless the complainant has already written or telephoned with the complaint. The complainant should provide:

- Full name, date of birth and National Insurance number;
- NHS Pension Scheme membership number or Injury Benefit reference number, depending on which scheme the complaint concerns. These numbers are quoted on the correspondence.
- If the complainant is a relation of the Pension Scheme member or Injury Benefit claimant, their details will need to be provided. If the complainant is acting as a representative, - full name, relationship to the Pension Scheme member or Injury Benefit claimant and the address where the reply should be sent to should be provided
- the reason for the complaint or disagreement; the forms should then be signed or signed on behalf of the person complaining.

a. Investigation and Response

A Disputes Officer will review the papers and carefully consider each point made in the application of complaint. Pensions Services will respond in writing with the outcome of the review. Pensions Services aim to:

- Explain the decision, and whether there has been any change to the previous decision;
- Refer to any regulations or law affecting the decision; refer to any other papers which were important in reaching the review decision and indicate where any discretion under Scheme rules has been given; and
- Give the name and address of the person reviewing the case and to whom any further letter should be sent.

Pensions Services are required by law to reply within **two months** or to tell the complainant if it has not been possible to do so. Pensions Services will keep the complainant informed of progress.

ii) Formal Internal Dispute Resolution - Stage 2 (IDR2)

If the complainant is dissatisfied with the decision at stage 1, the case can be looked at a second time. If the complainant wishes a second review, this must be requested in writing to Pensions Services within six months.

a. Investigation and Response

The second review will be carried out by a Pension Scheme Manager who is required by law to reply within **two months** or to tell the complainant if it has not been possible to do so. As at Stage 1, Pensions Services will keep the complainant informed of progress.

iii) Other avenues open to the complainant

a. The Pensions Advisory Service (TPAS)

The Complainant can ask TPAS to help at **any** stage of the complaint or dispute process. Their address is:

TPAS
11 Belgrave Road
LONDON
SW1V 1RD
Tel 0845 6012 923

TPAS can also be contacted through local Citizens Advice Bureaus, whose address and telephone number is available in Yellow Pages or alternatively from the TPAS website at www.pensionsadvisoryservice.org.uk

b. The Pensions Ombudsman

The Pensions Ombudsman can be asked to investigate and give a decision on any complaint or dispute of **fact or law**. However, the Pensions Ombudsman would normally expect any complaint to have been looked at under the Dispute Resolutions procedures first. The Pensions Ombudsman is at the same address as TPAS, and their telephone number is:

020 7630 2200

or visit their website at www.pensions-ombudsman.org.uk

c. The Pensions Regulator (TPR)

The Pensions Regulator is responsible for granting time limit extensions for payment of cash equivalents – for transfers – and for complaints about non-disclosure of information.

Their address is:-

The Pensions Regulator
Napier House
Trafalgar Place
Brighton
BN1 4DW
Tel 0870 606 3636