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Advocacy Policy and Procedure

Background:

This policy sets out the provision for NHS complaints advocacy within Healthwatch. Healthwatch is commissioned as part of its contract to provide NHS complaints advocacy to local citizens. This service is only available to people who require support from an advocate to make a complaint about an NHS commissioned service.

Legal Framework

Since April 1 2013, individual local authorities have a statutory duty to commission independent advocacy services to provide support for people making, or thinking of making, a complaint about their NHS care or treatment.

The NHS constitution gives people the right to make complaints about NHS provision

Action for Advocacy has produced a code of practice for advocates which should be read in conduct with this policy.

<http://www.actionforadvocacy.org.uk/articleServlet?action=list&articletype=23>

Policy

All persons who request the NHS complaints Advocacy service will have a professional and fair service.

Procedure

When the request from a person or agency requests advocacy for a complaint regarding services outside the NHS commissioning arrangements, or other advocacy requests, Healthwatch will signpost the person to where their needs can be met.

NHS complaints advocacy will be delivered over 4 levels Bronze, Silver, Gold and Platinum. The advocate will determine which level of service the complainant requires.

1. Bronze Service

- Initial contact received by Healthwatch

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- Assess if the request for Advocacy is for NHS complaints and level of service required
- Client assigned unique reference number and logged on HWR case management system
- Referral made to advocacy service
- Advocate assigned to case
- Client contacted by advocate to discuss;
 - What they are concerned or dissatisfied with
 - What they want to achieve from the complaint
 - NHS complaints process and timescales
 - Options/choices of how to take their complaint forward:
 - Access to website www.nhscomplaintsadvocacy.org for self help information packs
- Client given information about how to complain directly to the NHS organisation and service by contacting the person in charge of complaints
- Client signposted to NHS Choices website for self help pack or pack sent out via post
- Case closed on HWR case management system
- Complaint unresolved referral made to Advocacy silver service.

2. Silver Service

The Advocate will provide additional support to that given to bronze service clients. This will include meetings, telephone support, emails and advocating on behalf of clients with service providers to ensure that the complaints process is being followed. The silver level service will support clients to ensure that they have:

- A clear outline of the complaint in writing
- Formal written to the service provider to notify them that they are requesting that their complaint be investigated
- Clarity and conciseness around the complaint and what outcomes they wish to achieve
- Review any letters sent by the client to ensure that they are written in a factual and to the point manner
- Received in writing answers to questions that the client has previously requested
- Been satisfied with the response received and does not wish to take the complaint any further
- Case closed and entered on case management system

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If there is still no local resolution to the complaints process, clients should be referred to the Advocacy Gold service.

3. Gold Service

The Advocate will provide additional support to that given to all silver service clients, if the complaints process has not been resolved at the local resolution service. The Gold Service includes the advocate:

- Working with clients who have additional support needs such as lack of English language, numeracy, literacy etc
- Ongoing telephone support, emails and advocating on behalf of clients with service providers to ensure that the complaints process is being followed
- Supporting and arranging meetings between service providers and the client
- Helping to write letters and compiling issues the client wishes to raise at meetings
- Preparing the client for meetings with service providers
- Attending meetings with the client
- Helping the client to monitor the progress of their complaint with the organisation or individual responsible
- Ensures that the client is satisfied with the Responses received and does not wish to take the complaint any further
- Case closed and entered on case management system

If there is still no local resolution to the complaints process, clients should be referred to the Advocacy Platinum service.

4. Platinum Service

The Advocate will provide additional support to that given to all Gold service clients, if the complaints process has not been resolved at the local resolution stage. The Platinum Service includes the advocate;

- Supporting the client throughout the whole of the NHS complaints process (Local resolution)
- Ongoing telephone support, emails and advocating on behalf of clients with service providers to ensure that the complaints process is being followed

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- Supporting the client with taking the complaint forward to the Health Service Ombudsman
- Options and contact details given to clients of local solicitors who offer free and impartial advice
- Case closed and entered on case management system

5. Closure:

After the case is closed a Healthwatch satisfaction survey should be send out, with a stamped address envelope included - where relevant the provider's survey may also be sent.

The results of the satisfaction survey will be reviewed in conjunction with the review of this policy and procedure.

*Parkwood Disclaimer

This policy applies to all staff when acting under the cover of 'Healthwatch' and whilst carrying out 'Healthwatch' specific activities. All Healthwatch staff are Parkwood employees and it is such that this policy is underpinned by Parkwood's policy and procedural framework. Parkwood reserves the right to implement its own policies in relation to Parkwood employees at any time.

References:

Related Policies and Procedures

<u>Healthwatch</u>	<u>Parkwood</u>
Health and Safety Policy	Health and Safety
Social media and Communications Policy	Social Media and Communications
Information Governance Policy	Confidentiality
Recruitment and Selection Policy	Data Protection
Whistle Blowing Policy	Communication
Escalation Policy	Recruitment and Selection
Supervision Policy	

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Appendix 1

Satisfaction Survey

Which Services have you used? Tick which services you used

Signposting	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>
Collecting your comments	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>
Other (please state service)			

Date when you used the service: _____

	 It was a great experience. (Fast, friendly, helpful, pleasant, great job!)	 It was an OK experience. (Fine, what I would have expected)	 Not Good. (I wasn't happy with it at all)
How easy was it to access Healthwatch?			
How did you feel your issue was dealt with?			
What is your overall experience of Healthwatch Rotherham			

Any other comments you would like to add please put down here (use the back of the sheet if required)

Optional:

Name								Postcode				
Contact Details												
Age:	17 & Under	<input type="checkbox"/>	18-24	<input type="checkbox"/>	25-49	<input type="checkbox"/>	50-64	<input type="checkbox"/>	65-79	<input type="checkbox"/>	80+	<input type="checkbox"/>

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Ethnicity

Thank you

Appendix 2

Client file check list

Form No: **Date:** _____ **Completed By:** _____

Name:		HWD reference number
Address:		
Contact number	Mobile number	Email address
Preferred method of contact		
Referred to Rdash (Mental Health issues) 01302 796000		
Yes	No	N/A
Referred to DRI PALS (NHS Trust) 01302 553140 or 0800 028 8059		
Yes	No	N/A
Self help Information pack sent out		
Yes	No	N/A
Referred to website		
Yes	No	N/A
Date taken onto caseload		
Referral form completed		
es		o

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Service Agreement signed (including date)			
es		o	
Consent form authorised			
es	o	/A	
Initial input onto database (date & initials)			
Yes		No	
Customer satisfaction survey completed			
Yes		No	
Date file closed			

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Appendix 3

Complaint Referral Form

Form No: **Date:** _____ **Completed By:** _____

Client Details	
Name:	
Email:	
Address:	
Special Requirements (eg interpreter)	
Are you currently using an advocacy service	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes which one: _____	
Are you a member of Healthwatch Rotherham	Yes <input type="checkbox"/> No <input type="checkbox"/>
Service Details (relating to complaint)	
Name of Service:	
Email:	
Address:	
Type of Service:	
Complaint Details	

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Agency/Org Referred To
<p>Agency/Org Name:</p> <p>Email:</p> <p>Address:</p> <p>Comments:</p>

For Office Use Only
<p>Details logged on database: Yes <input type="checkbox"/> No <input type="checkbox"/> d/b ID No: <input type="text"/></p> <p>Complaint resolved: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date resolved: Customer satisfied: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Membership form completed Yes <input type="checkbox"/> No <input type="checkbox"/> Case Ref <input type="text"/></p> <p>No: _____</p> <p>Further comments:</p>

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Appendix 4

Advocacy Screening Form

Case Ref No:

Form No:

Date:

Completed By:

Complainant Details

Title: _____

Contact: Home: _____ Work: _____ Mobile: _____ Email: _____

Age Band: _____

Sex: _____ Employment Status: _____

Carer: Yes No

Patient Details

Title: _____

Age Band: _____

Complaint Date: _____

Description: _____

Desired Outcome: _____

Help Pack Sent: Yes No Support Level _____ Closure Date: _____

Next Action: _____

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Grievances	
Profession:	_____
Org Name:	Service Area:
Complaint Notes:	

For Office Use Only	
Details logged on database: Yes <input type="checkbox"/> No <input type="checkbox"/> d/b ID No: <input type="text"/>	
Complaint resolved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date resolved: _____	Customer satisfied: Yes <input type="checkbox"/> No <input type="checkbox"/>
Level of service: _____	Equality form completed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Further comments: _____	HW Member: Yes <input type="checkbox"/> No <input type="checkbox"/>

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Appendix 5

ADVOCACY SERVICE AGREEMENT

Healthwatch XXXX

You are entitled to be in control of your own life but sometimes, whether through frailty, disability, financial circumstances or social attitudes, you may find yourself in a position where your ability to exercise choice or represent your own interests is limited. In these circumstances advocates can help ensure that your views and needs are heard, respected and acted upon.

Advocacy Service

The role of an advocate is to support you through the NHS complaints procedure.

An advocate will provide information and explain your options to you – not to make choices or decisions for you. Advocates do not investigate complaints and cannot help you with issues outside of the NHS complaints procedure. An advocate can:

- Help you to draft a letter
- Prepare you for meetings with the people or service you have a complaint about
- Talk to the complaints teams on your behalf
- Give you support and guidance on how the NHS complaints procedure works

What you can expect from your advocate

- To be listened to and to be treated with respect
- To be given information, letters etc within agreed timescales
- To take a professional approach to their work
- To be given choices and options and supported with making decisions

What the Advocate expects from you

- To be treated with respect
- To be provided with information within agreed timescales
- To be kept informed at every stage of your complaint
- That you attend appointments or tell us if there is a problem

Time Limit

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Please note that there are time limits to submitting an NHS complaint. Generally, you should make a complaint within 12 months of an incident, or within 12 months of you realising that you have something to complain about

Confidentiality

At Healthwatch, we understand that the information you have given us is personal to you. We have a strict confidentiality policy that ensures we only share information with outside organisations if you have previously agreed or unless you tell us something that could significantly cause harm to yourself or others. After your case is closed, we will keep your file in a secure location for 24 months. This file is your property and you can see or ask for a copy of it at any time.

Legal

Healthwatch cannot assist with legal action and therefore cannot offer legal advice. If you wish to undertake a legal claim, you should contact a solicitor. However, we can provide you with a list of local solicitors that you can contact.

Declaration

I the undersigned agree to abide by the terms of conditions set out in the Healthwatch XXXX Advocacy Service agreement:

Name _____ Date _____

Signature _____
(Customer)

Name _____ Date _____

Signature _____
(Healthwatch XXXX Support Team)

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Appendix 6

**Consent Form
(Private and Confidential)**

Case Reference No:

Form No:

Date: _____

Completed By: _____

Section A Complainant Details

Title: _____

First Name: _____

Surname: _____

Contact Tel Numbers: Home: Work: Mobile:

Email address: _____

Age Band: _____

Disability: _____

_____ Carer: _____

Address: _____

P/Code: _____

Section B Patient Details

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Title: _____

DOB: _____

Address: _____

Section C Patient Consent

Has the patient agreed to this complaint? Yes No Deceased

If the patient **is able** to consent to the complaint being progressed by you as a representative, please complete the following:

I am the patient I agree to the person named in this form making this complaint on my behalf. I agree they may see my medical records and any other information that may be relevant to this complaint.

Signature: _____

If the patient is under 16 years old, a parent or guardian must complete the following section:

My Name Is: _____

You may need to provide evidence of who you are, for example, power of attorney

I give my permission for _____

make a complaint on _____

Signature: _____

If the patient has died, their next of kin or legal representative must complete the following section:

My Name Is: _____

You may need to provide evidence of who you are, for example, power of attorney

I give my permission for _____

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make a complaint on _____

Signature: _____

If the patient **is not able** to consent to the complaint being progressed by you as a representative, please complete the following section:

I am the patient's representative

Signature: _____

The patient is not able to give their direct permission because:

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Appendix 7



Equality & Diversity Monitoring

We want to make sure that Healthwatch XXXX represents the views of everyone living and working in the area. By answering these questions you will help us to understand how well we are representing your community. You do not have to answer all of the questions if you prefer not to.

Gender Male Female Prefer not to say

Age

0 - 16 17 - 24 25 - 32 33 - 40 41 - 48
 49 - 56 57 - 64 65 - 72 73 - 80 81 plus

Ethnic origin

White British White other Black/Black British
 Asian/Asian British Mixed Prefer not to say
 Other *please state:* _____

Employment status

Employed full/part time Seeking employment Retired
 Education/Training Volunteer Prefer not to say
 Other *please state:* _____

Disability

The Disability Discrimination Act (DDA) defines a disabled person as “someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.”

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Do you consider yourself to have a disability as defined by the Disability Discrimination Act?

Yes No If yes, please tick the relevant box(es) below:

Physical impairment Mental health condition Long term illness
 Sensory impairment Learning disability Prefer not to say
 Other *please state:* _____

Caring responsibilities

Do you care for a friend, relative or partner? Yes No

The information on this form will be stored and processed using a computerised database for the purposes of administering Healthwatch XXXX, supported by Parkwood Healthcare. We may contact you in the future to check the accuracy of this information. However, during this period you are reminded that the information Healthwatch XXXX has about you can only be kept up-to-date by you informing us of any changes.

Confidentiality Disclaimer

Healthwatch XXXX will treat the information you give confidentially, under the principles of the Data Protection Act 1998 and the Freedom of Information Act 2000. We will share information with our external funders and evaluators only where necessary for monitoring and evaluation purposes using none identifiable data. Please sign below to say that you have read and understand this statement and agree to Healthwatch XXXX using the information you have given on this form.

I understand and agree to the above confidentiality disclaimer:



Signed: Date:

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Appendix 8

**Client Consent Form
(Private & Confidential)**

HW Case Reference No:

To be completed by the Client

Client Name	
Client Address	
Contact Details Tel no, mobile, email	

I, the Client, give consent to Healthwatch XXXX as the Provider of the NHS Independent Complaints Advocacy Service to undertake work on my behalf and to contact any relevant parties should I request it. (In signing the Consent Form you accept that if you should instruct Healthwatch Rotherham to contact another party on your behalf that it may be necessary for a copy of this form to be viewed by that party to make evident that Healthwatch Rotherham has been granted consent to act in this case).

I understand that all information that Healthwatch XXXX receives will be strictly confidential to Healthwatch XXXX and me as Healthwatch XXXX's Client. I will also see information that Healthwatch XXXX receives on my behalf.

*Your personal details will remain strictly confidential to Healthwatch XXXX, however, anonymous details of your case will be added to our recorded statistics which may be shared with other relevant organisations to assist in the performance monitoring of the NHS.

Client Signature	
Date	

To be completed by the patient and client (if applicable)

I, the Patient give my consent to the above named person being

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Healthwatch XXXX's Client to act on my behalf in this matter.

(This section is only to be completed if the Client is not the Patient and has been nominated by the Patient to act on their behalf. Patient consent for the Client is not necessary if the Patient is under guardianship of the Client or is unable to act in the complaint).

Patient Name (Print)	
Patient Signature	
Date	

Confidentiality Statement:

Healthwatch XXXX is a confidential service; anything that you tell us will be kept in confidence unless you tell a Healthwatch XXXX Advocate something which leads him or her to believe that you intend either to take your own life or that of another. In this case the advocate will discuss the case with their line manager after discussing the implications with you.

All records are kept in accordance with the Data Protection Act 1998

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Appendix 9



Making a complaint about the NHS in England

The Health Service Ombudsman can carry out independent investigations into complaints made about poor treatment or service provided through the NHS. We are the final stage of the NHS complaints process and we would normally expect that the organisation you are complaining about has had the opportunity to respond to your concerns.

This form is to help us decide if we can look at your complaint. We need specific information from you so that we can deal with your complaint as quickly as possible. If we feel that we do not understand your complaint, then we may return the form to you to be completed before we take any action on your complaint.

To help us consider your complaint, we need to see all the evidence that you have about it – in particular, letters to and from the organisation you are complaining about. We are happy to copy originals and return them to you.

If you are unable to fill in the form or you need any advice, you can contact our helpline on 0345 015 4033.

The helpline is open from 8:30am to 5:30pm Monday to Friday, excluding public holidays.

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SECTION 1: About you

If you are complaining on behalf of someone else, then they must complete Section 7 of this form if they are able to.

1. About you:

Name: _____

Address: _____

Postcode: _____

Telephone number: _____

Email: _____

How and when would you prefer to be contacted? _____

Do you have any special requirements for us to communicate with you? We will make adjustments for you if we can.

Are you being supported by an advocacy organisation? Please provide their details if you would like us to copy them into our correspondence.

We'll keep in touch with you in whichever way works best for you. However, we do need to make you aware that with email there is always a small risk of messages being intercepted. If this is your preferred way for us to contact you, please let us know by ticking one of the boxes below. As a precaution, and for added peace of mind, we will also password protect any sensitive documents we send you.

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To confirm you are content for us to email you, please tick this box

If you do not want us to correspond with you by email, please tick this box

2. Is the complaint about the care or service that you received? YES / NO

If you have answered **NO** to this question, please also complete questions 3 and 4.

If you have answered **YES** to this question, please go to question 5.

3. **About the patient / service user**

Who is the patient / service user:

Name: _____

Address: _____

Postcode: _____

Telephone number: _____

- What is your relationship to them? _____
- If the person has died, please tell us the date of death here:

4. Please explain why the person who has suffered as a result of the problem is not making the complaint themselves. We would normally expect a person to make their own complaint if they are able to. However, you can represent someone to make a complaint if you have their consent.

SECTION 2: Information about the organisation that you are complaining about

Please note that we can only consider complaints about providers of NHS healthcare (which can sometimes include private suppliers where all or part of the care is funded by the NHS). You can contact us before filling in this form if you are not sure whether your complaint is about an organisation we can consider – our helpline number is 0345 015

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4033.

5. Which organisation(s) are you complaining about?

Name: _____

Address: _____

Are you complaining about a particular individual? For example, doctor,

nurse: _____

SECTION 3: Your complaint

We need to know what happened and why you are unhappy with the response to your complaint. Please attach additional sheets of paper if you need more room to set out your complaint. Please do not just say 'see attached' and provide copies of previous correspondence. If the organisation has not addressed all of the issues raised in your complaint, then we may decide that there is further work for the organisation to do before we look at your concerns.

6. Please briefly explain what your complaint is about:

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7. Why are you still unhappy following the response(s) from the organisation(s)?

8. Has the organisation responded to all the issues raised in your complaint?
If the answer to this question is **NO**, then please set out below the issues that have not been addressed.

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9. How have you, or the person you represent, been affected by what happened?

SECTION 4: Outcome

Examples of remedies we regularly achieve are apologies, improvements to services, and financial payments. Our financial remedies are normally lower than those recommended in the courts.

If your complaint is about an individual practitioner and you want disciplinary action to be taken against them, then your complaint may be better dealt with by a different organisation. Please contact our helpline for further information – 0345 015 4033.

If you want specific care or treatment then you may want to approach your GP first, because we do not normally get involved in an individual’s ongoing care and treatment.

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10. What outcome(s) do you want us to achieve for you?

11. If you are seeking a financial remedy, what would be a reasonable sum of money to remedy your complaint?

SECTION 5: When things happened

The law says that a complaint should be made to us within a year of you becoming aware there is a problem. We can extend this time limit if we think it is reasonable for us to do so.

12. When did the events occur? _____

13. When were you aware there was a problem and when did you complain?

14. If you did not complain straight away, please explain why: _____

15. If the events occurred over a year ago, please explain why you did not complain to us earlier. It would be helpful if you could provide relevant dates of when key events happened. For example, the date of your initial complaint, and dates of responses to your complaints, dates of any meetings.

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16. If there is a long time between any of the above dates, please explain why:

SECTION 6: Legal action

The law says that we must consider whether it is reasonable for you to pursue legal action to achieve the outcomes you are seeking. Sometimes complaints can be resolved through legal action and the courts may be better placed to make a decision about an appropriate financial settlement.

We may not be able to look at your complaint if you are already pursuing legal action or are planning to take legal action or if we consider that there is a course of legal action open to you that it is reasonable for you to pursue.

17. Are you taking, or planning to take, legal action on your complaint? If **YES** please give details:

18. If you want financial compensation as an outcome to your complaint, then please explain why you are not pursuing legal action:

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SECTION 7: Authorisation

I wish the Ombudsman to investigate my complaint and I consent to the obtaining of all relevant papers including medical records, for the purposes of investigating a complaint under the Health Service Commissioners Act 1993.

Signature: _____

Date: _____

If you are complaining on behalf of someone else, they must sign here if they are able to. If they are not able to, please explain why.

I give my consent for a complaint to be made on my behalf and for the Ombudsman to obtain all relevant papers, including medical records, for the purposes of investigating a complaint under the Health Service Commissioners Act 1993. I understand that this may mean that my representative will be able to access personal information obtained for the investigation.

Signature: _____

Date: _____

Parliamentary and Health Service Ombudsman

Millbank Tower

Millbank

London SW1P 4QP

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Enquiries: 0345 015 4033

Fax: 0300 061 4000

Email: phso.enquiries@ombudsman.org.uk

www.ombudsman.org.uk