

COMPLIMENTS, CONCERNS AND COMPLAINTS POLICY

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Summary

The policy has been developed to provide clear best practice guidelines on the approach and procedures to be followed when handling and managing compliments, concerns and complaints to ensure this is undertaken effectively, responsively and complies with revised complaints regulations which came into force on 1 April 2009 entitled The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 ('the Regulations').

Review Log

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COMPLIMENTS, CONCERNS AND COMPLAINTS POLICY

1.1 INTRODUCTION & PURPOSE

NHS Wiltshire Clinical Commissioning Group (Wiltshire CCG) is committed to responding to service user needs and encouraging a culture that seeks and uses people's experiences of care to improve the commissioning of services. In line with the NHS Constitution, this will be accomplished by ensuring that when something goes wrong it is acknowledged and an apology and explanation is given by the most appropriate organisation involved in health care delivery. Things are also put right as quickly and effectively as possible. Stakeholders have the right to express their views of their health care experience and need to have easy access to responsive procedures to do so and in doing so must experience a culture where there are no repercussions for raising a concern or making a complaint. Staff must experience the same culture.

This policy has been developed to provide clear best practice guidelines on the approach and procedures to be followed when handling and managing compliments, concerns and complaints. This policy also undertakes to ensure this is completed effectively, responsively and complies with revised complaints regulations which came into force on 1 April 2009 entitled The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 ('the Regulations').

The CCG also expects that organisations which provide health care such as acute hospitals have their own procedures for managing comments, compliments, concerns and complaints and as part of their contracts to provide reports which identify trends. Section 2 covers the scope of this policy.

The CCG will publish the policy and procedure on the CCG website making it easily accessible to the public, advocacy services, consumer advice services etc.

This Policy has been developed with reference to the following documents:

'Principles of Good Complaint Handling' published November 2008 and 'Principles of Good Administration' published in March 2007 – Developed by The Parliamentary & Health Service Ombudsman which set out the six principles which it advises public organisations use when handling complaints. In summary, the six principles are:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately

5. Putting things right
6. Seeking continuous improvement

'My Expectations' (November 2014 www.ombudsman.org.uk) developed by the Parliamentary & Health Service Ombudsman, Local Government Ombudsman and Healthwatch, which is a user-led vision for raising concerns and complaints through a series of 'I statements':

1. I felt confident to speak up
2. I felt that making my complaint was simple
3. I felt listened to and understood
4. I felt that my complaint made a difference
5. I would feel confident making a complaint in the future

The key elements of the service are:

- Complaints & PALS dedicated telephone line (9-5pm, Monday to Friday except Bank Holidays)
- Dedicated email address - wccg.complaintsandpals@nhs.net
- Acknowledgement of issue or complaint
- Each contact will be logged on the CCG database
- Any case raising concerns will be flagged to the provider once signed consent has been obtained and in accordance with agreed protocols
- Assist patient to resolve concerns or problems with CCG Commissioned Services and related issues
- Coordination of and support to the investigation including consent as required
- Preparation of CCG response cover letter to include input from a commissioning perspective
- Coordination of any further local resolution required to resolve the case
- Record all contact details and maintain database
- Analysis of data and production of quarterly and annual reports
- Provide information on complaints to answer FOI requests
- Provide information on MP enquiries
- Point of contact and liaison with Parliamentary and Health Service Ombudsman's office
- Facilitate and support face to face meetings between complainants and CCG managed functions.
- Provide training on effective complaints handling within the CCG

The purpose of this policy is to:

- Ensure our procedure is easy to understand and simple to use;
- Make sure any investigations are thorough, fair, responsive, open and honest;
- Demonstrate we will learn from compliments, concerns and

complaints and use them to improve the services we commission for patients;

- Ensure our services, and those we commission, are accessible to everyone;
- To answer complaints in a timely manner;
- Show we will respect individuals' rights to confidentiality;
- Ensure the CCG Governing Body is accountable for improving the quality of services through performance management of commissioned contracts;
- Enable staff to respond positively to compliments, concerns and complaints and endeavor to resolve issues as soon as possible;
- Satisfy the complainant by conducting a thorough investigation and providing a full explanation where appropriate;
- Ensure patients, relatives and their carers are not treated differently as a result of making a complaint;
- Seek assurance from providers that responding to and learning from complaints is a philosophy that is fully embedded and seek evidence of this;
- Demonstrate the CCG will learn from complaints and use them to inform quality contract monitoring and future commissioning intentions;
- Ensure the CCG is accessible to everyone, including when required, through independent advocacy;
- Reinforce positive behavior by celebrating compliments.

The CCG does recognise however in some instances it will not be possible to provide satisfaction to a complainant and where this is the case the CCG will work closely and cooperatively with the Parliamentary & Health Service Ombudsman on any case the Ombudsman chooses to investigate.

2.1 SCOPE & DEFINITIONS

2.2 SCOPE

The CCG commissions services from a variety of organisations. Unless there are extenuating circumstances when it would be inappropriate to do so, the CCG's approach will be to recommend the complainant contacts the provider of the service being complained about in the first instance. This is because the service being complained about is normally best placed to investigate and respond directly to the individual making the complaint.

In instances where the CCG has signposted complainants to providers, a record will be kept of the contact to inform quality contract monitoring and future commissioning intentions.

The CCG is not responsible for commissioning Primary Care services provided by general practitioners, dentists, pharmacists or optometrists and complaints relating to these services need to be directed to the Local Area Team of NHS England. Similarly any complaints or concerns relating to services commissioned by Public Health will be directed to the Local

Authority. The CCG will ensure any referral advice is clearly signposted to the complainant, alternatively, with the complainant's consent, the CCG will forward the complaint to the Complaints Coordinator for the Local Area Team at NHS England

2.3 DEFINITIONS

The following is a list and description of the meaning of the terms used in this document:

'a complaint'	Is an expression of dissatisfaction requiring investigation and written responses;
'an enquiry'	Is a request for information which is fed back orally or by written response, the aim of which is to resolve on the day or the next working day;
'a concern'	Is an expression of dissatisfaction requiring an oral response, with an aim of response within 24 hours;
'a compliment'	Is an expression of views, namely appreciation, approval, admiration or respect, made in recognition of individuals, teams or services;
'a comment' or 'suggestion'	Is an expression of views or ideas for service development, for the CCG to act on or consider which may or may not require a response;
'the Regulations'	Refers to The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and so amended by The Local Authority Social Services and National Health Service. Complaints (England) (Amendment) Regulations 2009.
'stakeholders'	Includes but is not limited to patients, provider's, members of the public, CCG staff and provider staff.

3.0 WHO CAN COMPLAIN?

A person is eligible to make a complaint where the service concerned is commissioned by the CCG. This includes anyone who is affected or is likely to be affected, by the decision, action or lack of action on the part of the CCG. Consent to proceed with the enquiry is required by the CCG in line with the Data Protection Act 1998, explicit consent requires the CCG to explain to the complainant how their personal information will be used in the complaints process and how it will be stored.

A complaint may be made by a representative acting on behalf of an eligible person who has asked the representative to act on their behalf. A representative could include a family member, an MP or advocate. In this instance the CCG requires a consent form signed by the eligible person (Third Party Authority to Act). If an eligible person is not capable of making the complaint themselves (this includes a child or a person who has died, or a person who lacks mental capacity) evidence of kinship or Power of Attorney documentation will be required. Staff should be aware

of the Safeguarding Policy.

It is important to ensure there is appropriate consent to share the outcome of the investigation, including any personal information with the person complaining on their behalf.

Anonymous complaints will always be recorded and referred in the same way as other complaints. Anonymous complaints fall outside of the scope of the statutory procedure and the decision on what action to take will be on a case by case basis. The fact the complaint is from an anonymous source should not in itself justify a decision not to pursue the matter.

Staff should be aware of the Whistleblowing Policy and feel confident about raising concerns by this route.

4.1 PROCESS/REQUIREMENTS

4.2 How to raise a concern, complaint or compliment

The most effective way for someone to raise a concern, complaint or compliment is by raising this directly with the person or service with whom they are involved. This is usually the quickest way to resolve a problem or give a compliment.

Compliments, concerns, or complaints are welcomed by the following means prior to being passed to the complaints team:

- In writing (letter or fax) to any member of staff at the CCG
- Verbally (talking with the person providing the service or their manager over the telephone or face-to-face)
- By email to wccg.complaintsandpals@nhs.net
- By telephone on 0300 123 2103
- In terms of compliments, managers are asked to record the feedback received.
- It is important complaints or compliments received locally by staff of the CCG are recorded and shared with the Complaints & PALS Service in a timely manner.
- Feedback and the lessons learnt will be used to inform the service improvement program.
- Where the complaint relates to more than one body the CCG will liaise with the complainant and agree who will lead on the coordination of the complaint investigation and provide the responses accordingly.
- The CCG Complaints and PALS Team will ensure the CCG

Communications Department are aware of any complaints (or vexatious complaints) that could cause reputational damage to the CCG and if there is potential that they may be shared with the media.

See Process Map (Appendix 1) which details the complaints process from initial receipt of the complaint through to investigation and the quality assurance processes.

The process enables NHS Wiltshire CCG to meet their statutory duties and obligations as set out in the 2009 Complaints Regulations.

This policy and associated process documentation is available on the CCG website at www.wiltshireccg.nhs.uk.

4.3 Help in making a complaint

The CCG will ensure all complainants are treated with courtesy and receive appropriate support throughout the handling of a complaint. Making a complaint should not be difficult or cause unnecessary worry. There are a number of providers of advocacy services which include:

SEAP (Independent Health Complaints Advocacy)

Healthwatch Wiltshire

Wiltshire Mind

Age Concern

Citizen's Advice Bureau

Wiltshire Children's Rights Service

Details of how to access advocacy services can be obtained by visiting our website, or by contacting PALS on 0300 123 2103.

All complainants must be informed how to make contact with advocacy services. Complainants may, however, choose to be supported by someone else, such as a family member or friend, or an advocate from another organisation. The complainant must be reminded that it is likely personal information will be shared with the person supporting them and consent for this must be recorded.

Face to face meetings will be offered with the complainant and if they have one, their advocate, or other representative (e.g. family member) if a complaint has not been addressed to the complainant's satisfaction by written responses.

The Parliamentary and Health Service Ombudsman independently reviews NHS complaints. They can only review a complaint if it has already been raised with the responsible organisation and the complainant is dissatisfied with the written responses. The final letter from the CCG will include

information on referring complaints to the Ombudsman.

In managing complaints the Complaints & PALS Service will aim to ensure:

- The risk of a complaint escalating into a court case or judicial review is minimised;
- Risk control systems are strengthened and lessons can be learnt and actions can be taken where non-compliance occurs;
- Decisions and the complaints process can withstand external scrutiny;
- Accountability is improved.

As part of the Healthwatch functions, Healthwatch Wiltshire provides a signposting service to information about health and social care services. This includes Independent Health Complaints Advocacy. This service is free, confidential and supports people who wish to make a complaint about the commissioners and providers of NHS funded services.

SEAP (Independent Health Complaints Advocacy) can be contacted by the following: PO Box 375, Hastings, East Sussex, TN34 9HU, telephone 0300 343 5733

Service users should be signposted to agencies offering specialist advice as early as possible, to help decide on the best course of action as the issue.

Agencies offering specialist guidance and advice:

Advice UK; A UK network of advice-providing organisations. They do not give out advice themselves, but the website has a directory of advice-giving agencies. Telephone: 0300 777 0107 or 0300 777 0108

Email: mail@adviceuk.org.uk www.adviceuk.org.uk

Citizens Advice provides free, independent and confidential legal advice and provides advice on a range of topics, including human rights. www.citizensadvice.org.uk/about-us/contact-us/

Liberty is an independent civil liberties and human rights organisation, which runs an advice service for members of the public with human rights queries. They also have an advice website, which gives comprehensive information on the Human Rights Act. Advice line: 0845 123 2307 www.liberty-human-rights.org.uk or www.yourrights.org.uk (You can download a written advice request form from this website)

4.4 Monitoring compliments, concerns and complaints

The CCG will establish effective monitoring systems to enable the capturing, analysis and reporting of concerns, complaints, and compliments.

The purpose of the monitoring system is:

- To inform future service planning;
- To identify gaps in service provision, or gaps where services are not commissioned. Any complaint which relates to gaps in service provision or gaps where services are not commissioned will be shared with commissioning managers and relevant CCG Directors. The information will be assessed and where appropriate will be used to inform future service redesign work streams and any future specifications. This information will also be shared more widely within the CCG through a quarterly internal complaints and compliments briefing, produced by the Complaints and PALS team;
- To identify problem areas so remedial action can be taken;
- To help in preparation of the quarterly and annual reports. These reports are also made available to the public;
- To support the performance management of the service providers under contract to the CCG and as such the contracts with providers will require each to share trends and general information on complaints and compliments. Complaints received directly by the CCG will also be discussed at contract performance and quality meetings, particularly where trends and themes have been identified. Providers will be required to report back on any actions, learning and/or mitigations as appropriate.

All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the electronic complaint file, which complies with CCG Information Governance Standards. A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman.

The outcome of each complaint will also be recorded and submitted to Health & Social Care Information Service (HSCIC) in line with quarterly KO41 submission criteria.

4.5 Timescales and outcomes

The CCG aims to resolve all concerns by the next working day. Where a complaint is made verbally and can be resolved to the complainant's satisfaction within one working day, it will be recorded as a concern (PALS).

All written complaints will be acknowledged within 3 working days and processed under this complaints procedure.

Under the legislation, there are no fixed and specified response time criteria for formal complaints. Response and resolution timescales are agreed with the complainant where possible and the complaint progressed and resolved in

line with this agreement. The CCG anticipates all but the most complex complaints will receive a response within 25 working days, if the CCG believe that this may take longer the complainant will be kept informed.

Where possible, the complainants desired outcomes should be determined in advance through negotiation between the complainant and the Complaints & PALS Service. The complaint is progressed and resolved in line with this agreement.

The process for investigating complaints is detailed in Appendix 1. When a complaint is regarding a CCG managed function the department manager allocates a lead investigator, who should not be the subject of any part of the complaint. The lead investigator should carry out the investigation and draft a response based on the outcome of the investigation, ensuring all issues are covered, learning is identified and proposed actions described. This investigation report and draft response should be provided within the timeframe identified by the Complaints & PALS Manager.

Complaints that involve issues which happened more than 12 months previously are often difficult or impossible to investigate in a full and fair manner. However, the decision whether or not to consider the complaint will be made on a case-by-case basis. Possible reasons for accepting the complaint beyond the twelve month time limit are:

- The complainant had good reason for not making the complaint at the time
- It is still possible to investigate the complaint effectively and fairly

4.6 Other enquiries

Enquiries from a member of the public, Councillors or MPs on behalf of their constituents need to be considered on an individual basis. Most are general enquiries, requests for information or requests for services. However, a small number may be concerns or complaints. These enquiries will be dealt with under this policy.

If the matter giving rise to the complaint or concern relates to suspected fraud or corruption, then action must be taken immediately to bring the matter to the attention of the CCG's Local Counter Fraud Specialist tel no 07870 582196 or NHS Protect Fraud & Corruption Reporting Line 0800 028 4060, or at www.reportnhsfraud.nhs.uk, and or to the Council's Audit Manager.

4.7 Services regulated under the Care Standards Act 2000

Complaints about services regulated under the Care Standards Act 2000, such as residential homes and home care providers will have their own complaints procedure.

In most cases, and only with the Complainant's consent, the complaint will be

passed as soon as practicable to the service provider and copied to the Local Authority. This allows the provider the opportunity to address the complaint. If the complainant remains dissatisfied with the response from the provider they may contact the CCG to discuss further options to resolve the complaint.

4.8 What falls outside the policy

The complaints policy does not apply when:

- The person wishing to complain does not meet the requirements of 'who may complain' and is not acting on behalf of such an individual;
- A complaint made by an employee relating to their employment;
- The complaint is made by a responsible body;
- The complaint is in regard to actions and decisions which fall outside of the CCG's responsibilities and remit for example relating to services the CCG does not commission;
- The same complaint has already been fully considered in the view of the Complaints & PALS Service, in consultation with the relevant senior managers and appropriate advice sought;
- The same complaint has already been investigated by a health or local commissioner or service provider;
- Where matters are either under investigation or have been investigated by the Parliamentary and Health Service Ombudsman;
- The complaint is unclear or it is vexatious;
- The complaint is about the handling of a Freedom of Information Act (FOI) request. These would be considered under the appeals route as outlined in the relevant organisational FOI policy and procedures;
- Matters that should be dealt with under other proceedings such as, personnel procedures, services for which an alternative statutory appeals process already exists, criminal investigation where Court action is pending, matters that involve a suspicion of fraud or corruption and other procedures supersede the complaints procedure e.g. Grievance Policy and Whistleblowing Policy.

Each complaint is considered on an individual basis. The Complaints & PALS office will take advice from necessary sources including personnel and service managers as to whether a complaint may be considered under this procedure. In some cases, elements may need to be considered under different procedures. If this is the case the Complaints & PALS Service will inform the complainant of this and the reasons why.

4.9 Other investigations

There may be circumstances where to consider a complaint may prejudice other procedures, investigations and enquiries.

Where a complaint is not investigated or is suspended in these circumstances, then the Complaints & PALS Service will notify the complainant of this and the reasons why.

Once the other investigation or enquiries are complete or discontinued then the Complaints & PALS Service, taking advice from relevant sources, will consider whether the complaint investigation should be started or resumed. Where the CCG decides not to consider the complaint in this circumstance, the Complaints & PALS Service will notify the complainant and give the reasons why.

4.10 Safeguarding

Where an allegation relates to safeguarding concerns this will be reported to the Safeguarding Department who will follow their processes. The Safeguarding Policy takes precedence over this policy for both adults and children.

4.11 Legal Proceedings

If a complainant has instigated formal legal action, the complaints procedure should only continue if it would not compromise or prejudice a concurrent legal investigation. This decision will be made by the Director of Quality, in discussion with the relevant authorities (for example local legal advisors of the NHS Litigation Authority). The default position, in cases where the complainant has expressed an intention to take legal proceedings, would be to seek to continue to resolve the complaint unless there are clear legal reasons not to do so.

In circumstances where the complaint investigation is halted due to legal action the complainant and patient identified in the complaint will be advised appropriately in writing.

In all cases, it will be important to ensure potential implications for patient safety and/or organisational learning are investigated as quickly as possible to allow urgent action to be taken to prevent similar adverse events arising.

4.12 Fraud & Corruption

Any complaint which concerns allegations of possible fraud or corruption is to be passed immediately to the Local Counter Fraud Specialist for consideration, tel no 07870 582196 or the NHS Protect Fraud & Corruption Reporting Line 0800 028 4060, or at www.reportnhsfraud.nhs.uk.

4.13 Support for Staff

Members of staff named in a complaint, either personally or by role, should be informed of the complaint by their line manager. Staff should be fully supported by their line manager and consulted during the investigation. The

investigation should be full, fair and timely and should not apportion blame. The management style and culture within the CCG will promote positive attitudes towards dealing with complaints.

Members of staff directly involved in complaints can seek support from Human Resources or their Trade Union. Staff members will be given the opportunity to be accompanied by a friend or Trade Union Representative if they are required to be interviewed.

Interviews with employees under the complaints procedure should not be viewed as disciplinary in nature. However, staff should be made aware that documentary evidence, including statements, obtained in the course of an investigation may be used as evidence in any resulting disciplinary proceeding.

Staff may wish to access the CCG Staff Support Services. This is a free, confidential advice and support service which is available to all CCG staff 24 hours a day. Further information can be found on the CCG Intranet.

4.14 Vexatious complainants

A vexatious complaint is one where, on the facts of the case, it has little merit or substance and has been made with the intended consequence of distress or harm to either the individual receiving the complaint, or the subject of the complaint (where they are different individuals).

A persistent or habitual complainant is defined as 'someone who continually makes contact with the CCG to request review of a regular complaint issue'. This may also include offensive, rude aggressive, discriminatory or abusive behaviour or comments during contact.

A prolific complainant is someone who raises the same issue despite having been given a full response and may display certain types of behavior:

- Complains about every part of the health system regardless of the issue
- Contacts several agencies and individuals simultaneously regarding the same issue
- Automatically responds to any letter from the CCG
- Insists they have not received an adequate response
- Focuses on a trivial matter

Complainants may be deemed to be a 'persistent complainant' where ongoing contact with them shows they meet at least two of the following criteria.

The complainant:

- Persists in pursuing a complaint for which the NHS complaints procedure has been fully and properly implemented and exhausted.

- Changes the substance of a complaint or continually raises new issues or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues, which are significantly different from the original complaint. These might need to be addressed as separate complaints).
- Is unwilling to accept documented evidence of treatment given as being factual e.g. medication records, nursing records; or denies receipt of an adequate response in spite of correspondence specifically answering their questions; or does not accept facts and can sometimes be difficult to verify when a long period of time has elapsed.
- Does not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of the CCGs staff and, where appropriate, SEAP Advocacy Service to help them specify their concerns, and/or where the concerns identified are not within the remit of the CCG's to investigate.
- Focuses on a particular matter to an extent which is out of proportion to its significance and continues to focus on this point. (It is recognised that determining what such a matter is can be subjective and careful consideration must be used in applying this criteria).
- Has in the course of addressing a registered complaint had an excessive number of contacts with the CCG's and is placing unreasonable demands on staff. A contact may be in person or by telephone, email, letter or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgement based on the specific circumstances of each individual case.
- Is known to have recorded meetings or face-to-face/telephone conversations without prior knowledge and consent of other parties involved.
- Displays unreasonable demands or patient/complainant expectations and fails to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).
- During the process of complaining, threatened or actual physical violence is used towards staff or their families or associates at any time, and/or offensive/discriminatory comments are made in communications with staff.

Where a complainant is perceived to be a 'persistent complainant', and where there is potential for reputational damage to the CCG, if, for example the complainant contacts the media, the Complaints Team will ensure the CCG Communications team is aware of the complaint.

Application of the criteria for vexatious complainants

Prior to action being taken under this policy, senior staff should first consider:

- Has the complaints procedure been correctly implemented as far as is

possible and has any material element of a complaint been overlooked or inadequately addressed?

- The stage at which a complainant has become or is developing into a persistent complainant where the complaint and responses have become repetitive, habitual or persistent (following a review of the available information). There should be evidence available to demonstrate the habitual and persistent nature of the complaint. The purpose of this procedure is to ensure any restrictions placed on complainants should be the result of a fair and consistent process. The procedure will be applied only in the absolute circumstances outlined, not because the complainants are forceful and determined.

The CCGs Chief Officer (or deputies) may decide to deal with the complaint in one or more of the following ways:

- Decline contact with the complainant either in person, by telephone, by fax, by letter, by email or any combination of these, provided one form of accessible contact is maintained or alternatively to restrict contact to liaison through a third party.
- Notify the complainant in writing that the CCG's Chief Officer has responded fully to the points raised and has tried to resolve the complaint, but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and further letters received might be acknowledged but not responded to.
- Inform the complainant that in extreme circumstances the CCG reserves the right to pass unreasonable or persistent complainants to be dealt with through the CCG's solicitors and where appropriate other agencies.
- Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from the CCG legal advisors or any other relevant agencies.
- Consider whether there are any relevant equality considerations that may be linked to the persistency of the complaints. It is the responsibility of the managers reviewing each individual case to recognise some complainants (for example, individuals with speech/hearing impairment, learning disability or other permanent or temporary cognitive impairment or service users for whom English is not their first language) may need the CCG to implement relevant equality factors throughout the complaints process (for example, disability).
- Any planned actions do not constitute unlawful victimisation.

Withdrawing Persistent Complainant Status

Once a complainant has been determined as a 'persistent complainant' there needs to be a mechanism for withdrawing this status at a later date if, for example the complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate.

Staff should previously have used discretion in recommending 'persistent

complainant' status at the outset and discretion should similarly be used in recommending this status be withdrawn when appropriate.

Where this appears to be the case, discussion will be held with the CCG Chief Officer. Subject to their approval, normal contact with the complainants and application of NHS complaints procedures will then be resumed.

5.0 ROLES & RESPONSIBILITIES

Committees' Roles & Responsibilities

The Chief Officer (or nominated deputy) is accountable for ensuring effective management of complaints across the CCG and is the responsible signatory for written responses to formal complaints. For the purposes of the Local Authority Social and National Health Service Complaints (England) Regulations 2009, the Accountable Officer acts as the 'Responsible Person'.

The Lay Member for Patient and Public Involvement (PPI) will scrutinise CCG reports to ensure complaints, compliments and concerns are managed effectively with appropriate outcomes for individuals and the organisation learns from this feedback. The Lay member for PPI will endorse the Compliments, Concerns and Complaints Annual Report to the Governing Body.

The Quality & Clinical Governance Committee (QCGC) will receive CCG reports providing a summary of complaint themes and agreed detailed information to inform the commissioning process. The approval of the QCGC will be sought if any amendments are considered necessary to this policy at future dates. The Committee is also responsible for monitoring CCG compliance with this policy.

The CCG Governing Body will receive regular reports regarding complaints, compliments and concerns raised with the CCG. The Governing Body will also receive an Annual Report prepared by the Director of Quality with endorsement from the Lay Member for Patient & Public Involvement.

Individual Roles & Responsibilities

The Director of Quality has the delegated responsibility for ensuring the efficient and effective implementation of the Compliments, Concerns and Complaints Policy.

The Complaints & PALS Manager is responsible for ensuring this policy remains relevant and accords with national guidance.

Associate Directors and Senior Managers for CCG Commissioned Services (Continuing Healthcare, Exceptions & Prior Approvals) are accountable for the thorough investigation of complaints within CCG directorates. They are

responsible for ensuring the investigation is carried out in line with this policy and where an action is identified it is implemented. Associate Directors and Senior Managers are responsible for ensuring the draft response, together with any supporting evidence and administration documents, is returned to the Complaints & PALS Manager within the stipulated timescale.

The Quality Directorate is responsible for administering the complaints process, ensuring thorough replies are provided to the complainant within the required timescales. Through the Director of Quality they will provide regular reports and so keep the Governing Body informed of complaint themes and trends, the actions which have been taken to rectify problems and improvements in the quality of the services provided by the CCG. They also ensure the CCG meets annual complaints reporting requirements.

All staff are responsible for providing good customer service when dealing with members of the public or their advocates particularly in the instances of complaints and concerns where there is a need for the involvement of multiple organisations in the healthcare system. All staff must follow Information Governance protocols when sharing information across organisational boundaries.

The Local Security Management Specialist (LSMS) will manage difficult/persistent and vexatious callers in line with section 4.13 Vexatious Complainants’.

6.0 TRAINING

The CCG will ensure all new staff are made aware of this policy on induction and signposting is available on the CCG intranet.

7.0 EQUALITY, DIVERSITY & MENTAL CAPACITY

The organisation recognises and values all people and welcomes feedback on all issues. The objective is to break down barriers irrespective of protected characteristics. Assistance will be offered to those individuals with specific needs, e.g. interpreting services, to enable everyone who wishes to give feedback to be able to do so. Complaints can be made in a number of ways that are convenient to the complainant. The CCG is committed to reassuring anyone making a complaint that any future care they receive will not be negatively affected as a result of having made a complaint.

An Equality Impact Assessment (EIA) has been completed for this policy and no significant issues were identified. The EIA will be published on the CCG internet.

We welcome feedback on this policy and the way it operates. We are interested to know of any possible or actual adverse impact this policy may have on any groups in respect of gender, marriage or civil partnership, race, disability, sexual orientation, pregnancy or maternity, religion or belief, transgender, age, deprivation or other characteristics.

8.0 SUCCESS CRITERIA / MONITORING EFFECTIVENESS

The effectiveness of the policy will be demonstrated by carrying out a survey of complainants. A survey form will be sent to complainants between 6-10 weeks following the final response to the complaint. The survey will be sent by the Complaints & PALS Service with a reply envelope. The service will collate responses on a quarterly basis and include summary information in the quarterly reports prepared for the CCG.

In addition to this we will also be using an internal quality assurance process to review and evaluate the responses sent to complainants. The Quality Assurance Process will involve the Lay Members who will be asked to review the quality of the responses being sent to complainants. This review will take place on a quarterly basis by two Lay Members and the complaint responses will be randomly selected. The feedback will be used to inform the provider for future learning on complaint responses.

9.0 REVIEW

This document may be reviewed at any time as appropriate but will be reviewed after a maximum of three years.

10.1 REFERENCES AND LINKS TO OTHER DOCUMENTS

This policy is consistent with:

- Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.
- Listening, Improving, Responding – a Guide to better Patient Care (Department of Health 2009).
- NHS Constitution (Department of Health 2009)
- My Expectations – Parliamentary & Health Service Ombudsman
- Human Rights Act 1998
- The Mental Capacity Act 2005
- The Equality Act 2010

This policy should be read in conjunction with:

- Information Governance Policy
- Data Protection Act Policy
- Freedom of Information Act Policy
- Safeguarding Policy
- Human Resources Policies
- Whistleblowing Policy
- Management of Persistent and Vexatious Applicants Policy
- Counter Fraud, Bribery and Corruption Policy
- Security Management Policy