

Policy Document

Patient Services Policy

(including Compliments, Concerns and Complaints)

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Document Control Sheet

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<p><i>This document is to be read in conjunction with the following documents: Freedom of Information (FOI) Policy Anti-Fraud, Bribery and Corruption Policy</i></p>			

Version Control

Version	Date	Brief description of change
1.0	21/01/14	First Draft of new policy
1.1	11/02/14	Review and amendments made

PLEASE NOTE: the formerly approved copy of this document is held on North, Central and South CCG's website. Printed copies or electronic saved copies must be checked to ensure they match the current online version.

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1.0	Policy Statement
1.1	The purpose of this document is to provide the CCG with a framework for investigating complaints in line with the requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
1.2	The policy describes how the CCG manages, responds to and learns from complaints made about its services and the way in which they are commissioned.
1.3	The policy includes the fundamental requirements of good complaints and concerns handling used by the CCG to deliver arrangements in an easily accessible, equitable, sensitive and open manner. It also takes account of the principles laid out in Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16 and the NHS Constitution.
1.4	From the 1 April 2013, the CCG has commissioned Greater Manchester Commissioning Support Unit (GMCSU) to act as the first point of call for the public for complaints, concerns and general enquiries about services the CCG commissions.
2.0	Introduction
2.1	The CCG will treat complaints seriously and ensure that complaints, concerns and issues raised by patients, relatives and 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.
2.2	<p>The main aims of the policy are:</p> <ul style="list-style-type: none"> • To provide accessible, clear and easy to understand procedures for managing complaints. • To provide a consistent approach to the management and investigation of complaints. • To sympathetically respond to complaints and concerns in appropriate timeframes. • To provide opportunities for people to offer feedback on the quality of service provided. • To provide staff and complainants with support and guidance throughout the complaints process. • To identify the causes of complaints and to take action to prevent recurrences. • To use 'lessons learnt' as a driver for change and improvement. • To ensure that the care of complainants is not adversely affected as a result of making a complaint. • To assist in promoting an open, honest and transparent organisational

	<p>culture.</p> <ul style="list-style-type: none"> • To ensure that the CCG meets its legal obligations. • To act as a key tool in ensuring the good reputation of the CCG.
3.0	Purpose
3.1	The CCG is committed to high quality care for all as a core principal of our vision and purpose. This includes the provision for any user of the organisation, their family, carers, or members of the public, with the opportunity to seek advice, raise concerns or make a complaint, about any of the services it commissions, or policies and procedures it has developed and implemented.
3.2	The CCG recognises that staff work very hard to get it right first time. However, there may be occasions when people will be dissatisfied with the service received, or decisions made, and wish to make a complaint or raise a concern.
3.3	The CCG will endeavour to respond as quickly and effectively as possible to resolve complaints and respond to enquiries, and to use the information to improve the quality of patient services.
3.4	<p>The complaints system incorporates the Parliamentary and Health Service Ombudsman Principles of Good Complaints Handling (2009):</p> <ul style="list-style-type: none"> • Getting it right • Being customer focused • Being open and accountable • Acting fairly and proportionately • Putting things right • Seeking continuous improvement.
3.5	<p>The policy is informed by the NHS Constitution and includes a number of recommendations relating to patient rights. Patients have the right to:</p> <ul style="list-style-type: none"> • 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 will 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 on. • Take a complaint about data protection breaches to the independent Parliamentary and Health Service Ombudsman if not satisfied with the way the NHS has dealt with the complaint. • Make a claim for judicial review if the patient thinks that they have been directly affected by an unlawful act or decision of an NHS body; and • Receive compensation if the patient has been harmed by medical negligence.

3.6	<p>The policy is also informed by:</p> <ul style="list-style-type: none"> • Principles of openness, transparency and candour throughout the system. • Patients raising concerns about their care are entitled to have the matter dealt with as a complaint, unless they do not wish it. • Prompt and thorough processing. • Sensitive and accurate communication. • Effective and implemented learning. • Comments or complaints amounting to an adverse or serious untoward incident should trigger an investigation. • The importance of narrative as well as numbers contained within the data.
3.7	<p>This policy applies to the handling of compliments, concerns or complaints relating to any service directly commissioned by the CCG. For complaints about services other than those commissioned by the CCG, please refer to the complaints service of the provider concerned.</p>
3.8	<p>Complaints can be made by any person who is affected by, is likely to be affected by or is aware of, either through direct experience or observation, an action, omission or decision of the CCG or a service commissioned by the CCG. All staff have a responsibility to ensure that they are aware of the contents of this policy and have undertaken training as appropriate.</p>
4.0	<p>Responsibilities</p>
4.1	<p>The National Health Service Complaints Regulations 2009 includes statutory responsibilities for senior management.</p>
4.2	<p>CCG Chief Operating Officer responsibilities:</p> <ul style="list-style-type: none"> • Overall accountability for ensuring that the Complaints Policy meets the statutory requirements as set out in the regulations. • Responsible for approving and signing complaints response letters. Regulation 4 (2) allows the functions of the responsible officer to be performed by any person authorised to act on the responsible officer's behalf.
4.3	<p>Head of Patient Services responsibilities:</p> <ul style="list-style-type: none"> • Oversees arrangements for complaints handling. • Ensures information from complaints is reported into appropriate clinical quality and risk committees and forums to enable organisational review and learning.
4.4	<p>Patient Services Manager responsibilities:</p> <ul style="list-style-type: none"> • Management of the procedures for handling complaints and concerns through the Patient Services team and for consideration of complaints

	made under the regulations.	
4.5	Patient Services Officer(s) responsibilities: <ul style="list-style-type: none"> • Facilitation of the resolution of complaints and concerns. • Recording details of the complaint on a database, the outcome, and any learning from the complaint. 	
4.6	Subject matter experts* responsibilities: <ul style="list-style-type: none"> • Provision of a response for particular issues requiring specialist knowledge <p>*Subject Matter Experts are identified by Patient Services as having specific knowledge or expertise relating to a complaint.</p>	
5.0	Definitions of Terms Used	
	(The Regulations Local Authority Social Services and National Health Service Complaints (England) Regulations 2009)	
5.1	Being Open	Is a process of acknowledgment, apologising and explaining when things go wrong in any healthcare environment. Conducting a thorough investigation into incidents and reassuring service users, their families and carers that lessons learned will help prevent the incident recurring. Providing support for those involved to cope with the physical and psychological consequences of what happened. It is important to note that saying sorry is not an admission of liability and is the right thing to do.
5.2	CCGs	Clinical Commissioning Groups
5.3	Compliment	Praise for a service provided/commissioned
5.4	Concern	An indication that something may go wrong if a system, process or action is not changed.
5.5	Complaint	Where someone expresses an explicit dissatisfaction in relation to their experiences of the healthcare system.
5.6	Informal Complaint	A matter that can be dealt with on the spot by a member of staff or the most senior person on duty, or one that can be satisfactorily resolved no later than the end of next working day.
5.7	Formal Complaint	A matter that cannot be satisfactorily resolved on the spot or within 24 hours.
5.8	PALS	Patient Advice and Liaison Service, an informal mechanism for resolving patient concerns.
5.9	ICA	Independent Complaints Advocacy

5.10	Stakeholders	A person, group, professional body or organisation with an interest in the service being provided, for example, members of the public including service users, GPs, Dentists, Opticians, Pharmacists and the Local Authority.
5.11	Investigating Officer	The person assigned to investigate a complaint or concern.
5.12	Receiving Organisation	The Organisation that first receives the complaint.
6.0	Definition of a Complaint	
6.1	A complaint is a verbal or written expression of concern or dissatisfaction about an act, omission or decision which requires a response and/or redress.	
7.0	Complaints that Cannot be Dealt with under this Policy	
7.1	<p>The following complaints will not be dealt with under the NHS Complaints Regulations 2009:</p> <ul style="list-style-type: none"> • A complaint made by one NHS organisation about another NHS organisation. • A complaint made by an employee about any matter relating to their employment. • A complaint, the subject matter of which has previously been investigated under these or previous Regulations. • A complaint made by a primary care provider which relates to the exercise of its functions by an NHS body or to the contract or arrangements under which it provides primary care services. • A complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day. • A complaint made by an independent provider, NHS Trust or an NHS Foundation Trust about any matter relating to an arrangement made by an NHS body with that independent provider or NHS Foundation Trust. • A complaint which is being or has been investigated by the Ombudsman. • A complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000. • A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes. • A complaint about a service that has been commissioned by the CCG but has already been made directly to the organisation providing the service. 	

7.2	In the event of a complaint where a person has stated that they intend to take legal action, consideration will be given to whether the complaint can be investigated without prejudicing the outcome of any legal action.
8.0	Who can make a complaint
8.1	Any person, who is affected by, is likely to be affected by or is aware of an action, omission or decision of the CCG for the purposes of delivering health care to NHS users with appropriate consent.
8.2	<p>A complaint or concern may be made by a person acting on behalf of a patient in any case where that person:</p> <ul style="list-style-type: none">• Is a child; In the case of a child, the representative must be a parent, guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation, and in the opinion of the Patient Services Manager, is making the complaint in the best interests of the child.• Has died; In the case of a patient or person affected who has died, the representative must be a relative or other person, who had sufficient interest in their welfare, and is a suitable person to act as a representative.• 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, the representative must be a relative or other person, who has sufficient interest in their welfare and is a suitable person to act as a representative.• 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 'affected' person we will request the following information:<ul style="list-style-type: none">- 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 behalfThis will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the affected person.• Has delegated authority to do so, for example in the form of Power of Attorney.• Is an MP acting on behalf of and by instruction from a constituent.

8.3	Carers can make a complaint on behalf of the person they care for where the person is a child, has asked the carer to act on their behalf, or is not capable of making the complaint themselves. The organisation has the discretion to decide whether the carer is suitable to act as a representative in the individual's best interests.
9.0	Advocacy and Representatives
9.1	Independent Complaints Advocacy (ICA) is an independent service organisation which can provide support and advice to the complainant when making their complaint. They are able to liaise and accompany complainants to meetings and provide guidance through every step of the complaints process, free of charge.
9.2	Use of complaints advocacy should be encouraged and promoted to aid successful resolution of complaints.
9.3	Complainants will be advised of complaints advocacy services in their area where appropriate.
9.4	Contact details for ICA in Greater Manchester can be found in Appendix E.
9.5	If the Patient Services Officer (or equivalent officer in the team) is of the opinion that a representative does or did not have sufficient interest in the person's welfare, is not acting in their best interests or is unsuitable to act as a representative, they will notify that person in writing stating the reasons.
10.0	Safeguarding
10.1	If a complaint or concern is an allegation or suspicion of abuse, for example sexual abuse, physical neglect or abuse, or financial abuse, it should immediately be investigated following appropriate safeguarding or serious incident policies and procedures.
10.2	In a situation where a person discloses physical or sexual abuse, or criminal or financial misconduct, it must be reported using appropriate policies and procedures, even if the person affected does not want to make a complaint.
10.3	In cases involving vulnerable adults or children, including threat of self harm and/or harm to others, all officers should implement effective safeguarding policies and practice, referring to the Manchester Safeguarding Team.
11.0	Fraud
11.1	Any allegations of fraud or financial misconduct should be referred to the National Fraud Reporting line; details should NOT be taken by the complaints team. Full details of the methods for reporting are on their website: https://www.reportnhsfraud.nhs.uk/

12.0	Persistent and Unreasonable Complaints
12.1	Guidance for dealing with unreasonable and persistent complainants can be found in Appendix C.
13.0	How to Make a Complaint
13.1	Where it is appropriate, complaints and concerns can be resolved on the spot or quickly by front line staff or the service provider. This is called local resolution.
13.2	Patient Services is committed to resolving patients concerns or complaints at the earliest possible opportunity. With the agreement of the complainant, concerns and complaints may be resolved informally through the Patient Advice and Liaison Service (PALS).
13.3	If an issue is resolved through PALS, the patient will be advised usually by telephone or email, but at times in writing, of the outcome of their concern and a record made.
13.4	If for whatever reason a patient is unhappy with their resolution through PALS, they have the right to make a complaint.
13.5	If the complainant has concerns relating to NHS services directly commissioned by the CCG and where local resolution fails to achieve a satisfactory outcome, the complainant then has the right to make a complaint with either the service provider or the commissioner of the service via the Patient Services Team. Contact details are at the end of this policy.
13.6	A complaint or concern can be received by white mail (e.g. letters), electronically or by telephone. All contacts made through Patient Services will be documented, a case file opened and a unique ID number provided.
13.7	If the complaint or concern can be resolved quickly by Patient Services via PALS then the case will be closed. A case record will be completed.
14.0	Timescales for Complaints
14.1	Complaints can be made twelve months from the date on which the matter that is the subject of the complaint came to the notice of the complainant.
14.2	If there are good reasons for not having made the complaint within the above time frame and, if it is still possible to investigate the complaint effectively and fairly, the Patient Services Manager may decide to still consider the complaint; for example, longer periods of complaint timescales may apply to specific clinical areas.
14.3	Consideration will always be given to complainant's individual circumstances, particularly caring commitments and bereavement.

15.0	Confidentiality
15.1	Complaints will be handled in the strictest confidence in accordance with the GMCSU Confidentiality Policy, and should be kept separately from patient medical records. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it.
15.2	Suitable arrangements must be in place for the handling of patient identifiable data, to meet compliance with the Data Protection Act and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality. The Caldicott Report set out a number of general principles that health and social care organisations should use when reviewing its use of patient or client information.
15.3	Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the case should be dealt with under disciplinary procedures.
15.4	Arrangements should be backed up by clear information-sharing protocols, defining how information will be shared and for what purpose, the process and contractual arrangements in place, what each party will do to ensure compliance with protocols and legal obligations, and the penalties for non-compliance.
16.0	Consent
16.1	There is an expectation that when capturing consent for the use and sharing of information, that the patient 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.
16.2	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.
16.3	If an MP makes a complaint on behalf of a complainant, it is implied that the MP has consent to act on the complainants behalf to raise their concerns and receive information on their resolution. However, Patient Services will clarify consent and may request consent in writing where this may aid and assist the investigation and resolution of the complaint.
16.4	It is recognised, however, that there may be circumstances in which information disclosure is in the best interests of the patient, or the protection, safety or wellbeing of a child or vulnerable adult. In these circumstances, the complaint will be escalated as necessary in line with the CCG's safeguarding policies and procedures.

17.0	Investigation and Response
17.1	The Patient Services team, on behalf of the CCG, will investigate a complaint in a manner appropriate to resolve it as efficiently as possible, proportionate to the seriousness of the complaint.
17.2	<p>All complaints will be acknowledged no later than three working days after the day the complaint is received (either by telephone, email or letter) and an offer will be made, as appropriate, to discuss with the complainant:</p> <ul style="list-style-type: none"> • An action plan for handling the complaint. • Timescales for responding. • The complainant's expectations and desired outcome. • Information in relation to the provider of independent advocacy services in their geographical area e.g. the Independent Complaints Advocacy. • Consent for the Patient Services Team to pass the complaint to the service provider (as appropriate). • Consent for the Patient Services Team to handle the response provided by the service provider.
17.3	All concerns and complaints are risk assessed on receipt using a Red Amber Green (RAG) matrix. Any complaints rated amber or red will be notified to the CCG immediately. A copy of the risk matrix can be found in Appendix B.
17.4	If the complainant does not accept the offer to discuss the complaint, the Case Officer will determine the response period and notify the complainant in writing.
17.5	<p>The complainant can expect that:</p> <ul style="list-style-type: none"> • They will be kept up to date. • Their complaint will be investigated and, where appropriate, they will receive an explanation based on facts. • Assurance that the matter has been investigated and action has been taken to prevent a recurrence. • To be informed of any learning. • A remedy will be made where appropriate.
17.6	On receipt of the investigation report, a response to the complaint will be prepared and the Patient Services Officer will include information on the next stages of the complaints procedure, should the complainant wish to take matters further.
17.7	Where the complaint involves more than one NHS or social care body, Patient Services will adhere to the duty to cooperate as contained in the legislation. Where complaints involve more than one body, discussions will take place about the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant.

17.8	Where Patient Services receives a complaint involving several bodies, permission will be sought from the complainant before sharing or forwarding a complaint to another body. Consent will need to be obtained to forward the complaint to any provider.
17.9	<p>As soon as it is reasonably possible after completing the investigation, and within the timescale agreed with the complainant, Patient Services will send a formal response in writing to the complainant which will be signed by the CCG's Chief Operating Officer or delegated deputy.</p> <p>The response will include:</p> <ul style="list-style-type: none"> • An explanation of how the complaint has been considered. • An explanation based on facts. • Whether the complaint in full or in part is upheld. • An apology (where it has been identified that there were failings in the care provided). • 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. • An explanation of the available options should the complainant be unhappy with the response.
17.10	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.
18.0 Referrals to the Parliamentary and Health Service Ombudsman	
18.1	If a complainant remains dissatisfied with the handling of their complaint and does not wish to allow further local resolution of their complaint, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case.
18.2	<p>The PHSO may investigate a complaint where, for example:</p> <ul style="list-style-type: none"> • A complainant is not satisfied with the result of the investigation undertaken. • The complainant is not happy with the response and does not feel that their concerns have been resolved. • The CCG has decided not to investigate a complaint on the grounds that it was not made within the required time limit.
18.3	Patient Services will provide information on how to contact the PHSO when issuing the formal written response.

18.4	When informed that a complainant has approached the PHSO, Patient Services will cooperate fully with the PHSO and provide all information that has been requested in relation with the complaint investigation. The relevant director or senior member of staff will be informed that a request for investigation has been made so that the staff involved can be informed.
18.5	Patient Services can also refer a complaint to the Parliamentary Health Service Ombudsman for a final decision.
19.0 Record Keeping	
19.1	Keeping clear and accurate records of complaints is important and these should be retained in line with CCG retentions policies and for a period of ten years.
20.0 Supporting Staff	
20.1	<p>All documentation relating to the investigation will be stored securely in the case file. Members of staff named in the complaint (personally or by role) should be informed of the complaint, and fully supported by their relevant line manager. The investigation should be comprehensive, fair and timely, and should not apportion blame. For any concerns regarding fraud, bribery or corruption please consult the Anti-fraud Bribery and Corruption Policy available on the CCG website. Any legal concerns should be discussed with the Chief Officer or a relevant Senior Manager so that the appropriate action can be taken.</p> <p>A number of supports are available for staff, including:</p> <ul style="list-style-type: none"> • Line manager • Directorate manager • Peer support • Occupational health • Professional bodies.
21.0 Quality Assurance	
21.1	<p>Patient Services, in partnership with the CCGs, will monitor both the effectiveness of the complaints process, and how complaints information is being used to improve services and delivery of care. Specifically, Patient Services will provide a system to:</p> <ul style="list-style-type: none"> • Disseminate learning from complaints across the relevant parts of the organisation. • Include the use of complaints procedures as a measure of performance and quality. • Use complaints information to contribute to practice development, commissioning and service planning.

22.0	Process for Approval & Ratification
22.1	The process for approval and ratification detailed in the 'Corporate Document Template and Users Guidelines Policy' will be used. The policy will be approved by the CCG Quality Committees.
22.2	A list of CCG policies will be produced and made available to all staff and be published on the CCG website.
23.0	Dissemination, Training & Advice
23.1	Patient Services will ensure that all staff and the general public are aware of the complaints policy and procedures.
23.2	All officers within the Patient Services Team will be given training for implementation of this policy. A training needs analysis will be undertaken with other officers affected by this document. Based on the findings of that analysis, appropriate training will be provided to staff as required.
24.0	Review, Monitoring and Compliance
24.1	Patient Services will demonstrate how we use feedback to learn and improve services commissioned by the CCGs.
24.2	Quarterly and annual reports will be produced for the CCGs, which will detail as a minimum: <ul style="list-style-type: none"> • 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 • number of cases which Patient Services has been advised are being considered or referred to the Parliamentary and Health Service Ombudsman.
24.3	Compliance with the policy and procedures laid down in this document will be monitored by the Head of Patient Services together with independent reviews by both Internal and External Audit on a periodic basis.
24.4	The Head of Patient Services and Patient Services Manager are responsible for the monitoring, revision and updating of this document. This policy will be kept under review in light of operational experience and national guidance. The first review will take place one year from issue.
25.0	References
25.1	Equality Impact Assessment

25.2	An initial assessment of the potential impact of the policy in relation to the protected characteristics of the Equality Act 2010 has been carried out. The intention of the equality impact assessment is to eliminate unlawful discrimination, advance equality of opportunity and foster good relations as stated in the Equality Act.
25.3	The assessment includes the protected characteristics of race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity) as well as to promote positive practice and value the diversity of individuals and communities.
25.4	At this stage, no adverse impacts have been identified that arise specifically from the policy. However, further information will be sought during wider consultation with patients and the public.
25.5	<ul style="list-style-type: none"> • NHS Constitution updated March 2013 • CCG Confidentiality and Data Protection Policy • CCG Incident Management Policy • CCG Safeguarding Policy • CCG Whistleblowing policy • CCG Risk Management Framework • Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16 • Caldicott Report 1997 • Equality Act 2010 • Freedom of Information Act 2000 • Human Rights Act 1998 • Listening, Responding and Improving – A Guide to Better Customer Care (2009) http://dh.gov.uk • Principles of good administration. Parliamentary and Health Service Ombudsman (2009) http://www.ombudsman.org • Principles of good complaints handling. Parliamentary and Health Service Ombudsman (2008) http://www.ombudsman.org • Principles for remedy. Parliamentary and Health Service Ombudsman (2007) http://www.ombudsman.org • Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary February 2013 • Superannuation Act 1972 • The Data Protection Act 1998 • The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 http://dh.gov.uk

Appendix A – Parliamentary and Health Service Ombudsman's Principles of Good Complaint Handling

<http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-of-good-complaint-handling-full>

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

Appendix B – Risk Matrix

		Complaint Grading Matrix				
		Consequences				
		Insignificant	Minor	Moderate	Major	Catastrophic
		(1)	(2)	(3)	(4)	(5)
Likelihood of Recurrence	Rare (1)	1	2	3	4	5
	Unlikely (2)	2	4	6	8	10
	Possible (3)	3	6	9	12	15
	Likely (4)	4	8	12	16	20
	Almost certain (5)	5	10	15	20	25

Consequence Definitions

Grade	Consequence examples	Example of seriousness of complaint	Impact on staff/organisation	Potential for litigation
5 – Catastrophic	Death	When failures in the system or mistakes contribute to or have caused permanent harm, and/or where there have been deliberate acts of negligence	National adverse publicity	Litigation expected
4 – Major	Permanent injury	When failures in the system or mistakes contribute to or have caused significant injury or poor clinical outcome	Service closure	Litigation expected
3 – Moderate	Semi-permanent damage	When failures in the system or mistakes contribute to an infection, fall, poor standard of care or communication	Needs careful PR management	Litigation highly probable but not certain
2 – Minor	Short-term injury/damage	When failures in the system or mistakes contribute to, or have caused temporary discomfort/frustration/inconvenience	Minimal risk to organisation	Litigation possible
1 – Insignificant	No injury or adverse outcome	When mistakes or failures in the system are corrected before they have any impact on the patient	No risk at all to organisation	Litigation risk remote

Likelihood Definitions

Likelihood Rating	Description
5 – Almost certain	This type of event is more likely to occur than not on a daily basis
4 – Likely	This type of event will occur on a weekly basis in most circumstances
3 – Possible	This type of event has a reasonable chance of occurring on a monthly basis
2 – Unlikely	Unlikely that this type of event will occur more than once a year
1 – Rare	Cannot believe that an event of this type will occur in the foreseeable future

Risk Rating and Plan of Action for dealing with All Complaints				
	Minor (1 – 3)	Moderate (4 – 6)	Significant (8 – 12)	Major (15 – 25)
Action to be taken on receipt of complaint	Receipt of complaint to be acknowledged within 3 working days and process of investigation and method of responding to be agreed with complainant. Response timeframe to be agreed with complainant with the aim of this being completed within 25 working days. Consent will be sought to extend this timeframe if additional time is needed.	Receipt of complaint to be acknowledged within 3 working days and process of investigation and method of responding to be agreed with complainant. Response timeframe to be agreed with complainant with the aim of this being completed within 25 working days. Consent will be sought to extend this timeframe if additional time is needed.	Receipt of complaint to be acknowledged within 3 working days and process of investigation and method of responding to be agreed with complainant. Response timeframe to be agreed with complainant with the aim of this being completed within 35 working days. Consent will be sought to extend this timeframe if additional time is needed.	Receipt of complaint to be acknowledged within 3 working days and process of investigation and method of responding to be agreed with complainant. Response timeframe to be agreed with complainant with the aim of this being completed within 35 working days. The complainant is to be informed at the outset, however, that due to the severity/complexity of the issues raised, additional time may be required to complete the investigation and response process. The complainant will therefore be reassured that the Complaints Department will keep them updated on their progress and their consent will be sought to extend this timeframe if additional time is needed.
Key staff to be notified on receipt of the complaint	Identified service lead PALS/Complaints Manager	Identified service lead PALS/Complaints Manager	Identified service lead PALS/Complaints Manager Patient Experience Manager Medical Director Nurse Director Corporate/Clinical Governance Manager Communications Manager Interim Accountable Officer	Identified service lead PALS/Complaints Manager Patient Experience Manager Medical Director Nurse Director Corporate/Clinical Governance Manager Communications Manager Interim Accountable Officer

Investigation process	Complaint to be sent to the identified service lead for investigation and investigation process is to be completed within 10 working days.	Complaint to be sent to the identified service lead for investigation and investigation process is to be completed within 10 working days.	Complaint to be sent to the identified service lead for investigation and investigation process is to be completed within 15 working days.	Complaint to be sent to the identified service lead for investigation and investigation process is to be completed within 15 working days.
Independent clinical advice	N/A	N/A	The Medical Director and Nurse Director will be notified of the complaint at the outset and details of the investigation process shared with them in order that they can ensure the necessary services have been approached and the appropriate questions asked as part of the investigation process. If necessary, independent clinical advice will be obtained and this will be arranged as recommended by the Medical Director and/or Nurse Director.	The Medical Director and Nurse Director will be notified of the complaint at the outset and details of the investigation process shared with them in order that they can ensure the necessary services have been approached and the appropriate questions asked as part of the investigation process. Independent clinical advice is to be obtained, as arranged by the Medical Director and/or Nurse Director, to ensure that the findings of the investigation are factually correct and any actions identified are appropriate.
Signing-off of the response letter	Senior Complaints Officer Investigating Officer/ Identified service lead PALS/Complaints Manager Interim Accountable Officer	Senior Complaints Officer Investigating Officer/ Identified service lead PALS/Complaints Manager Patient Experience Manager Interim Accountable Officer	Senior Complaints Officer Investigating Officer/ Identified service lead PALS/Complaints Manager Patient Experience Manager Corporate/Clinical Governance Manager Medical Director and/or Nurse Director Interim Accountable Officer	Senior Complaints Officer Investigating Officer/ Identified service lead PALS/Complaints Manager Patient Experience Manager Corporate/Clinical Governance Manager Medical Director and/or Nurse Director Interim Accountable Officer
Feedback	Feedback, including a copy of the signed response letter and complaint summary report is to be provided to:	Feedback, including a copy of the signed response letter and complaint summary report is to be	Feedback, including a copy of the signed response letter and complaint summary report is to be provided to:	Feedback, including a copy of the signed response letter and complaint summary report is to be provided to:

	Investigating Officer/ Identified service lead	provided to: Investigating Officer/ Identified service lead	Investigating Officer/ Identified service lead Corporate/Clinical Governance Manager Communications Manager Medical Director and/or Nurse Director	Investigating Officer/ Identified service lead Corporate/Clinical Governance Manager Communications Manager Medical Director and/or Nurse Director
Acting on investigation findings and ensuring appropriate action is taken when failings or service improvements identified	Action plan to be completed by service using CCG agreed template. Copy of completed action plan to be forwarded to the Complaints Department for recording in Datix and action plan to be reviewed and updated by service on the allocated date. Amended action plan to be forwarded by the Complaints Department for recording in Datix and reporting to key staff involved in the signing-off process. On completion of all identified action, the Investigating Officer will present to the Complaints Review Group a summary of the complaint, which will include an explanation of the lessons that have been learnt and the ways in which these lessons have been embedded within the service to prevent the same issue happening again.	Action plan to be completed by service using CCG agreed template. Copy of completed action plan to be forwarded to the Complaints Department for recording in Datix and action plan to be reviewed and updated by service on the allocated date. Amended action plan to be forwarded by the Complaints Department for recording in Datix and reporting to key staff involved in the signing-off process. On completion of all identified action, the Investigating Officer will present to the Complaints Review Group a summary of the complaint, which will include an explanation of the lessons that have been learnt and the ways in which these lessons have been embedded within the service to prevent the same issue happening again.	Action plan to be completed by service using CCG agreed template. Copy of completed action plan to be forwarded to the Complaints Department for recording in Datix and action plan to be reviewed and updated by service on the allocated date. Amended action plan to be forwarded by the Complaints Department for recording in Datix and reporting to key staff involved in the signing-off process. On completion of all identified action, the Investigating Officer will present to the Complaints Review Group a summary of the complaint, which will include an explanation of the lessons that have been learnt and the ways in which these lessons have been embedded within the service to prevent the same issue happening again.	Action plan to be completed by service using CCG agreed template. Copy of completed action plan to be forwarded to the Complaints Department for recording in Datix and action plan to be reviewed and updated by service on the allocated date. Amended action plan to be forwarded by the Complaints Department for recording in Datix and reporting to key staff involved in the signing-off process. On completion of all identified action, the Investigating Officer will present to the Complaints Review Group a summary of the complaint, which will include an explanation of the lessons that have been learnt and the ways in which these lessons have been embedded within the service to prevent the same issue happening again.
Sharing lessons learnt	A report/newsletter is to be			

<p>from complaints</p>	<p>produced by the Complaints Service and made available to all commissioned services at the beginning of the 1st and 3rd reporting quarters to highlight to all commissioned services the lessons that have been learnt through complaint investigations. The report will be anonymised with the intention of sharing good practice and helping to prevent the same themes appearing in different services.</p>	<p>produced by the Complaints Service and made available to all commissioned services at the beginning of the 1st and 3rd reporting quarters to highlight to all commissioned services the lessons that have been learnt through complaint investigations. The report will be anonymised with the intention of sharing good practice and helping to prevent the same themes appearing in different services.</p>	<p>produced by the Complaints Service and made available to all commissioned services at the beginning of the 1st and 3rd reporting quarters to highlight to all commissioned services the lessons that have been learnt through complaint investigations. The report will be anonymised with the intention of sharing good practice and helping to prevent the same themes appearing in different services.</p>	<p>produced by the Complaints Service and made available to all commissioned services at the beginning of the 1st and 3rd reporting quarters to highlight to all commissioned services the lessons that have been learnt through complaint investigations. The report will be anonymised with the intention of sharing good practice and helping to prevent the same themes appearing in different services.</p>
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Appendix C – Guidance for Dealing with Persistent and Unreasonable Complaints

Introduction

1. This guidance covers all contacts, enquiries and complainants. It is intended for use as a last resort and after all reasonable measures have been taken to try and resolve a complaint within the NHS England Complaints Policy. Persistent complainants may have genuine issues and it is therefore important to ensure that this process is fair and the complainant's interests have been taken into consideration.

Purpose of guidance

2. To assist Officers to identify when a person is persistent or unreasonable, setting out the action to be taken.

Definition of persistent and unreasonable complainants

3. There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:
 - Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted.
 - Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services (ICA) could assist to help them specify their complaint.
 - Continually making unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice.
 - Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded.
 - Change the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.
 - Consume a disproportionate amount of time and resources.
 - Threaten or use actual physical violence towards staff.
 - Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails).
 - Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.
 - Make excessive telephone calls or send excessive numbers of emails or letters to staff.

Actions prior to designating a complainant as unreasonable or persistent

4. It is important to ensure that the details of a complaint are not lost because of the presentation of that complaint. There are a number of considerations to bear in mind when considering imposing restrictions upon a complainant.

These may include:

- Ensuring the complainant's case is being, or has been dealt with appropriately, and that reasonable actions will follow, or have followed, the final response.

- Confidence that the complainant has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable or persistent.
 - Checking that new or significant concerns are not being raised, that require consideration as a separate case.
 - Applying criteria with care, fairness and due consideration for the client's circumstances – bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the complainant's lifestyle, quality of life or life expectancy.
 - Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff.
 - Ensuring that the complainant has been advised of the existence of the policy and has been warned about, and given a chance to amend their behaviour.
5. Consideration should be also be given as to whether any further action can be taken prior to designating the complainant unreasonable or persistent.
- This might include:
- Raising the issue with a Director with no previous involvement, in order to give an independent view.
 - Where no meeting with staff has been held, consider offering this at a local level as a means to dispel misunderstandings (only appropriate where risks have been assessed).
 - Where multiple departments are being contacted by the complainant, consider a strategy to agree a cross-departmental approach.
 - Consider whether the assistance of an advocate may be helpful.
 - Consider the use of ground rules for continuing contact with the complainant.

Ground rules may include:

- Time limits on telephone conversations and contacts.
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
- Requiring contact to be made with a named member of staff and agreeing when this should be.
- Requiring contact via a third party e.g. advocate.
- Limiting the complainant to one mode of contact.
- Informing the complainant of a reasonable timescale to respond to correspondence.
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged.
- Advising that the organisation does not deal with calls or correspondence that is abusive, threatening or contains allegations that lack substantive evidence. Request that the complainant provides an acceptable version of the correspondence or make contact with a third party to continue communication with the organisation.
- Ask the complainant to enter into an agreement about their conduct.
- Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed.
- Adopting a 'zero tolerance' policy. This could include a standard communication

line, for example: “The NHS operates a zero tolerance policy, and safety of staff is paramount at all times. Staff have a right to care for others without fear of being attacked either physically or verbally”.

Process for managing unreasonable or persistent behaviour

6. Where a complainant has been identified as unreasonable or persistent, the decision to declare them as such is made jointly by the Patient Services Manager and the Chief Operating Officer of the CCG.
7. The Patient Services Manager will write to the complainant, informing them that either:
 - Their complaint is being investigated and a response will be prepared and issued as soon as possible within the timescales agreed.
 - Repeated calls regarding the complaint in question are not acceptable and will be terminated, or;
 - Their complaint has been responded to as fully as possible and there is nothing to be added.
 - That any further correspondence will not be acknowledged.
8. All appropriate staff should be informed of the decision so that there is a consistent and coordinated approach across the organisation.
9. If the declared complainant raises any new issues then they should be dealt with in the usual way.
10. Review of the persistent status should take place at six monthly intervals.

Urgent or extreme cases of unreasonable or persistent behaviour

11. In urgent or extreme cases, adopt safeguarding and zero tolerance policies and procedures. Discuss the case with the appropriate Director to develop an action plan that may include the use of emergency services in some circumstances. In these circumstances, carry out a review of the case at the first opportunity after the event.

Record keeping

Ensure that adequate records are kept of all contact with unreasonable and persistent complainants. Consideration should be given as to whether the organisation should take further action, such as reporting the matter to the police, taking legal action, or using the risk management or health and safety procedures to follow up such an event in respect of the impact upon staff.

Appendix D – Guide to Good Complaints Handling for CCGs

<http://www.england.nhs.uk/wp-content/uploads/2012/03/20130513-Good-complaints-handling-for-CCGs-FINAL-version-for-publication.pdf>

Appendix E – Contact Details

Greater Manchester Commissioning Support Unit (GMCSU)

Patient Services Team

St James House, Pendleton Way, Salford, M6 5FR

Tel: 0161 212 6270

Email: patientservices.gmcusu@nhs.net

Independent Complaints Advocacy

5th Floor Arthur House, Chorlton Street, Manchester, M1 3FH

Tel: 0808 801 0390

Email: manchesterica@carersfederation.co.uk

Parliamentary and Health Service Ombudsman

Millbank Tower, Millbank, London, SW1P 4QP

Tel: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

The Providers commissioned by the CCGs also have their own Complaints and PALS Services. Contact details for these services can be found on the provider websites.