Compliments, Concerns and Complaints Policy

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<tr>
<th>Policy No</th>
<th>SCCG CP08</th>
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<tr>
<td>Name of originator/author:</td>
<td>Lin Teasdale</td>
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<td>Quality &amp; Patient Experience Manager</td>
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<tr>
<td>Name of responsible committee/individual:</td>
<td>Quality, Finance and Performance Committee</td>
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<tr>
<td>Date implemented:</td>
<td>June 2019</td>
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<tr>
<td>Target audience:</td>
<td>CCG staff, service users, carers and any member of the public who wishes to lodge a compliment, complaint or concern with the CCG about any service they commission</td>
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1. Introduction
This Policy document outlines our commitment to dealing with compliments, complaints and concerns about the service provided by NHS Southend CCG (thereafter referred to as ‘The CCG’) and the services we commission. It also provides information about how we manage, respond to and learn from complaints made about our services and the way in which they are commissioned.

It is the intention of the CCG to create an open, fair, flexible and conciliatory approach to all compliments, concerns and complaints, viewing them as opportunities to address concerns which provide a valuable indication of the quality of services provided and this information is used to help improve services and ensure the needs of patients are met.

This policy is compliant with:
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (“the regulations”) which took effect on 1st April 2009 and as clarified by the Department of Health in January 2010.
- The NHS Constitution
- The Parliamentary Health Service Ombudsman’s (PHSO) “Principles for Remedy” (October 2007, amended February 2009)
- “Principles of Good Administration” (March 2007, amended February 2009)

This Policy also reflects the recommendations which arose from the Francis Enquiry:
- Active Encouragement of both positive and negative feedback
- Duty of Candour, openness and transparency
- Complaints amounting to Serious Incidents should trigger an investigation.

2. Purpose
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, and members of the public, encouraging them to seek advice, raise concerns or make complaints about any of the services that it commissions or policies and procedures it has developed and implemented.

This policy ensures that the CCG’s compliments, complaints and concerns system centres on people’s needs and wishes and that it:
- Makes the complaints arrangements accessible to people and provides clear, simple, easy to understand procedures for managing complaints.
- Encourages and empowers people to come forward with their compliments, complaints and concerns.
- Works as a ‘one-stop-shop’ at local level, with unified handling of complaints and concerns across organisational boundaries
- Encourages complainants to feel confident that the complaint will be dealt with seriously
- Helps complainants to understand the investigation process
- Engenders trust that the CCG will learn from complaints, feedback and praise and apply those lessons and share good practice

3. Definitions
3.1 Compliments
A Compliment is an expression of praise or admiration; polite congratulations or praise (someone) for something.

All members of staff are very pleased to hear if their care, support and services have been
appreciated. Anyone is able to convey their compliments by their preferred method of communication (email, telephone, letter or in person).

Compliments received are shared with the relevant staff members and/or services. Some cases may also be anonymised and used as best practice cases for shared learning purposes with other departments and/or organisations.

3.2 Concerns
A concern is a matter of interest or importance to someone.

An individual can raise a concern with the CCG, which are investigated and a response formulated. Some concerns can be dealt with at the time of initial contact others may require input from other staff members or providers in order to clarify the details. Concerns can be dealt with on an informal basis however in the event this is not resolved they are escalated to formal complaints by either the person raising them or the CCG as the investigation progresses.

3.3 Complaints
A complaint is an expression of dissatisfaction about an act, omission or decision of the CCG, either verbal or written, and whether justified or not, requires a response and/or redress. (NHS England, Complaints Procedures).

The CCG is responsible for managing complaints which fall into the following categories:

- Complaints about their own corporate functions or commissioning decisions
- Complaints about providers of NHS services for which the CCG is the lead commissioner (this covers acute, mental health, learning disability and community providers and others) in cases where the complainant has exercised his or her right to complain to the commissioner of that service rather than directly to the provider.

Specifically, the CCG is not responsible for handling complaints about primary care contractors (GPs, dentists, optometrists/opticians and community pharmacists) or for complaints about CCG governance or conflicts of interest. All such complaints are the responsibility NHS England, Essex Area Team.

If a complaint relates to a member of the Executive Team this will be managed directly by the Accountable Officer.

4. Publicising complaint arrangements
The CCG will ensure that their role as a single point of contact for complaints and concerns, that are the responsibility of the CCG, is effectively publicised on a rolling basis, using a variety of media. To maximise clarity and convenience for those wishing to raise complaints and concerns, publicity and communication will be co-ordinated with other local NHS Organisations, particularly other local CCGs and NHS England, Essex Area Team.

The CCG will take all reasonable steps to ensure that the following patient/client groups and organisations are informed of the complaints handling arrangements and point of contact:

- Patients and their carers
- NHS Providers
- Staff directly employed by the CCG and Commissioning Support Unit
- Primary care contractors and their staff
- Independent providers with whom arrangement have been made under section 16C of Section 23 of the National Health Service Act 1977
- Southend Healthwatch
5. **Who can make a complaint**

A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a patient in any case where that person;

5.1 **Is a child**

In the case of a child, the CCG must be satisfied that there are reasonable grounds for the complaint being made by the representative not the child, and the representative is making the complaint in their best interests.

However, if the child is at an understandable age (not defined under the complaints regulations but best practice is to consider whether the child is Gillick competent), then the child must give consent to the person with parental responsibilities for them to access the information on their behalf. The CCG will abide by the Department of Health Reference Guide to Consent for Examination or Treatment (August 2009) in assessing Gillick competence. In all such instances the Performance and Corporate Services Team will seek the advice of the Caldicott Guardian (CCG Chief Nurse).

Children have the right to complain under Article 12 of the UN Convention on the Rights of the Child which requires that children must be given an opportunity to express views in all matters affecting them.

The CCG must also ensure child friendly information on making complaints is made available and ensure safeguarding children issues are considered when a parent/care makes a complaint on behalf of a child/young person.

5.2 **Has died**

In the case of a person who has died, the complaint must be the personal representative of the deceased. The CCG needs to be satisfied that the complainant is the personal representative and can demonstrate that the responsible party has been affected, by the action, omission or decision of the CCG.

5.3 **Has a 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 CCG needs to be satisfied that the complaint is being made in the best interests of the person and the complainant can demonstrate that the responsible part has been affected, or is likely to be affected, by the action, omission or decision of the CCG.


5.4 **Has given consent to a third party acting on their behalf**;

In the case of a third party pursuing a complaint on behalf of the person affected the CCG will request the following information:

Name and address of the person making the complaint
Name and date of birth of the affected person; and
Contact details of the affected person so that we may contact them at any time for confirmation that they consent to the third party acting on their behalf.
5.5 Has delegated authority to do so, for example in the form of a registered Power of Attorney which must cover health affairs

5.6 Is a MP acting on behalf of and by instruction from a constituent

If the Complaints Manager (or a member of the Nursing & Quality 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, the CCG will notify that person in writing stating the reasons.

6. How to complain
If a complainant has concerns relating to a directly commissioned service by the CCG, then the first step is, where appropriate, for complaints and concerns to be resolved on the spot with their local service provider. This is called by the CCG ‘informal complaint resolution’ and is in line with the recommendations of the Complaints Regulations of 2009.

If it is not appropriate to raise a concern informally or where informal resolution fails to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint either with the service or the commissioner of the service the CCG. A complaint or concern can be received by mail, electronically, face to face meeting or by telephone.

All contacts made through the complaints manager will be documented.
- By telephone: 01268-464586
- By email: sccg.complaints@nhs.net
- By post: NHS Southend CCG c/o Pearl House, 12 Castle Road, Rayleigh SS6 7QF

7. Record Keeping
Keeping clear and accurate records of complaints is important and these should be kept electronically.

8. Complaints which cannot be accepted
The Policy does not include complaints by:-

- From health organisations or local authorities against other health organisations or local authorities
- In addition staff working within, or contracted to those types of organisations cannot use the complaints policy to complain about employment, contractual or pension issues
- That have already been investigated under the current or previous complaints regulations 2004, 2006 or 2009
- Which are being or have been investigated by a local commissioner under the local government act 1974, or the health service commissioner under the 1993 act
- Arising from the alleged failure to comply with a data subject request under the data protection act 1998
- Arising out of an alleged failure by an English local authority or NHS body to comply with a request for information under the freedom of information act 2000

The latter two types of complaint are handled under specific processes set out in the relevant acts of Parliament, with a route of appeal to the Information Commissioner.

Although falling outside the scope of the complaints policy, user feedback on these types of incident may also provide opportunities for organisational learning and service improvement.

Complaints can be investigated if disciplinary action is being considered or taken against a member of staff, provided that the organisation has regard to good practice around restrictions.
in providing confidential or personal information to the complainant. Although the complaints handling arrangements operate alongside the disciplinary arrangements, the two processes will remain separate.

Complaints can still be investigated where legal action is being taken or the police are involved, provided that it can be established that progressing the complaint might not prejudice subsequent legal or judicial action.

9. Exceptions to the Policy
It is recognised that there may be circumstances in which information disclosure is in the best interests for the patient, or the protection, safety or wellbeing of a child or vulnerable adult. In these circumstances a complaint will be escalated as necessary in line with the CCG’s Safeguarding policies and procedures.

Any allegations of fraud or financial misconduct should be referred to the national fraud reporting line at NHS Protect. Full details of the methods for reporting are on their website: https://www.reportnhsfraud.nhs.uk

10. Timelines for making a complaint
A complaint should be made as soon as possible after the action giving rise to it, to enable a thorough investigation whilst all the facts regarding the complaint are readily available.

A complaint must be made within 12 months from the date on which a matter occurred, or the date when the matter came to the attention of the complainant. For example, a patient may only become aware that they wish to make a complaint about a hospital consultant’s failure to diagnose a condition in an outpatient clinic once he or she has been seen by a specialist at another hospital following emergency admission. In this instance, the 12 months would be calculated from the date of diagnosis by the second specialist.

There is discretion to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier and where it is still possible to thoroughly investigate the facts of the case. An example of this may be where a complainant has been too unwell or upset to raise their complaint sooner.

11. Response to verbal concerns/complaints
When a member of CCG staff receives a verbal concern or complaint they should first establish whether they, a colleague, line manager or director can respond immediately. If a member of staff is able to resolve the issue within one-two working days to the service user’s satisfaction then it will not be recorded as a formal complaint but will be recorded as a concern and the dedicated Complaints Manager should be informed of such conversations. If the issues cannot be resolved as described above the issue should then be escalated to the Complaints Manager.

12. Support for complainants and advocacy
Information on where a complainant can find additional support will be signposted to Healthwatch Southend, an independent advocacy service. Given the additional safeguards and considerations when handling complaints from children and young people, (such as consent and Fraser competence) any such cases will be overseen by the Chief Nurse.

Healthwatch Southend offer free independent advice and information about health and social care services locally. They also offer a health complaints advocacy service to assist complainants and be as involved as the complainants wish them to be.

Healthwatch Southend can be contacted as follows:
13. Consent and confidentiality

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.

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. In some cases proof of power of attorney for health affairs may be requested.

The CCG’s consent forms, once signed by hand written signature(s), enable the CCG’s complaints team to:
- Pass the complaint/concern onto any relevant third party for investigation
- Disclose details of health and healthcare to the named representative
- Have access to relevant hospital and other medical records for the purposes of investigation
- Have access to any final responses produced by any third party.

In some cases the validity of the consent received may be doubted for example:
- If the complainant makes verbal or written statements indicating that the patient is not aware that the complaint is being progressed on their behalf.
- Where the complainant asks for the consent forms to be sent ‘strictly for addressee only’ or the form itself appears to have been fraudulently signed.
- Where emails are sent from shared addresses
- Information from other relatives or healthcare professionals indicates that consent may no longer be valid.

In cases such as these communication regarding the complaint will cease with the representative until such time as the consent is confirmed. This confirmation may be obtained by the complaints manager telephoning or writing to the patient directly.

14. Complaint process

All complaints will be acknowledged no later than three working days after the day the complaint is received. The acknowledgement can be made verbally, by email or by letter. An offer will be made, as appropriate, to discuss with the complainant the following:

- An action plan for handling the complaint.
- Timescales for responding.
- The complainants’ expectations and desired outcome.
- Information in relation to the provider of independent advocacy services in their geographical area.
- Consent for the CCG to handle the complaint in the event that the complaint requires input or investigation from parties or organisations outside of the CCG.
- Where appropriate outline the complainant’s rights as set out by the NHS Constitution.

The complainant can be assured that:
- They will be kept up to date with the progress of their complaint.
• Their complaint will be investigated by specially trained members of staff and, where appropriate, they will receive an explanation based on facts.
• They will receive a quality response with assurance that action has been taken to prevent a recurrence.
• Will be informed of any learning.
• A remedy will be actioned where appropriate.

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

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

The CCG aims to respond to all complaints within 30 working days of the receipt of the complaint, signed by the Head of Service, which includes:
• An explanation of how the complaint has been considered; and
• The conclusions reached in relation to the complaint, including any matters for which the complaint specifies, or the CCG considers, that remedial action is needed; and
• Confirmation as to whether the CCG is satisfied that any action needed in consequence of the complaint has been taken or is proposed to be taken.
• Information and contact details of the Parliamentary and Health Service Ombudsman (PHSO) as the next stage of the NHS complaints process

More complex complaints may take longer than 30 working days to resolve. The complainant will be kept up to date with progress made and timescales will be agreed on a case by case basis.

The Chief Nurse has oversight of all complaints. Any complaint about the Chief Nurse will be overseen by the Accountable Officer.

15. Complaints against commissioned services
Someone wishing to make a complaint about a healthcare related matter has the choice of making a complaint to either the organisation providing the service or the commissioner of that service. In cases where the course of action chosen is to address the service directly, the complaints manager will, at least, retain an overview of the handling of the complaint by the provider.

16. Complaints which involve more than one organisation
Where the CCG 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.

All parties will be asked to agree which organisation will lead on the investigation and respond to the complainant. This will usually be the organisation about whom the larger portion of the complaint has been made. For example, if a complaint is primarily about CCG policy but also mentions a patients experience in outpatients at the local hospital then the CCG would normally lead.

In any event all organisations involved would be expected to co-operate with the investigation and endorse the response given to the complainant. In line with the PHSO principles the
complainant will receive one overarching response which details all aspects of the complaint investigation unless the complainant requests separate responses.

17. Withdrawal of complaints
If at any time during the complaint process the complainant or their representative or advocate decides they would like to withdraw the complaint, this request can be made verbally or in writing. The withdrawal of a complaint will be acknowledged in writing.

The CCG may choose to continue to pursue some elements of the complaint in more serious cases (with patients consent) should there be ongoing concerns regarding the providers processes or circumstances which led to the initial complaint being made.

18. Complaints meeting/local resolutions
The CCG offers complainants the option to meet face to face to discuss any reasonable issues which occur. Complainants may wish to meet with other representatives of the CCG periodically, where appropriate, as part of the investigation process or as their preferred method of response.

It may also be necessary in some cases to invite representatives of the providers involved with the complaint investigations and from the local advocacy services if their assistance is required.

Meetings will be arranged in a timely manner taking into account the availability of the complainant and that of the staff members involved.

A written record of the meeting may be taken, with the complainants consent, which will be sent to all those involved and recorded in the complaint file.

19. Second stage review and referrals to the Parliamentary and Health Service Ombudsman
If following the receipt of the final response the complainant remains dissatisfied with the outcome of the investigations they have the right to request an independent review by the Parliamentary and Health Service Ombudsman (PHSO).

The PHSO can be contacted as follows:
- By telephone: 0345 015 4033
- By text ‘call back’: 07624 813 005
- By email: phso.enquiries@ombudsman.org.uk
- Online: https://www.ombudsman.org.uk/making-complaint
- By letter: Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP

The PHSO investigate complaints where a complainant believes there has been injustice or hardship due to an organisation acting improperly or unfairly or has given a poor service and not resolved the issue. Prior to approaching the PHSO complainants should have already complained to the CCG or the provider involved.

The PHSO will notify the CCG of any complaints which have been directed to them. The CCG will co-operate fully with the PHSO and provide all requested information in relation to the investigation. Once complete the PHSO will inform the CCG and the complainant of the outcome of their investigations.

The Chief Nurse will be informed that a request for investigation has been made so that staff involved can be informed.
20. Serious Complaints and Serious Incidents

Complaints relating to the apparent mismanagement of patient care with an apparent significant impact on patient safety or clinical outcomes or apparent serious mismanagement of clinical care, multiple issues, longer term disability or negative clinical outcome for example, incapacity, loss of limb, shortened life expectancy up to and including death will be immediately brought to the attention of the Chief Nurse for a decision as to whether a more detailed investigation or active intervention by the CCG is appropriate.

A more detailed investigation could include direct liaison between the CCG and the provider (with the patient’s consent), commissioning an independent clinical appraisal of the case from a CCG colleague or external clinical adviser and/or raising as a contractual breach with the provider. In some cases it may be necessary to pursue the complaint through the serious incident process (see Serious Incident Framework for further details).

Any complaint containing one or more of the following issues will automatically be reviewed by the Chief Nurse:

- Alleged discrimination on the grounds of the protected characteristics under the Equality Act 2010
- Alleged failure in standards of basic care/ dignity and respect, e.g. failure to provide assistance with feeding and toileting
- Alleged treatment without valid consent
- Alleged or apparent failure by the provider to comply with the statutory Duty of Candour, e.g. failure to disclose medication errors to patients.

The Duty of Candour is a legal duty of the hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate truthful information from health providers.

Any complaints against staff that involve the safeguarding of children will be referred to the Local Authority Designated Officer (LADO) as per the Southend, Essex and Thurrock (SET) Child Safeguarding Procedures.

Any complaints that involve the safeguarding of adults will be brought to the attention of the CCG’s Chief Nurse and Adult Safeguarding Lead.

21. Remedy and redress

The CCG recognises that providing fair and proportionate remedies is an integral part of good customer service and complaints handling, as recommended by the Health Service Ombudsman’s Principles for Remedy. It is recognised that in some cases this may include some element of financial redress.

In reviewing complaints referred to them under stage two of the complaints process, the Health Service Ombudsman may recommend that a payment be made. All recommendations for financial and non-financial redress will be considered by the CCG’s Quality, Finance and Performance Committee as part of that committee’s review of all relevant Health Service Ombudsman complaint investigation reports. Any recommendations for making redress payments would need to be approved by the Chief Finance Officer. Where the recommendation to make a payment is not implemented, the reasons will be explained to the complainant and the Health Service Ombudsman in writing.

Where the CCG is investigating complaints about a primary, secondary or tertiary care provider, the provider (rather than the CCG) would be responsible for making any payments given as
remedy at local resolution or following Health Service Ombudsman review.

Any payments made by a CCG itself by way of remedy would be logged in the Register of Losses and Special Payments and reported to the Audit Committee, in line with the CCG’s Standing Financial Instructions.

22. Improving services and learning lessons
The CCG regularly undertakes thematic reviews of concerns, complaints and incidents including lessons learnt and action taken. These are reported quarterly to the Quality Finance and Performance Committee.

The CCG supports a culture of continual learning from user feedback. Anonymised feedback and trends will be used to inform service improvement and development.

23. Support for staff
A full record of any contact made with complainants will be kept along with other relevant documents within the individual complaints files.

Members of staff named in the complaint are informed of the complaint by their manager. Staff are fully supported by their line manager and consulted with throughout the investigation. The investigations are comprehensive, are carried out fairly and do not apportion blame.

The CCG aims to create and promote positive attitudes towards dealing with concerns and complaints.

24. Unreasonable, abusive or persistent contact
It is recognised that in a minority of cases, complainants may become persistent and unreasonable in their pursuit of a complaint and that this in turn has a detrimental effect on staff and services. This applies not only to those who make a complaint but also those who contact the CCG verbally with informal concerns.

The CCG fully supports the NHS Zero Tolerance Policy and whilst it is understood that complainants will sometimes be distressed and angry, abusive conduct in all forms is unacceptable and unfair to NHS staff.

In all cases where the complaints and concerns team is considering terminating contact with a complainant on account of their unreasonable, abusive or unduly persistent conduct, this proposed course of action will be discussed with the Chief Nurse and Chair in an attempt to explore alternative solutions or, in case termination of contact becomes necessary, to provide senior management support for the decision. The full guidance for dealing with persistent, unreasonable or abusive contact can be found in appendix one.

25. Monitoring and quality assurance
Implementation of this policy will be monitored by the Quality, Finance and Performance Committee.

Responsibility for operational monitoring of this policy within the CCG will be with the Chief Nurse.

The Quality, Finance and Performance Committee will receive scheduled written reports of the number and nature of complaints and concerns received including an analysis of the outcome of each case and lessons for the CCG as the Commissioner.
The Health Service Ombudsman will provide valuable feedback to the CCG following any independent reviews under stage two of the complaints process.

This policy will ordinarily be reviewed every three years by the Quality and Patient Safety Support Officer and the Chief Nurse.

If only minor revisions are made then the policy can be approved by the Quality, Finance and Performance Committee and the version number for the policy will be updated by “.1” e.g. version 1.0 to 1.1.

If significant amendments need to be made then the policy number will need to be approved by the CCG Governing Body. In this case the version number would increase to the next whole number e.g. from version 1.1 to 2.

The Associate Director of Governance and Performance will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

### 26. Roles and responsibilities

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<th>Role</th>
<th>Key Responsibilities</th>
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<td><strong>Accountable Officer</strong></td>
<td>Overall accountability for ensuring that the CCG Complaints Policy meets the statutory requirements as set out in the NHS Complaints Regulations.</td>
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<td>To deal with complaints directly made about a member of the Executive Team</td>
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<td>Responsible for approving and signing complaints response letters. Regulation 4(2) allows the functions of the responsible officer to be performed by</td>
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<td>any person authorised by the CCG to act on the responsible officer’s behalf. This is delegated to the Chief Nurse for formal complaints and the Chair for</td>
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<td>MP Enquires.</td>
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<td><strong>Chief Nurse</strong></td>
<td>Delegated responsibility from Accountable Officer for signing complaints response letters.</td>
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<td>Has Governing Body level responsibility for improving patient experience across the CCG locality.</td>
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<td>Ensure information from complaints is reported into appropriate committees and forums to enable organisational review and learning.</td>
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<td>The Chief Nurse will act as a conduit for both hard and soft quality information between the Quality Finance and Performance Committee and the Essex</td>
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<td>Quality Surveillance Group.</td>
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<td><strong>Designated Complaints Manager – Quality and Patient Experience Manager</strong></td>
<td>Management of the procedures for handling and considering complaints and concerns in accordance with the arrangements made under this policy.</td>
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<td>Explain the complaints process to a complainant.</td>
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<td>Facilitation of the resolution of complaints and concerns through the CCG.</td>
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<td></td>
<td>Attempt to resolve informally wherever appropriate to do so.</td>
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<td>Recording the details of the compliant on a database, the outcome, and any learning from the complaint.</td>
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All Employers

All members of staff have a responsibility to appraise themselves of the content of the Complaints Policy. All members of staff have a duty to work within the standards and guidelines as specified in this policy, ensuring that complainants are made fully aware of their rights under the health and social care complaints process and the support available to them in making their complaint. All members of staff have a duty to ensure that patients, their relatives and carers are not discriminated against or treated in any way less favourably when complaints are made. All members of staff will review their practice as a result of any complaint raised or received.

Quality, Finance and Performance Committee

This committee has responsibility for monitoring quality across services commissioned by the CCG and also the CCG integral quality processes. The committee will be mindful of the importance of gaining and tracking ‘soft’ intelligence about services in addition to the more formal quantitative indicators of quality. This soft intelligence may include patient feedback through formal complaints and informal concerns, comment cards, media coverage and trends of low-level incidents.

Essex Quality Surveillance Group

This group takes a strategic overview of quality issues across all providers of NHS Services in Essex, utilising information from a variety of sources, including complaints and concerns.

27. Equality impact assessment

The CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications.

This policy has been assessed using the CCG’s Equality Impact Assessment framework and identified as having the following impact/s upon equality and diversity issues.

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28. Associated documentation

- NHS England’s Complaints Policy
- Southend Essex and Thurrock (SET) Safeguarding Vulnerable Adults Guidance 2013

29. Version Control

This policy has been reviewed by Lin Teasdale Quality & Patient Experience Manager and is version control 6.0.
Appendix 1: Guidance for dealing with persistent, unreasonable or abusive contact

1. Introduction
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 CCG’s Complaints Policy.

Persistent contact may be as a result of individuals having genuine issues and it is therefore important to ensure that this process is fair and the complainant’s interests have been taken into consideration.

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

3. Definition of persistent and unreasonable complaints
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 could assist to help them specify their complaint.
- Continually make 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.

4. Actions prior to designating a persons’ contact as unreasonable or persistent
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 persons’ case(s) is being, or has been dealt with appropriately, and reasonable actions will follow, or have followed the final response.
- Confidence that the person 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 requires 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.

Consideration should also be given as to whether any further action can be taken prior to designating the persons' contact as unreasonable or persistent.

This might include:
• Raising the issue with an Executive 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.

5. **Process for managing unreasonable or persistent behaviour**

Where a persons’ contact has been identified as unreasonable or persistent, the decision to declare them as such is made jointly by the Designated Complaints Manager and the Chief Nurse.
The Chief Nurse (or equivalent) 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.
- That repeated calls regarding the complaint in question are not acceptable and will be terminated, or;
- Their complaint has been responded to as full as possible and there is nothing to be added.
- That any further correspondence will not be acknowledged.

All appropriate staff should be informed of the decision so that there is a consistent and coordinated approach across the organisation.

If the declared complainant raises any new issues then they should be dealt with in the usual way.

Review of the persistent status should take place at six monthly intervals.

6. **Urgent or extreme cases of unreasonable or persistent behaviour**
   In urgent or extreme cases, adopt safeguarding and zero tolerance policies and procedures. Discuss the case with the Chief Nurse 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.

7. **Record Keeping**
   Ensure that adequate records are kept of all contact with unreasonable and persistent contact.

   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.