



# **CCG Concerns, Complaints, Comments and Compliments Policy**

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**Author:** Governance and Board Secretary

**Responsible Directorate:** Corporate Affairs

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## Review and Amendment Log / Version Control Sheet

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### Version History

| Version | Date              | Author  | Status   | Comment  |
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| 0.1     | 12 September 2012 | Adam Bassett,<br>Corporate Risk<br>Manager                        | Draft    | For consideration by the<br>NHS Wakefield Clinical<br>Commissioning Executive            |
| 1.0     | 18 September 2012 | Adam Bassett,<br>Corporate Risk<br>Manager                        | Approved | Approved by NHS Wakefield<br>Clinical Commissioning<br>Executive on 18 September<br>2012 |
| 1.1     | 21 February 2013  | Adam Bassett,<br>Senior<br>Associate<br>Governance<br>and Risk    | Approved | Approved by CCG<br>Governing Body on 16 April<br>2013                                    |
| 1.2     | 19 September 2013 | Adam Bassett<br><br>Senior<br>Associate<br>Governance<br>and Risk | Draft    | Policy updated following<br>review of complaints<br>procedure.                           |

|      |                   |   |          |  |
|------|-------------------|---|----------|--|
| 1.3  | 6 August 2014     | Lorne Thomson<br>Interim<br>Complaints<br>Manager       | Draft    | Policy updated following decision to return complaints management function to the CCG and to ensure inclusion of recommendations arising from Francis, Keogh, and Clywd and Hart Reports                                 |
| 1.3  | 21 August 2014    |   | Approved | Policy approved at Integrated Governance Committee on 21 August 2014   |
| 2.0  | 6 September 2016  | Gemma Reed,<br>Senior<br>Governance<br>Officer          | Draft    | Policy updated   |
| 2.0  | 15 September 2016 | Gemma Reed,<br>Senior<br>Governance<br>Officer          | Final    | Presented to Integrated Governance Committee on 15 September 2016 and approved   |
| 2.1  | 18 May 2017       | Katherine Bryant,<br>Governance &<br>Board<br>Secretary | Final    | Integrated Governance Committee approved amendments to reflect new role of Associate Director of Corporate Affairs   |
| 2.1  | 18 October 2018   | Ruth Unwin<br>Director of<br>Corporate<br>Affairs       | Final    | It was noted at October 2018 IGC that the current policy still remains fit for purpose and a review of the policy will take place during December 2018 and January 2019  |
| 2.2  | 18 September 2019 | Amrit Reyat,<br>Governance<br>and Board<br>Secretary    | Draft    | Review carried out to improve complaints procedure for patients and members of the public, to reflect the removal of the CCT Patient Advice and Liaison Service (PALS) service and to incorporate procedure into policy. |
| 3.00 | 19 September 2019 | Amrit Reyat,<br>Governance<br>and Board<br>Secretary    | Final    | Policy approved at IGC.  |
| 3.1  | 24 January 2020   | Pam Vaines,<br>Governance<br>Officer                    | Final    | Revised email address incorporated into policy. (Page 10)  |

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## Summary

NHS Wakefield CCG is firmly committed to continuously improving the quality of services it provides or commissions by understanding the experiences of people accessing those services. Commissioned services are those that are paid for by the CCG but provided by other organisations such as hospitals, community care and any other providers. The CCG understands that in order to continue to make improvements, it is essential to encourage, value, engage with and learn from all types of feedback. Therefore the CCG takes a proactive approach to handling complaints, concerns, comments and compliments as a genuine means to improving the experiences of patients and the quality of its services.

This policy incorporates the CCG's obligations in the NHS Constitution and the Health and Social Care Act and responds to a number of key reports, guidelines and legislations which relate to the handling of complaints.

This policy ensures that feedback is always:

- Actively encouraged and that people know how to give feedback and make a complaint
- Taken seriously and responded to their feedback and complaint promptly
- Investigated thoroughly and proportionately to the seriousness of the complaint
- Utilised as an opportunity to learn and improve

The CCG will:

- Ensure that this policy promotes a consistent and fair process for managing feedback and handling complaints
- Ensure that it is easy for people to give feedback, and that the complaints process is accessible for all
- Implement systems for monitoring, reporting and sharing information regarding feedback and complaints across the CCG, including lessons learned.

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## 1 Introduction

NHS Wakefield CCG is committed to providing service users, their family members and carers or members of the public with the opportunity to seek advice, raise concerns, compliments and formal complaints about the CCG and its services. The CCG has adopted a person centred approach to ensure that issues are dealt with in a way which empowers service users to make choices about how their concerns are handled and in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The CCG approach is structured around the 'My Expectations' report, published by the Parliamentary and Health Service Ombudsman, Local Government Ombudsman and Healthwatch. This report sets out a best practice framework to support a positive experience for people raising concerns and complaints in five steps, also known as 'I statements' (Appendix A):

- **Considering a complaint:** ensuring people are given information about how to complain, that they will be supported to do so and care will not be compromised.
- **Making a complaint:** ensuring all staff can help, and that making a complaint is easy and convenient.
- **Staying informed:** keeping people up to date and making the response personal.
- **Receiving outcomes:** resolving complaints and achieving an appropriate outcome.
- **Reflecting on the experience:** ensuring complaints are handled fairly and consistently, and that people understand how their feedback has helped to improve services.

## 2 Purpose

The purpose of this document is to outline the CCG's complaints policy to ensure that the CCG meets its statutory obligations under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. This policy aims to ensure the following:

- To provide a clear, simple and easy to understand process for managing complaints which is fair and impartial, widely publicised and accessible to all.
- To ensure complainants and staff are provided with the necessary guidance and support.
- The causes of complaints and lessons learned are identified and utilised to improve services and prevent recurrence.

- Complaints are managed promptly and efficiently, and answers or explanations are provided quickly and within established time limits, in accordance with the Complaint Process Flowchart (Appendix B).
- Complainants are treated courteously and sympathetically and care is not adversely affected as a result of having made a complaint.

### 3 Definitions

The CCG recognises and records feedback activity under the following categories:

- **Comments:** Comments may be made either verbally or in writing to any member of staff within the CCG. These may be general comments or opinions regarding NHS services, or may be specific to a particular service or area of care. Comments may offer observations or suggestions regarding services.
- **Concerns:** An issue raised in writing, or verbally, identifying issues about a service and/ or area of commissioning.
- **Complaints:** A complaint is an expression of dissatisfaction about any aspect of the CCG and its commissioned services requiring a response.
- **Compliments:** The CCG recognises that compliments are also a valuable source of feedback. Positive feedback received regarding services can provide an opportunity to acknowledge improvements and successes, to recognise good practise and to apply this across other areas.

### 4 Scope of the Policy

This policy applies to all complaints, comments, concerns and compliments received by the CCG and must be followed by all staff employed by the CCG, including those employed as part of a temporary or honorary contract, agency/bank staff, students and volunteers or any other person that is acting on behalf of the CCG. Providers of CCG commissioned services must ensure that they have robust policies and procedures in place to support patients, carers and their families.

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 complainants have the choice of making a complaint to either the provider or the commissioner of services, but not both.

### 5 Exceptions

In accordance with the NHS Complaints regulations 2009 the following complaints will not be dealt with under this policy:

- A complaint made by a local authority, NHS body, Primary Care provider or independent provider.

- A complaint made by an employee of a local authority or NHS body about any matter relating to employment.
- A complaint which is made orally and is resolved to the complainant's satisfaction no later than the next working day after the day on which the complaint was made.
- A complaint which is the same as a complaint that has previously been made and resolved.
- A complaint which has previously been investigated under the 2004, 2006 or 2009 regulations.
- A complaint which has been investigated by a Health Service Commissioner under the 1993 Act.
- A complaint arising out of the alleged failure by the organisation to comply with a request for information under the Freedom of Information Act 2000.
- A complaint about which an NHS body is taking or is proposing to take disciplinary proceedings in relation to the substance of the complaint against a person who is the subject of the complaint may be excluded depending on the circumstances of the case;

Where a complaint is not to be investigated under the NHS Complaints Regulations 2009, where possible the complainant will be signposted appropriately to progress their concern.

Complaints should be submitted to the CCG no later than 12 months after the subject of the complaint matter occurred or realising that there was something to complain about. At the discretion of the Governance and Board Secretary and with the agreement of the Director of Corporate Affairs, this period can be extended in exceptional circumstances. A decision not to extend beyond this period will be confirmed in writing with an explanation.

## **6 Duties, Accountabilities and Responsibilities**

### **6.1 Staff**

6.1.1 **Chief Officer (Accountable Officer)** is the person with overall responsibility for the complaints process for NHS Wakefield CCG and is responsible for ensuring that a complaints policy and procedure is in place.

6.1.2 **Clinical Leader** is the person who has delegated responsibility for the complaints process for NHS Wakefield CCG.

6.1.3 **Caldicott Guardian** has responsibility for safeguarding the confidentiality of patient information.

6.1.4 **Directors** are responsible for ensuring thorough investigation outcomes and approving draft responses to complainants. In any instances where formal meetings are to be held with complainants, Directors should, where possible, meet with the complainant. This may be delegated to Senior Managers.

6.1.5 **Director of Corporate Affairs** has responsibility for both the Governance and Communications teams. They have overall responsibility for the standard and style of communication shared with complainants. The Director of Corporate Affairs will, when possible, attend any face-to-face meetings with complainants and their advocates.

6.1.6 **Senior Managers** are responsible for investigating formal complaints about their services/area of work within an agreed timescale and for ensuring that staff actively engage in the complaints process and supporting investigations when required. Line managers are required to support their staff during the complaints process.

In any instances where formal meetings are to be held with complainants, Senior Managers may be asked to meet with the complainant.

6.1.7 **Governance and Board Secretary** is the officer responsible for day to day oversight of the complaints function, providing support to the Governance Officer and ensuring the quality of the complaints function.

6.1.8 **Governance Officer** is responsible for ensuring the CCG has a robust system and process in place to ensure effective complaints management in line with national legislation and best practice.

The Governance Officer manages the day to day complaints functions, ensuring that complaints are actioned in line with procedure. This includes co-ordination of the investigation and management processes, development of final responses and all reporting in relation to complaints.

The Governance Officer will attend local complaint working groups/workshops in order to support consistency in approach to complaint handling in the local area.

6.1.9 **All Staff** have a responsibility to report all feedback in accordance with this policy and have a duty to their patients, employer and fellow colleagues to co-operate fully with an investigation to ensure the most appropriate outcome.

## 6.2 Committees and Groups

6.2.1 **Integrated Governance Group** will provide assurance that the CCG is fulfilling its' statutory duties regarding complaints.

6.2.2 **Quality Intelligence Group** will provide oversight on quality intelligence across health and social care provision in Wakefield District, triangulating and theming the intelligence, insight and feedback from patients, carers, staff and commissioners. It will do so by focusing on patient feedback (nationally or locally gathered), clinical commissioner insight, data, reports from regulators, assurance from commissioners, learning from incidents, complaints, patient safety walkabouts and other events.

**6.3 Responsibilities for Approval:** The Integrated Governance Committee is responsible for the approval of this policy.

## **7. Process and Procedures for Handling Complaints – Local Resolution**

In line with the NHS Complaints Regulations 2009 complainants should be offered a choice of raising their concerns, or making a formal complaint to either the service provider directly, or the commissioner. All avenues must be explored to resolve issues at local level, including a review of the complaint, if the complainant is not initially happy with the outcome.

A complaint can be made orally, in writing or electronically. If a verbal complaint is received the staff member should establish whether it is a matter that they or a colleague can respond to immediately. If the verbal complaint is able to be resolved to the complainant's satisfaction within one working day then this will not be recorded as a formal complaint but the Governance Officer must still be notified so that the concern can be documented. If a verbal complaint is a formal complaint then the member of staff receiving the complaint must make a written record of the complaint and provide a copy to the Governance Officer as soon as possible.

All staff must ensure that complaints are sent to the Governance Officer as soon as they are received. All complaints, comments, concerns and compliments can be sent to:

Address: NHS Wakefield CCG, Governance Team, White Rose House,  
West Parade, Wakefield, West Yorkshire, WF1 1LT  
Telephone: 01924 315803  
Email: [wakccg.contactus@nhs.net](mailto:wakccg.contactus@nhs.net)

All contacts will be acknowledged within three working days of receipt. Following receipt, the complaints team, in discussion with the complainant, will agree:

- The manner in which the complaint is to be handled, including an offer to meet the patient if appropriate;
- The timescale for providing a response;
- The desired outcomes from raising their complaint.

Should the complainant wish to meet to discuss the contents of their complaint this will be arranged. All meetings are to be held on CCG premises. At least two members of staff should be present at all meetings. The service manager and one member of the Corporate Governance team should be present wherever possible. This meeting will be documented and a copy of this shared with the complainant.

If the content of a complaint highlights serious concerns which meet the criteria of an incident, the complaint will be investigated under the CCG Incident Reporting Policy and the complainant informed.

If a safeguarding concern is identified, then advice will be sought from the CCG Head of Safeguarding with a view to ensuring the safety and best interests of the patient.

Where a complainant indicates they intend to take legal action, the matter should be referred to the Governance and Board Secretary, to ensure due consideration and collaboration with relevant individuals. If there is no indication that a complaint investigation will prejudice any legal proceedings, the complaint will be registered and dealt with through the complaints process. In some circumstances it may be appropriate to cease action under the complaints procedure. This is consistent with national guidance.

### **7.1 Unreasonable complaints**

The CCG recognises that it is the right of every individual to pursue a complaint. However, on occasions, staff may consider that a complaint is unreasonable e.g. the complainant raises the same issues repeatedly despite having received a comprehensive response, or the complainant becomes aggressive, threatening, abusive or violent towards those involved in the complaints process. If it is considered that a complainant is becoming unreasonable, the member of staff should refer this to the Governance and Board Secretary who will manage the situation in accordance with the Unreasonable Complaints Procedure (appendix C).

### **7.2 Confidentiality**

Feedback and complaints will be handled in the strictest confidence at all times and in accordance with the CCG's Information Governance Policy and Framework. Where it is necessary to seek input from organisations external to the CCG, written consent from the patient should be obtained prior to sharing any information. If consent cannot be determined, following multiple attempts, the complaint will be closed.

Information will only be disclosed to those individuals who are investigating the complaint or have been asked to provide a statement directly in relation to the contents of the complaint. Information will not be disclosed to patients or complainants unless the person has given written explicit consent to the disclosure of that information. In the case of a complaint raised by a third party (e.g. family member, carer, MP, representative) including those regarding a patient who has died or who lacks capacity, the representative must be a relative or other person who had or has a sufficient interest in the patient's welfare and is a suitable person to act as representative. If a complainant is the parent or guardian of a child under the age of 18 (to whom the complaint relates) the staff member must be satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child. Every case should be considered on an individual basis before a response is provided, and where possible evidence, such as identification or legal documents, will be required.

There may be instances where the investigation of a complaint reveals further information of a particularly sensitive nature that the complainant could feel uncomfortable being disclosed to third parties. Where explicit consent to reveal such information is not already present, complaints made by representatives, including MPs, may require the CCG to gain written consent from the patient prior to sharing confidential or personal information.

There are some instances where the CCG is required to disclose patient information without consent to the appropriate body e.g. safeguarding, police or a senior person involved in providing their health care. This must be conducted in accordance with current data protection legislation and may involve:

- cases where the law requires disclosure of information which will be:
- if the health and/or welfare of a child or young person is at risk
- if the complainant admits to committing a serious crime
- an individual who may be put at significant risk or their life threatened

Prior to any disclosure where consent has not been provided the CCG Caldicott Guardian must be consulted and recorded within the Information Governance Log. Following disclosure a written explanation to the person involved must be provided. Information governance advice may be sought from the CCG Information Governance Lead.

Under the General Data Protection Regulation (GDPR) individuals have the right to complain to the Information Commissioner's Office if they feel their rights under the regulation have been infringed. Further information on individual's rights can be found in the CCG [Privacy notice](#).

## **8 Investigation and Response**

The CCG will investigate a complaint in a manner appropriate to resolve it as quickly and efficiently as possible after receiving the complaint. The complaint investigation must be carried out by someone not directly involved in the events leading to the complaint. The Governance Officer will keep the complainant informed throughout the investigation process, as far as reasonably practicable, informing the complainant of any delays.

Where a complaint involves more than one organisation it will be agreed at the beginning of the process which organisation will manage and coordinate the complaint.

This is usually the organisation that has the majority of issues, or the highest risk issues. The lead organisation will co-ordinate a single comprehensive investigation and response to the complaint, as set out in the Complaints Inter-Agency Protocol and the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The CCG has contracts in place with multiple providers and under the 2009 Regulations a patient can choose to approach either the provider or the commissioner to make a complaint. If a complaint received by the CCG concerns a commissioned service the Governance Officer, in discussion with the complainant, will decide who the most appropriate body is to handle the complaint. It is not possible to raise the same complaint with the service provider as well as the commissioning organisation.

Following the completion of the investigation and within the timescales agreed with the complainant, the complaints team will send a formal response in writing to the complainant, signed by the Chief Executive, which will include:

- An explanation of how the complaint was considered
- Honest explanations based on facts and where it is clear that there has been a mistake or failure in procedures, this should be clearly stated and an apology given, in line with duty of candour
- The conclusions reached including any remedial action that the organisation considers to be appropriate
- Clearly demonstrate how the complaint and findings have improved services or led to changes
- Invitation for the complainant to contact the CCG again if they have any outstanding concerns
- The complainants right to ask the Parliamentary and Health Service Ombudsman to review their complaint if they are dissatisfied with the CCG's response
- Following a response being offered, the CCG will actively seek feedback from complainants regarding their experience of making a complaint, which will be recorded and used to inform future policy and process change.

## **8.1 Local Resolution Meeting**

On receipt of the final response, a complainant may wish to meet with the CCG to discuss the outcome. This this will be arranged. All meetings should be held on CCG premises, although in exceptional circumstances it may be appropriate to the complaint at their home address or an alternative location.

If the meeting is to be held outside CCG premises, a risk assessment should be carried out and recorded to ensure the safety of staff. The safety of staff is of paramount importance in these circumstances.

At least two members of staff should be present at all meetings. The Director of Corporate Affairs and the appropriate Head of Service should be present. A member of the Corporate Governance team should be present wherever possible to document the meeting. Consideration should be given to the number of staff in relation to the number of people attending with the complainant.

The issues the complainant wishes to raise should be established prior to the meeting.

The meeting will be documented and a copy of the agreed actions shared with the complainant.

## **8.2 Reporting**

Complaints are reported to the Quality Intelligence Group and via the Patient Experience Report to Integrated Governance Committee.

## **8.3 Support to staff**

All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint file. Members of staff that are named within a complaint should be informed of the complaint by their line manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation must be full, fair and timely and focussed on resolving complaints rather than apportioning blame. The CCG actively promotes positive attitudes towards dealing with complaints.

## **9 Final Stage: Independent Review**

If a complainant remains dissatisfied with the response gained at a local resolution stage they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case. The PHSO may review a complaint where:

- A complainant is not satisfied with the result of the investigation undertaken by the CCG
- The complainant is not satisfied with the response and does not believe the CCG has resolved their concerns
- The CCG has decided not to investigate a complaint on the grounds that it was not made within the required time limit

Complainants must have complained to the CCG or service provider involved before contacting the PHSO. The PHSO require that a complaint is referred within a year after the day on which the complainant first identified the issue, unless the PHSO considers that it is reasonable to review the complaint outside of this timescale.

Upon request, the Governance Officer will provide copies of all records and correspondence relating to the complaint and co-operate fully with the PHSO, informing the Governance and Board Secretary that a request has been received.

If a complaint is upheld by the PHSO, the complaints team will co-ordinate any points of action required, in collaboration with either the relevant Director or Head of Service to ensure that actions are completed and a response is provided within the set deadline established by the PHSO.

## **10 Ensuring Learning**

Learning from complaints is critical to the delivery of safe and effective services within the CCG. Each complaint is an opportunity to improve services and must be used as an opportunity for learning and improvement.

The Governance Officer will record the conclusion, lessons learned and agreed actions for each comment, concern or complaint and the area it relates to prior to closing the complaint file. This ensures any themes or emerging trends can be identified.

Themes and trends for complaints are regularly reviewed within the CCG via Patient Experience Report.

## **11 Reporting Requirements**

The Governance Officer will produce quarterly reports on patient experience. These will provide an overview of the numbers and types of feedback received across the CCG, including information relating to the theme/subject of the complaints and contacts, and the service area to which the complaint relates. This enables any emerging themes and trends to be identified, and appropriately escalated. Details of formal complaints are also reported within the CCG annual report.

The CCG receives and reviews regular complaints reports from the providers of its commissioned services. These are reviewed at the monthly Quality Intelligence Group meetings. This information, in conjunction with the provider and data, is triangulated to provide a detailed understanding of patient experience across Wakefield.

The Governing Body is informed of complaints via the Patient Experience Report.

## **12 Compliments**

The Governance Officer maintains a record of all letters of praise and compliments received. Compliments about healthcare services, or a specific individual received within the CCG are shared with the relevant organisation, team, or individual and are included within the monthly report to the Quality Intelligence Group. Compliments are an effective source for informing service improvement and for sharing best practice.

## **13 Contact Us Process**

From April 2019 the CCG has provided a Contact Us service (similar to the previous Patient Advice and Liaison Service). This service aims to provide a speedy response to Comments and Concerns raised by patients and local people.

The Governance Team will respond by providing signposting to appropriate services and providing informal responses where possible.

In view of the nature of comments and concerns, verbal consent from the person involved will be sufficient to answer the person's queries or questions.

If the matter cannot be resolved promptly or to the person's satisfaction, the matter may progress to the formal Complaint process.

#### **14 Public Sector Equality Duty**

All policies should include a statement that NHS Wakefield CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It is required that an Equality Impact Assessment (EIA) is carried out on a new policy that is likely to impact on patients, carers, communities or staff. The EIA toolkit is attached at Appendix D.

Potential adverse impact on any protected group identified through the EIA will be monitored as part of the routine work to monitor compliance with the policy.

#### **15 Consultation**

A number of people who had received a formal complaint response within the recent past were invited to take part in a consultation of the Complaint policy and procedure. Questionnaires were issued and an engagement meeting held.

The comments received were taken into account during the review of the policy and are reflected in this document.

#### **16 Implementation and Training**

Following ratification this policy and the supporting procedures will be disseminated to staff and published on the CCG website via NHS Wakefield CCG intranet. To support staff the complaints process forms part of the CCG induction programme and on-going training is available.

Guidance and support will be provided by the Governance Team and Senior Managers to all staff required to take part in the investigation of a complaint.

#### **17 Monitoring Compliance with the Policy**

Monitoring and compliance of the policy will be undertaken by the Integrated Governance Committee.

The complaint process will be monitored by the Governance and Board Secretary and Governance Officer to review the effectiveness of the process as well as how information about complaints is being used to improve services. The complaints team will ensure:

- This policy and relevant processes remain in line with current legislation and guidance, and continue to reflect models of best practice.
- The policy remains up to date and continues to represent the practice of staff dealing with concerns, comments, complaints and feedback. Any changes to the process should be reflected within the policy.
- The policy continues to place the patient first and that feedback and suggestions from complainants regarding the complaints process are used to inform and continually improve the process.

## **18 Arrangements for Review**

The policy will be reviewed every two years and approved by the Integrated Governance Committee.

Version control will be monitored via the Version History of this policy.

## **19 Dissemination**

Following ratification this policy and the supporting procedures will be disseminated to staff and published on the CCG website via NHS Wakefield CCG intranet.

## **20 Associated Documentation**

This policy is linked to, but not limited to, the following CCG policies and strategies:

- Integrated Risk Management Framework
- Freedom to Speak Up (Whistleblowing) Policy
- Records Management and Information Life cycle Policy
- Safeguarding Policy
- Information Governance Policy and Framework
- CCG Anti-Fraud, Corruption and Bribery Policy

## **21 References**

This policy and procedure takes into account:

- The House of Commons Health Committee report – ‘Complaints and Raising Concerns’
- The Care Quality Commission report – ‘Complaints Matter’
- The Parliamentary and Health Service Ombudsman (PHSO), the Local Government Ombudsman (LGO) and Healthwatch England’s joint report – ‘My Expectations (for raising concerns and complaints)’.

- The Local Authority, Social Services and National Health Service Complaints (England) Regulations (2009)
- NHS Constitution updated March 2013
- Listening, Responding and Improving – A Guide to Better Customer Care (2009)
- Principles of good administration. Parliamentary and Health Service Ombudsman (2009)
- Principles of good complaints handling. Parliamentary and Health Service Ombudsman (2008)
- Principles for remedy. Parliamentary and Health Service Ombudsman (2007)
- NHS Serious Incident Framework 2015

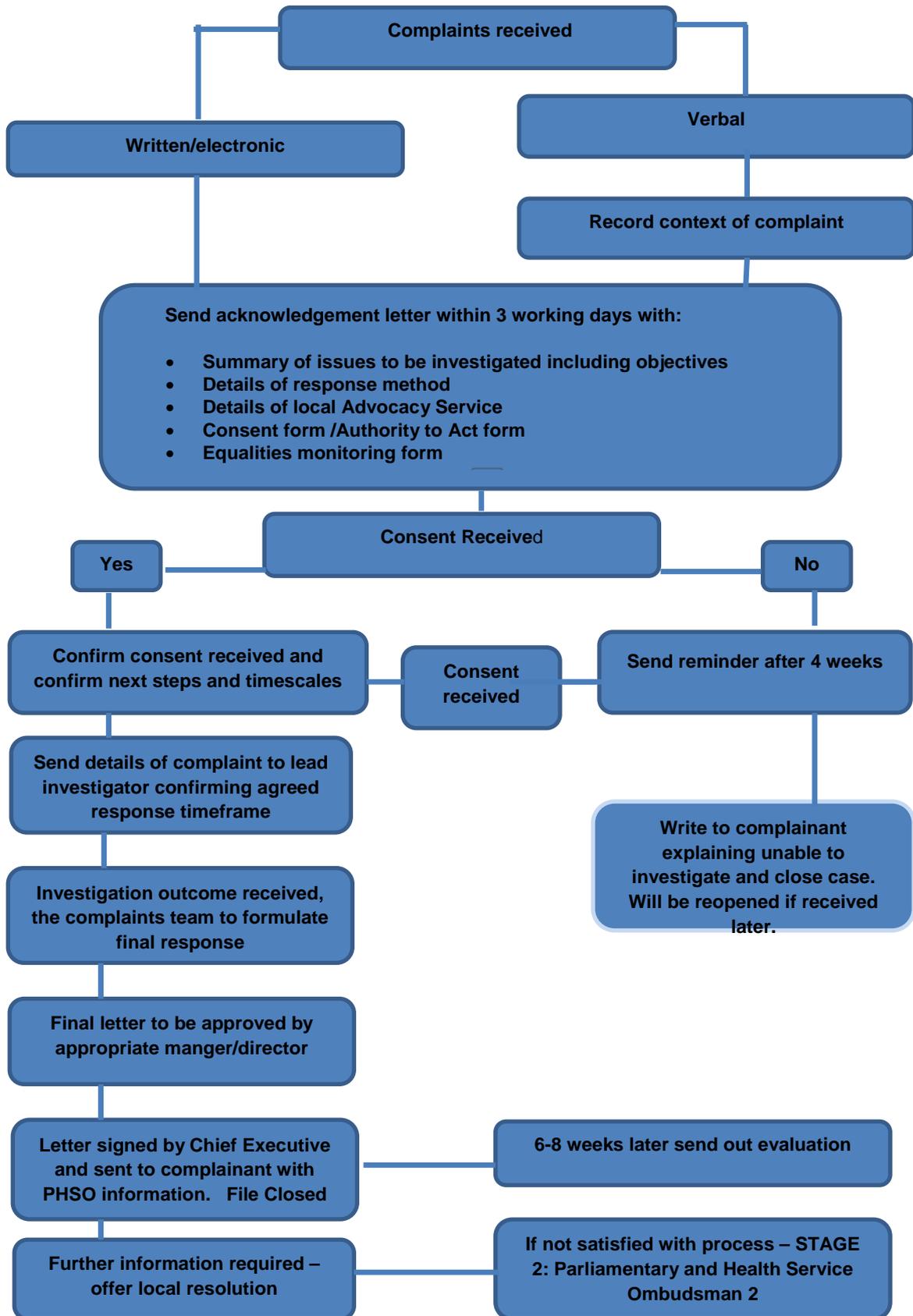
## **22 Appendices**

## Appendix A: “I Statements”

### A user-led vision for raising concerns and complaints



## Appendix B: Complaints Process Flow Chart



## **Appendix C: Unreasonable Complaints Behaviour Procedure**

### **1. Managing Persistent or Unreasonable Complaint Behaviour**

- 1.1 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 CCG 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. This guidance should only be implemented by NHS Wakefield Clinical Commissioning Group following advice from the Head of Clinical Governance.
- 1.2 Occasionally staff are presented with persistent or unreasonable behaviour from complainants. Complaints staff and investigating managers are trained to respond with patience and sympathy to complainants, but it is recognised that there are times when there is nothing further that can reasonably be done to rectify a real or perceived problem.
- 1.3 Wakefield CCG Patient Experience Team (complaints team) must first ensure that NHS Wakefield CCG Complaints Policy has been fully implemented and that no element of the complaint has been overlooked or not properly addressed.
- 1.4 If Wakefield CCG recognises that the complainant may be persistent or unreasonable, this concern would be discussed initially with the Governance and Board Secretary. This should only be a last resort after all reasonable measures have been taken to try and resolve the complaint. It is good practice to make clear to a complainant the ways in which his or her behaviour is unacceptable, and the likely consequences of refusal to amend it, before referring the matter to the Governance and Board Secretary. If all reasonable measures have been taken, the individual case will be discussed to identify how the complaint should be managed.

### **2. Definition of persistent and unreasonable complaints**

2.1 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.

### **3. Actions prior to designating a persons' contact as unreasonable or persistent**

3.1 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 individual'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.

3.2 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.

3.3 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.

#### 3.4 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

#### 3.5 The CCG operates a Zero Tolerance Policy in line with national guidance. All individual(s) that demonstrate verbal abuse, aggression or threaten physical abuse are informed of this:

“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”.

### **4. Process for managing unreasonable or persistent behaviour**

4.1 Where a persons’ contact has been identified as unreasonable or persistent, the decision to declare them as such is made by the Governance and Board Secretary.

4.2 The Head of Clinical Governance 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.

4.3 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.

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

## **5. Urgent or extreme cases of unreasonable or persistent behaviour**

5.1 In urgent or extreme cases, the zero tolerance approach and the CCG Acceptable Standards of Behaviour Policy and Procedure will be applied. This will be discussed with the Director responsible for Health and Safety and may require escalation to the emergency services. In these circumstances, carry out a review of the case at the first opportunity after the event.

## **6. Record Keeping**

6.1 Ensure that adequate records are kept of all contact with unreasonable and persistent contact.

6.2 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.

## **7. Withdrawing persistent or unreasonable status**

7.1 Staff should have used discretion in recommending unreasonable status and discretion should similarly be used in recommending this status be withdrawn.

## Appendix D. Equality Impact Assessment

|  |   |  |
|--|---|--|
| <b>Title of policy</b>                                     | CCG Concerns, Complaints, Comments and Compliments Policy |  |
| <b>Names and roles of people completing the assessment</b> | Pam Vaines, Governance Officer                            |  |
| <b>Date assessment started/completed</b>                   | September 2019  |  |

| 1. Outline                                  |   |
|---|---|
| <b>Give a brief summary of the policy</b>   | It is important that NHS Wakefield CCG has a consistent and orderly process for receiving and handling complaints, compliments and other contacts, appropriately and makes positive use of the information gained to avoid similar occurrences and to generally improve services. |
| <b>What outcomes do you want to achieve</b> | The outcome of this policy is to ensure NHS Wakefield CCG manages and responds to complaints in line with the requirements of the 2009 complaints legislation and the NHS Constitution.   |

| 2. Analysis of impact  |  |  |  |
|--|--|--|--|
| This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations |  |  |  |
|  | <b>Are there any likely impacts?<br/>Are any groups going to be affected differently?<br/>Please describe.</b>                                       | <b>Are these negative or positive?</b> | <b>What action will be taken to address any negative impacts or enhance positive ones?</b> |
| <b>Age</b>   | The complaints process allows for complaints can be made on behalf of any patient, regardless of their age, if supported by the appropriate consent. |  |  |
| <b>Carers</b>  | Carers and other representatives will be supported to provide appropriate authority for their concerns to be considered.                             |  |  |

|                                |  |  |  |
|--------------------------------|--|--|--|
|                                | The Caldicott Guardian will be involved in cases where a carer struggles to provide the usual level of evidence.   |  |  |
| <b>Disability</b>              | Complaints information material is available and can be translated, or provided in an alternative format (large font, audio), if requested. When a need for an alternative format is identified, all future information will be provided in this format. |  |  |
| <b>Sex</b>                     | The complaints process allows for complaints can be made on behalf of any patient, regardless of their sex, if supported by the appropriate consent.   |  |  |
| <b>Race</b>                    | Interpretation / translations services are available. When a need for an alternative language is identified, all future information will be provided in this language.   |  |  |
| <b>Religion or belief</b>      | The complaints process allows for complaints can be made on behalf of any patient, regardless of their religion or belief, if supported by the appropriate consent.  |  |  |
| <b>Sexual orientation</b>      | The complaints process allows for complaints can be made on behalf of any patient, regardless of their sexual orientation, if supported by the appropriate consent.  |  |  |
| <b>Gender reassignment</b>     | The complaints process allows for complaints can be made on behalf of any patient, regardless of their gender reassignment, if supported by the appropriate consent.   |  |  |
| <b>Pregnancy and maternity</b> | The complaints process allows for complaints can be made on behalf of any patient, regardless of their pregnancy or maternity status, if supported by the appropriate consent.   |  |  |

|  |   |                 |  |
|--|---|-----------------|--|
| <b>Marriage and civil partnership</b>  | The complaints process allows for complaints can be made on behalf of any patient, regardless of their marital status, if supported by the appropriate consent. |                 |  |
| <b>Other relevant group</b>  | The complaints process allows for complaints can be made on behalf of any patient, if supported by the appropriate consent.                                     |                 |  |
| <b>4. Monitoring, Review and Publication</b>   |   |                 |  |
| <b>If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.</b> |   | None identified |  |

|   |   |                     |                  |
|---|---|---------------------|------------------|
| <b>4. Monitoring, Review and Publication</b>                                    |   |                     |                  |
| <b>How will you review/monitor the impact and effectiveness of your actions</b> | Audit of equality data carried out on a regular basis |                     |                  |
| <b>Lead Officer</b>   | Pam Vaines  | <b>Review date:</b> | 9 September 2019 |

|                     |            |                       |                   |
|---------------------|------------|-----------------------|-------------------|
| <b>5. Sign off</b>  |            |                       |                   |
| <b>Lead Officer</b> |            |                       |                   |
| <b>Director</b>     | Ruth Unwin | <b>Date approved:</b> | 13 September 2019 |

Once complete please forward to the CCG's Equality lead