

**Policy and Procedure for the Recording, Investigation and  
Management of Complaints, Comments, Concerns and  
Compliments**

## DOCUMENT MANAGEMENT

<b>Reference</b>	CG004
<b>Title of Document</b>	Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments
<b>Type of document</b>	Policy
<b>Target audience</b>	Staff, stakeholders ,patients and citizens
<b>Authors</b>	Complaints Manager Executive Nurse
<b>Received by</b>	Governing Body
<b>Approved by</b>	CCG Governing Body
<b>Date of approval</b>	27 February 2014
<b>Version Number</b>	2
<b>Next review date</b>	1 April 2017
<b>Related documents</b>	Outlined in policy
<b>Superseded documents</b>	NHS Lincolnshire Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments
<b>Distribution</b>	CCG Employees Patient and Public Involvement Committee GP Member Practices
<b>Availability</b>	Website

<b>Table of Contents</b>	<b>Page</b>
<b>Document Management</b>	<b>2</b>
<b>Table of Contents</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>Aim of Policy</b>	<b>4</b>
<b>Health Service Ombudsman's Principles of Remedy</b>	<b>5</b>
<b>NHS Constitution</b>	<b>5</b>
<b>Human Rights Act</b>	<b>5</b>
<b>Links to other Policies</b>	<b>6</b>
<b>Definition of Complaint</b>	<b>6</b>
<b>Complaints not required to be dealt with by the CCG</b>	<b>7</b>
<b>Methods of Complaining</b>	<b>7</b>
<b>Who can make a Complaint</b>	<b>8</b>
<b>Consent</b>	<b>8</b>
<b>Confidentiality</b>	<b>9</b>
<b>Timescales</b>	<b>9</b>
<b>Sources of support for service users, relatives and carers</b>	<b>9</b>
<b>Conciliation</b>	<b>11</b>
<b>Local Resolution</b>	<b>11</b>
<b>Parliamentary and Health Service Ombudsman</b>	<b>11</b>
<b>Complaints Meetings</b>	<b>11</b>
<b>Procedures for ensuring service users, relatives and carers are not treated differently as a result of a Complaint</b>	<b>11</b>
<b>Roles and Responsibilities</b>	<b>12</b>
<b>Verbal Complaints</b>	<b>14</b>
<b>Formal Complaints</b>	<b>14</b>
<b>Acknowledgement of Complaints</b>	<b>15</b>
<b>Process for Investigating and Responding to Complaints</b>	<b>15</b>
<b>Final Chief Officer Response</b>	<b>15</b>
<b>Complex Complaints</b>	<b>16</b>
<b>Unreasonably Persistent, Serial or Vexatious Complaints</b>	<b>16</b>
<b>Disciplinary, Litigation and Criminal Procedures</b>	<b>18</b>
<b>Discriminatory Complaints</b>	<b>18</b>
<b>Performance Management, Reporting and Learning from Complaints</b>	<b>18</b>
<b>Dealing with Media Interest</b>	<b>19</b>
<b>Complaints made by MPs on behalf of their Constituents</b>	<b>19</b>
<b>Comments and Compliments</b>	<b>20</b>
<b>Complaints Service Evaluation</b>	<b>20</b>
<b>Equality and Diversity Monitoring</b>	<b>20</b>
<b>Appendices</b>	<b>21</b>

## **Introduction**

South Lincolnshire CCG, hereafter referred to as the CCG, is committed to achieving excellence in all services it commissions and understands the importance of complaints, comments, concerns and compliments as a means of reviewing its standards and as an avenue by which patient experience can be improved.

The CCG is responsible for the local NHS budget and commissioning healthcare for the residents of South Lincolnshire; providing a high standard of patient care and health services that are flexible and responsive to the needs of the local population.

Our objective is to listen, respond and improve services for the local population and we are committed to providing all service users, their relatives and carers with the opportunity to seek advice, raise concerns, make a formal complaint and provide a compliment about any of the services we commission on their behalf.

This policy does not duplicate information which is clearly set out in the guidance and legislation surrounding NHS complaint management, but adapts and supplements these to meet local needs and recent developments within the NHS. It also aims to meet the principles of good complaint handling laid down by the Parliamentary and Health Service Ombudsman (PHSO).

## **Aim of the Policy**

It is the aim of this policy to,

- Ensure that a full and positive response is provided to all complainants, whether their complaint was made verbally, in writing or electronically. It is important to satisfy the complainant that his/her concerns have been listened to, an apology offered and/or an explanation provided as appropriate;
- Investigate all complaints thoroughly and impartially and to provide a prompt and positive response;
- To support staff through the process of a complaint to reduce the risk of stress and to assist in the local resolution process
- View complaints as valuable feedback and lessons learnt will be shared across the CCG, with providers of care and our population to ensure mistakes, omissions or misunderstandings are rectified, and to learn from those experiences to improve the quality of services in the future.

## **Health Service Ombudsman's Principles of Remedy**

*Principles of Remedy* published by the Parliamentary and Health Service Ombudsman describes six principles that represent best practice and are directly applicable to the NHS Complaints Procedure. Good Practice according to the document entails:

Getting it right

Being customer focused

Being open and accountable

Acting fairly and proportionately

Putting things right

Seeking continuous improvement

A downloadable version of the *Principles for Remedy* document is available on the Health Service Ombudsman Website at: <http://www.ombudsman.org.uk>

Adopting these principles will enable the CCG to:

- Handle complaints objectively, consistently and fairly;
- Bring complaints to a fair and satisfactory conclusion;
- Maintain a constructive and non-punitive approach;
- Ensure all action taken are proportionate;
- Maintain a positive relationship with complainants;
- Identify and implement changes/improvements in practice/services.

## **The NHS Constitution**

As well as capturing the purpose, principles and values of the NHS, the Constitution brings together a number of rights, pledges and responsibilities for staff and patients. These rights and responsibilities are the result of extensive discussions and consultations with staff, patients and the public. Further details can be obtained from [www.dh.gov.uk/nhsconstitution](http://www.dh.gov.uk/nhsconstitution)

## **Human Rights Act**

The CCG has considered The Human Rights Act and the equality benefits of a Human Rights based approach when handling complaints. The Human Rights Act contains 15 rights, all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil.

Six rights are particularly relevant to healthcare, four of which are particularly relevant to this policy. In compliance with Articles 3, 5, 6 and 8 of the Human Rights Act this policy allows patients -

- The right to complain about services

- The right to be treated with dignity and respect throughout the complaints process
- An improved quality of health service – patients treated with fairness, respect, equality and dignity

### **Links to Other Policies**

The procedures outlined in this policy should be read in conjunction with the following CCG policies, procedures and legislation.

- The Local Authority Social Services and NHS complaints (England) (Amendment) Regulations 2009
- CCG Incident Policy
- Data Protection Policy
- Freedom of Information Policy
- Staff Disciplinary Policy
- Safeguarding Adults Procedures
- Safeguarding Children Procedure
- Serious Incident Policy
- Access to Health Records Policy

### **Definition of a Complaint**

The NHS complaints procedure, as set out in the regulations, is for patients or users of services and not for the resolution of contractual or staff grievances. The definition of a complaint is ‘an expression of dissatisfaction, grievance and/or injustice requiring a response’. Clearly this is an extremely wide definition and it is not intended that every minor concern should warrant a full-scale complaints investigation. Rather, the spirit of the complaints procedure is that front line staff are empowered to resolve minor comments and problems immediately and informally.

The CCGs will therefore seek to distinguish between requests for assistance in resolving a problem and a formal complaint. All issues will be dealt with in a flexible manner, which is appropriate to their nature and the latter will be dealt with strictly in accordance with the NHS Complaints Procedure.

Whenever there is a specific statement of intent on the part of the caller/ correspondent that they wish their concern to be dealt with as a formal complaint, this will be treated as such. Any caller/correspondent who is dissatisfied with the preliminary response to a matter which has been dealt with as a problem solving issue will be advised of their right to pursue the matter further through the complaints procedure.

Concerns and Complaints may be expressed about:

- Commissioning decision taken;
- Something which is against the choice or wishes of the patient;

- The way treatment, service or care has been provided to a patient;
- Discrimination against a patient;
- How a service has been managed;
- Lack of a particular service;
- Manner, attitude or other behaviour of staff.

This list is intended to give the reader an overview of the definition of a complaint and as such not exhaustive.

### **Complaints not required to be dealt with by the CCG**

In accordance with regulations, complaints **not** required to be dealt with in accordance with the NHS complaints procedure include those:

- made by a responsible body;
- made by an employee about any matter relating to employment;
- under investigation, or already investigated, under these or previous relevant regulations or complaints procedures;
- arising out of the alleged failure to comply with a request for information under the Freedom of Information Act 2000.

If a complaint is received about an Independent Funding Request (IFR) decision, the complainant will be advised that they are entitled to appeal this decision and they will be directed to the IFR Team. If the complainant still wishes to make a formal complaint regarding the way in which the IFR process has been delivered, this will be managed in line with the complaint guidance.

Complaints about GPs, Dentists, Optometrists and Pharmacists are not dealt with by South Lincolnshire CCG; the complainant should initially approach the Practice Manager to discuss your concerns directly with them. Alternatively, the complainant may wish to contact NHS England Customer Contact Centre; the contact details are:

Telephone: 0300-311-2233

Email: [nhscommissioningboard@nhs.net](mailto:nhscommissioningboard@nhs.net)

### **Methods of Complaining**

A complaint may be made in writing (by e-mail, fax or letter) or verbally over the telephone or in person. If the complaint is made verbally the person accepting the complaint will record this in writing and the complainant will be given/sent a copy to sign and return to confirm accuracy.

The complaint procedure must be followed for every complaint and the person making the complaint should be treated with respect and sensitivity and encouraged to be open about their concerns. Complaints should be forwarded to the GEMCSU Complaints Team within 1 working day.

## **Who can make a Complaint**

A complaint may be made by:

- Existing or former patients using services of the CCGs or facilities, or an individual who is affected, or likely to be affected, by the action, omission or decision of the CCGs;
- A relative/significant other of the patient with the knowledge and consent of the patient;
- Any person who is affected by, or likely to be affected by, the action, omission or decision of the responsible body which is the subject of the complaint.
- If the patient is a child, has died, is unable to put forward a complaint because of physical incapacity, lack of capacity within the meaning of the Mental Health Capacity Act 2005 or has requested a representative to act on their behalf, then the complaint will be accepted from a close relative/friend/significant other or suitable representative body,

The patient will, however receive the written response unless his/her written consent is received authorising the response to be shared with a third party. If the patient is unable to act, by reason of incapacity, consent is not needed but the designated Complaints Manager will determine whether the complainant has sufficient interest in the patient's welfare and is conducting the complaint in the best interest to be suitable to act as a representative.

Confidentiality will be safeguarded, particularly in relation to clinical complaints, and copies of correspondence will not be sent to any third party without the written consent of the complainant. If the Complaints Manager determines that a person is not suitable, a full explanation outlining the reasons for this decision must be provided.

If a complaint is made about NHS services by a person representing a child who is judged to be Fraser Competent (under the age of 16), it will only be considered if the Complaints Manager is satisfied that there are reasonable grounds for the complaint being made by a representative instead of the child.

In such cases, the Complaints Manager will write to the representative and request the consent of the child. The Complaints Manager will also provide information about advocacy and support available to the patient and the complainant.

## **Consent**

If the complainant is not the patient and consent is required, this will be sought within 3 working days. If consent is not given, the response to the complainant should not include any personal details relating to the patient of which the complainant is not already aware. A Patient Authorisation Forum is attached in the appendices. If consent is not received and a decision is made not to progress the complaint or provide a response to the complainant, the reasons for this will be clearly documented in the complaint file.

## **Confidentiality**

The requirement to maintain confidentiality during the complaints procedure is absolute and therefore, all complaints, whether verbal or written, will be treated in the strictest confidence. Complaint records will be kept separate from the service user's health records, subject to the need to record information which is strictly relevant to the patient's health care.

Staff are reminded, however, that such records are subject to the Data Protection Act and must be treated with the same rules of confidentiality as normal service users records and would be open to disclosure in legal proceedings. Further information on the law, confidentiality and consent can be found in the *DOH Good Practice Toolkit for Complaints at [www.dh.gov.uk](http://www.dh.gov.uk)*. Confidential complaint information, findings, recommendations, conclusions, and actions will not be available to unauthorised persons or organisations. Patient identification will be protected in reports submitted to the Governing Body and subcommittees through the use of anonymised information. Records will be kept in a secure environment and will be accessible only to those directly responsible for investigating and responding to the complaint.

## **Timescales**

A complaint must be made not later than 12 months after:

- The date on which the matter is the subject of the complaint occurred; or
- If later, the date on which the matter which is the subject of the complaint came to the notice of the complainant.

Where a complaint is made after the expiry of the above period, the Complaints Manager may investigate if he/she is of the opinion that having regard to all circumstances, the complainant had good reasons for not making the complaint within that period, and notwithstanding the time that has elapsed, it is still possible to investigate the complaint effectively and efficiently.

Any complaints made by children will be dealt with on an individual basis and there will be flexibility on timescales according to circumstances.

## **Sources of support for service users, relatives and carers**

If service users, their relatives and carers have concerns or need advice which does not constitute a complaint they can contact PALS which is a confidential service set up to:-

- Advise and support service users, their relatives and carers;
- Provide information on NHS services;
- Listen to concerns, suggestions or queries;
- Resolve problems quickly on behalf of the enquirer.

PALS provides a service responsible for providing support and information to service users, relatives and carers and staff in order to solve problems at the earliest

possible opportunity and may help to prevent matters going unnecessarily through the NHS Complaints Procedure. The service does not handle complaints, but acts as a contact point to enable independent guidance for patients, and can often direct them to the appropriate organisation or member of staff best placed to deal with the concerns raised.

PALS will inform the CCG of the outcome of all contacts to facilitate the improvement of services. PALS contact details are:

Telephone: 0845 602 4384

Email address: [info@lincspals.nhs.uk](mailto:info@lincspals.nhs.uk)

The CCG has engaged the Greater East Midlands Commissioning Support Unit (GEMCSU) to provide a complaints handling service to our residents and users of the services the CCG commissions on your behalf. Under this arrangement details will be passed by the CCG to GEMCSU in order for them to manage a complaint on our behalf. This may involve the CSU in accessing your case records and disclosing relevant information to the CCG in order that we can discharge our duties to you under the NHS Complaints Regulations.

The purposes for which personally identifiable information will be used is strictly for the processing of a complaint. This may include passing relevant information to a service provider in order that they can provide appropriate responses and comments on the circumstances set out in the complaint.

Information may be anonymised for the purposes of monitoring the complaints process or improving service quality. If identifiable data is needed for other purposes then your consent will be sought unless there is another legal basis on which this information is required to be used.

If you have any concerns about how your information is to be used then please contact Mrs L Moody, Quality Lead and Executive Nurse, South Lincolnshire Clinical Commissioning Group before submitting a complaint. If a patient does not wish to have their information passed to the GEMCSU then we may not be able to process the complaint.

Service Users, their relatives and carers can contact the Complaints Service for advice on how to make a complaint and advice and guidance on the complaints process and regulations. The Complaints Service is sometimes able to assist a complainant without recourse to the formal complaints procedure if this is the complainants wish. If the complaint requires an organisational response, the Complaints Manager will discuss with the complainant how the complaint is to be handled and the timeframe in which to seek resolution. The contact details for the Complaints Team are:

Address: Complaints Team  
Cross O'Cliff  
Bracebridge Heath  
Lincoln  
LN4 2HN

Tel: 01522 515319  
Email: GEMCSU.lincolnshirecomplaints@nhs.net

## **Conciliation**

The Complaints Manager may, with the agreement of the complainant, may make arrangements for conciliation, mediation, or other assistance, for the purposes of resolving the complaint. Conciliators are independent advocates who are committed to resolving complaints to the satisfaction of everyone concerned. Where requested they will arrange a meeting within 10 working days of receiving the complaint.

## **Local Resolution**

The purpose of local resolution is to provide an opportunity for the complainant and the organisation subject to the complaint, to attempt a rapid and fair resolution of the problem. The process should be open, fair, flexible and conciliatory, and should facilitate communication on all sides. It can involve meeting with the complainant and conciliation to help the parties reach a common understanding.

## **Parliamentary and Health Service Ombudsman (PHSO)**

The Ombudsman is independent of the NHS and of government and derives powers from the Health Service Commissioners Act 1993. The Ombudsman considers complaints made by or on behalf of people who have suffered an injustice or hardship because of unsatisfactory treatment or service by the NHS or by private health providers who have provided NHS funded treatment to the individual.

The Ombudsman will not be able to investigate complaints until the Complaints Procedure has been exhausted unless in a particular case, the Ombudsman considers that these conditions would be unreasonable. Staff have the right of recourse to the Ombudsman if they feel that they have been unfairly treated by the Complaints Procedure.

## **Complaints Meetings**

Should a complainant wish to meet with the Complaints Manager or a member of the CCG Governing Body to discuss their complaint this can be arranged if appropriate to do so. Notes will be taken at all meetings and a copy of these sent to all those involved to confirm accuracy before recording the document in the complaint file.

The use of tape recorders and other recording devices will only be permitted if all parties agree to it. If parties do agree, it must be agreed and clearly documented what the recording will be used for and who will retain responsibility for it.

## **Procedures to ensure that service users, relatives and carers are not treated differently as a result of a complaint.**

All staff must ensure that service users, their relatives and carers are not discriminated against as a result of having made a complaint. All complainants will

be assured that their care and treatment will not be adversely affected as a result of making a complaint and that the CCGs value their feedback.

## **Roles and Responsibilities**

### **CCG staff**

All staff have a duty to ensure learning from complaints is reflected in their work. All staff must adhere to the CCG Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments; NHS Confidentiality code and Practice; and the Data Protection Act when dealing with complaints. Should members of staff have complaints or concerns, these should be discussed in the first instance with their immediate Line Manager who will attempt local resolution, unless the complaint is about the Line Manager in which case it should be raised with a member of the Governing Body. If the member of staff still feels that the concern is unresolved or that it is of such a serious nature that this route is not acceptable, then they should raise their concern via the Whistle blowing Policy or, if necessary, the Grievance Procedure.

### **Chief Officer**

The Chief Officer is ultimately responsible to the Governing Body of the CCG for ensuring the investigation of formal complaints about the services the CCG commissions, commissioning decisions the CCG has taken or action of CCG staff. The Chief Officer will implement systems for ensuring that:

Complainants are treated with respect and courtesy, are dealt with efficiently and receive a timely and appropriate response;

The CCG collaborates with other responsible bodies to provide a joint single response when practicable to do so. Within this process, to establish who is the lead organisation responsible for co-ordinating the complaints response and liaise with key stakeholders and the complainant to ensure that all parties are aware of the proposed investigation and response approach;

Through contract monitoring and clinical governance, providers are aware of their obligation to have a complaints procedure in place for Local Resolution which reflect the NHS procedures;

Complainants are told the outcome of the investigation into their complaint and to ensure that complainants who are dissatisfied with local resolution are advised of their right to pursue the matter further through the complaints procedure;

Complainants receive, as far as is reasonably practicable, assistance to enable them to understand the procedures in relation to complaints, or advice on where they may receive such assistance;

If necessary, take action in the light of the outcome of the complaint;

The CCG co-operates with any investigation carried out by the Parliamentary and Health Service Ombudsman (PHSO).

The Executive Nurse has delegated responsibility for complaints management within the CCG.

### **Complaints Manager**

A designated Complaints Manager is responsible for the handling and processing of the complaints. The Complaints Manager will:

- risk assess the complaint and escalate as appropriate to secure assurance regarding patient safety;
- co-ordinate the procedures and administration for handling and considering complaints;
- liaise closely with service managers and others to ensure investigations are undertaken within the required timescales, and with the Parliamentary and Health Service Ombudsman (PHSO) to ensure that all information is collated and sent to them to comply with the requests for Independent review;
- identify the lead investigator and support the investigation approach;
- communicate with the complainant and their family, and negotiate a timescale for response and agree an acceptable management plan;
- ascertain whether the complainant is content that the issues have been addressed within this response, and if not review appropriate next steps to promote resolution prior to completion of the final response by the Chief Officer;
- oversee complaints until their completion. Following the instigation of all appropriate action to secure local resolution, co-ordinate the completion of the final Chief Officer response outlining the investigation approach and investigation findings;
- monitor performance against the complaints policy / regulations;
- provide an expert resource to support staff training;
- provide an accessible point of contact for complainants and other responsible bodies.

## **Verbal Complaints**

Service users, their relatives and can highlight concerns directly and informally to the Complaints Service. Informal verbal complaints which are resolved to the complainant's satisfaction no later than the next working day after the day, on which the complaint has been made, are not required to be managed under the terms of the complaints resolution policy. It is however, recommended that these are recorded (number and nature) to enable trends to be identified and responded to enable service improvements. Members of staff who receive informal verbal complaints, which they are able to resolve to the complainant's satisfaction, should do so. A Verbal Complaints Form (Appendix 2) should be completed by the member of staff and sent to the to the complaints team.

The person receiving the complaint should seek to deal with the complaint rapidly and in an informal and sensitive manner. The nature of the complaint must be fully understood and complainant should be encouraged to speak openly about their concerns. Their views should be treated with appropriate confidentiality and sensitivity and verbal explanation and/or an apology should be offered as appropriate. A flow chart demonstrating the procedure for dealing with verbal complaints can be found in Appendix 3.

Complaints which cannot be resolved within one working day of receipt and all written /electronic complaints constitute a formal complaint. Formal complaints can be submitted in verbal, written or electronic form. Formal complaints should be reported to the Complaints Manager immediately upon identification to the CCG.

## **Formal Complaints**

Upon receipt, complaints should be evaluated by the Complaints Manager using the Risk Assessment tool. Where significant risk (defined as an incident which attracts an outcome grading of moderate, major or catastrophic, or is one that is otherwise categorised as a "red" incident), the incident should be notified to the appropriate Risk Management and Safeguarding team in line with the incident reporting and serious incident reporting policy. Such contact should be clearly documented within the complaints file. Additionally, if there are indications that the complaint may give rise to a potential claim, it should be highlighted to the Executive Nurse and the Patient Safety Manager of the hosted Quality Team.

Should information from complaints and/or evidence from other sources, including that provided by staff, indicate that service users could be at high or extreme risk, the Complaints Manager will discuss the matter confidentially with the Chief Officer or Executive Nurse, and be guided by them about the most appropriate action.

This could include

- the matter being referred to;
- the disciplinary procedures;
- a professional body;
- an independent enquiry into a serious incident;
- the police;
- the fraud officer;

- Safeguarding process.

The Complaints Manager will draw up a management plan identifying an appropriate investigation approach reflecting the level of risk associated with the complaint.

### **Acknowledgement of Complaints**

The Complaints Manager will acknowledge receipt of a formal complaint within **three working days**. This will include information for the complainant on South Lincolnshire CCG Complaints procedure the PALS and the Advocacy Service, POhWER. A copy of the complaint and the acknowledgement letter will be sent for investigation to the appropriate Service Manager who, in turn, will pass a copy to any member of their staff referred to in the complaint. However, there should be discretion to withhold certain information where confidentiality may be compromised.

### **Process for Investigating and Responding to Complaints**

The Service Manager will normally provide the Complaints Manager with the results of the investigation within **10 working days**. This response will be within the timescale agreed with the complainant at the outset of the complaint. The target timescale is to be within **25 working days**. More complex complaints may, however, involve a longer timeframe.

The overall responsibility for the management, investigation and sign off of all complaints remains that of the Chief Officer. However, he/she may delegate this to the relevant Director or the Complaints Manager. (See flowchart at Appendix A) Regardless of the method used to resolve the complaint, where the complainant requires it, a response in writing from the Chief Officer will be provided (usually by letter, but it may be electronically, if the complainant has consented to electronic communication). The response should comprehensively cover each aspect of the complaint, with explanations of actions being taken and be in plain English. The Complaints Manager will draft the letter for sign off by the Chief Officer, based on either the completed investigation tool or a statement/letter of response that is received from the investigating manager. The Complaints Manager will complete a final quality assurance check of the response and send to the investigating manager for approval prior to sign off.

### **Final Chief Officer Response**

The final Chief Officer response will inform the complainant of their right to contact the Parliamentary and Health Service Ombudsman (PHSO) in the event that they are not happy with the response or with the management of the complaint by the CCG.

The Complaints Manager will inform the Service Manager of the final outcome of the complaint and monitor progress where further internal action has been identified. It is the responsibility of the Service Manager to communicate the outcome of the complaint to their staff, and to ensure that support is provided for those involved.

The flow chart describing the formal complaints process can be found in the appendices.

After the complaint has been dealt with, the Complaints Manager will send the complainant a Complaints Handling Questionnaire and Ethnicity Monitoring Form enclosing a pre-paid envelope. A copy of these forms is attached in the appendices.

The Complaints Manager will close the complaints file two weeks after the final response has been sent if there is no further communication from the complainant. However, this can be re-opened (subject to statutory deadlines) if there is further communication from the complainant.

### **Complex Complaints**

Complaints that concern more than one organisation have been termed 'Complex Complaints'. A complex complaint has been defined as one that may involve or relate to:

- More than one NHS organisation;
- One or more NHS bodies and a local authority organisation, whether or not it arises out of a partnership agreement;
- An NHS organisation and a primary care provider;
- Any combination of the above.

The CCG has a duty to co-operate and will work in conjunction with other organisations to ensure that the complainant receives one response that addresses their concerns across all the professional boundaries concerned. In these instances, the organisations involved need to ensure that they have the necessary consent in place to support information sharing and that an efficient and timely response is provided through the appointment of one organisation to take the lead in communicating with the complainant. In the event of a dispute as to who leads a complaint investigation the CCG Chief Officer will make the final decision.

### **Unreasonably persistent, serial or vexatious complainants**

Persistent, serial or vexatious complainants are becoming an increasing problem for NHS staff. The difficulty in handling such complaints is placing a strain on time and resources and is causing undue stress for staff that may need support in difficult situations. NHS staff are trained to respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem.

These complainants are often difficult to investigate, time-consuming and the complaints difficult to conclude. It is important to have a consistent approach for identifying and establishing a vexatious complainant and for handling the complaint.

The following criteria are offered as guidance for establishing a persistent, serial, or vexatious complainant;

- the complainant has been personally abusive or aggressive towards
- staff/practitioner who is dealing with the complaint

- is unwilling to accept documented evidence as being factual
- insists that they have not had an adequate response to their complaint despite the
- large volume of correspondence which has specifically addressed their complaints
- complainant constantly raises new issues which did not appear in the original
- correspondence in order to keep the complaint going
- complaint/story changes as time goes on

Where any staff member is subject to aggressive/abusive behaviour, an IR1 Form should be completed and the matter escalated to the security management service for advice/future management.

If a member of staff believes that a complainant is persistent, serial or vexatious then they should contact the Complaints Manager for advice. The CCG has guidance for dealing with persistent, serial, or vexatious complainants which are set out below. The action set out in this guidance should only be taken by the Complaints Manager, having first sought advice from the Chief Officer.

**These steps should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaint following the NHS Complaints Procedure.**

Having established a complaint is vexatious and every effort has been made to respond in good faith, the Chief Officer will write to the complainant, stating that:

- A full response has been given to all the issues raised in the complaint
- The Organisation has tried to resolve the complaint and there is nothing further that can be done. Therefore the correspondence will end.
- Further letters will be acknowledged but no further investigation undertaken
- Advise the complainant that they have the right to refer their complaint to independent review.

It is also recognised that a persistent complainant should be protected in ensuring that staff respond to all genuine grievances. Therefore, in determining arrangements for handling such complaints, the CCG will adopt the following key considerations:

- To ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed.
- To appreciate that even habitual complainants may have grievances, which contain some genuine substance.
- To ensure an equitable approach.
- To be able to identify the stage at which a complainant has become habitual.

Once complainants have been determined as 'habitual' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further

complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending 'habitual' status and discretion should similarly be used in recommending that this status be withdrawn.

### **Disciplinary, Litigation and Criminal Procedures**

Clarification should be sought from the Complaints Manager regarding the management of complaints where legal action and criminal or disciplinary procedures are contemplated pending confirmation of national approach.

### **Discriminatory complaints**

These are complaints made against an individual because of their racial background, gender, marital status, race, ethnic origin, colour, nationality, national origin, disability, sexuality, religion or age. Some will be easily identifiable from the outset; others may come to light during the complaints process.

At an early stage, the Complaints Manager with the assistance of CCG staff will endeavour to identify any complaint that amounts to harassment and ensure that the employee/practitioner concerned is not put through the process of an investigation. Any complaint made purely on the basis of race will be considered to be harassment and will not be tolerated.

The Complaints manager will discuss any possible discriminatory complaints with the Chief Officer and CCG Equality Champion to determine whether the complaint should be progressed through the complaints process.

If the decision is taken not to progress the matter through the complaints process, the complainant will be notified in writing that the complaint will not be progressed and informed that harassment against the member of staff will not be tolerated. Support will be offered to the employee/service provider who is the subject of the complaint.

Any complaints couched in discriminatory language that raise legitimate issues about clinical practice, procedure and communication, will be investigated using the complaints procedure, without prejudice to the outcome of the investigation.

Where a complaint is investigated that is couched in discriminatory language, the complainant will be advised that discriminatory language will not be tolerated. The employee/service provider will also be offered support.

### **Performance management, reporting and learning from complaints**

Complaints will form an integral part of the contract monitoring and performance management processes and learning derived from complaints will contribute to the development, commissioning and planning of services.

Complaints reports will be anonymous to ensure confidentiality. The Complaints Manager will ensure that anonymised reports are shared with the CCG and that these will highlight learning and improvement strategies.

Reports will include:

- The number of complaints received
- A trend analysis of complaint identifying the subject matter
- The timescales under which the complaint has been managed and a response provided, whether the complaint was substantiated and any outcomes/lessons learnt.
- Exception reports will be provided when timescales have been breached.
- The number of complaints which have been referred to the Parliamentary and Health Service Ombudsman, in such cases a summary of outcome will include:
  - The subject matter of complaints
  - Any matter of general importance arising out of those complaint, or the way in which the complaint was managed
  - Any matters where action has been or is to be taken to improve services as a consequence of the complaint.
  - Recurring themes will be identified.

These reports will be reviewed at least quarterly by the CCG's Quality and Patient Experience Committee. The CCG will use the issues raised in individual complaints to explore and, where appropriate, initiate service improvements. Issues arising from complaints and other user feedback will be regularly reviewed by the Patient and Public Involvement Committee, with recommendations to the Quality and Patient Experience Committee for service improvements. The Quality and Patient Experience Committee will retain responsibility for oversight. An annual report will also be provided. All annual returns required by the Department of Health regarding annual complaints' data, for example the KO41a, will be submitted as required.

### **Dealing with media interest**

All enquiries from the media should be referred to the Communications Team. Confidentiality must be maintained in any dealing with the media.

### **Complaints made by MPs on behalf of their constituents**

If a patient has visited an MP in their surgery or written to them requesting their representation in making a complaint or raising a concern, consent is not required (Statutory Instrument 2002 No 2905. The Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order 2002) If the MP states that they have received their constituent's permission then it should be assumed to be the case and the complaint investigated as per normal. Information should only be disclosed on a need to know basis and nothing more than the relevant information pertaining to a complaint should be given in the final response. On receiving an MP letter the Complaints Manager will send the acknowledgement and the subsequent complaint responses to the complainant, with a copy of each to the MP.

## **Comments and Compliments**

Comments and Compliments are welcomed as they acknowledge service user opinions and/or satisfaction and can evidence good practice. Service users, their relatives and carers often have suggestions about the way in which a service is run and it is beneficial to the CCG and service providers to take these into consideration. Comments and Compliments will be acknowledged from the Chief Officer and logged. They will be included in the reporting mechanism.

## **Complaints service evaluation**

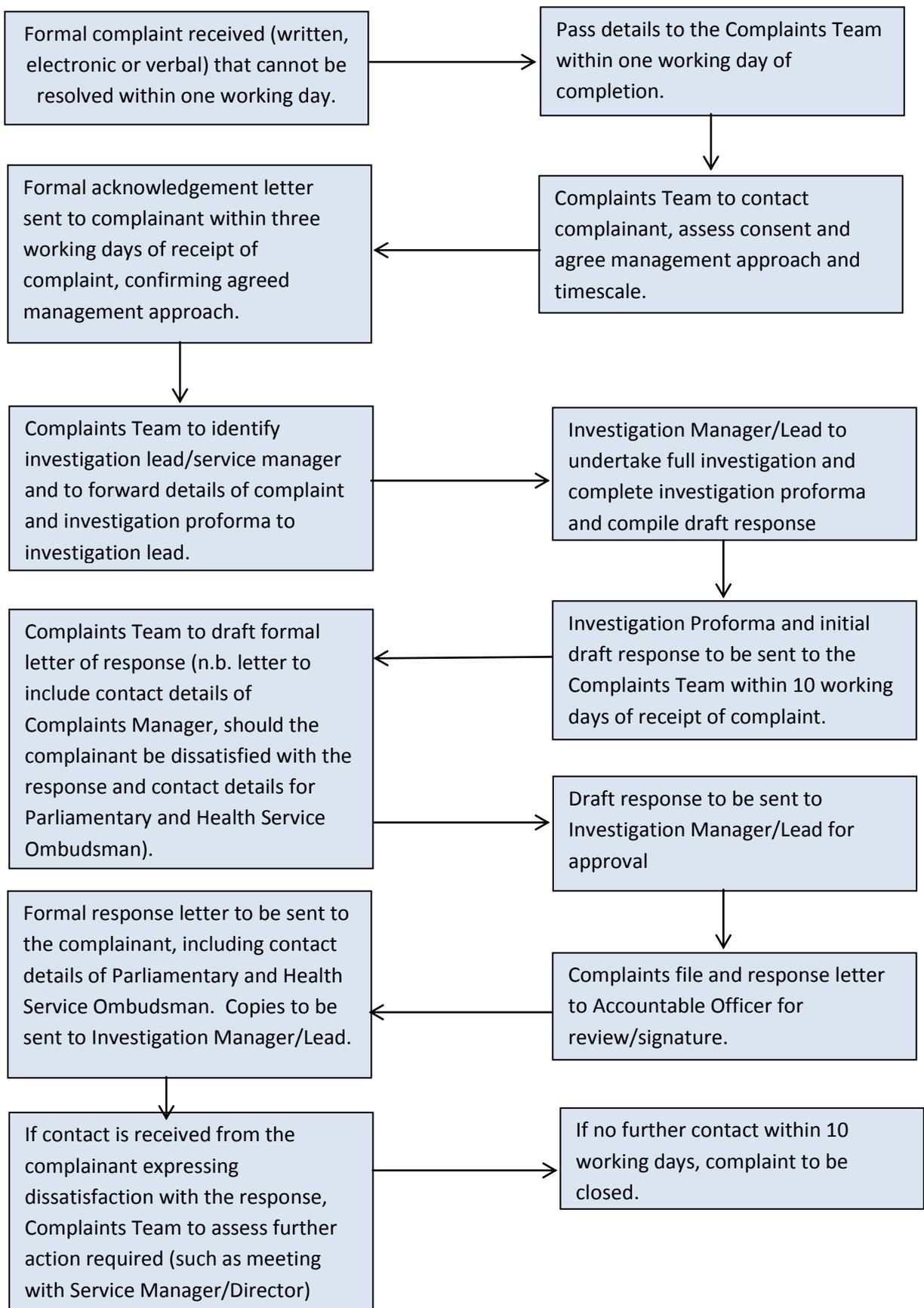
An evaluation questionnaire relating to the management of the complaint will be sent to the complainant one month after the completion of the local resolution procedure. A copy of this form is attached in the appendices.

## **Equality and diversity monitoring**

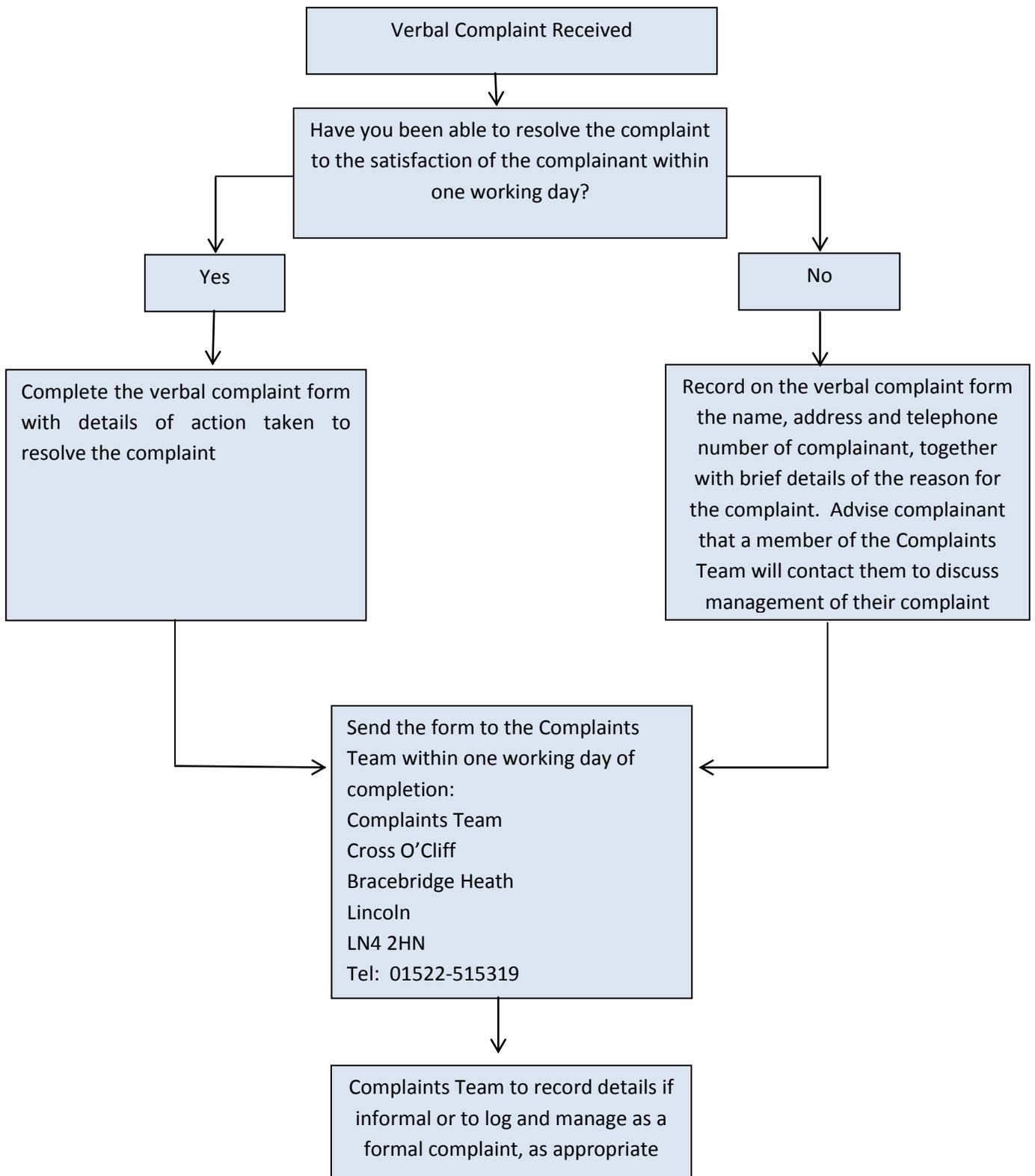
An equality and diversity monitoring form will be sent to the complainant on completion of local resolution. This will be attached to the evaluation questionnaire. Quarterly or six monthly reporting of equality and diversity data for complaints will be sent to the CCG Quality and Patient Experience Committee to ensure that the provision of services is equitable to all communities.

## APPENDICES

### PROCESS FOR DEALING WITH FORMAL COMPLAINTS



## PROCESS FOR DEALING WITH VERBAL COMPLAINTS



## RECORD OF VERBAL COMPLAINT

<b>Complaint taken by:</b>	
<b>Date complaint taken:</b>	
<b>Date received by complaints team:</b>	
<b>Name of complainant:</b>	
<b>Full postal address:</b>	
<b>Telephone number:</b> (Including mobile number)	
<b>Name and contact details of patient:</b> (if different from complainant)	
<b>Service area:</b>	
<b>Where and when the incident happened:</b>	
<b>Details of the complaint:</b>	
<b>Have you been able to resolve the complaint within one working day of receiving the verbal complaint?      Yes/No</b>	
<b>If yes, what action was taken to resolve the complaint?</b>	

<b>If no, please forward to the Complaints Team within one working day and advise the complainant a member of the Complaints Team will contact them to discuss management of their complaint.</b>
<b>Management plan for complaint:</b> (To be agreed between Complaints Team/Complainant)

I confirm that this is an accurate reflection of the concerns I wish to complain about and the management plan agreed.

Signature .....

Name (Please print) .....

Please return this complaints form to:

Complaints Team  
Cross O'Cliff  
Bracebridge Heath  
Lincoln  
LN4 2HN  
Telephone: 01522 515319

**Questionnaire about your experience of using the Lincolnshire East CCG complaints process**

1. Please state the month that you made the complaint

.....

2. Which service area(s) did your complaint focus on

.....

3. How did you find out about our complaints process?

Staff

Leaflet

Website

Other (please specify)

.....  
.....  
.....

4. Did you find the complaints process easy to use?

Yes

No (please specify)

.....  
.....  
.....

5. After raising your complaint, was this acknowledged within 3 working days?

Yes

No

Don't Know

6. Were you satisfied with the handling of your complaint by the Complaints team and would you use the complaints process again, if required?

Yes

No

If No please explain why:

.....  
.....  
.....

7. Do you feel that you have been discriminated against in any way as a result of using the complaints system –

If yes please explain why:

.....  
.....  
.....  
.....

8. Is there anything we could have done to improve the way your complaint was handled?:

.....  
.....  
.....  
.....

9. What aspects of the complaints service did you find helpful / good practice:

.....  
.....  
.....  
.....

*Thank you for taking the time to complete this questionnaire*  
*Please return to:*  
*Complaints Team, Cross O'Cliff, Bracebridge Health, Lincoln, LN4 2HN*

## Patient Authorisation Form

I (Name)

of (Address)

---

---

---

---

---

hereby (Named  
authorise person)

of (Named person's address)

---

---

---

---

---

---

To pursue the complaint on my behalf and I agree that South Lincolnshire Clinical Commissioning Group staff may disclose (only in so far as it is necessary to answer the complaint) confidential information about me.

Patient's signature: \_\_\_\_\_

Date: .....

**Please return form to:**

***Complaints Manager, Cross O'Cliff, Bracebridge Heath, Lincoln, LN4 2HN***

### DIVERSITY MONITORING FORM

We are required to collect certain statistics relating to complaints for the Department of Health. This includes information about an individual's ethnic category. Please be assured that this information is treated as strictly confidential and subject to local and national data requirements.

1. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
2. Age Group	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-40 <input type="checkbox"/> 41-45 <input type="checkbox"/> 46-50 <input type="checkbox"/> 51-55 <input type="checkbox"/> 56-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 66-70 <input type="checkbox"/> over 70 <input type="checkbox"/> Prefer not to say
3. Ethnicity	<p>Choose ONE section from A to E, then tick the appropriate box to indicate your ethnic group:</p> <p><b>A : White</b>  <input type="checkbox"/> British  <input type="checkbox"/> Irish  <input type="checkbox"/> Any other White background (please write in).....</p> <p><b>B : Mixed</b>  <input type="checkbox"/> White and Black Caribbean  <input type="checkbox"/> White and Black African  <input type="checkbox"/> White and Asian  <input type="checkbox"/> Any other mixed background (please write in).....</p> <p><b>C : Asian or Asian British</b>  <input type="checkbox"/> Indian  <input type="checkbox"/> Pakistani  <input type="checkbox"/> Bangladeshi  <input type="checkbox"/> Any other Asian background (please write in).....</p> <p><b>D : Black or Black British</b>  <input type="checkbox"/> Caribbean  <input type="checkbox"/> African  <input type="checkbox"/> Any other Black background (please write in).....</p> <p><b>E : Chinese or other ethnic group</b>  <input type="checkbox"/> Chinese  <input type="checkbox"/> Any other, please write in          .....</p> <p><input type="checkbox"/> Prefer not to say</p>
4. Religion	<p>Tick one box only:</p> <p><input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  <input type="checkbox"/> Buddhist  <input type="checkbox"/> Hindu  <input type="checkbox"/> Jewish  <input type="checkbox"/> Hindu  <input type="checkbox"/> Muslim  <input type="checkbox"/> Sikh  <input type="checkbox"/> Any other religion, please write in  <input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Prefer not to say</p>
5. Sexual orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Prefer not to say