



Nottingham and Nottinghamshire  
Clinical Commissioning Group

# Patient Experience (Complaints, Concerns and Enquiries) Policy

## 2020-2023

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CONTROL RECORD			
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			Sponsor Chief Nurse
			Team Patient Experience Team
Title	Patient Experience (Complaints, Concerns and Enquiries) Policy		
Amendments	Updated to reflect Nottingham and Nottinghamshire single CCG status		
Purpose	To set out how the CCG will handle complaints, concerns and enquiries in compliance with statutory requirements, ensuring that all individuals are aware of their responsibilities.		
Superseded Documents	<ul style="list-style-type: none"> <li>• NHS Nottingham City CCG Complaints and Concerns Handling Policy and Procedure</li> <li>• NHS Nottingham North and East Complaints and Concerns Policy</li> <li>• NHS Nottingham West CCG Complaints and Concerns Policy</li> <li>• NHS Rushcliffe CCG Complaints and Concerns Policy</li> <li>• NHS Mansfield and Ashfield and NHS Newark and Sherwood Clinical Commissioning Groups Handling Complaints, Comments and Concerns Policy and Procedure</li> </ul>		
Audience	All employees of the Nottingham and Nottinghamshire CCG (including all individuals working within the CCG in a temporary capacity, including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the CCG under contract for services), individuals appointed to the Governing Body and its committees, all member GP practices (single-handed practitioners, practice partners, or their equivalent; or where the practice is a company, each Director) and any other individual directly involved with responding to complaints and concerns from patients and members of the public.		
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the CCG's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

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## **1. Introduction**

- 1.1 The purpose of this document is to provide a framework for managing complaints in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (SI/2009/309 & SI/2009/1768).
- 1.2 This policy applies to the Nottingham and Nottinghamshire Clinical Commissioning Group, hereafter referred to as 'the CCG'.
- 1.3 The CCG commissions health services for its local resident population and is committed to ensuring stakeholders, patients and the public are involved in shaping the services that are commissioned.
- 1.4 The CCG recognises that complaints, concerns and enquiries are valuable sources of information from people about the quality of NHS services it commissions. The CCG is committed to providing an accessible, equitable and effective means for people to express their experience of using the services that the CCG provides or is responsible for commissioning.
- 1.5 Complaints, concerns, enquiries and compliments help the CCG gain an insight into the standards of care and experiences of people using the services commissioned. The insight helps the CCG to continually improve the quality of services and to take action to prevent similar problems occurring in the future.
- 1.6 The CCG takes all complaints, concerns and enquiries seriously and will aim to facilitate a resolution whenever possible at local level by front-line staff and their managers.
- 1.7 The CCG aims to ensure that patients, relatives, carers and all other users of local health services have their complaints, concerns and enquiries dealt with sympathetically, promptly, confidentially, impartially and with courtesy.
- 1.8 The Patient Experience Team will provide all the necessary activities to enable the CCG to meet its statutory duties and obligations as set out in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

## **2. Purpose**

- 2.1. The purpose of this policy is to:
  - Ensure that patients, relatives, carers and all other users of local health services have their complaints, concerns and enquiries dealt with in confidence and impartiality, with courtesy in a timely and appropriate manner.
  - Inform CCG staff of the policy and procedure in relation to complaints, concerns and enquiries and their role within the procedure.

### 3. Scope

- 3.1 This policy applies to all patient complaints, concerns and enquiries relating to the CCG's corporate services and decisions as well as services commissioned and contracted by, or on behalf of, the CCG.
- 3.2 This policy applies to all employees of the CCG and those that act in the capacity of employees.

### 4. Definitions

Term	Definition
<b>Complaint</b>	An expression of dissatisfaction which requires an investigation and response. An expression of dissatisfaction will be considered to be a complaint and handled in compliance with the complaints regulations when: <ul style="list-style-type: none"><li>• The complainant expresses their dissatisfaction in terms of a complaint; and/or</li><li>• The complainant requires action to remedy their dissatisfaction but not one of an immediate healthcare need.</li></ul>
<b>Concern</b>	An expression of interest or anxiety. Concerns include requests for support and assistance and suggestions about service provision. Timely solutions to concerns will be sought including liaison with staff, managers and other relevant organisations where appropriate.
<b>Enquiry</b>	An expression of a request for information, support or assistance. Timely solutions to enquiries will be sought including liaison with staff, managers and other relevant organisations where appropriate.

### 5. Roles and Responsibilities

Roles	Responsibilities
<b>Accountable Officer</b>	Has overall responsibility for complaints handling within the CCG and for the sign-off of individual complaints.
<b>Chief Nurse/ Deputy Chief Nurse</b>	Has responsibility to ensure compliance with the regulations and that any necessary action is taken in light of the outcome of complaints.
<b>Patient Experience Manager</b>	Is responsible for managing the complaints, concerns and enquiries procedures, and will: <ul style="list-style-type: none"><li>• Provide the organisation with the advice and leadership on</li></ul>

Roles	Responsibilities
	<p>complaints and concerns issues.</p> <ul style="list-style-type: none"> <li>• Highlight any concerns in regard to organisational compliance with the complaints, concerns and enquiries policy.</li> <li>• Update the organisation as to changes in complaints, concerns and enquiries processes.</li> <li>• Maintain a database of all complaints, concerns and enquiries.</li> <li>• Develop clear information for patients, the public and staff in regard to the complaints, concerns and enquiries processes.</li> <li>• Support the Patient Experience Officer in recognising any complaints which require any immediate action in regard to safeguarding.</li> <li>• Ensure consent, confidentiality and Caldicott principles are adhered to.</li> <li>• Ensure that the complaints, concerns and enquiries procedures are compliant with Mental Capacity Act 2005 guidance.</li> <li>• Ensure that the complaints, concerns and enquiries procedures are compliant with the duties under the Equality Act 2010.</li> <li>• Report and provide relevant information to NHS England, the Care Quality Commission and the Parliamentary and Health Service Ombudsman.</li> <li>• Review and evaluate compliance with the procedures.</li> <li>• Be responsible for providing quarterly reports on patient experience including complaints, concerns and enquiries.</li> <li>• Provide an annual report which enables the CCG to understand the issues raised by, and the improvements made from complaints, enquiries and concerns.</li> <li>• Liaise with the Communications Team to highlight any risk of media attention.</li> <li>• Provide training on complaints, concerns and enquiries to staff and providers of commissioned services.</li> </ul>
<p><b>Patient Experience Officer</b></p>	<p>Is responsible for the day-to-day operation of the complaints procedures:</p> <ul style="list-style-type: none"> <li>• Assist and support patients and members of the public who wish to make a complaint.</li> <li>• Accurately record complaints on the Patient Experience database in line with the CCG's Records Management Policy.</li> </ul>

Roles	Responsibilities
	<ul style="list-style-type: none"> <li>• Agree the complaint details with the complainant.</li> <li>• Seek consent where required.</li> <li>• Agree complaints handling with the complainant.</li> <li>• Liaise with complainants, advocates, staff and providers of commissioned services to achieve resolution of complaints and concerns.</li> <li>• Arrange meetings, mediation or other complaints handling methods agreed with the complainant.</li> <li>• Investigate complaints and ensure that each complaint is considered fully.</li> <li>• Investigate and write complaint responses.</li> <li>• Ensure agreed timescales are met.</li> <li>• Undertake post-resolution complainant satisfaction surveys.</li> </ul>
<p><b>Patient Experience Support Officer</b></p>	<p>Is responsible for the day-to-day operation of the enquiries and concerns procedures and provides support to the Patient Experience Manager and Patient Experience Officer:</p> <ul style="list-style-type: none"> <li>• Assist and support patients and members of the public who wish to bring a concern, enquiry or compliment about a commissioned or NHS service.</li> <li>• Seek the appropriate consent where required.</li> <li>• Liaise with providers and commissioned services to obtain information to aid the resolution of concerns, enquiries or compliments.</li> <li>• Act in a timely way and ensure that the patient or member of the public is informed about any delays.</li> <li>• Accurately record concerns, enquiries and compliments on the Patient Experience database in line with the CCG's Records Management Policy.</li> </ul>
<p><b>All Employees of the CCG</b></p>	<p>All employees of the CCG should ensure that they are aware of how patients and members of the public can raise complaints, concerns, enquiries and compliments with the Patient Experience Team. All employees should ensure that they can signpost to the service and are aware of the Complaints, Concerns and Enquiries Policy.</p> <ul style="list-style-type: none"> <li>• When requested, employees should provide relevant, full and timely information about any service they are involved in regarding commissioning or providing for the complaints</li> </ul>

Roles	Responsibilities
	<p>investigation.</p> <ul style="list-style-type: none"> <li>• All employees should work in accordance with a Communication Management Plan when required, to ensure the effectiveness of the plan.</li> </ul>

## 6. Training

- 6.1 It is expected that all staff carrying out complaint investigations or being involved in the complaints process have up-to-date training in:
- The internal CCG complaints handling processes.
  - A working knowledge of the National Health Service Complaints (England) Regulations 2009.
  - Database management (of the current CCG complaints database).
  - An awareness and application of record keeping best practice.
  - An awareness and application of Information Governance best practice.

## 7. Principles

- 7.1 The CCG recognises that most patients receiving NHS healthcare do not wish to complain about their care, therefore when a complaint, concern and enquiry is received it is significant. All complaints, concerns and enquiries will be listened to and treated seriously. The CCG will make no distinction between complaints, concerns and enquiries received by telephone or in writing (including by email).
- 7.2 The CCG will have regard to its duty to eliminate discrimination, to advance equality of opportunity and to foster good relations between different people when responding to complaints, concerns and enquiries.
- 7.3 Providers of NHS services commissioned by the CCG will be supported to resolve complaints, concerns and enquiries themselves unless either the complainant chooses to complain to the CCG or the CCG decides to investigate the complaint.
- 7.4 The CCG will co-operate with other NHS organisations and local authorities in the handling of joint complaints in order to provide a seamless complaints process for the complainant.
- 7.5 When patients and members of the public make a complaint, the CCG will:
- 7.5.1 Treat all complainants with respect and courtesy.
- 7.5.2 Invite the complainant to discuss the complaint handling.

- 7.5.3 Consider all aspects of the complaint in a timely manner using the most appropriate method.
  - 7.5.4 Without delay notify the relevant safeguarding lead(s) of any potential safeguarding risks identified arising from the complaint.
  - 7.5.5 Provide an honest and open response including a detailed explanation of events covered by the complaint.
  - 7.5.6 Where possible, put things right and apologise if something has gone wrong.
  - 7.5.7 Consider all available forms of redress for complaints which are upheld including financial redress where appropriate (see the financial redress procedure at **Appendix D**).
  - 7.5.8 Identify and disseminate learning from the complaint.
- 7.6 When patients and members of the public raise a concern or enquiry, the CCG will:
- 7.6.1 Treat all persons bringing a concern or enquiry with respect and courtesy.
  - 7.6.2 Without delay notify the relevant safeguarding lead(s) of any potential safeguarding risks identified arising from the concern.
  - 7.6.3 Liaise with staff, managers and, where appropriate, other organisations, to negotiate timely solutions.
  - 7.6.4 Provide information in a balanced, impartial way to the person bringing the concern.
  - 7.6.5 Identify and disseminate learning from the concern.
- 7.7 Where a person complains on someone else's behalf, the CCG will obtain the explicit, informed consent of the patient, or where that is not possible, will satisfy itself that the complainant is acting in the best interests of the patient before accepting the complaint for investigation.
- 7.7.1 Where a person brings a concern or enquiry about another person's treatment and care then that concern will be addressed in general terms only.
  - 7.7.2 The CCG will ensure that no-one is discriminated against or treated badly and that patient care is not compromised as a result of making a complaint or raising a concern or enquiry through its commissioning and contracting processes.
- 7.8 The CCG encourages the use of advocacy to support patients and members of the public making complaints. All complainants will be provided with details

of the organisation providing independent advocacy for NHS complaints when their complaint is acknowledged.

- 7.9 All complaints and concerns information will be confidential to the patient, the complainant, the person raising the concern or enquiry, the CCG and providers of services commissioned by the CCG where appropriate.

## **8. What is Not Covered by this Policy**

- 8.1 The following are not covered by the NHS complaints procedure (see **Appendix I** for more information):
- 8.1.1 Complaints that have already been investigated under the 2009 NHS Complaints Regulations by the CCG or a Provider, unless there are significant reasons to do so.
  - 8.1.2 Complaints which are under investigation by the Parliamentary and Health Service Ombudsman.
  - 8.1.3 Complaints about HR issues e.g. complaints from professionals about the behaviour or action of other professionals.
  - 8.1.4 Staff complaints about employment issues.
  - 8.1.5 Complaints about privately funded healthcare.
  - 8.1.6 Allegations of a criminal nature, including allegations of fraud.
  - 8.1.7 Complaints which are subject to an ongoing police investigation or legal action, where a complaints investigation could compromise the police investigation or legal action.
  - 8.1.8 Complaints about an alleged failure to comply with a request for information under the Freedom of Information Act 2000.
  - 8.1.9 Complaints about an information governance issue or alleged failure to comply with a data subject access request under the Data Protection Act 2018.
- 8.2 Where the CCG has decided not to investigate a complaint because it falls within one of the categories specified above, the CCG will write to the complainant to explain the decision and give reasons.
- 8.3 Complaints regarding decisions about continuing care funding will be considered under the NHS Midlands and East NHS Continuing Healthcare Local Dispute Resolution Procedure. Complaints about any other aspects of the continuing care assessment and decision-making process will be considered in accordance with this complaints handling policy.

## **9. Who Can Make a Complaint**

- 9.1 A patient or any person affected, or likely to be affected, by the action, omission or decision of the CCG and providers of services commissioned by the CCG.
- 9.2 Someone acting on behalf of a person specified in paragraph 9.1 with that person's consent.
- 9.3 A child (under 18) who is considered competent to make their own decisions under the Fraser guidelines.<sup>1</sup>
- 9.4 A parent, carer or guardian on behalf of a child, either with that child's consent if the child is considered competent to make their own decisions under the Fraser guidelines, or without consent where the child is not considered competent.
- 9.5 A person complaining on behalf of someone who lacks capacity to make their own decisions (within the meaning of the Mental Capacity Act 2005) or on behalf of someone who has died, where the CCG considers that the complainant is acting in the best interests of the patient.
- 9.6 A person who holds a lasting power of attorney for a person, where the power includes health and welfare matters and is registered with the Court of Protection.
- 9.7 If the CCG decides not to accept a complaint because the complainant does not fall within any of categories specified above, the CCG will write to the complainant to explain the decision and give reasons.

## **10. Time Limits for Making a Complaint**

- 10.1 The time limit for making a complaint is 12 months from the date of the incident giving rise to the complaint or the date that the complainant became aware of the incident giving rise to the complaint.
- 10.2 Where a complaint is made after the 12 months' time limit then the CCG may use their discretion to accept the complaint if the complainant had good reason for not complaining earlier and it is possible to investigate the complaint fairly and effectively despite the delay.

## **11. Support for Complainants**

- 11.1 Complainants will be offered information about how to access independent advocacy support when making a complaint and, where appropriate, specialist advocacy services.

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<sup>1</sup> "Parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."  
Lord Scarman, Gillick case 1985

- 11.2 The CCG will support complainants with information and communications needs to enable them to make a complaint in line with the scope of the NHS Accessible Information Standard 2017.
- 11.3 The CCG will aim to communicate with complainants in their preferred medium whenever possible, this could be by telephone, in writing or in person through appointments arranged in advance.

## **12. Reporting and Learning**

- 12.1 The CCG is committed to learning from complaints and patient feedback and where appropriate making service changes. The CCG welcomes complaints as opportunities to maximise learning and service development and improvement.
- 12.2 All complainants will be asked to provide demographic information about themselves in order to identify whether there may be any indication of discrimination on the basis of the protected characteristics of the complainant, the nature or the cause of the complaint.
- 12.3 In some instances the resolution of a complaint may lead to an action plan to implement change. Where appropriate the complainant should also be advised of any changes or progression to service delivery as a result of the complaint and action plan. This can be done directly to the complainant or via another method such as within a report or on the CCG website page which highlights service improvements.
- 12.4 Satisfaction surveys will be sent to complainants with the response to the complaint and information obtained being included in the annual report.
- 12.5 Reports including patient experience data will be provided to the relevant CCG committee. KO41 Reports will be provided to NHS England on a quarterly basis and to other bodies upon request.
- 12.6 An Annual Report compiling information on complaints, concerns and enquiries received will be submitted to the CCG through the appropriate governance mechanism.

## **13. Complaints Procedure (see Appendix A for Complaints Process Flowchart)**

- 13.1 The CCG is committed to providing all patients, carers, family members and members of the public with the opportunity to make a complaint, seek advice or raise concerns about any of the services it provides or commissions.
- 13.2 It is essential that all complaints are received positively, investigated thoroughly and promptly; and responded to in an open and empathetic manner. Action should be taken where appropriate, to prevent a recurrence of the circumstances leading to the complaint.

- 13.3 The complaints procedure has two stages:
- Local resolution – with the option to have a review if dissatisfied with the initial response.
  - Independent review by the Health Service Ombudsman.
- 13.4 At the local resolution stage, complaints about the CCG will be considered by the Patient Experience Team with appropriate clinical advice as necessary.
- 13.5 Where a complaint is received by the CCG about a commissioned service, the Patient Experience Team will ask the complainant which NHS organisation they wish to handle the complaint and either pass the complaint to the Provider (with the complainant's consent) or consider the complaint at the local resolution stage.
- 13.6 Where a commissioned service fails to co-operate with, or causes significant delay to the CCG investigation, the Patient Experience Manager will escalate the matter to the appropriate manager for resolution.
- 13.7 Independent review is carried out by the Parliamentary and Health Service Ombudsman. Once all reasonable steps have been taken to resolve the complaint at the local resolution stage, the Patient Experience Team will inform the complainant that local resolution has been completed and advise them of their right to complain to the Parliamentary and Health Service Ombudsman.
- 13.8 Receiving complaints - complaints can be received:
- Verbally on the telephone.
  - In writing.
  - By email.
  - Via the CCG website.
  - In person by advanced appointment.
  - A complaint can be received anonymously. Anonymous complaints can be investigated in line with this policy and the outcome used for service or CCG learning.
  - If another team receives a complaint directly, they should seek permission from the complainant to pass that complaint on to the Patient Experience Team.
- 13.9 The receipt of all complaints will be acknowledged in writing within three working days. At the time of acknowledgment, the complainant will be provided with the contact details of the Patient Experience Team and will be advised of their right to access independent advocacy support.
- 13.10 Verbal complaints will be recorded by the Patient Experience Officer on to a complaint form and sent to the complainant with a consent form, for the complainant to sign and return.

- 13.11 Consent (which must be explicit and informed) will be obtained before the complaint is accepted for investigation through the completion of a consent form.
- 13.12 Consent must be obtained from the person the complaint issue concerns, or if the complaint is being made on behalf of someone else, that person must have been given the consent to act on behalf of the person the complaint issue concerns.
- 13.13 Delays in providing consent will have an impact on investigation timescales.
- 13.14 The investigation time period starts when consent is received.
- 13.15 The complaints process is not the appropriate channel for any action required to meet immediate healthcare needs. The issue can be taken forward as a concern or enquiry; the complaint can still be made after the concern or enquiry is completed as long as it is logged within 12 months of the complaint issue happening as per the complaint regulations.
- 13.16 The relevant healthcare professional(s) will be notified of any immediate risks identified to the health and safety of the patient or others arising from a complaint without delay.
- 13.17 The relevant safeguarding lead(s) will be notified of any potential safeguarding risks identified arising from the complaint without delay.
- 13.18 Complaints will be assessed for the likelihood of media attention through liaison with the Communications Team.
- 13.19 All complaints received will be recorded on the Patient Experience database in line with the CCG's Records Management Policy.

## **14. Local Resolution**

- 14.1 A discussion will take place with the complainant at the start of the investigation about the handling of their complaint. The Patient Experience Officer will establish and agree with the complainant the exact nature of the complaint and establish any questions or outcomes that the complainant wishes to be addressed.
- 14.2 The Patient Experience Officer will:
- For commissioned services, identify which NHS organisation will investigate the complaint.
  - Where complaints span more than one NHS service, identify which organisation will take the lead on investigating and responding to the complaint.
  - Determine the most appropriate complaints handling outcome (this could be a meeting, mediation or investigation either by the Patient Experience Team, another manager or an independent clinician).

- Through discussion with the complainant, identify any support the complainant may require, including providing details of any advocacy services.
- Establish the timescale for providing the complainant with a response to their complaint. Ensure the complainant is informed of the progress of their complaint if there is to be a delay to the original timescale.
- How the organisation handling the complaint will respond to the complainant.

14.3 Under the complaint regulation legislation, there are no fixed and specified response timescales for formal complaints:

- Response and resolution timescales will be as timely as possible and set based on an agreement between the investigating officer and the Provider and will often be individual to the nature and complexity of each complaint.
- Where possible the CCG will aim to provide a response to a complaint within either 25, 40 or 65 working days. Where a complaint is taking longer than anticipated to investigate, an extension can be made and the complainant should be advised of this (see **Appendix J** for more information on timescales).

14.4 Where the complainant has requested a meeting to discuss the outcome of their complaint, the Patient Experience Team will arrange the meeting with the complainant (and their supporter or advocate) and the appropriate manager and/or clinical advisor.

## 15. The Complaint Investigation

15.1 Complaints will be investigated by the Patient Experience Officer. This will involve liaising with teams within other services and organisations; this could be an appropriate manager or commissioner within the CCG, independent clinicians or Providers and other Complaints and PALS Teams across the NHS locally.

15.2 The Patient Experience Officer should provide anyone investigating the complaint with:

- A copy of any consent obtained.
- A clear indication of the points to be addressed by the complaint investigation and response.
- A copy of the original complaint.
- Details of any timeframes with the aim of clearly negotiating a timeframe for when the Patient Experience Officer can expect to receive the information from the Investigator.

## **16. The Complaint Response**

- 16.1 The outcome of the investigation and any actions agreed will be reported to the complainant in writing, signed by the Accountable Officer or, in their absence, by their deputy. The response will cover all aspects of the complaint, offer appropriate redress and advise the complainant of their right to make a complaint to the Parliamentary and Health Service Ombudsman.
- 16.2 If the complainant is not satisfied with the response or indicates on receipt of the response, that they have points that they require clarification, then the Patient Experience Officer will:
- Agree and identify the points within the original response that are to be clarified with the complainant.
  - Contact the investigator of the complaint and request that they provide additional clarification.
  - Draft the secondary response.
  - There are no set response timeframes for a secondary response. However, the response should be within a reasonable time determined by the Patient Experience Officer based on the circumstances of the individual secondary investigation.
- 16.3 The points for clarification cannot constitute a new complaint and must not raise issues not already addressed within the initial complaint.
- 16.4 If the Patient Experience Manager considers that all reasonable steps have been taken to resolve the complaint in the original response, then the complainant will be informed that local resolution has been completed and they will be advised to contact the Parliamentary and Health Service Ombudsman.

## **17. Unreasonable Contact Policy**

- 17.1 In a minority of cases, a person may pursue their complaint, concern or enquiry in a way that is considered to be unreasonable. They may be unreasonably persistent in their contacts with the CCG or behave in a way that is considered to be unacceptable. This behaviour can impede the investigation of their complaint, concern or enquiry (or complaint, concern or enquiries by others) and can have a significant impact on resources. The behaviour can take place whilst the complaint is being investigated or once the complaint investigation has finished.
- 17.2 The CCG aims to investigate and respond to contacts about complaints, concerns and enquiries in a way that is open, fair and proportionate. This policy sets out how the organisation will manage and respond to unreasonable behaviour from people. This policy helps all staff to understand clearly what is expected of them, what options for action are available and who can authorise

these actions. It is also intended to be shared with complainants when the policy is applied.

- 17.3 The CCG does not expect its staff to tolerate any form of behaviour from people that could be considered abusive, offensive or threatening, or that becomes so frequent it makes it more difficult for staff to complete their work or help other people. The CCG will take action under this policy to manage this type of behaviour and this applies to all contact with the CCG including the use of social media.
- 17.4 This policy covers behaviour from people that is considered by the CCG to be unreasonable, which may include one or two isolated incidents, as well as persistently unreasonable behaviour, which is usually a build-up of incidents or behaviour over a longer period.
- 17.5 Some people have justified complaints, concerns or enquiries but may not pursue them in an appropriate way. Others may pursue complaints, concerns or enquiries which appear to have no substance or which have already been investigated and determined. Their contacts with the CCG may be amicable, but still place heavy demands on staff time, or they may be emotionally charged and distressing for all involved.
- 17.6 A person may be deemed to be unreasonable if they display behaviour such as:
- Refusing to co-operate with the complaints, concerns and enquiries process (not accepting the limitations of the process or response deadlines).
  - Refusing to accept that certain issues are not within the scope of the complaints, concerns and enquiries process.
  - Insisting on the complaint, concern or enquiry being dealt with in ways which are incompatible with the complaints, concerns and enquiries process, procedure and good practice.
  - Changing the basis of the complaint, concern or enquiry as the investigation proceeds.
  - Introducing trivial or irrelevant information at a later stage of the investigation.
  - Raising many detailed but unimportant questions and insisting they are all answered (this can include information about council services policy and procedure which is not necessary, hypothetical and rhetorical questions, sarcasm and questions that ask for a personal opinion).
  - Adopting a 'scatter gun' approach, pursuing parallel complaints on the same issue with various organisations.
  - Making excessive demands on the time and resources of staff with lengthy phone calls, emails to numerous CCG staff or detailed letters every few days and expecting immediate responses.

- Submitting repeat complaints with minor additions/variations that the complainant insists makes these 'new' complaints.
  - Refusing to accept the decision and/or repeatedly arguing points with no new evidence.
  - Making unjustified complaints about staff who are trying to deal with the issues and seeking to have them replaced.
  - Refusing to specify the grounds of the complaint, despite offers of help.
  - Unreasonably persistent contact would be defined as several emails per day being received from the complainant, multiple interactions on a social media site per day, multiple daily telephone calls, telephone calls demanding a response immediately or discussing issues already raised by the complainant in excess of ten minutes or frequently attending a service in person without need or appointment.
  - Submitting a complaint that is considered to be unreasonable.
- 17.7 Before implementing this policy, reflections should be made and it should be ensured that any actions taken are proportionate to the nature and frequency of the person's current contact. The implementation of the policy will be for the duration of the investigation or concern and enquiry handling. It does not prevent the person from making new unrelated complaints, concerns or enquiries about NHS services in the future.
- 17.8 There must be accurate recorded evidence to demonstrate why the CCG considers the person to be acting or communicating in an unreasonable manner. This should include a timeline of contacts, the date of contacts and what method. It should also be demonstrated that the complainant has been communicated with by the Patient Experience Team in line with this complaints, concerns and enquiries policy.
- 17.9 The Patient Experience database should be kept up-to-date detailing all contacts from the person.
- 17.10 Before the implementation of the Unreasonable Contact Policy – Complaints, Concerns and Enquiries, if the Patient Experience Manager considers a person's behaviour to be unreasonable or inappropriate when interacting with the Patient Experience Team; they should write to the person advising them that their interaction with the Team has been inappropriate and ask them to modify their behaviour going forward, and that if they do not, then the process would have to be applied.
- 17.11 The implementation of the Unreasonable Contact Policy – Complaints, Concerns and Enquiries will be individual to the person and the specific circumstances. The CCG will usually only take action to restrict a person's contact with the CCG entirely after it has been considered whether there are any other adjustments that could be made to prevent unreasonable behaviour from occurring. Any restrictions imposed will be appropriate and

proportionate. It can mean that the following adjustments/preventions are applied:

- Communication by telephone is restricted either partially or totally.
- Communication is by email or letter only going forward.
- The person is no longer able to discuss the ongoing complaint, concern or enquiry in person with the Patient Experience Team.
- A Single Point of Contact (SPOC) is nominated for the person; this going forward will be the only contact within the team for the duration of the complaint, concern or enquiry. It may be that contact with the SPOC is also partially restricted to one method or frequency.
- If, despite any adjustments the CCG has made, the person continues to behave in a way which is unreasonable, the decision may be made to end contact with the person.

17.12 Where the person does not modify their interactions after the request to do so from the Patient Experience Team, action will be taken, including deciding whether to restrict the person's contact with the CCG. This decision will usually be taken by the Patient Experience Manager in conjunction with the Head of Quality Intelligence and the Chief Nurse, if necessary.

17.13 The Patient Experience Manager will then write to the person advising them that the process is to be applied, using the wording below:

*I am writing to advise you that, as a result of your recent interactions with the Patient Experience Team, and your reluctance to modify the way you interact with us, we have no choice but to implement our Unreasonable Contact Process - Complaints, Concerns and Enquiries.*

*The duration of the application of this process will be [the person writing the letter should write the duration here]*

*If you should wish to appeal this decision please contact us in writing with your reasons for appeal by email to [ncccq.patientexperience@nhs.net](mailto:ncccq.patientexperience@nhs.net)*

17.14 If the decision is made to implement the Unreasonable Contact Policy – Complaints, Concerns and Enquiries, it is important that all stakeholders are made aware. A Communication Management Plan should be put in place (see **Appendix H**).

17.15 If an appeal is received, this will be reviewed by the Head of Quality Intelligence. A decision will be made whether to maintain the decision to apply the policy or to revoke it. The person will be notified with the decision in writing within five working days. The policy will remain in place for the duration of any appeal decision-making.

17.16 There will be occasions where the CCG decides that a person's behaviour is so extreme that it threatens the immediate safety and welfare of their staff or others. In these instances the CCG will consider stopping all contact

immediately, reporting what has happened to the police or taking legal action. In such cases, the CCG may not warn the person before this is done.

## **18. Communication Management Plan**

- 18.1 The key to effectively managing communication with a person who is demonstrating unreasonable behaviour or persistent contact is consistency.
- 18.2 A Communication Management Plan (CMP) provides information to all key stakeholders, on why the Unreasonable Contact Policy - Complaints, Concerns and Enquiries has been implemented and gives an instruction about how they should or should not communicate with the person going forward.
- 18.3 A CMP should be put in place whenever the Unreasonable Contact Policy – Complaints, Concerns and Enquiries is implemented.
- 18.4 In order for the Unreasonable Contact Policy – Complaints, Concerns and Enquiries to be effective, the CMP Guidance for Colleagues document (see **Appendix H**) should be sent to all key stakeholder colleagues at the time of the implementation of the Unreasonable Contact Policy - Complaints, Concerns and Enquiries.
- 18.5 It is important that key stakeholder colleagues work to the instructions in the CMP Guidance for Colleagues document. There is a risk to the organisation if staff members operate outside of the CMP Guidance even if the intention is to support the patient. The organisation would be considered to be operating outside of relevant policy and procedure and could come under criticism. Working within the CMP Guidance protects the patient, staff and the organisation. It is important that the Patient Experience Team manage the contact with the person through the CMP because:
  - The Patient Experience Team has skills and experience in handling contacts of this nature.
  - All communication and contact with the complainant is accurately recorded on the complaints database.
  - Any relevant and appropriate safeguarding referrals can be made and recorded.
  - There is a consistency of message to the complainant around communication.
  - The ongoing complaints investigation is not compromised because other staff providing the complainant with information directly will do this.
  - It ensures that the Complaints, Concerns and Enquiries Policy and Procedure is adhered to.
  - It means that the CMP remains effective (if the contact has been restricted to email for example a call may derail this).

## **19. Complaints about Commissioned Services**

- 19.1 Complainants have the choice to complain about services commissioned by the CCG either to the Provider directly or to the CCG.
- 19.2 Where a complaint is received about a commissioned service, the Patient Experience Team will ask the complainant which organisation they wish to investigate their complaint. If the complainant wishes the Provider to investigate, then the complaint details will be recorded and passed to the Provider with the complainant's consent, which need not be in writing, but must be explicit and informed and will be recorded by the Patient Experience Team. Otherwise the CCG will investigate and respond to the complaint and provide a copy of the response to the Provider.
- 19.3 Where a Provider has investigated a complaint under the NHS complaints regulations, the CCG will not reinvestigate unless the Patient Experience Manager has been informed by the commissioner that they consider, and it is agreed, that:
- The investigation by the commissioned service Provider does not meet the requirements for complaints handling under the complaints regulations and further investigation is required.
  - The complaint is graded as high risk and further investigation is required.
- 19.4 When that is the case, this must be communicated to the Patient Experience Manager in writing from the commissioner and stored on file.
- 19.5 There may be other circumstances in which the CCG will re-investigate complaints under different procedures, eg, where the complaint raises issues of performance or safeguarding.

## **20. Joint Complaints with other Organisations**

- 20.1 The CCG has a duty to co-operate with other NHS bodies and local authorities in the handling of joint complaints. The CCG also recognises that, where complaints involve a number of services, the complainant wants assurance that all departments and/or organisations have worked together to ensure that any changes are made in a consistent and sustainable way.
- 20.2 The Patient Experience Team will co-operate with other NHS bodies and local authorities on joint complaint handling to establish lead agency arrangements and joint complaint responses.
- 20.3 A 'Protocol for the Joint Handling of Health and Social Care Complaints' has been agreed with health and social care agencies in Nottingham and Nottinghamshire and is attached as **Appendix E**.

## **21. Complaint Reporting**

- 21.1 Complaint reporting will be done monthly and/or quarterly based on CCG requirements.
- 21.2 KO41 reporting will be done quarterly and sent to NHS England.
- 21.3 Complaint reporting will be done to support commissioners and by providing data to be used for Equality Impact Assessments (EQIA) when required.
- 21.4 Complaint reporting will detail trends and themes and acknowledgment timescales in line with the NHS Complaint Regulations.

## **22. Raising a Concern or Making an Enquiry**

- 22.1 The Patient Experience Team is the first contact for the public, patients or carers when they want to raise a concern or make an enquiry about a CCG commissioned service.
- 22.2 The Patient Experience Team liaise on behalf of an enquirer with internal CCG departments in order to find the information needed to respond to an enquiry or concern.
- 22.3 The enquirer should not liaise directly with departments within the CCG; all communication should be through the Patient Experience Team.
- 22.4 Concerns and enquiries can be raised directly with the team:
  - Verbally on the telephone.
  - In writing.
  - By email.
  - Via the CCG's Website.
  - Via a pre-arranged appointment or via an advocate.
- 22.5 Support is available on request for people raising a concern or making an enquiry, including access to interpreting services and leaflets about the service are also available on request in other languages and formats.
- 22.6 The CCG aims to resolve concerns or enquiries in an appropriate and timely manner. The time needed to resolve a concern or enquiry will be decided on a case-by-case basis depending on the nature of the concern or enquiry.
- 22.7 Some concerns or enquiries can be complex in nature and will therefore take more time to resolve. In these instances, an initial ten working day timeframe should be applied and, if more time is needed to resolve the concern or enquiry, the enquirer should be informed.
- 22.8 If the concern or enquiry raised is complex in nature or involves multiple services and/or organisations it may take longer to resolve; in this instance, the person raising the concern or enquiry will be kept updated on the progress as appropriate until it is resolved.

- 22.9 If the concern or enquiry would be better handled by another organisation, the enquirer will either be directed to the other organisation or the Patient Experience Team will contact the other organisation with the consent of the person raising the concern or enquiry.
- 22.10 Any potential performance or safeguarding issues arising from the concern or enquiry will be referred to the relevant Commissioning Manager, Quality Manager and/or Safeguarding Lead. The Patient Experience Officer/Manager should also be notified.
- 22.11 All concerns and enquiries received will be recorded on the Patient Experience database.
- 22.12 In the instance that an enquirer requests information about the current location or base of a CCG staff member or their specific contact details, the Patient Experience Team should not provide these details until they have checked with the staff member directly that this is appropriate. The Patient Experience Team acts as the liaison between departments and all communication should be co-ordinated by them as per paragraphs 22.2 and 22.3.
- 22.13 In a minority of cases, a person may pursue their concern or enquiry in a way that is considered to be unreasonable. They may be unreasonably persistent in their contacts with the CCG or behave in a way that is considered to be unacceptable. This behaviour can impede the investigation into their concern or enquiry and can have a significant impact on resources. This behaviour can take place during the process of resolving a concern or answering an enquiry or once the process has finished. In these instances the Unreasonable Contact Policy – Complaints, Concerns and Enquiries should apply (see Section 17 of this policy).

### **23. Concerns/Enquiries about an Information Governance Issue**

- 23.1 If the Patient Experience Team receives a concern or enquiry about a data handling or information governance issue, the process in **Appendix F** should be followed.

### **24. Concerns/Enquiries about Commissioning Decisions**

- 24.1 A concern or enquiry about a commissioning decision can be defined as a person formally challenging the organisation's decision to stop providing a service or medication. This is usually as a result of a national or local directive and follows local engagement or consultation.
- 24.2 Concerns or enquiries about a commissioning decision should be responded to in writing and provide information from the commissioning team about the decision-making for the service or medication.

## **25. Communication, Monitoring and Review**

- 25.1 This policy document should be read and worked to by all staff working in or supporting the CCG's Patient Experience Team.
- 25.2 All CCG staff should be familiar with, and aware of, the policy in order to be able to redirect any complaints, concerns or enquiries if they receive any contact directly as a result of their role. Managers should highlight this policy to staff during their induction period.
- 25.3 The policy will be reviewed by the Quality and Performance Committee every three years.
- 25.4 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the Patient Experience Team at [ncccg.patientexperience@nhs.net](mailto:ncccg.patientexperience@nhs.net)

## **26. Staff Training and Support**

- 26.1 Members of the Patient Experience Team will be available to offer help and provide advice on the complaints process and how to investigate and respond to complaints for any member of staff.
- 26.2 Complaints about CCG staff are not covered by the NHS complaint regulations and should be investigated in line with HR policy.

## **27. Equality and Diversity Statement**

- 27.1 The Nottingham and Nottinghamshire CCG pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as a commissioner and as an employer
- 27.2 As a commissioning organisation, the CCG is committed to ensuring its activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 27.3 The CCG is committed to ensuring that its commissioning activities also consider the disadvantages that some people in its diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

- 27.4 As an employer, the CCG is committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within its workforce.
- 27.5 To help ensure that these commitments are embedded in its day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

## **28. Interaction with Other Policies**

- 28.1 This policy is written to conform with current regulations and guidance and, in particular, is to be read in conjunction with other local policy documents and regional/national documents:
- CCG Records Management Policy.
  - Mental Capacity Act 2005 Guidance.
  - Data Protection Act (2018) and General Data Protection Regulation (GDPR 2018).
  - Health and Social Care (Community Health and Standards) Act (2003).
  - Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) (SI/2009/309 & SI/2009/1768).

## **29. References and Principles**

- 29.1 This policy has been developed using the following references and principles:
- 29.2 The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) (SI/2009/309 & SI/2009/1768).
- 29.3 The Health and Social Care (Community Health and Standards) Act (2003).
- 29.4 The CCG Privacy Notice:

*We are committed to protecting your privacy and will only process personal information in accordance with GDPR/data protection law, the Human Rights Act 1998 and the Common Law Duty of Confidence.*

*The CCG is Data Controller under the terms of data protection law and is legally responsible for ensuring that all personal information that is processed ie. held, obtained, recorded, used or shared about individuals is done in compliance with the six Data Protection Principles.*

*All data controllers must notify the Information Commissioner's Office of all personal information processing activities. Our registration details can be found on the public register of Data Controllers: Information Commissioner's Office public register of Data Controllers.*

*All information that we hold about individuals will be held securely and confidentially.*

*We use administrative and technical controls to do this. All of our staff, contractors and committee members receive appropriate and on-going training to ensure they are aware of their personal responsibilities and have contractual obligations to uphold confidentiality, enforceable through disciplinary procedures. We will only use the minimum and proportionate amount of personal information necessary.*

*Where possible, we will use information that does not directly identify individuals but when it becomes necessary for us to know or use personal information about a person, we will only do this when we have either a legal basis or have that person's consent. We use strict controls to ensure that only authorised staff are able to see information that identifies you.*

*Only a limited number of authorised staff have access to information that identifies individuals, where it is appropriate to their role, and is strictly on a need-to-know basis.*

#### 29.5 The Patients Association Good Practice Standards for NHS Complaints Handling (2015):

- The complainant has a single point of contact in the organisation and is placed at the centre of the process. The nature of their complaint and the outcome they are seeking is established at the outset.*
- The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.*
- Investigations are thorough and, where appropriate, obtain independent evidence and opinion is obtained and investigations are carried out in accordance with local procedures, national guidance and within legal frameworks.*
- The investigator will review, organise and evaluate the investigative findings.*
- The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.*
- The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.*
- Both the complainant and those complained about are responded to adequately.*
- The investigation of the complaint is complete, impartial and fair.*
- The organisation records, analyses and reports complaints information throughout the organisation and to external audiences.*
- Learning lessons from complaints occurs throughout the organisation.*
- Governance arrangements regarding complaints handling are robust.*

- *Individuals assigned to play a part in a complaint investigation have the necessary competencies.*

29.6 'My expectations for raising concerns and complaints' by the Parliamentary and Health Service Ombudsman, NHS England and Healthwatch England (2014) and in particular the 'I Statements':

- *I felt confident to speak up.*
- *I felt that making my complaint was simple.*
- *I felt listened to and understood.*
- *I felt that my complaint made a difference.*
- *I would feel confident making a complaint in the future.*

29.7 NHS England's Guide to Good Handling of Complaints for CCGs (2015) and in particular that:

*'It is important to keep the patient/complainant at the centre of the response and that a single response is co-ordinated'.*

29.8 The NHS Constitution (2015) and in particular the following rights and pledges:

*'You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.*

*You have the right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.*

*You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.*

*You have the right to take your complaint to the independent [Parliamentary and Health Service Ombudsman](#) or [Local Government Ombudsman](#), if you are not satisfied with the way your complaint has been dealt with by the NHS.'*

29.9 The Equality Act (2010), the Public Sector Equality Duty of the Act requires public bodies to have due regard to the following aims:

- *To eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act.*
- *To advance equality of opportunity between people who share a relevant protected characteristic and those who do not.*

- *To foster good relations between people who share a relevant protected characteristic and those who do not (which involves tackling prejudice and promoting understanding).*

Protected characteristics as defined by the Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.'

29.10 The NHS Equality Delivery System Toolkit outcome 2.4:

*'People's complaints about services are handled respectfully and efficiently'.*

29.11 The Caldicott Principles:

- *Justify the purpose(s) of using confidential information.*
- *Only use it when absolutely necessary.*
- *Use the minimum that is required.*
- *Access should be on a strict need-to-know basis.*
- *Everyone must understand his or her responsibilities.*
- *Understand and comply with the law.*

29.12 The Mental Capacity Act (2005) Statutory Principles:

- *A person must be assumed to have capacity unless it is established that they lack capacity.*
- *A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.*
- *A person is not to be treated as unable to make a decision merely because they make an unwise decision.*
- *An act done or decision made, under this Act, for, or on behalf of a person who lacks capacity, must be done, or made, in their best interests.*
- *Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.*

29.13 The Parliamentary and Health Service Ombudsman (PHSO) Principles in NHS Complaint Handling (2014).

### 30. Equality Impact Assessment

<b>Date of assessment:</b>	<b>March 2020</b>			
<b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b>	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
<b>Age<sup>2</sup></b>	None	N/A	N/A	This policy enables everyone using NHS services in Nottingham and Nottinghamshire to be able to make a complaint, raise a concern or make an enquiry. It sets out a process which will be followed for all.
<b>Disability<sup>3</sup></b>	None	N/A	N/A	N/A
<b>Gender reassignment<sup>4</sup></b>	None	N/A	N/A	N/A
<b>Marriage and civil partnership<sup>5</sup></b>	None	N/A	N/A	N/A

<sup>2</sup> A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

<sup>3</sup> A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

<sup>4</sup> The process of transitioning from one gender to another.

<sup>5</sup> Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

<b>Date of assessment:</b>	<b>March 2020</b>			
<b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b>	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
<b>Pregnancy and maternity<sup>6</sup></b>	None	N/A	N/A	N/A
<b>Race<sup>7</sup></b>	None	N/A	N/A	N/A
<b>Religion or belief<sup>8</sup></b>	None	N/A	N/A	N/A
<b>Sex<sup>9</sup></b>	None	N/A	N/A	N/A
<b>Sexual orientation<sup>10</sup></b>	None	N/A	N/A	N/A
<b>Carers<sup>11</sup></b>	None	N/A	N/A	N/A

<sup>6</sup> Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

<sup>7</sup> Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

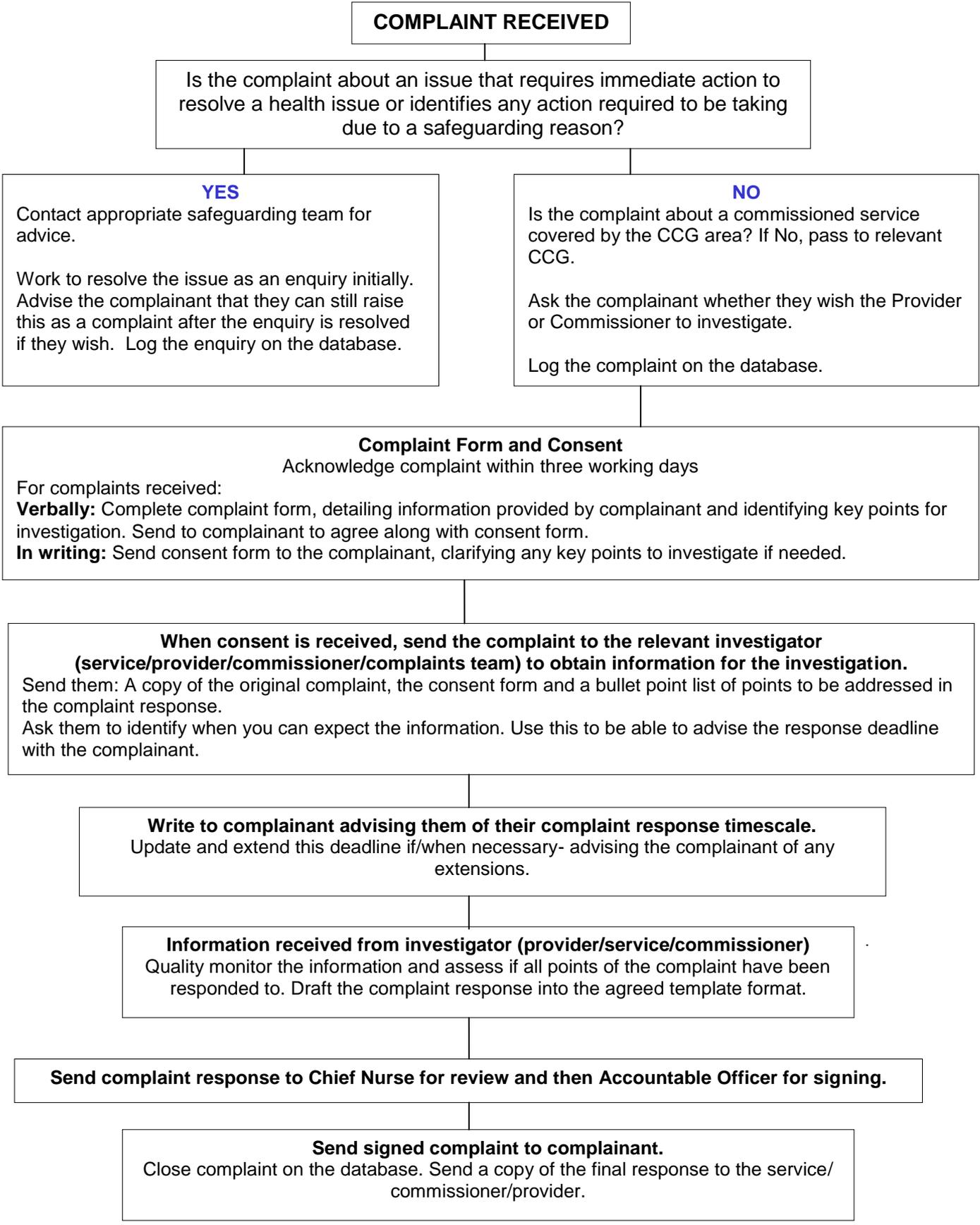
<sup>8</sup> Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

<sup>9</sup> A man or a woman.

<sup>10</sup> Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

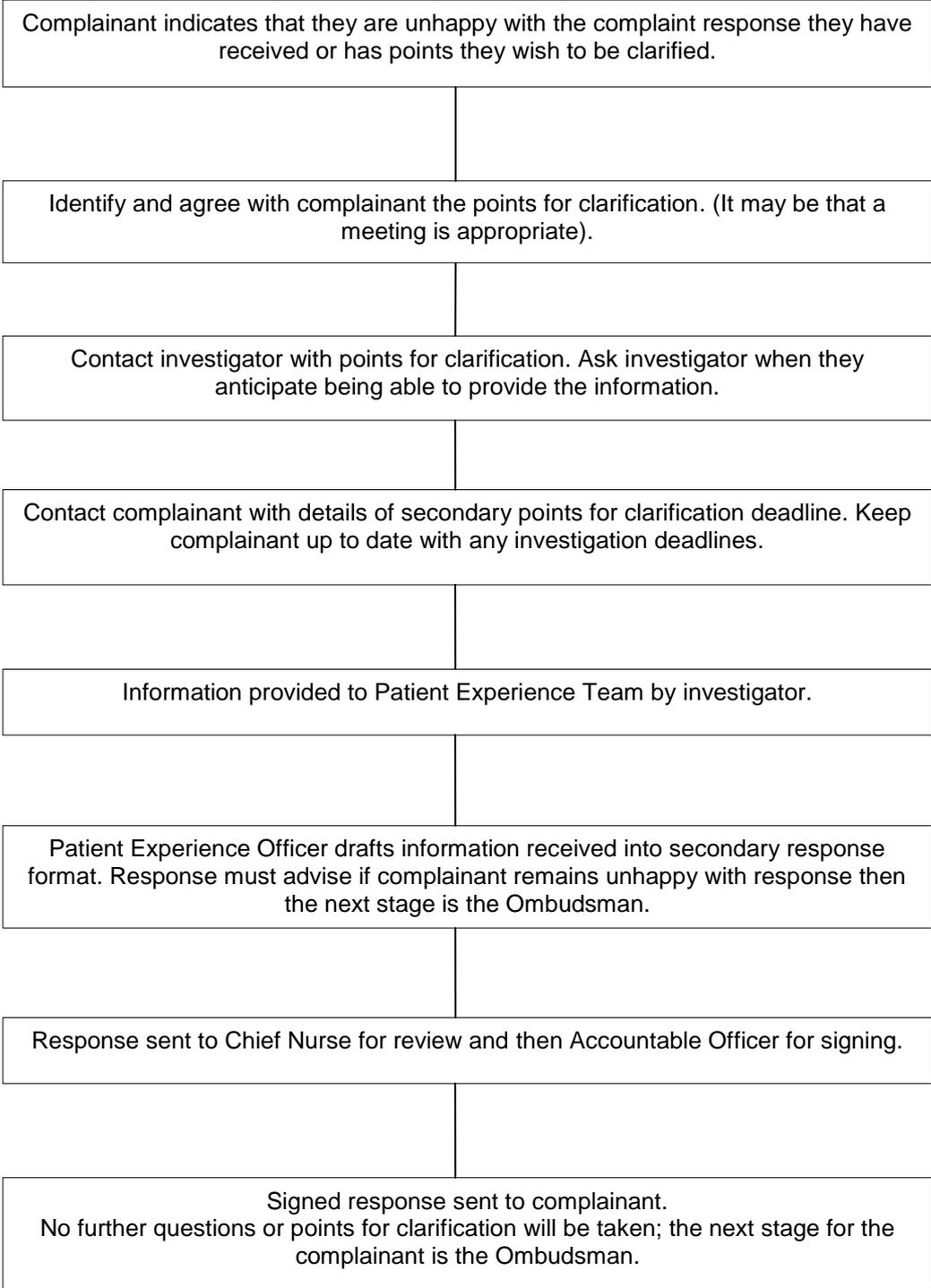
<sup>11</sup> Individuals within the CCG which may have carer responsibilities.

# Appendix A: Complaints Process Flowchart



# Appendix B: Secondary Complaint Response Process

To be used when the complainant is unhappy with their response or has points for clarification after receiving their response. No new issues can be investigated at this point.



## Appendix C: Complaints Risk Matrix

A risk assessment is done on an individual basis for any complaint received.

The below may be useful to assist with risk rating, however each case must be considered on its own merit. Risk ratings may change throughout the investigation.

LIKELIHOOD IMPACT	Rare Isolated or 'one-off' – slight or vague connection to service provision	Unlikely Rare – unusual but may have happened before	Possible Happens from time to time – not frequently or regularly	Likely Will probably occur several times a year	Almost Certain Recurring and frequent, predictable)
Insignificant	Low	Low	Low	Low	Medium
Minor	Low	Low	Low	Moderate	Moderate
Moderate	Low	Low	Moderate	Moderate	High
Significant	Moderate	Medium	Moderate	High	High
Major	Medium	High	High	High	High

RISK LEVEL	
Low	Simple, non-complex issues about commissioning policy or commissioning decisions.
Moderate	Several issues which may be moderately complex or may involve more than one provider. Commissioning decisions and decommissioning of services.
High	Very complex issues often involving more than one organisation, subject matter may include a serious aspect such as a safeguarding issue or a death.

## **Appendix D: Redress Procedure**

### **1. Introduction**

- 1.1 When dealing with complaints, the CCG's main purpose is to remedy the situation as soon as possible and, wherever possible, ensure the individual is satisfied with the response and feels that they have been fairly treated.
- 1.2 In all cases where a complaint has been upheld, the CCG will consider all appropriate forms of redress, whether or not the complainant has asked for a specific form of redress.
- 1.3 The redress offered will be proportionate to the service failing and suitable for the complaint and designed, where possible, to put the complainant back in the position they would have been, had the failings in the service not occurred.
- 1.4 In most cases an apology or explanation will be sufficient.
- 1.5 However, where no other form of redress is proportionate and suitable, the CCG will consider an offer or recommendation of financial redress.
- 1.6 Where the CCG is handling a complaint about a commissioned service, then the CCG will either provide appropriate redress on behalf of the service or, where appropriate, recommend that the service provides redress directly to the complainant, eg, when financial redress is recommended.

### **2. Background**

- 2.1 The Parliamentary and Health Service Ombudsman's 'Principles for Remedy' states that all appropriate remedies should be considered for complaints that have been upheld and these include financial remedies.
- 2.2 The NHS Finance Manual provides guidance for NHS bodies on 'special payments', including ex-gratia payments. This guidance enables an NHS body to make such ex-gratia payments, generally where the complainant has incurred financial loss following the actions or omissions of the relevant NHS body. However, it also makes provision for payments where there has been no financial loss but clarifies that such payments should only be made in exceptional circumstances.

### **3. Forms of Redress**

- 3.1 When a complaint is received the complainant will be asked what form of redress they seek.

3.2 There is no set list of form of redress but redress could include:

- Apology.
- Explanation.
- Acknowledgement that something has gone wrong.
- Remedial action such as changing a decision, revising a procedure or training for staff.

#### **4. Financial Redress**

4.1 Financial redress will be offered to the complainant where:

- A complaint has been upheld, and
- There has been maladministration by the CCG or a Provider providing services commissioned by the CCG, and
- The maladministration has directly caused injustice to the complainant or their carer, and
- No other form of redress is proportionate or suitable.

4.2 Maladministration includes, for example, neglect or unjustified delay in service provision, failure to follow policies, providing inaccurate or misleading advice, bias or unfair discrimination.

4.3 Not all maladministration causes injustice; the complainant may not have suffered any disadvantage or if the complainant has been disadvantaged, this may not be as a direct consequence of CCG (or a commissioned service) failure.

4.4 For financial redress to be considered it must be clear, on balance, that the injustice occurred as a result of CCG (or a commissioned service) actions or non-actions.

4.5 Financial redress will be considered in cases where the patient and/or carer has suffered direct or indirect financial loss as a direct result of maladministration by the CCG (or a commissioned service).

#### **5. Calculating Financial Redress**

5.1 Where the financial loss is quantifiable, the offer of payment will be calculated on the basis of how much the complainant has lost and/or any additional costs the complainant has incurred.

5.2 When the loss is not quantifiable, in order to calculate an appropriate amount to offer, the following factors will be taken into account:

- 5.2.1 The effects of the complainant's own actions: for example, not attending an appointment.
- 5.2.2 Quantifiable loss: costs that would not have been necessary but for the CCG maladministration, eg,
- A patient paying for treatment from elsewhere because of an error on the part of the service provider. This will need to be assessed with care, on the basis that it was reasonable for the complainant to incur costs and they were as a consequence of the maladministration.
  - Loss of possessions. In such cases the individual should be reimbursed for a reasonable replacement value.
- 5.2.3 Loss of value, eg, damage to possessions.
- 5.2.4 Lost opportunity, eg, the complainant may have been deprived of the right to appeal against a funding decision because they were not told of that right.
- 5.2.5 Distress, eg, stress, anxiety, inconvenience, frustration, worry and uncertainty. The amount will need to take account of all the circumstances including the severity of the distress, the length of time involved, the vulnerability of the individual and the number of people affected.
- 5.2.6 Professional fees. It may sometimes be appropriate to recognise the nature of the complainant's difficulty was such that expenditure on professional fees in pursuing the dispute was justified, eg, paying an advocate, because one had not been offered by the CCG. However, this will need to be assessed with care. The CCG will need to be satisfied that it was reasonable for the complainant to incur these costs and that it was a consequence of maladministration. It may sometimes be appropriate to reimburse only part of the expenditure, from the point when the professional advice became appropriate.
- 5.2.7 Time and trouble in pursuing the complaint. This should only be paid when the time and trouble in pursuing the complaint are more than the minor costs that would routinely be expected. It is not the same as distress caused by the CCG's actions. In assessing whether payment is appropriate, relevant factors to consider could include the passage of time in resolving the matter, the effort required from the complainant, the degree of inadequacy of the CCG's responses, the vulnerability of the individual and whether there has been any element of wilful action of the CCG as opposed to poor administration.
- 5.3 Where interest is applicable, the CCG will apply the rate of interest used by the courts.

## **6. Complaints Redress Panel**

- 6.1 All recommendations for financial redress will be considered by a Complaints Redress Panel in order to ensure consistency and equality in the level of payments made for non-quantifiable loss.
- 6.2 The Panel will include at least three people from the following:
- A representative of the Quality Team.
  - A Director or their representative.
  - Quality Lead or Clinical Lead.
  - An independent member of the Governing Body.
- 6.3 The Panel will take account of factors outlined in Section 5 above, any other known cases within the CCG or NHS England and any relevant Ombudsman cases.
- 6.4 The Panel will decide on the amount of financial redress to be offered or recommended in order to resolve the complaint.

## **7. Making an Offer of Financial Remedy**

- 7.1 When an offer of financial redress is made it will include the words '*without prejudice*' at the top of the first page. Any offer will be made without prejudice and as a goodwill gesture '*in full and final settlement*' of the complaint. This means that, if the offer is accepted, the matter is effectively closed. Confirmation of acceptance of the offer should be obtained in writing before payment is made.
- 7.2 All offers of financial redress will be made on a time limited basis of three months and will then expire. This will be made explicit in the letter of offer or other format appropriate to the complainant's communication needs.

## **8. Monitoring and Authorisation of Payments**

- 8.1 All financial redress paid will be recorded on the complaint log. All payments will be made using an appropriate cost code for the directorate where the maladministration occurred and authorised by the relevant Director.
- 8.2 The Patient Experience Manager will be responsible for maintaining the information on the level of financial redress paid and details will be included in quarterly reports. The record will detail the reason why financial redress has been paid and how the amount has been assessed.

## 9. Commissioned Services

- 9.1 Services commissioned by the CCG are also governed by the principles of redress in relation to NHS care and should have a policy in place, or adopt the CCG's policy, on payment of financial redress.
- 9.2 Where a commissioned service fails to pay financial redress as recommended by the CCG, then the commissioner will withhold the amount from any payments due to the service.

## 10. Joint Liability

- 10.1 Where maladministration involves more than one organisation, agreement should be reached as to how the financial redress will be divided. This will take into account the proportionate level of failure by each organisation involved.

## 11. Examples of Appropriate Financial Redress

- 11.1 The amounts have been based on the following national guidance and precedence:
- Local Government Ombudsman's report Remedies, Guidance on Good Practice 6. (LGO report: February 2017).
  - Parliamentary and Health Service Ombudsman, Remedy in the NHS – Summaries of Recent Cases. (PHSO website: April 2017).
- 11.2 The following amounts are for guidance only and each case should be considered on a case-by-case basis.

<b>CIRCUMSTANCES</b>	<b>AMOUNT</b>
Moderate time and trouble	£50 - £100
Considerable time and trouble	Up to £250
Moderate distress	£100 - £250
Considerable distress	Up to £500
Moderate pain and discomfort	£100 - £500
Considerable pain and discomfort	Up to £2,500

## **Appendix E:**

### **A Protocol for the Joint Handling of Health and Social Care Complaints**

*(Including Appendices 1 and 2)*



#### **Protocol**

**Nottingham and Nottinghamshire**

**Joint Handling of Health and Social Care Complaints**

**Revised Date: November 2019**

## **1.0 Introduction**

- 1.1 This joint protocol provides guidance to reflect the Local Authority Social Services and National Health Service Complaints Regulations 2009 (April 2009) and Amendment Regulations (July 2009). The protocol establishes a framework for the joint handling of complaints that cover both health and social care in order to meet the expectations of the 2009 regulatory framework.
- 1.2 Dealing with a wide range of health and social care organisations can be confusing for people. Therefore, the agreement aims to address these issues by bringing together the various organisations in Nottingham and Nottinghamshire to provide a unified, responsive and effective service for complainants.
- 1.3 The complaints regulations place a duty to co-operate upon health and social care agencies regarding the investigation of joint complaints. Key features include having arrangements that are clearly focused on outcomes and that adopt a person-centred approach to complaints handling.

## **2.0 Purpose**

- 2.1 Each case has to be dealt with according to its individual nature and the complainant's expected outcome (where appropriate). The emphasis is firmly placed on satisfactory results and swift local resolution
- 2.2 A significant aspect of joint working is the need for regular and effective communication between complaints professionals and complainants to ensure agreed complaint plans, thorough investigation and a single co-ordinated response.
- 2.3 In order to achieve different organisations' requirements it is also necessary to monitor that performance targets are met and that complainants are kept well informed should there be reasons why investigations are delayed.
- 2.4 This process will also provide a single consistent and agreed contact point for complainants and will enhance partnership working.

## **3.0 Complaints Management**

- 3.1 The Complaints Lead in each organisation signing up to this protocol is responsible for ensuring:

- The co-ordination of whatever actions are required.
- Co-operation with other Complaints Leads and agreement as to who will take the lead role in joint complaints.
- That there is a designated person to whom any requests for collaboration can be addressed when they are absent.

3.2 Joint complaints will also be viewed as a mechanism to identify learning points and improve health and social care delivery, leading to:

- Collaborative working between complaints professionals to identify issues and make recommendations.
- Co-operation in relation to the need to contact staff within participating agencies (joint investigation).
- Facilitate joint working leading to enhanced outcomes.

#### **4.0 Deciding which organisation should take the lead**

4.1 The Department of Health suggests that the following issues should be taken into account when determining which organisation will take the lead role in a multi-agency complaint:

- Whether the complainant has a clear preference for which organisation takes lead.
- The organisation receiving the complaint determines the lead based on factors of risk, sensitivity and the number of issues relating to each organisation.

#### **5.0 Process**

5.1 When a complaint is received by one health or social care organisation about another health or social care organisation then verbal consent from the complainant will be sufficient to pass the complaint from the recipient organisation to the other organisation.

5.2 When a complaint is received that raises issues about more than one health or social care organisation, consent will be sought to discuss the investigation with the other relevant organisation(s) if this is not apparent from the outset. Having obtained consent, the recipient will contact the relevant complaints manager to agree the lead organisation and co-ordinator of the investigation.

5.3 The lead complaints manager will contact the complainant to discuss their concerns, agree how the complaint will be handled, confirm the issues to be addressed and the anticipated timescale.

- 5.4 If consent is withheld, a single agency approach may need to be adopted and the complainant informed accordingly, as this may restrict the extent of the investigation.
- 5.5 Clinical and/or additional professional expertise can be drawn upon at any point in the process as necessary.
- 5.6 Possible options for the joint handling of complaints include:
- Joint arrangements for the investigation followed by an agreed single response. The investigation may be in the form of each organisation undertaking their own investigation and providing their draft response to the lead organisation (or) the lead organisation undertaking the complete investigation.
  - Individual consideration by each agency with an agreed single response to the complainant by the lead organisation.
  - In exceptional circumstances it may be agreed that each organisation will respond to the complainant independently.
  - Consideration of conciliation/mediation at relevant stages of the process.
- 5.7 If adapted, complaints responses should be agreed by all agencies prior to being issued to the complainant by the lead organisation. Local arrangements may differ in relation to the release of investigation reports alongside complaints responses and this should be negotiated by the relevant complaints staff. The lead organisation will provide a copy of the final response to all other involved organisations.
- 5.8 Complaints that are more complex may need additional investigation time. Therefore, the lead complaints manager should up-date the complainant detailing the reasons for any delay, the progress made to date and a revised timescale for issuing the final response.
- 5.9 Following the complaints investigation, it is each organisation's responsibility to identify and implement any learning from the complaint.
- 5.10 In circumstances where joint complaints are subject to an independent review (Parliamentary and Health Service Ombudsman/Local Government Ombudsman), the lead organisation will inform the other organisations about the Ombudsman's interest in the complaint and the outcomes of the Ombudsman's assessment (or) investigation will be shared to inform working practices.

## **6.0 Health and Social Care Complaints FORUM (Nottingham and Nottinghamshire)**

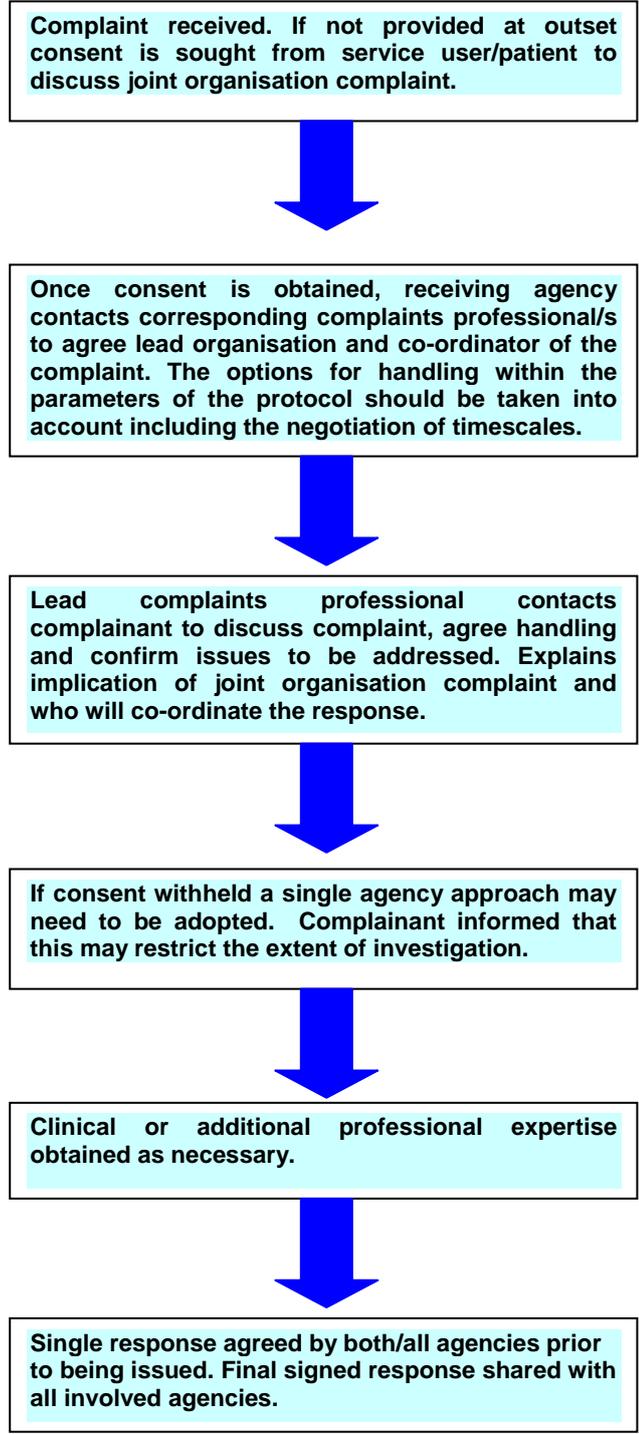
- 6.1 Quarterly meetings are held for complaints managers in health and social care to discuss current issues, promote good complaints handling and share learning. The format of which will be revisited when necessary to ensure that the meeting is still fit for purpose.

## **7.0 NHS Organisations Participating in this Agreement**

- 7.1 This forum is open to all CCG, NHS national bodies and complaints managers from commissioned services and providers.

**(APPENDIX 1)**

**JOINT COMPLAINTS HANDLING FLOWCHART**



(APPENDIX 2)

**RELEVANT LEGISLATION & GUIDANCE**

**Local Authority Social Services and National Health Service Complaints Regulations 2009 (April 2009) and Amendment Regulations (July 2009)**

*A major reform in the way health and social care organisations manage complaints resulting in a single complaints system covering all health and social care services in England.*

**Health and Social Care Act 2008**

*The Government's response to the report of the Joint Committee on Human Rights. Contains significant measures to modernise and integrate health and social care.*

**Principle for Remedy, The Parliamentary and Health Service Ombudsman (PHSO) (2009)**

*Provides the PHSO views on the principles that should guide remedy for injustice or hardship as a result of maladministration or poor service.*

**The NHS Constitution DoH 2009**

*All NHS bodies, private and third-sector providers supplying NHS services in England are required by law to take account of the Constitution in their decisions and actions.*

*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 alike.*

**Health and Social Care (Standards and Community) Act 2003**

*Provides a statutory basis for NHS and Adult Social Care complaints.*

**Data Protection Act 1998**

*Governs the protection and use of person identifiable information (personal data). The Act does not apply to personal information relating to the deceased.*

**The Human Rights Act 1998**

*Article 8.1 provides that "everyone has the right to respect for his private and family life, his home and his correspondence".*

*Article 8.2 provides “there shall be no interference by a public authority with the exercise of this right except as in accordance with the law and is necessary in a democratic society in the interest of national security, public safety or the economic well-being of the country for the prevention of crime and disorder, for the protection of health or morals, or for the protection of the rights and freedoms of others”.*

### **The Freedom of Information Act 2000**

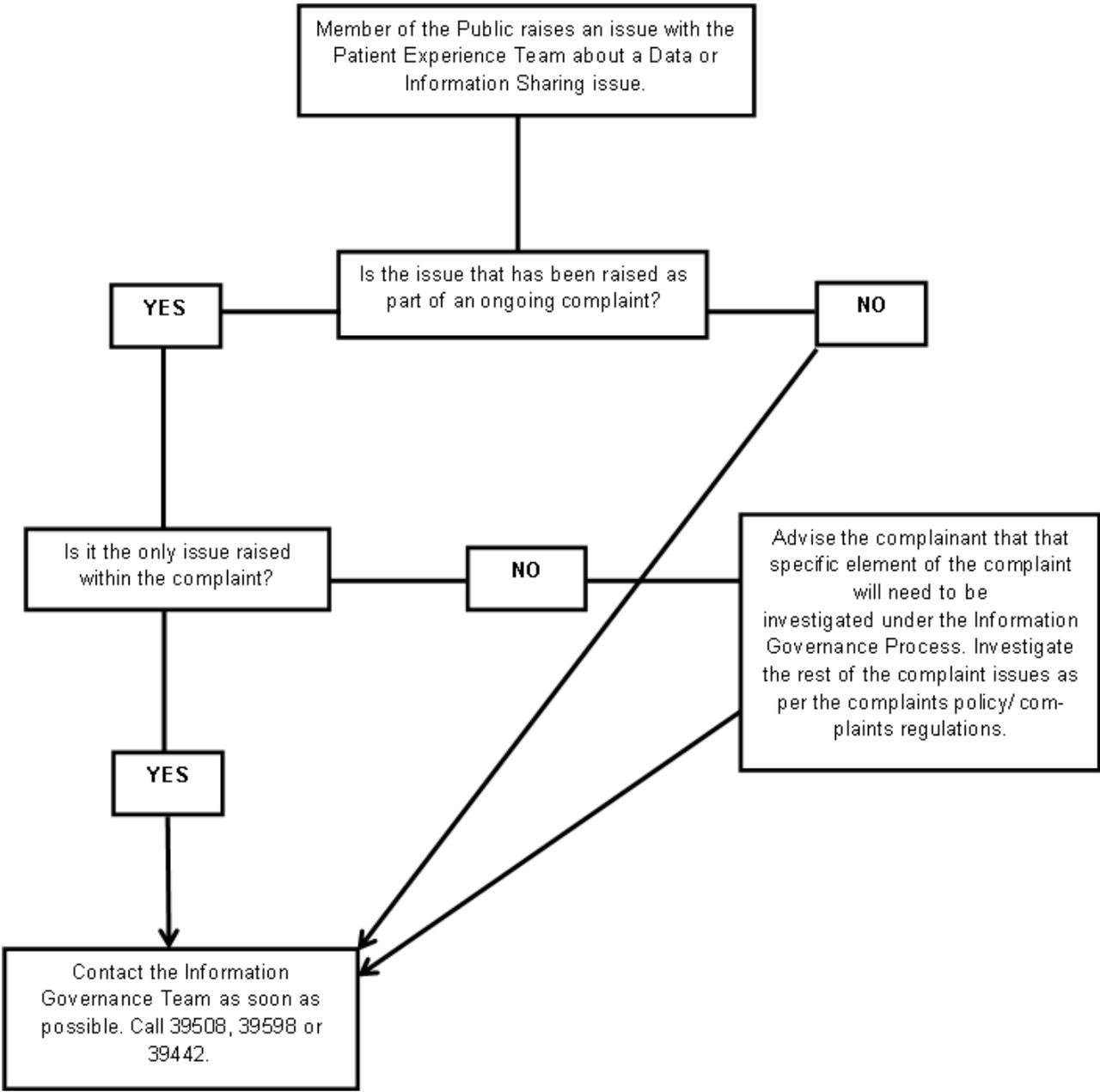
*The Act creates rights of access to information (rights of access to personal information remain under the Data Protection Act 1998) and revises, and strengthens the Public Records Act 1958 & 1967 by reinforcing records management standards of practice.*

### **The General Protocol for Information Sharing Between Health and Social Care Agencies in Nottingham**

*Includes the aforementioned legislation and additionally makes reference to the Computer Misuse Act 1990, Consent and Principles of the Caldicott Report 1997.*

**Appendix F:**

**Information Governance Procedure**



## Appendix G: Communication Management Plan (CMP) Form

Use this form to set out the management approach for handling the implementation of the Unreasonable Contact Policy – Complaints, Concerns and Enquiries

1. **Complaint reference:** .....

2. **Complainant name:** .....

3. **Complainant contact details (Telephone, Email, Address):** .....

### What is the nature of the complaint?

Commissioning issue [ ]    Access to service [ ]    Other (please specify) [ ]  
 Manner and Attitude [ ]    Treatment and Care [ ]

**Complaint deadline**        /        /

**What service is the complaint about?** .....

5. **Has the complainant expressed suicidal thoughts or tendencies?** Y [ ]        N [ ]

If yes:

5a. Contact made with the Safeguarding Team on ..... [Insert Date]

5b. The complainant has been advised to contact their GP to seek help. .... [Insert Date]

### 6. Before implementing the Unreasonable Contact Policy – Complaints, Concerns and Enquiries complete the table below:

	Task	Date Completed
1	Has the complainant been notified in writing (by email/letter) requesting that they initially modify the way they interact with the team?	
2	Has evidence been collected in accordance with the policy to demonstrate that the implementation of the Unreasonable Contact Process is necessary?	
3	Sign off for the implementation of the policy been agreed with the Head of Quality or the Chief Nurse/Director.	
4	Has the complainant been notified in writing that the decision has been made to implement the Unreasonable Contact Policy – Complaints, Concerns and Enquiries? State date of implementation.	
5	Has the complainant been advised of the future communication method under the Unreasonable Contact Policy – Complaints, Concerns and Enquiries?	
6	If necessary has the complainant been provided with a Single Point of Contact and been advised of their contact details?	
7	Have all stakeholder colleagues been briefed on the Communication Management Plan details?	

**Detail below the future communication method with the complainant:**

**Single Point of Contact details: Name, email and telephone number**

**If a review of the implementation of the policy is requested:**

**Date review request received:**

**Outcome of review:**

**(Save any review requests in complaint file on the database)**

**Sign off by appropriate staff member in accordance with the policy.**

**Name:**

**Title:**

**Date:**

## **Appendix H:**

### **Communication Management Plan (CMP) – Unreasonably Persistent Complainants - Guide for Colleagues**

The key to effectively managing an unreasonably persistent complainant is consistency.

The Patient Experience (PE) Team will always have a Communication Management Plan (CMP) for any unreasonably persistent complainant and is the single point of contact for all communication from the complainant. This is in line with the CCG Complaints, Concerns and Enquiries Policy and Procedure.

Key stakeholder colleagues for the complaint will be notified in advance to advise them that there is a CMP in place. This is to ensure that all staff are aware of how to act. The PE Team will also advise whether communication has been restricted to email.

#### **Managing Organisational Risk**

There is a risk to the organisation if staff members operate outside of the CMP even if the intention is to support the patient. The organisation would be considered to be operating outside of relevant policy and procedure and could come under criticism. Working within the CMP protects the patient, staff and the organisation.

When the Patient Experience Team manage the contact it means that:

- The team have skills and experience in handling contacts of this nature.
- All communication and contact with the complainant is accurately recorded on the complaints database.
- Any relevant and appropriate safeguarding referrals can be made and recorded.
- There is a consistency of message to the complainant around communication.
- The ongoing complaints investigation is not compromised because other staff providing the complainant with information directly will do this.
- It ensures that the Complaints, Concerns and Enquiries Policy and Procedure is adhered to.
- It means that the CMP remains effective (if the contact has been restricted to email for example a call may derail this).

#### **What to do if you receive a contact from an unreasonable complainant:**

1. Put the call through to the Patient Experience Team on extension 39570. There is an answerphone facility if the team are on the phone and not able to take the call.

2. Do not advise the complainant that the Team will call them back; this may be a contradiction to the CMP. Instead just state that you will transfer the call to the Patient Experience Team.
3. It is recommended that you do not engage in conversation with the complainant; however if this happens and they advise whilst on the phone that they are considering causing harm to themselves or others:
  - Enquire whether they intend to carry that out, ask whether you need to make a referral to safeguarding.
  - All staff should be aware of safeguarding and know how to make a referral; this is covered in the mandatory training. Contact the Multi Agency Safeguarding Hub 0300 500 8090 (County) and 0300 131 0300 (City).
  - Advise the complainant that you are not a front line service and that they should contact their GP for support.

## Appendix I:

### Instances where the CCG would not take a Complaint for Investigation

The CCG is unable to take on a complaint for investigation if it meets one of the following reasons because they are not covered by the NHS Complaints Procedure or are covered by another process or procedure:

- Complaints that have already been investigated under the 2009 NHS Complaints Regulations by the CCG or a Provider, unless there are significant reasons to do so.
- Complaints which are under investigation by the Parliamentary and Health Service Ombudsman.
- Complaints about HR issues e.g. complaints from professionals about the behaviour or action of other professionals.
- Staff complaints about employment issues, which should be managed through the employing organisation's Human Resources Team.
- Complaints about privately funded healthcare, which should be raised with the provider.
- Allegations of a criminal nature, including allegations of fraud, which should be made to the Police.
- Complaints which are subject to an ongoing Police investigation or legal action, where a complaints investigation could compromise the Police investigation or legal action.
- Complaints about an alleged failure to comply with a request for information under the Freedom of Information Act 2000. These complaints are handled under the FOI legislation by the CCG FOI Team and the Information Commissioner. More information can be obtained by contacting the FOI Team [notts.foi@nhs.net](mailto:notts.foi@nhs.net)
- Complaints about a CCG information governance (IG) issue or alleged failure to comply with a data subject access request under the Data Protection Act 2018. The complaints about CCG IG issues are handled under IG legislation by the CCG IG Team and the Information Commissioner. More information, including advice about where to direct provider IG issues can be obtained by contacting the IG team [ncccg.ig.greater-nottingham@nhs.net](mailto:ncccg.ig.greater-nottingham@nhs.net)

Depending on the nature of a complaint which relates to a provider delivering treatment and care or a service delivery aspect, it will often be more appropriate for the Provider to investigate the complaint as the CCG have no access to the patient records or staff in order to be able to investigate. This can be discussed with the complainant, however if the complainant wishes the CCG to investigate as commissioner of the service this should be carried out.

### **Complaints about Primary Care Issues**

The CCG is unable to investigate a complaint about a primary care issue; complaints about primary care can be investigated by either:

- NHS England as the commissioner of Primary Care services in England.
- The primary care provider themselves.

The NHS complaint regulations apply to the handling of all primary care complaints and any complainant who has their complaint investigated may take their complaint to the Ombudsman if dissatisfied.

### **Concerns/Enquiries received via Members of Parliament (MPs)**

An MP may contact the Patient Experience Team with:

- An enquiry or concern about a constituent's personal health circumstances or issues with CCG commissioned services on their behalf.
- A request for information about a CCG commissioning decision or any other CCG business.

A contact from an MP can be received by the Patient Experience Team directly or through the Accountable Officer or another staff member. Contacts typically are received via email or letter but can also be received verbally or on the telephone.

The Patient Experience Officer handles MP contacts in accordance with the process below. In their absence, the Patient Experience Manager will handle any contacts.

### **MP Contacts Process**

- There is no statutory timescale for handling MP contacts, but it is expected that all MP contacts are acknowledged within three working days of receipt and responded to as soon as the information is available to respond.
- All MP contacts are logged onto the Patient Experience Database and given a unique reference number.

- An MP contact is either responded to directly by the Patient Experience Team or via the Accountable Officer. The communication method will be specific to the contact and the manner in which the contact was received.
- If on review of the nature of the contact it is deemed more appropriate for a provider organisation to handle the enquiry directly, the correspondence can be re-directed onto the provider's Patient Experience Team and the MP office informed of this decision.
- If the contact to be passed on to the provider is on behalf of a constituent and about their personal health or treatment, consent will need to be gained from the constituent for their enquiry to be re-directed. The MP office should be contacted to advise of this approach and the appropriate consent form sent to the constituent to sign and return via the MP office to the CCG.
- A response to an MP contact can be in the form of a letter signed by the Accountable Officer or directly to the MP office from the Patient Experience Team. The response type will depend on the issue raised and any instruction from the Accountable Officer.

### **Handling MP contacts during a pandemic or emergency scenario**

There may be times where issues of high impact on the CCG affect the MP contact process, for example during a pandemic or emergency scenario. When this arises the Communications Director is to be sighted into all MP enquiries received related to those circumstances, and is to receive a copy of any responses.

In some circumstances, the Communications Director will correspond directly with the MP office in the handling of MP contacts. This instruction will be communicated directly to the Patient Experience Team by the Communication Director.

## Appendix J: Timescales for Responding to Complaints

### Determining a timescale for responding to complaints

The 2009 NHS Complaint Regulations state that a complaint should be responded to and investigated within six months of receipt of that complaint.

- Response and resolution timescales will be as timely as possible and set based on an agreement between the investigating officer and the Provider and will often be individual to the nature and complexity of each complaint.
- Where possible the CCG will aim to provide a response to a complaint within either 25, 40 or 65 working days.
- Where a complaint is taking longer than anticipated to investigate, an extension can be made and the complainant should be advised of this.

### Determining a 25, 40 or 65 working day response timescale

The application of the timescale is subject to the individual nature of the complaint and these timescales are a guide.

The complexity of the complaint will have an impact on the timescale, as it can take longer to obtain the information needed for the investigation and may require clinical input.

The timescale used is dependent on the provider service being able to provide the information needed for the complaint within the suggested timescales. Where this is not possible the timescale will be adjusted.

Timescales with provider services should ideally be determined before the deadline is set with the complainant. Where this is not possible, the complainant should be advised that the provider has been contacted to provide a guide to inform the application of the deadline; and that once this information is available they will be contacted again with the deadline.

<b>Timescale</b>	<b>Complaint Type</b>
25 working days	Single issue commissioning related complaints, such as a change to a CCG commissioned service or issues related to the decommissioning of a service.  A decision to decommission a medication or prescription item.  A complaint about a national health decision and the impact of that locally.

40 working days	<p>A complaint about a single medical issue with a single provider.</p> <p>A complaint which has up to six questions or points to be addressed.</p> <p>A complaint about an issue that occurred within the past 12 months.</p>
65 working days	<p>A complaint about a multiple medical issue with multiple providers.</p> <p>A complaint with more than seven questions or points to be addressed.</p> <p>A complaint where some part of that complaint took place over 12 months ago.</p> <p>A complaint on behalf of a patient who is deceased.</p> <p>A complaint where some part of that complaint took part in another geographical region.</p>

### **Complainants dissatisfied with the response to their complaint**

A complainant who is dissatisfied with the response to their complaint because they feel it does not address the issues raised in their complaint can raise that with the Investigator. The issues raised can be reviewed and re-investigated. If the complainant still remains dissatisfied, they are then able to take their complaint to the Ombudsman.

There is no statutory response timescales for secondary complaint responses; however the complainant should receive their secondary response in time that it should not exceed in total the six month investigation timescale from receipt of their original complaint.

Where the CCG is unable to re-investigate an issue raised, for example where the information provided in the original response is final and unable to be challenged or all points have been addressed fully; the CCG should notify the complainant of this and advise them of how to contact the Ombudsman.