Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Feedback and Complaints Policy

July 2021

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Name of responsible committee	Quality Assurance Committee
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To ensure you have the most current version of this policy please access via the NHS Sheffield CCG Intranet Site by following the link below:

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Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Please give status of Policy:	**Revised**

11	**Details of Policy/Procedural Document**	
1.1	Policy No:	CL010/07/2022
1.2	Title of Policy/document:	Feedback and Complaints Policy
1.3	Sponsor	Deputy Accountable Officer
1.4	Author:	Patient Experience Lead
1.5	Lead Committee	Quality Assurance Committee
1.5	Reason for policy/document:	The policy outlines the way in which the CCG handles feedback and complaints and the CCG's expectations of providers.
1.6	Who does the policy affect?	CCG staff, providers, patients and the public.
1.7	Are the National Guidelines/Codes of Practice etc issued?	Yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
2.	**Information Collation**	
2.1	Where was Policy information obtained from?	Relevant legislation Ombudsman guidance
3.	**Policy Management**	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	NA
3.3	If NO explain why.	Policy uses existing management structures
4.	**Consultation Process**	
4.1	Was there external/internal consultation?	Yes
4.2	List groups/persons involved	Accountable Officer, Chief Nurse, Heads of Service, Staff Side Disability Sheffield, Healthwatch Sheffield, Sheffield Advocacy Hub
4.3	Have external/internal comments been included?	Yes
4.4	If external/internal comments have not been included, state why.	N/A
5.	**Implementation**	
5.1	How and to whom will the policy be distributed?	Public, providers, CCG staff. Intranet, Internet, paper copies upon request.

5.2	If there are implementation requirements such as training please detail.	Staff training on complaints to be included in induction for new staff. Training programme for Investigating Officers to be delivered by complaints manager.

5.3	What is the cost of implementation and how will this be funded	No cost beyond staff time.
6.	**Monitoring**	
6.1	How will this be monitored	Complainant satisfaction survey
6.2	Frequency of Monitoring	Quarterly

Version Control

VERSION CONTROL				
Version	**Date**	**Author**	**Status**	**Comment**
6	**September 2014**	**Sarah Neil**	**Current**	**Supersedes PCT Complaints policy 2012**
7	**February 2018**	**Liz Waterfall**	**Current**	**Supersedes CCG Complaints Policy – September 2014**
8	**May 2021**	**Sarah Neil**	**Current**	**Supersedes CCG Complaints Policy – September 2018**

Contents

1. Introduction and purpose

1.1 Listening to feedback helps us to understand how people experience our services and the services we commission. This enables us to identify areas for improvement and priorities for commissioning. Patient experience is a vital part of quality: high quality services are safe, effective and deliver a good patient experience.

1.2 This policy outlines the approach that the CCG takes to receiving, learning from and responding to feedback.

1.3 The policy sets out the CCG's expectations of providers in relation to complaints handling, and explains how the CCG meets its responsibilities for governance, quality and performance management of providers' complaints handling.

1.4 The procedure (appendix 1) sets out the framework that all staff must adhere to for managing complaints received by the CCG, to ensure that appropriate learning and actions are identified, taken and shared.

2. Scope

2.1 This policy and procedure applies to

- All NHS Sheffield CCG staff
- Heads of service and senior managers
- Directors and the accountable officer

2.2 The policy also sets out the CCG's expectations of providers who have a contractual arrangement with the CCG.

2.3 The policy applies to feedback and complaints received by the CCG.

3. Definitions

Clinical Commissioning Group (CCG)	The local clinically-led organisation that commissions community and secondary care.
Complaint	An expression of dissatisfaction that requires a response. Complaints can be made verbally or in writing (email / letter). Sometimes, people express dissatisfaction but do not wish to make a complaint. We will be guided by the individual who has raised the matter as to whether they want it to be considered a formal complaint or a concern,
Complainant	The individual who raises or makes the complaint.

Concern	A matter that engages a person's attention or interest, or that affects a person's welfare or happiness, where the
	individual does not want to make a formal complaint.
Gillick competence	A term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.
Informed consent	Permission granted in full knowledge of the possible consequences.
Investigating officer	CCG staff member appointed to investigate a complaint.
Provider	An organisation that is commissioned by the CCG to provide NHS healthcare services.

4. Collecting and receiving feedback

4.1 Feedback helps us to understand people's experiences of our services and the services we commission. Listening to and acting on feedback from patients, carers and members of the public is an essential part of commissioning health services.

4.2 We will handle feedback in line with our values of being compassionate and caring; empowering; progressive; fair, honest, responsive and accountable.

4.3 There are several different routes that patients, carers and members of the public can use to provide feedback to the CCG. These include

- Satisfaction/experience surveys about services that have direct patient contact.
- Online feedback through dedicated health feedback websites such as Care Opinion or through social media.
- Providing feedback, both positive and negative, directly to any member of staff that an individual has contact with, verbally, in person or in writing.
- Providing feedback, both positive and negative, to our patient experience team (0114 305 1094, sheccg.feedback@nhs.net). Feedback can be given by telephone, video call, in person or in writing.
- Formal complaints (see section 7, below, for a detailed complaints procedure).
- Providing feedback to a third party such as Healthwatch Sheffield and other organisations in the voluntary, community and faith sector (VCF sector), or to an MP.

4.4 Some feedback is routinely gathered as part of the day-to-day running of a service. Other feedback is gathered in response to an impending service change or intelligence received.

4.5 People also share their feedback directly with the services that the CCG commissions. Services share information about the feedback that they receive with the CCG as part of our contractual arrangements with them.

4.6 We will ensure that the feedback routes available are publicised appropriately, in accessible formats and community languages.

4.7 We will identify and meet people's communication and information needs to enable to them to provide feedback, for example through the provision of interpreters where necessary.

4.8 The patient experience team will monitor which groups of people we are hearing from, including monitoring the protected characteristics of the people that provide feedback. We will engage with groups and communities that we are not hearing from to ensure that there are feedback routes that are accessible to them.

5. Learning from feedback

5.1 We use feedback to help us improve our services. Feedback helps us understand what is working well and where we can improve.

5.2 This Policy should be read alongside the Patient Experience Strategy 20202022, the Communication and Engagement Strategy 2019-22 and the Managing Concerns in Primary Care Framework. These strategies give further information about how the CCG uses feedback from patients to inform our commissioning.

5.3 The patient experience team records and analyses feedback, identifying themes and trends, areas of good practice, areas for further investigation and engagement and areas for improvement.

5.4 All staff within the CCG should be empowered to use feedback to make improvements. The patient experience team will triangulate feedback from a range of different sources including complaints and ensure that staff have access to the feedback in a way that is appropriate and maintains confidentiality.

5.5 Services/teams within the CCG will also be aware of feedback that has been given directly to staff within the service/team. This should be discussed and acted on a service/team level. The feedback should be shared with the patient experience team, either by sharing individual pieces of feedback or by sharing information about themes and trends.

5.6 Feedback about providers helps us monitor the quality of services that we are commissioning. The patient experience team will ensure that relevant intelligence is shared with quality, commissioning and contracting staff.

5.7 Whilst all staff should be encouraged to understand and act on the feedback that we receive, heads of service and directors are ultimately responsible for ensuring that feedback is acted upon and used to make improvements.

6. Responding to and sharing information about feedback

6.1 Where we have the individual's contact details, we will respond to the individual to thank them and explain how we have made use of their feedback. We will also respond to anonymous feedback that is left about the CCG on feedback websites such as Care Opinion. Sometimes feedback includes concerns relating to the care that an individual has received and we will ensure that these concerns are appropriately investigated and responded to. Feedback will be responded to in a timely way, usually within 10 working days.

6.2 Some feedback, such as feedback provided through surveys, is anonymous and therefore does not receive an individual response. We will share information with the public about the action that we have taken in response to feedback, including anonymous feedback. This will be shared through our website, newsletters and with relevant VCF sector organisations, in accessible formats that meet people's information and communication needs.

6.3 Heads of service will provide updates about feedback received and the action that has been taken in response, for inclusion in reports to Governance Committee, Quality Assurance Committee and Governing Body. Updates will be provided quarterly except where very little feedback is received, in which case updates will be provided a minimum of annually.

7. Complaints handled by the CCG

7.1 The CCG will handle complaints in accordance with the Ombudsman's principles for good complaints handling:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

7.2 The management style and culture within the CCG will promote a positive attitude towards dealing with complaints. Responsibility for ensuring that complaints are investigated and responded to appropriately will be taken at the highest level.

7.3 The CCG's firm intention is that all complaints will receive an open, honest, timely and compassionate response.

7.4 A detailed complaints procedure can be found in appendix 1.

8. Expectations of providers in relation to feedback and complaints handling

8.1 The CCG expects providers to promote a culture which listens to and learns from patients, and proactively encourages patient feedback. The CCG will seek assurance that providers:

- Have accessible complaints systems in place making it easy for all patients, carers and other representatives to give feedback and raise complaints.
- Have robust complaints handling procedures that are compliant with the local authority social services and national health service complaint (England) regulations 2009 and that take account of relevant complaints handling guidance.
- Take responsibility for complaints at the highest level.
- Have robust processes in place for ensuring that lessons are learned from complaints, resulting in service improvements.

9. Governance and responsibilities

9.1 Complaints and feedback handled by the CCG

	Responsibilities
Governing body, Quality Assurance Committee and Governance SubCommittee	• Gaining assurance that complaints are handled effectively and appropriate actions are taken as a result of complaints and feedback. • Receiving quarterly reports on complaints and feedback received and complaints handling
Accountable officer	• Ensuring compliance with The Local Authority Social Services and National Health Service Complaint (England) Regulations 2009 • Responding to complaints • Ensuring that action is taken if necessary in the light of the outcome of a complaint

Directors	• Appointing investigating officers • Reviewing investigations and action plans and identifying any areas that require further investigation • Reviewing and approving draft responses • Ensuring that actions identified as a result of complaints are completed in a timely manner • Delegated responsibility for responding to complaints when the accountable officer is unavailable • Ensuring that services learn from feedback and make improvements. Ensuring that patient feedback informs commissioning priorities.
	• The deputy accountable officer also has responsibility for overseeing the provision of the complaints service, and monitoring the progress of high risk and multiagency complaints
Clinical directors	• Providing clinical input into complaints investigations.
Investigating officers	• Investigating complaints in timely manner in accordance with this policy • Identifying and implementing actions as a result of complaints • Advising the complaints manager of any conflicts of interest
Complaints manager	• Responsible for managing the procedures for handling and considering complaints in accordance with the local authority social services and National Health Service Complaint (England) Regulations 2009 and with this policy. This includes: • Acknowledging and facilitating the investigation of complaints • Liaising with and supporting complainants • Liaising with complaints teams in other organisations • Identifying concerns relating to safeguarding, equality and diversity, fraud, information governance and serious incidents and ensuring that these concerns are considered under the appropriate CCG policies and procedures • Providing training on complaints handling • Providing advice and support to staff regarding complaints • Maintaining complaints records including action plans • Producing reports on complaints received and complaints handling for Governing Body and the Department of Health • Proposing policy changes in response to revisions to complaints regulations
Patient Experience Lead	• Oversee the delivery of the complaints service and provide cover for the complaints manager.

All staff	• Listening to and acting on patient feedback • Forwarding all complaints and other feedback to the patient experience team in a timely manner • Cooperating with and responding appropriately to any complaints investigations in line with this policy and procedure • Completing actions that are assigned to them as a result of complaints in a timely manner and reporting completion of actions to the complaints manager

9.2 **Management of providers**

9.2.1 Through its assurance and governance processes the Governing Body is responsible for ensuring that providers have appropriate feedback and complaints handling practices.

9.2.2 Provider's performance in relation to feedback and complaints handling will be managed primarily through existing contract monitoring arrangements.

9.2.3 Quality managers negotiate appropriate contractual quality indicators for patient experience and complaints handling and will monitor compliance against these indicators.

9.2.4 Where providers are non-compliant contract and quality managers will take necessary action. If an issue is unable to be resolved it can be escalated to the providers Quality Review Meeting and if necessary to the contract account managers and raised at the provider's contract review meetings.

9.2.5 Providers will report to the CCG on a monthly, quarterly or annual basis. Providers will be advised in advance of when this information is required if it is out of their existing internal reporting schedules.

9.2.6 The CCG may receive and use information from other agencies and organisations, such Healthwatch Sheffield, where this is relevant to the performance management of the provider in relation to complaints handling.

9.2.7 Aggregated data on provider complaints and complaints handling, drawing attention to any exceptions, is reported quarterly to the CCG's Quality Assurance Committee and monthly to Governing Body.

9.2.8 The Parliamentary and Health Service Ombudsman notifies the CCG of any recommendations in makes to providers. The CCG monitors compliance with any such recommendations through Quality Review Meetings.

10. Training

10.1 All CCG staff will be offered training relevant to their role. New starters will be provided with training on complaints handling as part of the induction

programme. Investing officers will be provided with training on the complaints process by the complaints manager. Staff requiring support should speak to their line manager in the first instance. Managers should contact the complaints manager if there are specific training needs.

11. Publicising the complaints process and making it accessible

11.1 We will ensure that accessible information is readily available about how to make a complaint and what to expect when you do.

11.2 We will share information about the complaints procedure with partner organisations in the VCF sector to ensure that they are able to effectively signpost people who wish to make a complaint.

11.3 We will make sure the complaints process is accessible to people with cognitive or sensory impairment. We will meet people's communication and information needs by providing interpreters, making information available in appropriate formats, and making other reasonable adjustments as necessary.

11.4 We will monitor the protected characteristics of complainants and engage with communities that do not use the complaints process to ensure that they are aware of it and that it is accessible to them.

12. Monitoring effectiveness of the policy/procedural document

12.1 The effectiveness of the policy will be evaluated by looking at

- Feedback that complaints provide on their experience of the complaints process (measured though a satisfaction survey sent to all complainants)
- Feedback on those CCG services that have direct patient contact (including satisfaction surveys)
- The number of complaints upheld or partially upheld by the Ombudsman
- Performance metrics around the timeliness of responding to complaints.
- Evidence of learning and improvements made as a result of feedback.

13. Reviews

13.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis or when a change in legislation dictates.

14. References and links to other documents

14.1 The following legislation and guidance has been taken into consideration in the development of this policy and procedure:

- The Nolan Principles 1995

- Local Authority Social Services & National Health Service Complaints (England) Regulations 2009
- The Principles of Good Complaint Handling (PHSO, 2009)
- Listening, Improving, Responding – a Guide to Better Patient Care (Department of Health, 2009).
- The Equality Act 2010
- Mental Capacity Act 2005, Amended 2019
- Duty of Candour: Health and Social Care Act 2008
- Winterbourne View Serious Case Review 2011
- Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry (Robert Francis QC 2013)
- Putting Patients back in the Picture (Clwyd & Hart 2013)
- Patients Association - Good Practice Standards for NHS Complaints Handling 2013
- 'Caldicott' Principles (revised 2013)
- My Expectations for raising concerns and complaints (PHSO 2014)
- Hard Truths (Department of Health, January 2014)
- NHS Constitution (2015)
- General Data Protection Regulation (GDPR) and Data Protection Act 2018
- Continuing Healthcare National Framework 2018
- CQC's Key Lines of Enquiry regarding Complaints Handling (Regulations
- NHSE Assurance of Good Complaints Handling for Acute and Community Care – A toolkit for commissioners

15. Equality and diversity statement

15.1 NHS Sheffield CCG aims to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

15.2 NHS Sheffield CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

16. Disability Confident

16.1 NHS Sheffield CCG has been accredited with the Disability Confident Award – level 1. This is in recognition of meeting the commitments regarding employment of disabled people and permits the organisation to use the

Disability Confident logo on all of its stationery. The Disability Confident symbol should be added as a footer to all policies / procedural documents.

Appendix 1 Formal complaints procedure

1. What is a complaint?

1.1 The Patients Association defines a complaint as: “An expression of dissatisfaction made to an organisation, either verbal or in writing, and whether justified or not, which requires a response. There is no difference between a “formal” and an “informal” complaint, both are expressions of dissatisfaction.” (Good practice standards for NHS complaints handling, Patients Association, September 2013)

1.2 It is important that staff are able to recognise when a person is making an enquiry, asking for advice or making or a constructive suggestion and not to misconstrue this as a complaint. Many comments and concerns can be dealt with by the member of staff with whom the issue has been raised. Staff will be empowered to resolve these quickly (within one working day) without the need for them to go through a more formal complaints process. People raising concerns should always be informed of their right to make a formal complaint, but should also be able to choose to have their concerns dealt with through an informal route.

2. What issues can be responded to through the complaints policy?

2.1 **The CCG handles complaints about:**

- decisions, actions and omissions by the CCG
- the conduct of CCG staff
- commissioning decisions made by the CCG
- services the CCG provides (including continuing healthcare)
- services that the CCG commissions

2.2 **The following issues are not handled through the complaints procedure:**

- Complaints from a local authority, NHS body, primary care provider, or any body that provides health care in England under arrangements made with an NHS body.
- Complaints from employees or potential employees relating to their employment, or staff grievances. These are usually considered under the Grievance Policy and Procedure or Whistleblowing Policy.
- A complaint about failure to comply with a data subject request under the UK General Data Protection Regulation 2018 or a request for information under the Freedom of Information Act 2000.
- Complaints that are solely about a Local Authority or about an NHS service that the CCG does not commission. The complaints

manager will request the complainant's consent to forward the complaint on to the body that is responsible for the complaint.

2.3 NHS Continuing Healthcare (CHC), including NHS-funded Nursing Care and Children's Continuing Care

2.4 CHC: challenging eligibility

2.4.1 The CCG has specific appeals procedures that are used when patients or their representatives disagree with a CCG decision about eligibility for continuing healthcare, NHS-funded nursing care or children's continuing care.

2.4.2 Under the Adults Continuing Healthcare and Funded Nursing Care Appeal Procedure appellants have the right to ask NHS England for an independent review panel. These issues are therefore not considered under the complaints procedure.

2.4.3 Under the Children's Continuing Care Appeals Procedure, appellants have the right to request an independent review which involves getting a second opinion by another CCG for consideration by the Children's Continuing Care Panel. If the individual is dissatisfied with the appeals process followed, they can then make a complaint. The appeal decision cannot be overturned through the complaints procedure, but the individual could escalate their complaint to the Parliamentary and Health Service Ombudsman who may make recommendations if their investigation finds maladministration in the appeals procedure.

2.5 CHC: challenging the package of care offered

2.5.1 Concerns about the type and location of the package of care that is offered are handled differently for children and for adults.

2.5.2 For adults, challenges to the package of care offered are considered through the complaints procedure.

2.5.3 For children, challenges to the package of care offered, including Personal Health Budgets, are considered through the appeals procedure. If the appellant remains dissatisfied they can then make a complaint.

2.6 CHC: Personal Health Budgets

2.6.1 Some people have a personal health budget which they use to arrange and pay for their care. We cannot handle complaints about services that a patient or their representative pays for through a personal health budget. We will offer advice about how the individual could raise their concerns and provide information about organisations that may be able to help, where that information is available.

2.6.2 The only issues that can be dealt with under the complaints procedure are those that relate to the CCG's role in personal health budgets.

2.7 CHC: other concerns

2.7.1 There are some concerns that are not addressed through the appeals procedures and these are handled through the complaints procedure. Examples include concerns about communication, staff attitude, the length of time taken to reach a decision, and a decision not to proceed to a full assessment after the checklist (the first stage of the assessment process) has been completed.

2.7.2 A patient's eligibility for continuing care, continuing healthcare and NHSfunded nursing care cannot be decided through the complaints procedure. If the aim of the person raising the concern is to challenge the eligibility decision, it would be more effective to lodge an appeal.

2.8 Individual Funding Request (IFR) decisions.

2.8.1 The CCG has an appeals process that is used when a patient or their representative disagrees with CCG decision regarding an individual funding request. This process is set out in the IFR Policy.

2.8.2 There are some concerns about individual funding requests that are not addressed through appeals process and these are handled through the complaints procedure. Examples include concerns about communication, staff attitude, the length of time taken to reach a decision.

2.8.3 The IFR Panel follows the CCG's commissioning policies when making decisions about whether funding requests should be approved. Concerns about the content of those policies are handled through the complaints procedure.

2.9 Disciplinary proceedings

2.9.1 The complaints procedure is separate from staff disciplinary procedures. An investigation into a complaint may identify disciplinary matters. These will be dealt with separately from the complaint. When responding to the complaint the CCG will need to carefully balance obligations relating to confidentiality of staff with reassuring the complainant. We will provide an open and honest response that acknowledges and apologies for shortcomings and reassures the complainant that we have robust procedures for dealing with disciplinary matters, although the details of this are usually confidential.

2.10 **Criminal matters and legal action**

2.10.1 There are circumstances where further discussions will take place before determining whether or not to investigate a complaint, including complaints relating to criminal matters or where legal action is being taken. Where there are allegations relating to assault or other criminal matters the accountable officer must be informed immediately for a decision to be taken on whether to refer the matter to the police.

3. How can a complaint be made?

3.1 A complaint can be made verbally (by telephone or in person/video call) or in writing (by email or letter). A complaint can be made to the complaints manager or to any member of staff at the CCG. We will ask people who contact us whether they have any communication and information needs so that we can meet those needs and provide the support that they need to make a complaint.

4. Who can make a complaint?

4.1 A complaint can be made by any person who has received or is receiving NHS treatment or services, or any person who has been or likely to be affected by an action, omission or decision of the CCG.

4.2 A complaint can be made by a representative acting on another person's behalf, if that person:

- Has requested the representative to act on their behalf
- Is unable to make the complaint themselves because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005
- Is a child (see 6.47-6.50, below)
- Has died

5. Complaints made by a representative

5.1 Carers, relatives and other representatives can make a complaint on behalf of a person if that person has given consent for them to do so and if they consent to information being shared with their representative. This is particularly important where the response contains confidential or sensitive information of a clinical nature.

5.2 We value the role played by carers, family members and friends in supporting patients and recognise the effects that concerns regarding the care of a patient can have on people close to the patient. In circumstances where a carer, family member or friend raises concerns but the patient themselves does not wish to complain, the CCG will consider whether the representative

themselves is directly affected by the actions, omissions and decisions of the CCG. Where possible we will aim to resolve representative's concerns, for e.g. by sharing and explaining non-confidential information about our policies and procedures, without breaching the confidentiality of the patient.

5.3 Representatives can raise a complaint on behalf of someone who is unable to make a complaint because of physical incapacity, a lack of capacity within the meaning of the Mental Capacity Act (2005), or because they have died. We recognise the importance of receiving feedback about the experiences of people who are unable to raise concerns themselves.

5.4 In some cases it is not possible for the person to give their consent, for example due to a lack of capacity. Where the patient has died or is not able to give consent we will consider whether the complainant is a suitable person to represent the patient. If we believe that the complainant is not a suitable representative or is not acting in the patient's best interests we will not respond to the complaint and will write to the representative explaining the reasons for this decision.

5.5 We are committed to ensuring that concerns are fully investigated, but when a complaint is made by a representative of an individual who is not in a position to give their consent, it may not be appropriate to share the full details of the investigation with the representative. Particular attention will be paid to the need to respect the confidentiality of the patient, and to any known wishes expressed by the patient that information should not be disclosed to third parties.

5.6 An individual may also ask their MP to raise a concern on their behalf. We will ask the patient/complainant whether they would prefer us to communicate with them and keep their MP informed, or communicate directly with their MP.

6. Complaints made by children

6.1 Children can make complaints themselves and we will ensure that their concerns are listened to and responded to appropriately.

6.2 When a complaint is made on behalf of a child we will consider whether there are reasonable grounds for the complaint being made by the representative instead of the child, whether the complaint is being made in the child's best interests and whether the representative is a suitable person to represent that child. If these criteria are not met the CCG will not respond to the complaint and will write to the representative explaining the decision.

6.3 We may request consent from the child or young person before proceeding with the complaint. Consent will usually be required if the patient is 16 or older. Complaints made on behalf of children and young people under the age of sixteen will be considered on an individual basis (subject to Gillick

competence) and according to the nature and subject of the complaint before consent is requested.

7. Time limits

7.1 Complainants are encouraged to raise their complaint as soon as possible after becoming aware of the problem and no later than 12 months after the event or 12 months after discovering the problem.

7.2 If more than 12 months have elapsed, we will respond to the complaint if it is still possible to investigate the issues effectively, there is a reasonable prospect of resolving and/or learning from the complaint, and the complainant has a good reason for not having made the complaint within 12 months. The complaints manager in consultation with the relevant service lead will make a decision on individual cases.

8. What should staff do when they receive a complaint?

8.1 Verbal complaints

8.1.1 Many concerns can be resolved quickly and staff should try to resolve problems as they arise. If a verbal complaint is resolved to the complainant's satisfaction by the next working day then the matter does not need to be treated as formal complaint and the complaints manager does not usually need to be informed.

8.1.2 Consideration should be given to the seriousness of the concerns raised and whether further action is required. If the concerns relate to an event that had serious or potentially serious consequences, or if the event is likely to reoccur unless changes are made, a summary of the concerns and the action that has been taken should be emailed to the complaints manager, using the investigation and action plan template (appendix 2*)* within 2 working days.

8.1.3 Whilst resolving concerns in the way described above is encouraged, people raising concerns should be given clear and timely advice about their right to make a complaint and how to do so. If in doubt, the staff member should ask the individual whether they would like the matter to be formally investigated. Staff should then make contact with the complaints team (SHECCG.Complaints@nhs.net).

8.1.4 For verbal complaints that cannot be resolved within one working day, a summary of the complaint and the complainant's contact details should be provided to the complaints manager as soon as possible and no later than two working days after the day on which the complaint was first raised.

8.2 **Written complaints:**

8.2.1 Written complaints should be forwarded to the complaints manager on the day of receipt (SHECCG.Complaints@nhs.net).

8.2.2 As part of normal business staff deal with enquiries and concerns from the public and should be empowered to do so. An individual may raise a number of queries and concerns in writing, particularly by email, during the course of a period of care. These can often be responded to directly by the staff involved. However, staff should ensure that individuals are aware of their right to make a formal complaint if they are dissatisfied, or to have a conversation about their concerns with a person from the patient experience team.

8.2.3 Where an individual raises ongoing queries and concerns that staff are unable to resolve, the complaints manager should be consulted for a decision as to whether concerns should be responded to through the formal complaints procedure. This decision will take into account the wishes of the individual raising the concerns, the nature and seriousness of the concerns, and whether an investigation is required.

9. Acknowledgement, discussion regarding complaint and consent

9.1 The complaints manager will acknowledge complaints (verbally or in writing) within three working days. Complainants will be offered the opportunity to discuss their concerns, the manner in which their complaint will be handled, the timescale for responding, what they would like to achieve from the complaint, and what format they would like the response to take. Responses can be provided in writing, verbally, or at a meeting (including virtual meetings). This will include identifying any communication needs/preferences.

9.2 This discussion may take place with the complaints manager or the investigating officer, or both. A record of the discussion should be made and forwarded to the complaints manager for inclusion in the complaint file. The complaints resolution plan template (appendix 3) can be used for this purpose.

9.3 If the complainant does not take up the offer of a discussion, the complaints manager will inform them of the timeframe within which the CCG expects to be able to respond to their complaint. This will usually be 25 working days. When a complaint involves other organisations or requires a particularly complex investigation, a longer timeframe may be required.

9.4 The complaints manager will provide the complainant with information about local advocacy services and interpreting services, if required.

9.5 Where a complaint is made by a representative, the complaints manager will request the patient's consent or, if the patient is unable to provide informed consent, will ensure that due consideration is given to whether the

complainant is a suitable representative and is acting in the patient's best interests. Any decision not to respond to a complaint will be approved by the accountable officer and the reasons clearly documented on file. The complaints manager will write to the complainant explaining that the CCG is not going to respond to the complaint, the reasons for this, and the complainant's right to refer their concerns the Parliamentary and Health Service Ombudsman.

9.6 Where a complaint concerns a service that is commissioned by the CCG and provided by another organisation, the complaints manager will request the complainant's consent to share their complaint with that organisation. In some cases the organisation that is the subject of the complaint will then respond directly to the complainant. Where the CCG will have continued involvement in the complaint, consent for the CCG and the other organisation(s) to share information with the CCG will also be sought. *(See section 7.78 – 7.95 for more detail)*

10. Risk grading of complaints

10.1 The complaints manager will risk grade complaints (appendix 4) within 2 working days of receipt. The complaints manager will provide the chief nurse and deputy accountable officer with a fortnightly update on the progress of high risk complaints and multiagency complaints. As the investigation into the complaint is conducted and more information becomes available, the risk grading of the complaint may change.

11. Investigation of complaints relating to the conduct of CCG staff and services that the CCG provides

11.1 In consultation with the relevant director, the complaints manager will appoint an investigating officer who will be asked to investigate the complaint within a timeframe stipulated by the complaints manager (usually 10 working days).

11.2 Any member of staff named or implicated in a complaint should be informed and supported by their line manager. The complaints manager will offer support to help them understand the complaints process. Staff will also be signposted to other forms of support such as wellbeing and employee counselling services, occupational health and professional colleges or indemnity organisations, as appropriate.

11.3 Investigating officers should usually offer to speak to complainants a minimum of twice, once at the beginning of the investigation process to clarify details of the complaint and expectations, and once following the investigation to share findings.

11.4 The investigating officer will complete an investigation and action plan (IAP) (appendix 2). In the IAP the investigating officer will explain what steps they

have taken to ascertain the facts and whether a complaint is upheld, partially upheld or not upheld.

12. Investigation of complaints relating to services commissioned by the CCG and provided by another organisation

12.1 When we receive a complaint about an organisation that the CCG commissions services from, we will consider whether it is appropriate for the provider to handle the complaint directly or whether the CCG should handle the complaint.

12.2 This decision is made by the complaints manager in consultation with the complainant, the relevant director, quality, contracting and commissioning leads, as appropriate.

12.3 Factors that are taken into account include: the wishes of the complainant; the subject and severity of the complaint; contractual breaches; pre-existing concerns relating to the provider or awareness of other similar complaints, indicating a possible trend and the extent to which feedback from the complaint might inform commissioning decisions.

12.4 It is usually appropriate that complaints relating to Sheffield Teaching Hospitals NHS Foundation Trust, The Sheffield Health and Social Care Trust NHS Foundation Trust and Sheffield Children's NHS Foundation Trust should be handled directly by the trusts. The trusts have a statutory responsibility to investigate complaints effectively, and the CCG has robust processes in place for monitoring the trusts' compliance with complaints regulations.

12.5 Where it is appropriate for the provider to handle the complaint directly, the complaints manager will seek the complainant's consent to forward the complaint to the relevant body for investigation and response. The CCG may request a copy of the provider's response.

12.6 Where the CCG decides to handle the complaint, or where the complainant doesn't consent for the complaint to be redirected to the provider, the complaints manager will ask the provider to investigate the complaint and provide the CCG with the outcome of their investigation.

12.7 The complaints manager will coordinate quality assurance of the provider's response, with input from the quality, commissioning and contracting managers. A director and the CCG's accountable officer will review the complaint and confirm whether the investigation undertaken and the actions identified are appropriate. If necessary the complaint will be returned to the provider for further investigation. If the CCG remains dissatisfied with the response, the CCG will respond directly to the complainant, explaining the outcome of the provider's investigation, setting out the CCG's views, and outlining the action that the CCG intends to take.

12.8 No complaint will be investigated without the provider of the service being involved and having the opportunity to respond.

13. Investigation of complaints about care homes, nursing homes and home care providers

13.1 The CCG commissions individual packages of care for people who are eligible for children's continuing care, continuing healthcare and NHS-funded nursing care. The CCG is responsible for the care-management of those individuals. Some packages of care are jointly commissioned with the local authority and sometimes care-management responsibility sits with the local authority.

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13.2 Complaints will be considered on a case by-case basis, but in the majority of cases where the CCG is responsible for care-management the CCG will handle the complaint rather than redirect it to the provider.

13.3 In some cases (as per the criteria at 12.3) it will be appropriate for the provider to investigate and respond to the CCG and for the CCG to review the provider's response. In other cases the CCG may directly investigate the complaint and an investigating officer from the continuing healthcare team will work with the provider to investigate the complaint.

13.4 The complaints manager will share information about complaints about care homes, nursing homes and home care providers with quality managers so that this intelligence can be used in quality monitoring.

14. Investigation of complaints relating to multiple providers

14.1 Where a complaint relates to two or more NHS or local authority bodies those bodies must co-operate to handling the complaint and ensure that the complainant receives a co-ordinated response to the complaint.

14.2 The CCG will cooperate fully with joint investigations in line with the local protocol for handling NHS/social services inter-agency complaints (see appendix 5)

14.3 Investigating officers will attend joint meetings with investigating officers at other organisations, including joint meetings with complainants.

15. Response

15.1 When the investigation is complete, the investigating officer will draft a response. The response will include:

- An explanation of how the complaint has been considered

- The conclusions reached in relation to the complaint. Where the complaint has been upheld or partially upheld, this will be explicitly stated and apologies will be given,
- A description of any learning from the complaint and any action taken.
- information about how the complainant can refer their complaint to the Parliamentary and Health Service Ombudsman, if they remain dissatisfied
- Where the investigation identifies maladministration, the response will include remedy in accordance with The Ombudsman's Principles for Remedy 2009.
- Information about how the complainant can give feedback on the handling of their complaint.

15.2 Where the complaint relates to a provider, the CCG's response may include a copy of the provider's response.

15.3 We will make every effort to respond within the timeframe agreed with the complainant. Where this is not possible, the investigating officer or the complaints manager will keep the complainant updated and try to negotiate a revised timeframe. Records of telephone conversations regarding the progress of the complaint will be kept on the complaint file.

15.4 The response will be provided in the format preferred by the complainant. Where a verbal response is preferred, a written response will be produced, usually in advance of the verbal response being given. The written response will be made available to the complainant if desired, or kept on file for audit purposes.

16. Quality assurance and approval

16.1 The complaints manager will quality assure the investigation, action plan, and response, ensuring that all aspects of the complaint are answered and that actions are identified to address any areas of the complaint that have been upheld. Depending on the subject matter and seriousness of the complaint, input will be sought from quality, commissioning and contracting managers.

16.2 The complaints manager will share the complaint, investigation, action plan and response with a director and the accountable officer for approval. If necessary the complaint will be returned to the investigating officer for further investigation.

16.3 Where the complaint relates to other NHS or local authority bodies, the complaints manager will ensure that appropriate approval is sought and received, in line with the interagency protocol for dealing with complaints (appendix 5).

16.4 Following approval, the complaints team will send the response to the complainant with a copy to the investigating officer and any other organisations involved in the complaint.

17. Complaints action plans

17.1 For every complaint that is investigated, investigating officers are asked to complete an action plan, or confirm that no action is required. Heads of service are responsible for ensuring that complaints action plans are completed and that the complaints team is kept updated. The complaints manager is responsible for tracking the completion of actions and escalating non-completion of actions to directors and the accountable officer.

17.2 Where an action plan is drawn up following a recommendation from the Ombudsman, the complaints manager is responsible for tracking the completion of actions and escalating non-completion of actions to directors and the accountable officer.

18. The Parliamentary and Health Service Ombudsman

18.1 If the complainant is dissatisfied with our response to their complaint, they can contact The Parliamentary and Health Service Ombudsman. We will cooperate fully with investigations conducted by the Ombudsman.

18.2 The complaints manager will ensure that the CCG complies with requests for information and that the accountable officer and relevant director are kept informed of Ombudsman investigations.

18.3 The accountable officer and the relevant directors and service leads will ensure that recommendations made by the Ombudsman are followed and used to improve services.

18.4 The complaints manager will track completion of actions associated with Ombudsman recommendations, and escalate non-completion of actions to the accountable officer.

18.5 The CCG will consider redress in line with the Ombudsman's principles.

19. Managing communication and persistent complaints

19.1 Raising complaints can be difficult and emotive. The complainant may already have experienced a poor level of service which has led them to make their complaint. If the complaints process itself then becomes frustrating or disappointing this may compound feelings of distress and/or anger.

19.2 We are mindful that an individual's health may impact how they are able to communicate and that the issues that can come up through the complaints process may be challenging to digest.

19.3 Good complaints handling involves listening and appreciating where the complainant is coming from, allowing them to express what is going on for them and giving them space to do so.

19.4 Where an individual becomes distressed during a conversation with the complaints team, the member of staff should invite a postponement of the discussion and if possible find out from the complainant how we can best support them when we return to the discussion.

19.5 The complainant should be given information on what external support services are available including advocacy.

19.6 It is important that staff work in a safe environment which includes being treated respectfully by members of the public. We do not tolerate physical or verbal abuse of staff.

19.7 If a staff member finds communication with a complainant difficult, they should let their line manger know so that support and guidance can be provided.

19.8 When respectful communication breaks down we aim to work with complainants to draw up a communication agreement, setting out how we can work together with responsibility on both sides for maintaining respectful communication. Where we cannot reach an agreement or this agreement is broken, we will invoke the Unreasonable or Persistent Complaints Policy (appendix 6).

19.9 If a patient is dissatisfied with our response to their complaint, we will try to resolve their outstanding concerns. If a complainant persists in contacting us about their complaint, and we have genuinely tried to resolve their concerns and no further avenues are available, a ‘respectful conclusion letter’ will be sent. This letter will remind the complainant of their right to contact the Ombudsman, and explain that we will not respond to further contact relating to the complaint.

19.10 If a fresh issue is presented, then the complainant will be supported in the usual way to make the complaint.

20. Records

20.1 Clear and accurate records will be maintained by the complaints team. Records of complaints are not kept on clinical records. Investigating officers will send records of communication with complainants about their complaint to the complaints team to add to the complaints file.

20.2 Confidentiality will be respected. Identifiable details will not be shared more widely than they need to be for the purposed of investigating and responding

to the complaint. Consent will be sought before sharing complaints records with third parties.

20.3 Complaints records will be held electronically and in accordance with data protection legislation. Complaints records will be retained for 10 years.

21. Monitoring and reporting

21.1 The complaints manager will provide quarterly and annual reports to Governance Committee, Quality Assurance Committee and Governing Body detailing:

- Performance against complaints handling targets of acknowledging complaints within two working days and responding within 25 working days
- Proportion of complaints upheld and partially upheld
- Themes and trends
- Actions taken as a result of complaints, and updates on any actions that have not been completed in the timeframe specified in the action plan.
- The number of complaints referred to the Ombudsman and the outcome of Ombudsman investigations

21.2 The complaints manager will prepare the quarterly returns for the Department of Health.

Appendix 2 Investigation and action plan template

Name **Ref** **Investigation completed by** **Date** **(name and job title)**

CCG investigation/response: **When investigating complaints you might find it helpful to consider the following questions:** - What should have happened? - What did happen? - If there is a difference between what should have happened and what did happen, what caused this? - What action has been taken so far to put things right? This can include an apology. - What are you going to do to put things right and/or prevent similar problems in the future? **Include information HOW you investigated the complaint, and what the OUTCOME of your investigation was.** - What evidence was considered in the investigation - Who you will spoke to (include records of conversations/interviews with staff) - Any advice/independent opinion received during the investigation
Can all the information that is relevant to the investigation be shared with the complainant? If not please specify and give reasons that the information cannot be shared. It is important to protect the confidentiality of staff and of third parties. If you are not sure contact the complaints team for advice.
Lessons learnt/actions taken Please complete if any changes have been/will be made. If no action has been /will be taken, please leave blank.

Description of action.	PRIORITY Urgent, High,	Name and job title of member of staff who is leading on this.	Has the action	If not, what is the target date for completion or

	Medium or Low?	Please assign ONE PERSON to be the lead.	already been completed?	review of progress?
			Yes/No	
			Yes/No	

Is the complaint upheld/partially upheld/not upheld?
Please advise whether you consider the complaint to be upheld, partially upheld or not upheld, using the following definition:

Upheld: The complainant's primary concerns were found to be correct.

Partially upheld: The complainant's primary concerns were not found to be correct, but our investigation identified some problems with the service provided.

Not upheld: The complainant's concerns were not found to be correct. Where a complaint is not upheld, we still seek to learn from the complaint, and consider what we could do differently to improve the complainant's experience.

Investigating Officer's view as to whether the complaint is upheld/partially upheld/not upheld (it is helpful to explain your reasoning)

Complaints Manager's decision as to whether the complaint is upheld/partially upheld/not upheld.

This action plan is subject to the approval of the relevant director and the accountable officer.
The complaints manager will seek director/accountable officer approval. The investigating officer does not need to seek approval.

FOR USE BY COMPLAINT TEAM
QUALITY ASSURANCE CHECKLIST

The Complaints Manager will quality assure the investigation against the following criteria.
If the investigation does not meet the quality assurance criteria it will sent back to the investigating officer for further work

	To be completed by complaints manager	
Quality assurance criteria	**YES/NO**	**Comments**

Apologies are offered where appropriate and empathy is demonstrated. Tone is appropriate (empathic, respectful, not defensive).		
Response explains • What should have happened • What did happen • What went wrong • What have we done to rectify it? • What changes are we making to prevent reoccurrence		
Response is in plain English and understandable to a lay person. (It is often helpful to include a short paragraph at the beginning that summarises the outcome, and then go on to provide more detail).		
No jargon, all abbreviations are explained		
No grammatical errors		
No typos		
All issues of the complaint are answered, with the appropriate emphasis (i.e. the response focusses on the parts of the complaint that are most important to the complainant, rather than focussing on minor or side issues.)		
Investigating officer has indicated whether there is any information that should not be shared with the complainant		
Investigating officer has indicated whether they feel that the complaint is upheld, partially upheld, not upheld		
Where failings have been identified, action has been indicated. The action plan is completed correctly. Actions are SMART.		

Appendix 3 Complaints resolution plan template

COMPLAINT RESOLUTION PLAN **Ref:**

Patient / Service user details: Name : Address: Telephone number: Email address: Date of Birth:	
Complainant's details (if different): Relationship to patient: Name : Address: Telephone number: Email address:	
Capacity/consent issue?	**Date consent received:**
Joint agency/Independent contractor?	
Date complaint initially received:	
Date resolution plan completed:	**By (member of complaints team):**
Summary of complaint issues	
Complaint's desired outcome	
Additional information – including special contact arrangements/non-availability etc.	
Additional support arrangements e.g. interpreter Contact details:	
Details on agreed investigation methods e.g: Formal investigation/written response Meetings with staff	
Preferred feedback method e.g. Telephone Letter By email (please note we can not guarantee the security of email) During meeting Through advocate etc Third party e.g. relative, MP , Lawyer Details for feedback e.g. telephone number if different from above	
Is it OK for the manager/clinician to call you if they have questions? Yes/No	
Agreed timescale/response date:	
Other notes	

Appendix 4 Risk grading of complaints

The purpose of complaints grading is to establish the potential future risk to people and the organisation. If the risk is "high" (even though the actual consequences of the complaint are minor) it is important that the contributory factors and root causes are established to prevent recurrences.

Complaints will be graded by the complaints manager who will determine:-

- the actual or apparent consequences of the complaint
- The "realistic worse case consequences" if a similar complaint happens again (based on current control measures)
- the likelihood of those "realistic worse case consequences" occurring

and using the risk matrix (shown below) identify the future risk potential - (high, moderate or low) and record on the DATIX Risk Management System.

Risk Management Scoring and Action System

Consequence Table: examples

Seriousness	Description
Low	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care. **OR** Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. **OR** Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

Likelihood Table – examples

Likelihood	Description
Rare	Isolated or ‘one off’ – slight vague connection to service provision.
Unlikely	Rare – unusual but may have happened before.
Possible	Happens from time to time – not frequent or regularly.
Likely	Will probably occur several times a year.
Almost certain	Recurring and frequent, predictable.

Risk Matrix

Seriousness		Likelihood of recurrence			
	Rare	Unlikely	Possible	Likely	Almost Certain
Low	Low				
		Moderate			
Medium					
			High		
High				Extreme	

Appendix 5 Local protocol for handling NHS/social services inter-agency complaints

Introduction

This protocol has been developed by representatives from the agencies detailed below.

1. Aim

To provide a framework for dealing with complaints involving more than one of the participating agencies, to result in a single reply.

2. Agencies

NHS Sheffield Clinical Commissioning Group
Sheffield Children's NHS Foundation Trust
Sheffield Health and Social Care NHS Foundation Trust
Sheffield Social Care Services
Sheffield Teaching Hospitals NHS Foundation Trust
Yorkshire Ambulance Service NHS Trust

3. Background

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 replaces previous regulations with a single process covering complaints about both Adult Social Care and Health Services from 1 April 2009, and emphasises the need for joint working/coordinated handling, to facilitate effective complaints handling, between health and social care organisations. This inter-agency protocol has therefore been further developed for handling complaints, which cross boundaries between the responsibilities of both health and social services, to meet the criteria outlined in the subsequent new directives.

4. Framework

4.1 Complaints will be acknowledged by the receiving agency within **three** working days – this may be either verbally or in writing and will:-

- Clarify the complaint
- Check the authorisation of the complainant;
- Seek the written consent of the service user/patient, or their representative to allow the receiving agency to send a copy of the complaint to other agencies involved. Confidential information should not be shared without such consent. If written consent is not possible, verbal consent should be recorded and a copy sent to the complainant;
- Offer a single reply, on behalf of all the agencies involved, from the agency against whom the bulk of the complaint has been made (lead agency).

4.2 Upon receipt of the service user / patient or their representative's consent, a copy of the complaint letter will be sent immediately, but in any event no later than within 48 hours, to the other agencies involved in the complaint.

4.3 The lead will be taken by agreement between the respective complaints managers but will usually be the agency against whom the bulk of the complaint is made. Irrespective of lead responsibility, however, each body retains its duty of care to the complainant and must handle its part of the complaint in accordance with its own regulated procedures.

4.4 If the complainant does **not** want the complaint forwarded to other involved agencies, the receiving agency will inform the complainant of a named person, address and telephone number for each part of the complaint should he/she wish to pursue.

4.5 If the complainant **does** want a coordinated response:

- The lead agency will obtain responses from all the organisations involved and prepare a final response to the complainant;
- The complaints managers for each agency will coordinate any requests for responses or information to the lead agency, ensuring that agreed deadlines are met;
- Each agency will deal with its part of the complaint in accordance with the Department of Health Statutory Instrument, No. 309, which places a "duty to cooperate" with other agencies covered by the new Regulations.
- The agencies should consider a joint meeting with the complainant, if this will facilitate a more effective outcome. Joint mediation may be considered, and all parties must be agreeable to this.
- The complainant must be kept informed of any delays. If difficulties arise with meeting the agreed timescales, the complainant should be consulted at the earliest opportunity and agreement sought in writing, or, if not possible, verbal agreement should be recorded, to any extension of the agreed timescales;
- The final reply must identify which issues relate to which agency, state the complainant's right to refer the matter to the relevant Ombudsman, should they wish to pursue the complaint further and be approved by the other agencies involved before being sent;
- The Chief Executive of the lead NHS agency, or the responsible manager of the local authority, must sign the response;
- If upon receiving the response, the complainant remains dissatisfied the lead agency will coordinate a further response. However, if the dissatisfaction relates to one agency that is not the lead agency, the lead agency will pass the matter on to that agency and advise the complainant accordingly.

5. Summary of responsibilities of the lead agency

The lead agency will:

- Identify the responsible agency for each aspect of the complaint;
- Agree timescales and method of communication with the complainant and other agencies. Agencies should seek to avoid any unnecessary delay. If difficulties arise with meeting the agreed timescale, the complainant should be consulted at the earliest opportunity, and further agreement sought, and recorded, regarding how to proceed;
- Keep the complainant updated on action being taken;
- Answer any queries during the process;

- Ensure a coordinated and comprehensive response is received by the complainant following investigation(s);
- Identify any learning points that arise from the complaint and how these might be shared between the complainant and the other agencies.
- Each agency will deal with its part of the complaint in accordance with *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009,* and has a “duty to co-operate” with the partner organisation, with the aim of providing a co-ordinated response and resolving the entire complaint.

6. Compliance

There is an expectation that the organisations/agencies highlighted in point 2 of this document will comply with the agreed protocol, and/or national directives.

7. Review of protocol

The respective complaints managers will review this protocol every twelve months.

8. Ratification of Inter Agency Complaints Protocol.

Each of the organisations/agencies in part 2 of this document will seek ratification of the protocol through their local arrangements as appropriate.

Appendix 6 Unreasonable or Persistent Complaints Policy

1. Complainants or persons requesting information (and / or anyone acting on their behalf) may be deemed to be unreasonably persistent where current or previous contact with them shows that they have met two or more (or are in serious breach of one) of the following criteria:

    - Persisting in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted. For example, where investigation is deemed to be 'out of time' or where the Ombudsman has declined a request for independent review and no legitimate lines of inquiry are open to the CCG or the complainant.

    - Changing the substance of a complaint or persistently raising new issues or unreasonably raising further concerns or questions upon receipt of a response. Care must be taken not to disregard new issues, which differ significantly from the original complaint / request - these may need to be addressed separately.

    - Focusing on a trivial matter to an extent which is out of proportion to its significance and continuing to focus on this point. It should be recognised that determining what is trivial can be subjective and careful and sensitive judgement must be used in applying this criterion.

    - Physical violence has been used or threatened towards staff or their families / associates at any time. This will, in itself, cause personal contact to be discontinued and will thereafter, only be pursued through written communication. All such incidents should be documented and reported using the Incident Reporting Procedure, and notified as appropriate to the police.

    - Had an excessive number of contacts with the CCG when pursuing their request or complaint, placing unreasonable demands on staff. Such contacts may be in person, by telephone or email.

    - Have harassed or been abusive/verbally aggressive on more than one occasion towards staff - directly or in-directly - or their families and / or associates. If the nature of the harassment or aggressive behaviour is sufficiently serious, this could, in itself, be sufficient reason for classifying the complainant as unreasonably persistent. As emphasised in the Feedback and Complaints Policy, staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this. All incidents of harassment or aggression must be documented in accordance with the Incident Reporting Procedure.

    - Are known to have electronically recorded meetings or conversations without the prior knowledge and consent of the other parties involved. We recognise that there are legitimate reasons why people may wish to record meetings and conversations and will seek to accommodate this or find a compromise that is agreeable to both parties where appropriate.

- Persisting with unreasonable demands (e.g. insisting on responses to complaints or enquiries being provided more urgently than is reasonable or recognised practice, presenting similar or substantially similar requests for information). A genuine attempt must be made to help the complainant or their representative understand how an action is prioritised and to assist them in appreciating that their complaint is not being ignored.

2. Careful judgement and discretion must be used in applying the criteria to identify potential unreasonably persistent complaints and requests for information and in deciding what action to take in specific cases.

3. This procedure should only be implemented following careful consideration by, and with authorisation of, the chair and accountable officer or nominated deputy and subsequently ratified by the Governing Body through the confidential agenda.

4. When complainants / persons requesting information have been identified as unreasonably persistent, in accordance with the above criteria, the chair and accountable officer (or their nominated deputy) will decide what action to take. The accountable officer will implement such action and notify the individual(s) promptly, and in writing, the reasons why they have been classified as unreasonably persistent and the action to be taken.

5. This notification must be copied promptly for the information of others already involved such as practitioners, conciliator, Member of Parliament, advocates etc. Records must be kept, for future reference, of the reasons why the decision has been made to classify as unreasonably persistent and the action taken.

6. Prior to formal classification, once it is clear that one of the criteria above has been breached, it may be appropriate to inform the individuals, in writing, that their complaint is at risk of being classified as unreasonably persistent. A copy of this procedure should be sent to them and they should be advised to take account of the criteria in any future dealings with the CCG and its staff. In some cases it may be appropriate, at this point, to copy this notification to others involved and suggest that complainants seek advice in taking their complaint further (e.g. via advocacy services).

7. The CCG should try to resolve matters before invoking this procedure, and / or the sanctions detailed within it, by drawing up a signed agreement with the complainant / persons requesting information (if appropriate, involving the relevant practitioner) setting out a code of behaviour for the parties involved, if the CCG is to continue dealing with the complaint. If this agreement is breached, consideration would then be given to implementing other actions as outlined below.

    - The CCG can decline further contact either in person, by telephone, email, or letter, or any combination of these, provided that one form of contact is maintained. Alternatively, a further contact could be restricted to liaison through a third party. A suggested statement has been prepared for use if staff are to withdraw from a telephone conversation. This is shown in the attached staff operational guidance, below.

    - Notify complainants / persons requesting information in writing that the chair or accountable officer has responded fully to the points raised and has tried to resolve the issues but there is nothing more to add and continuing contact on the matter will

serve no useful purpose. This notification should state that that correspondence is at an end and that further communications will be acknowledged but not answered.

- Inform complainants / persons requesting information that in extreme circumstances the CCG reserves the right to refer unreasonably persistent complaints to the organisation's solicitors/ the Information Commissioner and / or, if appropriate, the police.
- Temporarily suspend all contact, whilst seeking legal advice or guidance from the NHS Commissioning Board, Information Commissioner's office or other relevant agencies.

8. Once classified as unreasonably persistent, there needs to be a mechanism for withdrawing this status if, for example, a more reasonable approach is subsequently demonstrated or if they submit a further complaint/ request for information for which the normal complaints procedures or Freedom of Information Act procedures would be appropriate. Staff should have already used careful judgement and discretion in recommending or confirming unreasonably persistent status and similar judgement / discretion will be necessary when recommending that such status should be withdrawn. Where this appears to be the case, discussions will be held with the Chairman and Chief Executive (or their delegated deputies / representatives) and, subject to their approval, normal contact and procedures will be resumed. Regular monitoring of the application of this procedure will be reported to the confidential section of the Governing Body.

9. Staff operational guidance for handling unreasonably persistent complaints

9.1 The following form of words – or a very close approximation – should be used by any member of staff who intends to withdraw from a telephone conversation with a complainant. Grounds for doing so could be that the complainant has become unreasonably aggressive, abusive, insulting or threatening to the individual dealing with the call or in respect of other NHS personnel. It should not be used to avoid dealing with a complainant's legitimate questions / concerns which can sometimes be expressed extremely strongly. Careful judgement and discretion must be used in determining whether or not a complainant's approach has become unreasonable.

9.2 Staff are encouraged, as set out in the Policy, to work to foster mutual respect and cooperation and to follow the suggestions as to how to optimise communication opportunities with the complainant and to revert to this procedure as a very last resort.

9.3 Form of words:

9.4 "I am afraid that we have reached the point where your approach has become unreasonable and I have no alternative but to discontinue this conversation. Your complaint(s) will still be dealt with by the CCG in accordance with the NHS complaints procedure. I am now going to put the telephone down but wish to assure you that the situation will shortly be confirmed in writing to you."

9.5 Follow-up action:

9.6 The incident should immediately be reported to the complaints manager who will then liaise with the chief nurse and accountable officer and agreement reached on future means of communication with the complainant, together with any further action deemed necessary.

Quality & Equality Impact Assessment

Instructions

There are 4 domains relating to patient care: ***Safety, Effectiveness, Experience and Impacts and an Equality Impact Assessment in this tool.***

Begin the tool by completing this sheet and then complete Safety assessment first.
Please work through this tool to identify the impact of your proposed service changes against the status quo. Complete the four worksheets with either text or using the drop down boxes in highlighted in white. Calculations are then automated.
You will also need to complete the Equality Impact Assessment (EIA) to demonstrate compliance with the Equality Act 2010.
Results are displayed in the summary sheet.

(Use Ctrl - C and Ctrl - V to copy and paste.)

Menu

Assessments

Other views

On completion please send a copy to:

Goto Version and History using link below using link:
Version & Notes

Quality Equality Impact Assessment

Title:	Feedback and Complaints Ppolicy

Summary description of the change proposal:

The Complaints Policy has been replaced with a Feedback and Complaints Policy. Key changes to the policy are
• The policy includes a wider range of feedback routes in addition to formal complaints.
• Greater emphasis on ensuring the feedback routes are accessible, and that the protected characteristics of people giving feedback so that we know who we are hearing from
• Monitoring the experience/satisfaction of people who had used the complaints process
• Greater emphasis on learning from feedback
• Greater emphasis on using intelligence from feedback and complainants to inform commissioning and to monitor safety and quality
This QEIA has been conducted on the policy as a whole, not just on the changes that have been made.

Completed by:	Sarah Neil Patient Experience Lead
Date:	31.3.2021
Initial or Review	Initial

Review Group		**Outcome**	
Date:			
Max Review Date:			

Notes

Please enter the CCG total population (thousands)
600 ,000

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group