

Compliments and Complaints Policy and Procedure

February 2018

Version:	7
Date ratified:	8 March 2018
Policy Number	CL010/02/2021
Name of originator/author:	Complaints Manager
Name of Sponsor:	Chief Nurse
Name of responsible committee	Quality Assurance Committee
Date issued:	March 2018
Review date:	February 2021
Target audience:	All staff working within or on behalf of NHS Sheffield CCG

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

The current version of all policies can be accessed at the NHS Sheffield CCG Intranet site <http://www.intranet.sheffieldccg.nhs.uk/>

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**

1.	Details of Policy	
1.1	Policy Number:	CL010/02/2021
1.2	Title of Policy:	Compliments and Complaints Policy and Procedure
1.3	Sponsor	Chief Nurse
1.4	Author:	Complaints Manager
1.5	Lead Committee	Quality Assurance Committee
1.5	Reason for policy:	The policy outlines the way in which the CCG handles 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 Practices etc issued?	Yes
1.8	Has an Equality Impact Assessment been carried out?	Underway
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.	N/A
3.3	If NO explain why.	Policy uses existing management structures.
4.	Consultation Process	
4.1	Was there external/internal consultation?	Yes – internal
4.2	List groups/persons involved	Chief Nurse Equality and Diversity Officers
4.3	Have external/internal comments been included?	External consultation comments in progress
4.4	If external/internal comments have not been included, state why.	Waiting to receive comments.
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. Investigating officers to receive training from Complaints Manager as needed.
5.3	What is the cost of implementation and how will this be funded	No cost
6.	Monitoring	
6.2	How will this be monitored	Complainant satisfaction survey
6.3	Frequency of Monitoring	Annual

Contents

Complaints Policy	
1. Introduction	4
2. Purpose	4
3. Policy statement	4
3.1 Complaints handled by the CCG	4
3.2 Expectations of providers	5
4. Scope	5
5. Legislation & Guidance	5
6. Governance and responsibilities	6
6.1 Complaints handled by the CCG	6
6.2 Management of providers	7
7. Training	8
8. Publicity	8
9. Review	8
Appendix 1 Procedure for handling compliments and complaints made to the CCG	
1. Compliments	9
2. What is a complaint?	9
3. How can a complaint be made?	9
4. What should staff do when they receive a complaint?	9
4.1 Oral complaints:	9
4.2 Written complaints:	10
5. What complaints does the CCG handle?	10
6. Who can make a complaint?	10
7. Complaints made by a representative	11
8. Complaints outside the scope of this procedure	12
9. Time limits	13
10. Acknowledgement, discussion of complaint and consent	13
11. Risk grading of complaints	14
12. Investigation of complaints relating to the conduct of CCG staff and services that the CCG provides	14
13. Investigation of complaints relating to services commissioned by the CCG and provided by another organisation	15
14. Investigation of complaints relating to multiple providers	16
15. Response	16
16. Monitoring actions and lesson learned	17
17. The Parliamentary and Health Service Ombudsman	17
18. Unreasonably persistent complainants	18
19. Reporting and monitoring	18
Appendix 2 Investigation and action plan template	19
Appendix 3 Complaints resolution plan template	21
Appendix 4 Risk grading of complaints	23
Appendix 5 Listening, responding, improving: a guide to better customer care. Advice sheet 1: Investigating complaints, Department of Health, 2009	25
Appendix 6 Local protocol for handling NHS/social services inter-agency complaints	33
Appendix 7 Unreasonably persistent complainants	36

1. Introduction

1.1 The CCG is committed to providing the public, patients and carers with the opportunity to provide feedback, including compliments, comments, concerns and complaints, about any services it provides or commissions. Patient experience feedback is essential to service improvement and the CCG will take a proactive approach to asking for people's views, dealing with complaints effectively and efficiently and using the information received to improve the quality of services that we commission. No one will be treated detrimentally as a result of raising concerns or making a complaint.

2. Purpose

2.1 This policy outlines the approach that the CCG takes to compliments and complaints handling, the value that the CCG attaches to investigating and responding to complaints in a transparent, open and constructive manner and our commitment to learning from complaints and making improvements.

2.2 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.

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

3. Policy statement

3.1 Complaints handled by the CCG

3.1.1 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

3.1.2 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. The CCG will handle complaints in accordance with the following values:

- a commitment to ensure that all complaints and concerns are accepted and treated in a non-judgemental way, ensuring that complainants are confident that complaints are taken seriously and that this will not compromise future relationships between the complainant and the CCG.
- a commitment to ensure that complaints are handled as quickly as possible, with sensitivity, maintaining confidentiality and ensuring fairness to both the complainant and staff.

- a commitment to ensure that staff and the complainant are kept informed of progress and developments throughout any complaint investigation.
- a recognition of the importance of complaints and other patient feedback in the planning and development of services.
- a commitments to learning from complaints, resulting in service improvements.

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

3.2 Expectations of providers

3.2.1 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 that is issued, including that listed in section 5, below.
- 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

4. Scope

4.1 This policy and procedure applies to those members of staff that are directly employed by NHS Sheffield CCG and for whom the CCG has legal responsibility. The policy also sets out the CCG's expectations of providers who have a contractual arrangement with the CCG.

5. Legislation & Guidance

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

- Local Authority Social Services & National Health Service Complaints (England) Regulations 2009
- The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman, 2008)
- Listening, Improving, Responding – a Guide to Better Patient Care (Department of Health, 2009)
- The NHS Constitution
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Robert Francis QC, February 2013)
- A Review of the NHS Hospitals Complaints System, Putting Patients Back in the Picture (Right Honourable Ann Clwyd MP and Professor Tricia Hart, October 2013)
- Hard Truths (Department of Health, January 2014)
- My expectations for raising concerns and complaints (Parliamentary and Health Service Ombudsman, November 2014)

- The CQC's Key Lines of Enquiry regarding complaints handling.
- Good Practice Standards for NHS Complaints Handling (Patients Association September 2013)

5.2 The CCG expects providers to comply with the above regulations and to consider and where possible adopt the recommendations in the guidance relevant to them.

6. Governance and responsibilities

6.1 Complaints handled by the CCG

	Responsibilities
Governing body	<ul style="list-style-type: none"> • Gaining assurance that complaints are handled effectively and appropriate actions are taken as a result of complaints. • Receiving quarterly reports on complaints received and complaints handling
Accountable officer	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 • The chief nurse also has responsibility for overseeing the provision of the complaints service, and monitoring the progress of high risk and multiagency complaints
Clinical directors	<ul style="list-style-type: none"> • Providing clinical input into complaints investigations.
Investigating officers	<ul style="list-style-type: none"> • 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	<p>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:</p> <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • 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
All staff	<ul style="list-style-type: none"> • Forwarding all complaints and compliments to the complaints manager 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

6.2 Management of providers

- 6.2.1 Through its assurance and governance processes the Governing Body is responsible for ensuring that providers have appropriate complaints handling practices.
- 6.2.2 Provider's performance in relation to complaints handling will be managed primarily through existing contract monitoring arrangements.
- 6.2.3 Quality managers negotiate appropriate contractual quality indicators for complaints handling and will monitor compliance against these indicators.
- 6.2.4 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.
- 6.2.5 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.
- 6.2.6 The CCG may receive and use information from other agencies and organisations, such as Healthwatch, where this is relevant to the performance management of the provider in relation to complaints handling. The chief nurse meets with Healthwatch on a frequent basis.
- 6.2.7 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.
- 6.2.8 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.

7. Training

- 7.1 All CCG staff will be offered relevant training commensurate with their duties and responsibilities. New starters will be provided with training on complaints handling as part of the induction programme. 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.

8. Publicity

8.1 The effective implementation of this policy and procedure will support openness and transparency in decision making. The CCG will:

- ensure all staff and stakeholders have access to a copy of this policy and procedure via the CCG's website
- communicate to staff any relevant action to be taken in respect of complaints issues
- raise and sustain awareness of the importance of effective complaints management

8.2 The CCG will ensure that accessible information explaining how to provide feedback to the CCG, including raising complaints, is available on the CCG's website and through other publicity materials.

8.3 It is important to remember that complainants may be unable to read or write, may not have English as their first language or may suffer from disabilities which make formal written complaints difficult to make. The CCG has access to interpretation/translation services and other services for those unable to put their complaint into writing. The complaints manager will help complainants to make oral complaints, either by phone or in person, and will provide information about advocacy services that can assist complainants.

9. Review

9.1 The policy and procedure will be reviewed every three years, and in accordance with the following as required:

- Legislatives changes
- Good practice guidelines
- Case law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

Appendix 1 Procedure for handling compliments and complaints made to the CCG

1. Compliments

- 1.1 As well as receiving complaints, the CCG also receives compliments which highlight areas of good practice and acknowledge the hard work of staff.
- 1.2 Staff who receive compliments should report these to the complaints manager. They will then be formally recorded and acknowledged. The complaints manager will ensure that staff and their line manager are made aware of any compliments received about them.
- 1.3 Whilst there is no statutory duty to record compliments, the CCG values the positive feedback it receives about staff and services. Consequently, compliments are reported to the Governing Body.

2. What is a complaint?

- 2.1 A complaint is an oral or written expression of dissatisfaction that requires a response.
- 2.2 Not all issues raised are formal complaints and 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. This should be the normal practice and staff will be empowered to resolve these quickly (on the spot or within 1 working day) without the need for them to go through a more formal complaints process.

3. How can a complaint be made?

- 3.1 A complaint can be made orally (by telephone or in person) 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.

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

The following applies to CCG staff.

- 4.1 Oral complaints:
 - 4.1.1 Many concerns can be resolved quickly without needing to instigate the formal complaints procedure and staff should try to answer queries and resolve problems as they arise. If an oral 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. However, consideration should be given to the seriousness of the concerns raised and whether further action or investigation is required. There are circumstances in which the complainant is satisfied by the response but the CCG will wish to investigate further and/or take further action. If the complaint relates 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 complaint 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.

4.1.2 For oral 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.

4.2 Written complaints:

4.2.1 Written complaints should be forwarded to the complaints manager on the day of receipt. To ensure that complaints are dealt with quickly complaints should be forwarded by nhs.net email or by hand.

4.2.2 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 and it is not always necessary or effective to refer these into the formal complaints procedure. However, staff should ensure that patients and their representatives are aware of their right to make a formal complaint if they are dissatisfied.

4.2.3 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.

5. What complaints does the CCG handle?

The CCG handles complaints about:

- the conduct of NHS Sheffield CCG staff
- services that NHS Sheffield CCG provides
- services provided by a CSU on behalf of NHS Sheffield CCG
- services commissioned by NHS Sheffield CCG

6. Who can make a complaint?

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

6.2 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
- Has died

7. Complaints made by a representative

- 7.1 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.
- 7.2 The CCG values the role played by carers, family members and friends in supporting patients and recognises 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.
- 7.3 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. The CCG recognises the importance of receiving feedback about the experiences of people who are unable to raise concerns themselves and is committed to ensuring that complaints from representatives are investigated and responded to in a transparent manner.
- 7.4 In some cases it is not possible for the person to give their consent, for example due to a lack of capacity within the meaning of the Mental Capacity Act (2005). Where the patient has died or is not able to give consent the CCG will consider whether the complainant is a suitable person to represent the patient. If the CCG believes that the complainant is not a suitable representative or is not acting in the patient's best interests the CCG will not respond to the complaint and will write to the representative explaining the reasons for this decision.
- 7.5 The CCG is 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 to information being shared, 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.
- 7.6 Children can make complaints themselves and the CCG will ensure that their concerns are listened to and responded to appropriately.
- 7.7 When a complaint is made on behalf of a child the CCG 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.
- 7.8 The CCG 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.

8. Complaints outside the scope of this procedure

8.1 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.

8.2 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.

8.3 A complaint arising out of the CCG's alleged failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000.

8.4 Complaints arising as a result of the offer of care made by the CCG CHC resource panel. These will fall within scope of the CHC Appeals Procedure.

8.5 Disciplinary proceedings.

The complaints procedure is separate from staff disciplinary procedures. It is understood that an investigation into a complaint may identify matters that should appropriately be dealt with through disciplinary procedures. These issues will be investigated and 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. The CCG will seek to provide an open and honest response that acknowledges and apologises for shortcomings and reassures the complainant that we have robust procedures for dealing with disciplinary matters, although the details of this are usually confidential.

8.6 Complaints that are solely about a Local Authority or about an NHS service that the CCG does not commission. When the CCG receives a complaint about a service that it 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.

8.7 Appeals of decisions regarding an individual's eligibility for NHS Continuing Healthcare and NHS-funded Nursing Care.

These are dealt with through the Continuing Healthcare and Funded Nursing Care Appeal Procedure. Under this appeal procedure appellants have the right to ask NHS England for an independent review panel (IRP). IRPs will consider the primary health need decision and the procedure followed by the CCG in reaching this decision. These issues are therefore not considered under the complaints procedure.

8.8 Some concerns about continuing healthcare and NHS-funded nursing care are not addressed through the appeal procedure and the CCG will try to resolve these through the complaints procedure. Examples of issues that can be dealt with through the complaints procedure are 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.

8.9 It is important to note that a patient's eligibility for continuing healthcare cannot be decided through the complaints procedure. Therefore, if the aim of the person raising the

concern is to challenge the eligibility decision, it would be more effective and appropriate to lodge an appeal than to lodge a complaint.

8.10 Appeals of Individual Funding Request (IFR) decisions. Concerns that there has been a failure to follow due process or to interpret the CCG's IFR Standard Operating Procedures correctly will be considered by the IFR appeals panel. Other concerns about the IFR process and concerns about the commissioning policies that the IFR Panel adheres to will be dealt with through the complaints procedure. IFR decisions cannot be made or overturned through the complaints procedure.

8.11 There are also circumstances where further discussions will take place before determining whether or not to investigate a complaint and these include complaints that relate to criminal matters and cases where legal action is being taken. Where there are allegations relating to assault or other serious criminal matters the accountable officer must be informed immediately for a decision to be taken on whether to refer the matter to the police.

9. Time limits

9.1 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.

9.2 If more than 12 months have elapsed, the CCG will respond to the complaint if it is still possible to investigate the complaint effectively and fairly, 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.

10. Acknowledgement, discussion of complaint and consent

10.1 The complaints manager will acknowledge complaints (verbally or in writing) within three working days of receipt and will offer the complainant the opportunity to discuss their concerns, the manner in which their complaint will be handled, the timescale for responding to their complaint, and what they hope and expect to achieve from the complaint.

10.2 Depending on the nature of the complaint and the wishes of the complainant 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.

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

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

- 10.5 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.
- 10.6 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.

11. Risk grading of complaints

- 11.1 The complaints manager will risk grade complaints (appendix 4) within 2 working days of receipt. The complaints manager will provide the chief nurse 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.

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

- 12.1 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).
- 12.2 Any member of staff named or implicated in a complaint should be informed of the complaint and supported through the complaints procedure by their line manager. The complaints manager will provide information and support upon request. Where appropriate, staff will also be signposted to other forms of support such as occupational health and professional colleges or indemnity organisations.
- 12.3 The investigating officer will complete an investigation and action plan (appendix 2). For guidance on investigating complaints see appendix 5 (Advice sheet 1: Investigating complaints, Department of Health, 2009). Where the complainant is willing, the investigating officer is encouraged to contact the complainant to discuss their complaint.
- 12.4 The complaints manager will quality assurance the investigation and action plan, ensuring that all aspects of the complaint are answered and that where possible actions have been identified to address any shortcomings. Depending on the subject matter and seriousness of the complaint, input will be sought from 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 investigating officer for further investigation.

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

- 13.1 Upon receipt of the complaint the CCG will decide whether it is appropriate for the provider to handle the complaint directly or whether the CCG should handle the complaint.
- 13.2 This decision is made by the complaints manager in consultation with the relevant director, quality, contracting and commissioning manager, as appropriate.
- 13.3 Factors that are taken into account include 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, the extent to which feedback from the complaint might inform commissioning decisions.
- 13.4 The CCG considers it appropriate that, except in very exceptional circumstances, 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 and robust processes in place for monitoring the Trusts' compliance with complaints regulations.
- 13.5 Where the CCG considers it 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. In the event that the complaint includes potential safeguarding concerns or a potential serious incident, that CCG will seek a copy of the provider's response for review by the quality managers.
- 13.6 Where the CCG decides to handle the complaint, or where the complainant refuses 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.
- 13.7 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.
- 13.8 No complaint will be investigated without the provider of the service being involved and having the opportunity to respond.

14. Investigation of complaints relating to multiple providers

- 14.1 Where a complaint relates to two or more NHS or LA bodies those bodies must cooperate 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 6)

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

15. Response

15.1 Every effort will be made to respond within the timeframe agreed with the complainant. Where this is not possible, the complaints manager will keep the complainant informed of the reason for the delay and try to negotiate a revised timeframe for responding that the complainant agrees to.

15.2 According to the preference of the complainant, the response can be in writing or provided verbally over the phone or in a meeting. 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. For cases in which a verbal response is provided via a meeting, the complaints manager will facilitate the meeting and keep associated records.

15.3 The complaints manager will draft a response based on the information provided in the investigation and action plan. The response will faithfully represent the information provided by the investigating officer.

15.4 The response will include:

- an explanation of how the complaint has been considered
- the conclusions reached in relation to the complaint
- confirmation as to whether the CCG is satisfied that appropriate action has been taken as a result of the complaint
- information about how the complainant can refer their complaint to the Parliamentary and Health Service Ombudsman, if they remain dissatisfied

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

15.6 Where the investigation identifies maladministration, the response will include remedy in accordance with The Ombudsman's Principles for Remedy, 2009. (http://www.ombudsman.org.uk/__data/assets/pdf_file/0009/1035/0188-Principles-for-Remedy-bookletweb.pdf)

15.7 The complaints manager will provide the relevant director with the complaints file (which includes the complaint, complaint resolution plan, investigation and action plan and the draft response) for approval. The complaints manager will facilitate any further investigation required by the director.

15.8 The complaints manager will provide the accountable officer with complaints file for approval. The complaints manager will facilitate any further investigation as required by the accountable officer.

15.9 Where there complaints relates to other NHS or LA bodies, the complaints manager will ensure that appropriate approval is sought and received, in line with the interagency protocol for dealing with complaints (appendix 6).

15.10 When the response is approved, the complaints manager will send a copy to the complainant, the investigating officer and any other organisations involved in the complaint.

16. Monitoring actions and lesson learned

16.1 Staff who have actions assigned to them as a result of a complaint should advise the complaints manager when actions are completed or, if actions are not completed within the timeframe specified, an update on progress and the reason for the delay.

16.2 The complaints manager will maintain records and track the completion of action plans.

16.3 Where actions are not completed within the specified timeframe, the complaints manager will escalate to the relevant director and the chief nurse who are responsible for ensuring that the action plans are completed.

16.4 Non-completion of actions will be reported on quarterly basis to the accountable officer and to Governing Body.

17. The Parliamentary and Health Service Ombudsman

17.1 If the complainant is dissatisfied with the CCG's response to the complaint, they can contact The Parliamentary and Health Service Ombudsman. The Ombudsman will normally only consider a complaint after the NHS organisation complained about has first tried to resolve the issues and has responded to the complainant. The Ombudsman may investigate a complaint if:

- the complainant is not satisfied with the outcome of the investigation/does not feel their concerns have been resolved
- the complaint has not been investigated on the grounds that it was not made within the required time limit

17.2 The CCG will cooperate fully with any investigations conducted by the Parliamentary and Health Service Ombudsman.

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

17.4 The accountable officer and the relevant directors and service leads will ensure that recommendations made by the Ombudsman are followed and used as a learning tool for future complaints handling.

17.5 The complaints manager will ensure that completion of actions associated with Ombudsman recommendations are tracked, and that non-completion of actions is escalated to the accountable officer.

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

18. Unreasonably persistent complainants

- 18.1 Unreasonably persistent complainants and the difficulty in handling such complainants places a strain on time and resources and causes unacceptable stress for staff who may need support in difficult situations. NHS staff are trained to respond with patience and understanding to the needs of all complainants, but there are times when there is nothing further that can reasonably be done to assist them or to rectify a real or perceived problem.
- 18.2 The unreasonably persistent complainants procedure (appendix 7) may be used as a last resort and after all reasonable measures have been taken to resolve the complainant's concerns.

19. Reporting and monitoring

- 19.1 The complaints manager will maintain accurate records of complaints and will provide quarterly and annual reports to 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
- 19.2 The complaints manager will prepare the annual return for the Department of Health.

**Appendix 2
Investigation and action plan template**

Name

Ref

**Investigation completed by
(name and job title)**

Date

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.

CCG investigation/response:

Please draft a response on behalf of Maddy. The response should read as if it is from the CCG's Accountable Officer, Maddy Ruff – talk to the complaints manager if you have any queries.

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?

Other information that is relevant to the investigation but is not included in the response.

This might include information that is too detailed or technical to include in the response, or information that should not be shared for reasons of confidentiality (including staff confidentiality).

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, Medium or Low?	Name and job title of member of staff who is leading on this. Please assign ONE PERSON to be the lead.	Has the action already been completed?	If not, what is the target date for completion or 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. 20

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

Quality assurance criteria	To be completed by complaints manager	
	YES/NO	Comments
Apologies are offered where appropriate and empathy is demonstrated. Tone is appropriate (empathic, respectful, not defensive).		
Response explains <ul style="list-style-type: none"> • 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

Listening, responding, improving: a guide to better customer care.

Advice sheet 1: Investigating complaints, Department of Health, 2009

http://webarchive.nationalarchives.gov.uk/20130104224436/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095445.pdf

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095445.pdf

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095445.pdf

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095445.pdf

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095445.pdf

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095445.pdf

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095445.pdf

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095445.pdf

Appendix 6

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 co-operate” 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 7

Unreasonably persistent complainants

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
 - Changing the substance of a complaint or persistently raising new issues or seeking to prolong contact by unreasonably raising further concerns or questions upon receipt of a response whilst the complaint / request is being dealt with. Care must be taken not to disregard new issues, which differ significantly from the original complaint / request - these may need to be addressed separately.
 - Unwillingness to accept documented evidence of treatment given as being factual (e.g. drug records, GP records, nursing records) or denying receipt of an adequate response despite correspondence specifically answering questions / concerns raised. This could also extend to include those persons who do not accept that the facts can sometimes be difficult to verify after a long period of time has elapsed.
 - 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 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
 - Have harassed or been abusive or 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. 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. It may be necessary to explain to a complainant at the outset of any investigation into their complaint(s) that such behaviour is unacceptable and can, in some circumstances, be illegal.
 - Displaying unreasonable demands or expectations and failing to accept that these may be unreasonable once a clear explanation is provided to them as to what constitutes an unreasonable demand (i.e. 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).

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 (or deputy / representative) 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 they are 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, fax, letter or electronically, 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 Chief Officer (or delegated deputies / representatives) 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 complainants
 - 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 Form of words:

"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."
 - 9.3 Follow-up action:

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

Equality Impact Assessment

Title of policy or service:	Compliments and Complaints Policy and Procedure	
Name and role of officer/s completing the assessment:	Elizabeth Waterfall Complaints Manager	
Date of assessment:	April 2018	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline

Give a brief summary of your policy or service

- Aims
- Objectives
- Links to other policies, including partners, national or regional

This policy outlines the approach that the CCG takes to compliments and complaints handling, the value that the CCG attaches to investigating and responding to complaints in a transparent, open and constructive manner and our commitment to learning from complaints and making improvements.

It 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.

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

Links to NHS Complaints Procedure

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

(Please complete each area)	What key impact have you identified?			For impact identified (either positive and or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Redirecting concerns regarding offer of care into appeals process	will offer a more streamlined process
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Redirecting concerns regarding offer of care into appeals process Alternative formats may be required	will offer a more streamlined process
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative formats may be required nb information on CCG website has translation function	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

IMPORTANT NOTE: If any of the above results in '**negative**' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
People may require information in alternative language formats	Committed to providing alternative formats were requested by individuals eg language or communication based on sensory impairment. Work with Deaf Advice Team to raise awareness of routes to complaints process	Noting number of requests	ongoing	Elizabeth Waterfall

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:		Date of next Review:	

Once completed, this form **must** be emailed to the Engagement Team for review at sheccg.engagementactivity@nhs.net