

Concerns, Complaints, Comments and Compliments Policy

December 2018

Authorship:	Head of Quality and Nursing
Committee Approved:	Governing Body
Approved date:	6 December 2018
Review Date:	December 2020
Equality Impact Assessment:	Completed
Sustainability Impact Assessment:	Completed
Target Audience:	Council of Members, Governing Body and its Committees and Sub-Committees, CCG Staff, agency and temporary staff & third parties under contract
Policy Number:	008
Version Number:	2.0

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1.0	CSU	New Policy	-	-
2.0	Head of Quality and Nursing	Refresh of Policy	QCGC for Comment on 12 November 2018	N/A
2.0	Head of Quality and Nursing	Refresh of Policy	Governing Body for Approval on 6 December 2018	March 2019

Contents

		Page
1	Introduction	4
2	Policy Statement	5
3	Impact Analysis	6
4	Scope	6
5	Roles / Responsibilities / Duties	6
6	Complaints That Cannot Be Dealt With Under This Policy	7
7	Definition Of A Complaint Or Concern	8
8	Who Can Make A Complaint?	8
9	Carer's Rights	9
10	Safeguarding - Concerns Relating To Potential Abuse	9
11	Timescales For Providing Feedback Or Making A Complaint	9
12	Confidentiality	9
13	Consent	10
14	How To Make A Complaint	10
15	Investigation And Organisational Response	11
16	Referrals To The Parliamentary And Health Service Ombudsman	13
17	Persistent And Unreasonable Complainants.	13
18	Record Retention	13
19	Policy Implementation	14
20	Training & Awareness	14
21	Monitoring, Reporting & Audit	14
22	Policy Review	15
23	Associated Documents	15
24	References	16
	Appendix A: Key Contact Details	17
	Appendix B: Consent Forms	19
	Appendix C: Process For Complaint Investigation And Response	23
	Appendix D: Guidance For Dealing With Persistent And Unreasonable Complainants	24
	Appendix E: Equality Impact Assessment	27

1. INTRODUCTION

Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) is committed to working in partnership with patients, the public and other key stakeholders for the improvement of health across the local community.

The purpose of this document is to provide staff with a framework for the HaRD CCG complaints policy in meeting the requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The policy describes how HaRD CCG manages, responds to and learns from complaints made about its services and the way in which they are commissioned.

The policy includes the fundamental requirements of good complaints and concerns handling used by the CCG to deliver arrangements in an easily accessible, equitable, sensitive and open manner. It also takes account of the principles laid out in Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16. Reference is also made to the Department of Health Guidance in complaints handling 'Listening, Responding, Improving' the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling 2009' and the NHS Constitution (updated 2015).

HaRD CCG is committed to high quality care for all as a core principal of our vision and purpose. This includes the provision for any user of the organisation, their family, carers, or members of the public, with the opportunity to seek advice, raise concerns or make a complaint, about any of the services it commissions, or policies and procedures it has developed and implemented.

HaRD CCG recognises that staff work very hard to get it right first time. However, there may be occasions when people will be dissatisfied with the service received, or decisions made, and wish to make a complaint or raise a concern.

The CCG will endeavour to respond as quickly and effectively as possible to resolve complaints and respond to enquiries, and to use the information to improve the quality of its commissioned services.

The complaints system incorporates the Parliamentary and Health Service Ombudsman Principles of Good Complaints Handling (2009):

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

The policy is informed by the NHS Constitution that includes a number of recommendations relating to patient rights. Patients have the right to:

- Have their complaint acknowledged and properly investigated.
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response will be sent.
- Be kept informed of the progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken.
- Take a complaint to the independent Parliamentary and Health Service Ombudsman if not satisfied with the way the NHS has dealt with the complaint.

- Make a claim for judicial review if the patient thinks that they have been directly affected by an unlawful act or decision of an NHS body; and receive compensation if the patient has been harmed by medical negligence via the claims process.

The policy is also informed by:

- Principles of openness, transparency and candour throughout the system.
- Patients raising concerns about their care are entitled to have the matter dealt with as a complaint, unless they do not wish it.
- Prompt and thorough processing.
- Sensitive and accurate communication.
- Effective and implemented learning.
- Comments or complaints amounting to an adverse or serious incident (SI) triggering an investigation.
- The importance of narrative as well as numbers contained within the data.

2. POLICY STATEMENT

The CCG will treat complaints seriously and ensure that complaints, concerns and issues raised by patients, relatives and carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner.

The outcome of any investigation, along with any resulting actions will be explained to the complainant by the investigating organisation.

The main aims of the policy are:

- To provide easily accessible clear and easy to understand procedures for managing complaints.
- To provide a consistent approach to the management and investigation of complaints.
- To ensure the CCG responds sympathetically to complaints and concerns in appropriate timeframes.
- To ensure the CCG provides opportunities for people to offer feedback on the quality of service provided.
- To ensure the CCG provides staff and complainants with support and guidance throughout the complaints process.
- To identify the causes of complaints and to take action to prevent recurrences.
- To use and embed a 'lessons learnt' philosophy within the CCG as a driver for change and improvement.
- To ensure that the care of complainants is not adversely affected as a result of making a complaint.
- To assist in promoting an open, honest and transparent organisational culture.
- To ensure that the CCG meets its legal obligations in relation to handling managing complaints.

Being Open with Patients and Relatives

The CCG is committed to improving communication with patients and carers. When things go wrong, it is essential that the relevant parties are kept fully informed and feel supported. The being open process underpins the local resolution stage of the complaints process.

We are committed to openness and transparency, which was mandated in the 'Duty of Candour' recommended by the Government after the Mid Staffordshire NHS Foundation Trust Public Inquiry

and now established within the revised Health and Social Care Act (Revised 2014) and CQC Regulation 20.

Being open involves:

- Apologising and explaining what happened to patients and or their carers.
- Conducting a thorough investigation into the complaint and reassuring patients and/or their carers that lessons will be learned to prevent reoccurrence.
- Providing support for the patient, relative or carer to cope with the physical and psychological consequences of what happened and ensures communication is open, honest, and occurs as soon as possible after a complaint is received.

The CCG will also ensure that the actions taken as a result of complaints are published annually in our annual report.

This policy will be placed on the CCG internet for easy access by the public and will be shared with staff.

3. IMPACT ANALYSIS

Equality

In developing this policy an equality impact assessment has been undertaken. The policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

Every complainant is dealt with as an individual and spoken with to agree their preferred outcome and how we will maintain contact. Adjustments are made on an individual basis.

We seek the views of complainants at the end of the process for their input on whether the complaints process was followed to their satisfaction.

4. SCOPE

This policy applies to the handling of complaints or concerns relating to any service directly commissioned by Harrogate and Rural District Clinical Commissioning Group.

For complaints about services other than those commissioned by Harrogate and Rural District Clinical Commissioning Group, please refer to the complaints service of the relevant Commissioning Group or provider concerned. Contact details for these organisations are in Appendix A.

Complaints can be made by any person who is affected by, is likely to be affected by or is aware of, either through direct experience or observation, an action, omission or decision of the CCG. All staff have a responsibility to ensure that they are aware of the contents of this policy and have undertaken training as appropriate.

5. ROLES / RESPONSIBILITIES / DUTIES

Accountable Officer Responsibilities:

The Accountable Officer has overall responsibility for ensuring that HaRD CCG Policy meets the statutory requirements as set out in the regulations. Within HaRD CCG this responsibility has been delegated to the Executive Nurse / Director of Quality and Governance.

Directors / Managers / Governing Body GPs and Clinical Leads

HaRD CCG Directors, managers Governing Body GPs and Clinical Leads are responsible for investigating formal complaints about their services/areas of work in line with the policy.

Investigating Managers

Investigating managers will also be responsible for ensuring that staff actively engage in the complaints process and support investigations when required. Line managers are required to support their staff during the complaints process.

Caldicott Guardian

The Caldicott Guardian has responsibility for the safeguarding of confidential patient information within the CCG.

All Staff

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

Staff should actively encourage all individuals to feed back their experiences, including raising concerns and complaints where appropriate. This is to support the continuous improvement to services and to inform HaRD CCG's commissioning intentions. All staff are responsible for being aware of their obligations.

The Patient Relations Team

The Patient Relations team are responsible for ensuring HaRD CCG has a robust system and process in place to receive feedback from services users and ensure effective complaints management which is in line with national legislation. The team will support the investigation process and liaise with investigators and other staff members to provide appropriate advice around complaints and concerns when required.

The Patient Relations Team:

- Are responsible for ensuring that the Complaints Policy and associated procedures are followed, and that complaints are actioned in line with this document.
- Ensures that the policy and procedures are regularly reviewed and updated.
- Ensures information from concerns, queries and complaints is available to HaRD CCG staff to ensure it is reported into appropriate clinical quality and risk committees and forums to enable organisational review and learning
- Supports the CCG through analysis of patient queries received by the CCG to assist organisational learning and to inform local service commissioning.

Delegating authority to investigate complaints

The CCG may delegate complaint investigation to an Investigating Officers within services hosted by another CCG on our behalf. For example HaRD CCG may request the Continuing Healthcare (CHC) Team which is hosted by Scarborough and Ryedale CCG to investigate complaints regarding CHC provision for HaRD patients.

6. COMPLAINTS THAT CANNOT BE DEALT WITH UNDER THIS POLICY

The following complaints will not be dealt with under the NHS Complaints Regulations 2009:

- A complaint made by one NHS organisation about another NHS organisation.
- A complaint made by an employee about any matter relating to their employment.

- A complaint, the subject matter of which has previously been investigated under these or previous Regulations.
- A complaint made by a primary care provider which relates to the exercise of its functions by an NHS body or to the contract or arrangements under which it provides primary care services.
- A complaint made by an independent provider, NHS Trust or an NHS Foundation Trust about any matter relating to arrangements made by an NHS body with that independent provider or NHS Foundation trust.
- A complaint which is being or has been investigated by the Ombudsman.
- A complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000.
- A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes.
- Concern about the outcome of a Continuing Healthcare Assessment. A separate Appeals framework is in place.
- A complaint regarding suspected fraud. Any allegations of fraud or financial misconduct should be referred to the National Fraud reporting line; details should NOT be taken by the Complaints team. Full details of the methods for reporting are on their Website: <https://www.reportnhsfraud.nhs.uk/>

If the complainant has made or intends to take legal action or there is an inquest pending, this should not get in the way of the complaint being investigated. Advice should be sought from the Director of Quality and Governance to determine steps to ensure there is no prejudice to existing or planned investigations.

7. DEFINITION OF A COMPLAINT OR CONCERN

Complaint

A complaint is a verbal or written expression of concern or dissatisfaction about an act, omission or decision of Harrogate and Rural District Clinical Commissioning Group which requires a response and/or redress.

Concern

A concern is a verbal or written expression of dissatisfaction without the need for formal investigation or formal correspondence.

8. WHO CAN MAKE A COMPLAINT?

Any person, who is affected by, is likely to be affected by or is aware of an action, omission or decision of the CCG, or a service commissioned by the CCG for the purposes of delivering health care to NHS users, with appropriate consent.

A complaint may be made by a person acting on behalf of a patient in any case where that person:

- Is a child; in the case of a child, the representative must be a parent, guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation, and in the opinion of the Director of Quality and Governance, is making the complaint in the best interests of the child.
- Has died; In the case of a patient or person affected who has died, the representative must be a relative or other person, who had sufficient interest in their welfare, and is a suitable person to act as a representative.

- Has physical or mental incapacity; In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the representative must be a relative or other person, who has sufficient interest in their welfare and is a suitable person to act as a representative.
- Has given consent to a third party acting on their behalf.
- Has delegated authority to do so, for example in the form of Power of Attorney.
- Is an MP acting on behalf of and by instruction from a constituent.

9. CARER'S RIGHTS

Carers can make a complaint on behalf of the person they care for where the person is a child, has asked the carer to act on their behalf, or is not capable of making the complaint themselves. The organisation has the discretion to decide whether the carer is suitable to act as a representative in the individual's best interests.

If the Accountable Officer or their delegated officer is of the opinion that a representative does or did not have sufficient interest in the person's welfare, is not acting in their best interests or is unsuitable to act as a representative, they will notify that person in writing stating the reasons.

10. SAFEGUARDING - CONCERNS RELATING TO POTENTIAL ABUSE

If a complaint or concern is an allegation or suspicion of abuse, it should immediately be investigated following appropriate safeguarding or serious incident policies and procedures.

In a situation where a person discloses potential abuse, criminal or financial misconduct, it must be reported using appropriate policies and procedures even if the person does not want to make a complaint.

In cases involving vulnerable adults or children, including threat of self-harm and/or harm to others, all officers should implement effective safeguarding policies and practice, referring to the appropriate safeguarding board.

11. TIMESCALES FOR PROVIDING FEEDBACK OR MAKING A COMPLAINT

Complaints can be made twelve months from the date on which the matter that is the subject of the complaint came to the notice of the complainant.

If there are good reasons for not having made the complaint within the above time frame and, if it is still possible to investigate the complaint effectively and fairly, the CCG may decide to still consider the complaint, for example, longer periods of complaint timescales may apply to specific clinical areas.

There is no time limit for giving feedback to the CCG for those issues which fall outside the Complaints Regulations. All feedback will be received and acted upon wherever possible to ensure learning and improvement.

12. CONFIDENTIALITY

Complaints will be handled in the strictest confidence in accordance with the CCG's Confidentiality Policy, and should be kept separately from patient medical records. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it.

Suitable arrangements must be in place for the handling of patient identifiable data, to meet compliance with the General Data Protection Act (2018) and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality. The Caldicott Report set out a number of general principles that health and social care organisations should use when reviewing its use of patient or client information.

Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the case should be dealt with under disciplinary procedures.

Arrangements should be backed up by clear information-sharing protocols, defining how information will be shared and for what purpose, the process and contractual arrangements in place, what each party will do to ensure compliance with protocols and legal obligations, and the penalties for noncompliance.

13. CONSENT

There is an expectation that when capturing consent for the use and sharing of information, that the patient has made an informed decision and clearly understands the processing and potential sharing of their information. Staff must also understand the expectations of confidentiality that the information is provided under.

Information will not be disclosed to third parties unless the complainant or appropriate authorised party who has provided the information has given consent to the disclosure of that information.

When MPs act on behalf of a constituent, the CCG can assume the patient has provided consent to the MP to sharing their information, however further consent would be required to provide confidential information back to the MP. Clarification needs to be sought regarding the level of disclosure that can be provided to the MP.

However, it is recognised that there may be circumstances in which information disclosure is in the best interests for the patient, or the protection, safety or wellbeing of a child or vulnerable adult. In these circumstances it should be escalated as necessary in line with safeguarding policies and procedures.

See Appendix B for the consent forms applicable.

14. HOW TO MAKE A COMPLAINT

A complaint may be made in writing, verbally, face to face or by email. See Appendix A for key contacts for the main providers of commissioned services by HaRD and the CCG Patient Relations Team.

If an individual is unsure regarding the process or who to contact advice can be sought by contacting:

- HaRD CCG Patient Relations Team on 01423 799300
- Or email HARDCCG.PatientRelations@nhs.net

Face to face discussion of a complaint can take place by prior arrangement. There are no facilities within the HaRD CCG for 'drop in' advice.

Where it is possible and appropriate, complaints and concerns can be resolved on the spot or quickly by front line staff or the service provider. This is called local resolution.

Where attempts to resolve the issue fail to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint with either the service provider or the commissioner of the service.

15. INVESTIGATION AND ORGANISATIONAL RESPONSE

The CCG will investigate a complaint in a manner appropriate to resolve it as efficiently as possible, proportionate to the seriousness of the complaint.

All complaints received will be triaged and assessed to determine the level of risk and complexity within the complaint. Complaints will be graded accordingly which will also influence the proportionate timescales for investigation and response.

There are instances whereby a complaint is received regarding an individual provider. Where possible the complainant will be advised to make the complaint direct to the service provider. The CCG will support the individual to do this either in an advisory capacity or with the consent of the complainant will forward the complaint direct to the provider to investigate and respond direct to the complainant. In these circumstances the CCG will not undertake any form of investigation.

Where a complaint involves more than one organisation or service provider, the CCG will agree with the service providers which organisation should lead and coordinate the investigation. This should avoid duplication and enable a single response to be provided to the complainant. The organisation to which the majority of the complaint relates will normally act as the lead respondent. Consent will be sought from the complainant to share the detail of their complaint with each of the relevant providers.

Timescales for responding to complaints

All complaints will be acknowledged no later than three working days.

Complaints will be investigated and responded to according to their grading:

Grading	Type	Description	Timescales
White	Complaint is downgraded to a Concern	Unsatisfactory service or issue easily resolved with simple action	Within 2 working days
Green	Complaint	but with minimal impact	Within 25 working days
Yellow	Complaint	Unsatisfactory service user experience in several areas but not causing lasting problems	Within 25 working days
Amber	Complaint	Significant issues of standards, quality of care, safeguarding with quality assurance and risk management issues that may cause lasting problems or death	Up to 60 working days
Red	Complaint – Also categorised as a Serious Untoward Incident	Serious adverse incidents also raised as a complaint causing long term damage or death such as criminal offence, gross substandard care or gross professional misconduct, multiple allegations of neglect resulting in serious harm.	Within 90 working days

Once the complaint is received (either by telephone, email or letter) an offer will be made, as appropriate, to discuss with the complainant the following:

- Clarification on the exact issues which the individual wishes to complain about to ensure an appropriate investigation and response to meet the complainants expectations.
- Timescales for responding.
- The complainant's expectations and desired outcome.
- Information in relation to the provider of Independent advocacy services in their geographical area. Advocacy services can help support the patient through the complaint process and can be helpful in facilitating a resolution.
- Consent for HaRD CCG to pass the complaint to the relevant service provider/s (as appropriate).
- Consent for HaRD CCG staff to handle the response provided by the service provider.
- How the complainant would wish to receive the outcome of their complaint i.e. verbal, formal written response, face to face meeting.

The complainant can expect that:

- They will be kept up to date.
- They will be provided with contact details for the duration of the investigation.
- Their complaint will be investigated and they will receive an honest explanation based on facts.
- Assurance that the matter has been investigated and action has been taken to prevent a recurrence.
- To be informed of any learning.
- A remedy will be made where appropriate and at the earliest opportunity.

Where the complaint involves more than one NHS or social care body, HaRD CCG discuss and agree the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant.

Permission will be sought from the complainant before sharing or forwarding a complaint to another body. Consent will need to be obtained to forward the complaint to another provider.

Investigation Report

On receipt of the investigation report a response to the complainant will be prepared by the Investigating Officer and include information on the next stages of the complaints procedure should the complainant remain dissatisfied with the outcome or wish to take matters further.

The CCG will send a formal response in writing to the complainant which will be approved and signed by the Chief Accountable Officer or their delegated deputy.

The response will include:

- An explanation of how the complaint has been considered.
- A sincere apology where appropriate.
- An explanation based on facts.
- Whether the complaint is upheld (in full or in part).
- The conclusions reached in relation to the complaint including any remedial action that the organisation considers to be appropriate.
- Confirmation that the organisation is satisfied any action has been or will be taken.
- Where appropriate, identification of lessons learnt and how changes have been addressed if possible.

A key consideration is to be flexible; treating each case according to its individual nature with a focus on satisfactory outcomes, organisational learning and those lessons should lead to service improvement. Where appropriate an offer to meet in person to discuss the outcome will be available to the complainant.

Where the complainant is dissatisfied with the outcome of the complaint, the opportunity to discuss the reasons why and consider re-opening the complaint may be made.

The final response will be Quality Assured by the Executive Nurse / Director of Governance or their deputy to ensure the above criteria are adhered to.

See Appendix B for Summary of Process and Timescales.

16. REFERRALS TO THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

If a complainant remains dissatisfied with the handling of the complaint by the CCG they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case. The PHSO may investigate a complaint where, for example:

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

The CCG will provide information on how to contact the PHSO when issuing the formal written response.

When informed that a complainant has approached the PHSO, the CCG will cooperate fully with the PHSO and provide all information that has been requested in relation with the complaint investigation. The relevant Director will be informed that a request for investigation has been made so that the staff involved can be informed.

17. PERSISTENT AND UNREASONABLE COMPLAINANTS.

HaRD CCG recognises that it is the right of every individual to pursue a complaint. However, there are times where nothing further can reasonably be done to assist a caller or complainant to rectify a real or perceived problem. On rare occasions, complainants may repeatedly contact the Patient Relations team, regarding the same issue, become persistent in their calls or become aggressive, threatening, abusive or violent towards those involved in the complaints process. These may be classed as habitual or vexatious complainants. The difficulty in handling such callers can place a strain on time and resources, while also causing undue stress on staff that may need support in difficult situations. The Patient Relations team are trained to respond in a professional and helpful manner to the needs of all complainants however if it is considered that a complainant is becoming unreasonable, the member of staff should refer this to the Director of Quality and Governance who will manage the situation.

Detailed guidance on the management of persistent and unreasonable complainants is set out in Appendix D.

18. RECORD RETENTION

Keeping clear and accurate records of complaints is important.

All documentation relating to the investigation will be stored securely in the case file. Members of staff named in the complaint (personally or by role) should be informed of the complaint, and fully

supported by their relevant line manager. The investigation should be comprehensive, fair and timely, and should not apportion blame.

Complaints records should be retained for a period of ten years.

19. POLICY IMPLEMENTATION

The CCG has documented a framework for staff to utilise when managing complaints. This procedure includes the management of complaints received with regard to its commissioning functions and those regarding independent contractors.

The CCG has adopted the approach outlined in the DH Regulations which aims to resolve the issue at the most local level.

20. TRAINING & AWARENESS

This policy will be published on the CCGs website

The policy will be brought to the attention of all new employees as part of the induction process.

21. MONITORING, REPORTING & AUDIT

The CCG will demonstrate positive use and feedback of complaints to learn and improve by monitoring both the effectiveness of the complaints process, and how complaints information is being used to improve services and delivery of care.

All information from patient complaints is collated and recorded onto a database and reviewed in conjunction with feedback and insight from other sources. This information is reported to the Quality and Clinical Governance Committee and Governing Body every six months.

Complaints information will be proactively considered as part of all service redesign projects to ensure patient feedback is routinely used to improve services and inform commissioning intentions.

The CCG will:

- Disseminate learning from complaints and concerns across the relevant parts of the organisation.
- Include the use of complaints procedures as a measure of performance and quality.
- Use complaints and concerns information to contribute to practice development, commissioning and service planning.

An annual report will be produced and presented to the Quality and Clinical Governance Committee and Governing Body which will detail:

- Numbers of complaints received.
- Numbers of complaints received considered to be upheld (based on solid evidence or good reasons).
- Issues and key themes that the complaints have raised.
- Lessons learnt.
- Actions taken, or being taken, to improve services as a result of the complaints made.
- Compliance with the organisational performance targets within this policy.
- Number of cases which the CCG has been advised are being considered or referred to the Parliamentary and Health Service Ombudsman.

Distribution and Training

Notification of this document will be included in the all staff email bulletin and staff briefings.

The CCG website will be updated to summarise to the general public how to make a complaint and a link to the policy.

All staff dealing with complaints will be given training for implementation of this policy. A training needs analysis will be undertaken within the CCG to identify staff affected by this document. Based on the findings of that analysis appropriate training will be provided to staff as required.

A number of supports are available for staff, including:

- Line manager
- Director
- Peer support
- Occupational health
- Professional bodies

Organisational Performance Targets

The CCG will:

- Acknowledge all complaints within 3 working days verbally or in writing.
- Negotiate with complainant:
 - The manner in which the complaint is to be handled
 - The period in which the investigation of the complaint is likely to be completed (this will normally be in line with the grading matrix)
- Provide a full written response to the complainant documenting if the complaint has been upheld/not upheld within the time period agreed with the complainant.

Where the response cannot be provided within the timeframe above this will be discussed with the complainant. Agreement for an extension to the timescale must be obtained from the complainant and the relevant extended period to be confirmed in writing.

Monitoring of this policy may form part of the Internal Audit review of governance compliance.

22. POLICY REVIEW

This policy will be reviewed every two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

The Governing Body has delegated authority to approve this policy.

23. ASSOCIATED DOCUMENTS

- The NHS Constitution (revised 2015)
- HaRD CCG Confidentiality: Code of Conduct Policy
- HaRD CCG Data Protection and Confidentiality Policy
- HaRD CCG Serious Incident, Incident and Concerns Policy
- HaRD Safeguarding Adults and Children Policies
- HaRD CCG Whistleblowing Policy

- HaRD CCG Risk Management Strategy
- HaRD CCG Strategic Plan for 2014 – 2019

24. REFERENCES

- Caldicott Report 1997
- Equality Act 2010
- Freedom of Information Act 2000
- Human Rights Act 1998
- Listening, Responding and Improving – A Guide to Better Customer Care(2009)
<http://dh.gov.uk>
- Principles of good administration. Parliamentary and Health Service Ombudsman (2009)
<http://www.ombudsman.org>
- Principles of good complaints handling. Parliamentary and Health Service Ombudsman (2008) <http://www.ombudsman.org>
- Principles for remedy. Parliamentary and Health Service Ombudsman (2007)
<http://www.ombudsman.org>
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)
- Superannuation Act 1972
- The General Data Protection Regulation (2018)
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 <http://dh.gov.uk>
- NHS England Complaints Policy: <http://www.england.nhs.uk/wp-content/uploads/2013/11/Interim-complaints-policy.pdf>
- Department of Health (2009) Implementation of the right to choice and the information set out in the NHS Constitution

APPENDIX A KEY CONTACT DETAILS

Complaints may be made initially to the commissioner of services to determine and agree the most appropriate way of resolution / investigation or direct with the provider. If the complaint is unclear who to make a complaint to regarding a specific service, the Patient Relations team at HaRD CCG will be able to advise on 01423 799300.

Service the complaint is about	Who to make a complaint to	Contact details
<p>Commissioning decisions</p> <p>Funding decisions including IFRs</p> <p>Continuing Healthcare</p>	NHS Harrogate and Rural District CCG	<p>Patient Relations</p> <p>Tel: 01423 799300</p> <p>Email: HARDCCG.PatientRelations@nhs.net</p> <p>Patient Relations NHS Harrogate and Rural District CCG Unit 1 St James Business Park Grimbald Crag Court Knaresborough, HG5 8QB</p>
<p>GP</p> <p>Dentist</p> <p>Community Pharmacy</p> <p>Optician</p>	The individual service provider or NHS England who is responsible for commissioning these services.	<p>Tel: 0300 311 22 33</p> <p>Email: england.contactus@nhs.net</p> <p>NHS England, PO Box 16738, Redditch, B97 9PT</p>
Harrogate and District Hospital – hospital and community teams	Harrogate and District NHS Foundation Trust (HDFT)	<p>Patient Experience Team (PALS)</p> <p>Tel: 01423 555499</p> <p>Email: thepatientexperienceteam@hdft.nhs.uk</p> <p>Patient Experience Team Harrogate and District NHS Foundation Trust Lancaster Park Road Harrogate, HG2 7SX</p>
Mental Health Services	Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)	<p>Patient Advice and Liaison Service</p> <p>Tel: 01642 283546</p> <p>Email: tewv.pals@nhs.net</p> <p>Patient Advice and Liaison services, Flatts Lane Centre Normanby Middlesbrough, TS6 0SZ</p>
<p>Ambulance Services</p> <p>Patient Transport Services</p>	Yorkshire Ambulance Service (YAS)	<p>Patient Relations Team</p> <p>Tel: 0345 122 0535</p> <p>Email: patient.relations@yas.nhs.uk</p> <p>Patient Relations Team Yorkshire Ambulance NHS Trust Springhill 2 Brindley Way Wakefield 41 Business Park Wakefield, WF2 0XQ</p>

Wheelchair Services	NRS Healthcare	Blue Beck House, Bluebeck Drive, Shipton Road, York YO30 5SF Email: service@york.nrs-uk.net Tel: 01904 654 052
---------------------	----------------	---

Other Agencies

Parliamentary and Health Service Ombudsman (PHSO)	<p>A complaint should be first made to the organisation concerned so that it has a chance to put things right.</p> <p>If after the organisation has responded they are still unhappy regarding the outcome, they can ask the PHSO to look into it and make a final decision.</p>	<p>Telephone : 0345 0154033</p> <p>www.ombudsman.org.uk</p>
Cloverleaf Advocacy Service	<p>An Advocate is someone who supports you when you need to speak up and have your voice heard.</p> <p>An Advocate can assist and support a complainant through the complaint process.</p>	<p>Telephone: 01924 454875</p> <p>Address: Devonshire Court, Clifton, York, England YO30 5PQ https://www.cloverleaf-advocacy.co.uk/content/self-referral-easy-read</p>

Please tick

- I wish NHS Harrogate and Rural District Clinical Commissioning Group (HaRDCCG) to investigate my concern/complaint

This form is an authorisation of your consent to the following:

- (A)** If you have requested that NHS HaRDCCG investigate your concerns, you accept we may need to act as an intermediary between the complainant (yourself) and the person/s you are complaining about and contact any relevant parties on your behalf.

If you have specified that NHS HARDCCG pass on your concerns, we may need to contact the organisation who provided the treatment you are complaining about, e.g. your GP. We may also need to contact other third parties to answer your complaint fully. This could include the hospital or social services.

Signing this form gives your authorisation to do this.

- (B)** To allow a named person/s or family member to submit a complaint on your behalf.

You are giving signed consent informing that you wish a named person, e.g. spouse, family member or friend to submit a complaint on your behalf. It may be necessary, in order to answer the complaint fully, to refer to your past/present medical history.

By signing, you are agreeing that your medical information may be shared with your nominated person, if appropriate to do so.

- (C)** Consent to access if necessary, health records in accordance with “releasing health records under the Data Protection Act 1998”.

In order for the appropriate body to complete their investigation and answer your complaint fully, it may be necessary for your service provider to refer to your medical records and/or to provide HARDCCG with details of your previous medical history, conversations or appointments.

It may be necessary to see past consultations and medical history, which are often relevant to a concern/complaint investigation.

By signing this consent form you are giving consent for the release of medical records to HARDCCG.

- (D)** You accept that if the appropriate body believes that:

- a. **You might hurt yourself**
- b. **You are in danger**
- c. **Your actions could be dangerous to another person**

We reserve the right to contact the emergency services, your doctor or other people who need to know. We will also share information about you if a court or judge tells us we must.

FORM A

I accept the terms outlined within HARDCCG Consent form 2017

PATIENT'S DETAILS

Patient's name

Patient's Date of birth

Patient's address

GP Name & Practice details

COMPLAINANT'S DETAILS (if different from above)

Name

Address

Telephone number

Mobile number

Email address

I confirm that I wish for the CCG / person named above to act on my behalf in investigating this complaint:

Patient's signature of consent

Date

Please return this completed form to:

Email: hardccg.patientrelations@nhs.net

Or post to: Patient Relations Team, FREEPOST RTEX-YJGZ-TJHT, NHS Harrogate and Rural District CCG, 1 Gimbald Crag Court, Knaresborough HG5 8QB

Please tick

- I wish NHS Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) to investigate my concern/complaint

This form is an authorisation of your consent to the following:

- (A)** If you have requested that NHS HaRD CCG investigate your concerns, you accept we may need to act as an intermediary between the complainant (yourself) and the person/s you are complaining about and contact any relevant parties on your behalf.

If you have specified that NHS HaRD CCG pass on your concerns, we may need to contact the organisation who provided the treatment you are complaining about, e.g. your GP. We may also need to contact other third parties to answer your complaint fully. This could include the hospital or social services.

Signing this form gives your authorisation to do this.

- (B)** To allow a named person/s or family member to submit a complaint on your behalf.

You are giving signed consent informing that you wish a named person, e.g. spouse, family member or friend to submit a complaint on your behalf. It may be necessary, in order to answer the complaint fully, to refer to your past/present medical history.

By signing, you are agreeing that your medical information may be shared with your nominated person, if appropriate to do so.

- (C)** Consent to access if necessary, health records in accordance with “releasing health records under the Data Protection Act 1998”.

In order for the appropriate body to complete their investigation and answer your complaint fully, it may be necessary for your service provider to refer to your medical records and/or to provide HaRD CCG with details of your previous medical history, conversations or appointments.

It may be necessary to see past consultations and medical history, which are often relevant to a concern/complaint investigation.

By signing this consent form you are giving consent for the release of medical records to HaRD CCG.

- (D)** You accept that if the appropriate body believes that:

- a. You might hurt yourself**
- b. You are in danger**
- c. Your actions could be dangerous to another person**

We reserve the right to contact the emergency services, your doctor or other people who need to know. We will also share information about you if a court or judge tells us we must.

FORM B

I accept the terms outlined within NHS England and HaRD CCG Consent Form 2017.

PATIENT'S DETAILS

Patient's name

Patient's Date of birth

Patient's address

ORGANISATION / HEALTH PROFESSIONAL COMPLAINED ABOUT

Health professional's name and profession *e.g. GP/Dentist*

Health professional's address

COMPLAINANT'S DETAILS

Name

Address

Telephone number

Mobile number

Email address

I confirm that I am the parent/guardian of the above:

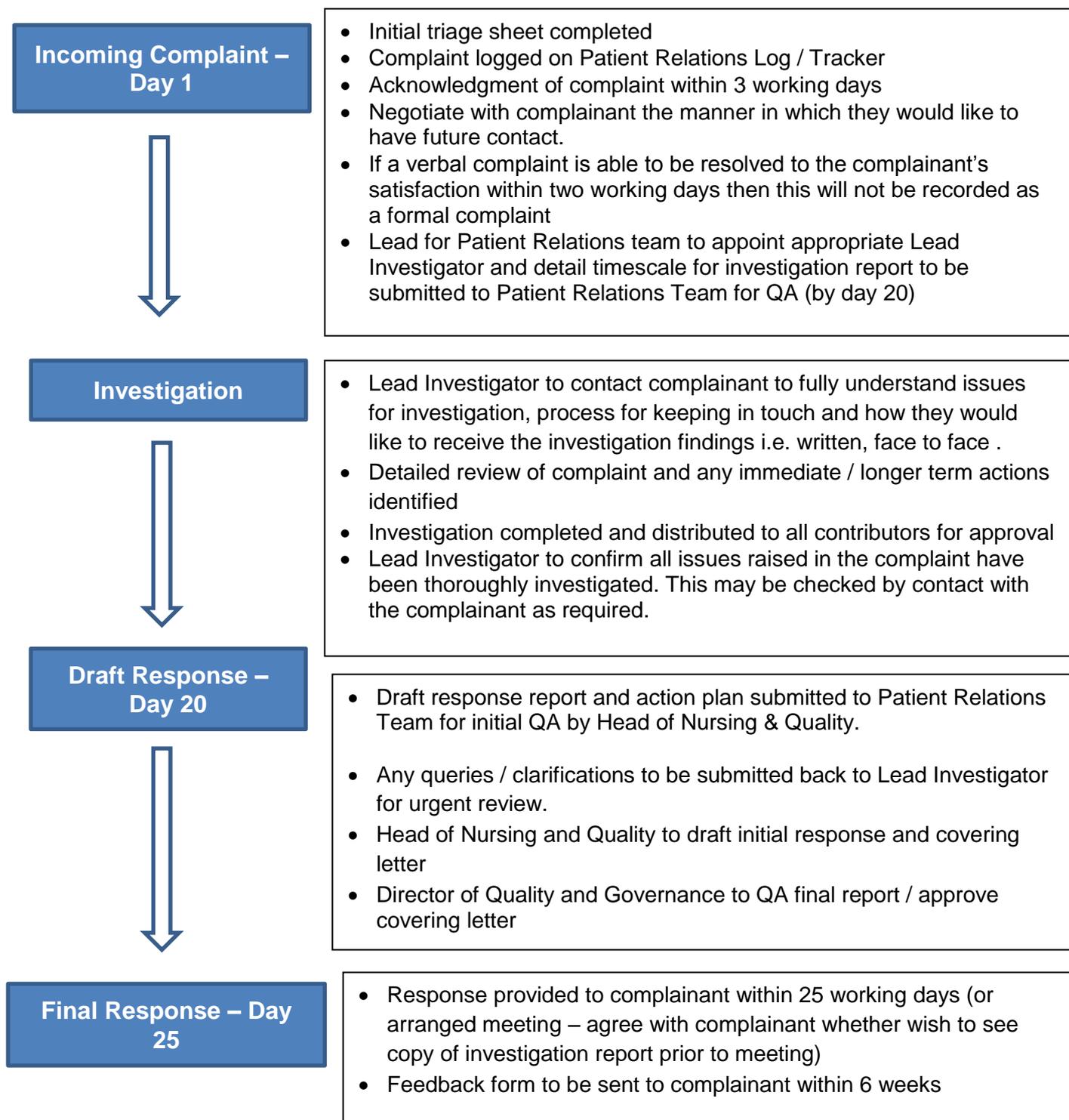
Parent/Guardian's signature of consent

Date

Please return this completed form to
Email: hardccg.patientrelations@nhs.net
Or send to: FREEPOST RTEX-YJGZ-TJHT, NHS Harrogate and Rural District CCG, 1
Grimbald Crag Court, Knaresborough HG5 8QB

APPENDIX C PROCESS FOR COMPLAINT INVESTIGATION AND RESPONSE

The flow chart below provides a brief overview of the HaRD CCG complaints handling process. The timescales will be adapted for investigations which require either 60 or 90 working days for undertaking.



APPENDIX D: GUIDANCE FOR DEALING WITH PERSISTENT AND UNREASONABLE COMPLAINANTS

Introduction

This guidance covers all contacts, enquiries and complainants. It is intended for use as a last resort and after all reasonable measures have been taken to try and resolve a complaint within the CCG's Complaints Policy.

Persistent complainants may have genuine issues and it is therefore important to ensure that this process is fair and the complainant's interests have been taken into consideration.

Purpose of guidance

To assist officers to identify when a person is persistent or unreasonable, setting out the action to be taken.

Definition of persistent and unreasonable complainants

There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:

- Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted.
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services e.g. Independent Advocacy Service (ICAS) could assist to help them specify their complaint.
- Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice.
- Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded.
- Change the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.
- Consume a disproportionate amount of time and resources.
- Threaten or use actual physical violence towards staff.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails).
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.
- Make excessive telephone calls or send excessive numbers of emails or letters to staff.

Actions prior to designating a complainant as unreasonable or persistent

It is important to ensure that the details of a complaint are not lost because of the presentation of that complaint. There are a number of considerations to bear in mind when considering imposing restrictions upon a complainant. These may include:

- Ensuring the complainants case is being, or has been dealt with appropriately, and that reasonable actions will follow, or have followed, the final response.
- Confidence that the complainant has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable or persistent.

- Checking that new or significant concerns are not being raised, that require consideration as a separate case.
- Applying criteria with care, fairness and due consideration for the client's circumstances – bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the complainant's lifestyle, quality of life or life expectancy.
- Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff
- Ensuring that the complainant has been advised of the existence of the policy and has been warned about, and given a chance to amend their behaviour.
- Consideration should also be given as to whether any further action can be taken prior to designating the complainant unreasonable or persistent.

This might include:

- Raising the issue with a Director with no previous involvement, in order to give an independent view.
- Where no meeting with staff has been held, consider offering this at a local level as a means to dispel misunderstandings (only appropriate where risks have been assessed).
- Where multiple departments are being contacted by the complainant, consider a strategy to agree a cross-departmental approach.
- Consider whether the assistance of an advocate may be helpful.
- Consider the use of ground rules for continuing contact with the complainant.

Ground rules may include:

- Time limits on telephone conversations and contacts.
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
- Requiring contact to be made with a named member of staff and agreeing when this should be.
- Requiring contact via a third party e.g. advocate
- Limiting the complainant to one mode of contact.
- Informing the complainant of a reasonable timescale to respond to correspondence.
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged.
- Advising that the organisation does not deal with calls or correspondence that is abusive, threatening or contains allegations that lack substantive evidence. Request that the complainant provides an acceptable version of the correspondence or make contact with a third party to continue communication with the organisation.
- Ask the complainant to enter into an agreement about their conduct.
- Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed.
- Adopting a "zero tolerance" policy. This could include a standard communication line, for example: "The NHS operates a zero tolerance policy, and safety of staff is paramount at all times. Staff have a right to care for others without fear of being attacked either physically or verbally".

Process for managing unreasonable or persistent behaviour

Where a complainant has been identified as unreasonable or persistent, the decision to declare them as such is made jointly by the appropriate Clinical lead and the Director of Quality and Governance.

The Director of Quality and Governance will write to the complainant, informing them that either:

- Their complaint is being investigated and a response will be prepared and issued as soon as possible within the timescales agreed.

- That repeated calls regarding the complaint in question are not acceptable and will be terminated, or;
- Their complaint has been responded to as fully as possible and there is nothing to be added.
- That any further correspondence will not be acknowledged.

All appropriate staff should be informed of the decision so that there is a consistent and coordinated approach across the organisation.

If the declared complainant raises any new issues then they should be dealt with in the usual way. Review of the persistent status should take place at six monthly intervals.

Urgent or extreme cases of unreasonable or persistent behaviour

In urgent or extreme cases, adopt safeguarding and zero tolerance policies and procedures. Discuss the case with the appropriate Director to develop an action plan that may include the use of emergency services in some circumstances. In these circumstances, carry out a review of the case at the first opportunity after the event.

Record keeping

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

Consideration should be given as to whether the organisation should take further action, such as reporting the matter to the police, taking legal action, or using the risk management or health and safety procedures to follow up such an event in respect of the impact upon staff.

APPENDIX E : QIA/EIA SCREENING TOOL

Concerns, Complaints, Comments and Compliments Policy

The following screening tool is to undertake an initial assessment of a policy decision by the CCG and the impact this might have on quality.

Should the screening flag up a red or amber status overall, a more detailed Quality Impact Analysis should be undertaken.

The screening below assesses the *impact on quality on CCG-commissioned services providers/internally within the CCG's service/impact of the policy decision on the CCG's standing/reputation/assessment framework [delete as appropriate]*

An assessment of the outcome of the screening tool is below.

The screening assessment is in yellow highlight, as to the statements that apply to this screening assessment

Screening Tool

1 - Costs & Savings	Negative Impact	Minimum Impact	Positive Impact
(a) Type of savings	No savings or minimal anticipated	Cash-releasing saving and/or potential for improved productivity	Both cash savings and improved productivity is expected
(b) Cost of change. Likelihood that costs will not be a barrier to implementation	Change requires significant non-recurrent resources such as capital costs for adapting buildings. Change will incur significant extra costs.	Change requires additional resources, but resources are non re-current resources that are less than one year's savings. Change will incur extra costs.	Change can be achieved with minimal or no additional resources. Change will create efficiency savings
2 – Quality			
(a) Impact on clinical quality	Significant reduction in clinical quality	Minimal impact anticipated to have any impact (favourable or adverse) on quality of care delivered to patients	Clinical quality will be improved resulting in better outcomes anticipated for patients
(b) Impact on patient and staff safety	Increased risk to patient safety	Minimal impact anticipated to have any impact on patient safety	Improved patient safety, such as reducing the risk of adverse events is anticipated
(c) Impact on patient and carer experience	Significant reduction in patient and carer experience	Minimal impact anticipated on patient and carer experience	Improved patient and carer experience anticipated
(d) Impact on operational effectiveness	Significant adverse impact on operational performance	May have adverse impact on operational performance or minimum impact anticipated	Improvements on operational performance expected
(e) Impact on CCG reputation with patients, staff and	May have significant adverse impact on CCG	May have minimal adverse impact on CCG reputation	An improved positive impact on CCG reputation is expected

other stakeholders	reputation		
3 - Ease of implementation			
(a) Likely speed of implementation	Will take longer than 3 years	Can be achieved between 1 - 3 years	Can be achieved within 1 year
(b) Ease of organising the change	Affects multiple organisations	Affects multiple departments within the an organisation.	Affects a small number of services or a number of teams within an organisation
(c) Degree and complexity of support and commitment required	Likely to be significant resistance from most stakeholders	Likely to get some resistance from some stakeholders.	Likely to achieve good engagement from stakeholders
4 – Equality			
Human Rights	May have significant impact on recognising and meeting Peoples Human Rights	May have some impact on recognising and meeting Peoples Human Rights	No impact on recognising and meeting Peoples Human Rights
Health Inequalities	May significantly increase health inequalities	May have some impact on increasing health inequalities	No impact on increasing inequalities
Age	Significant impact on some age groups	Some impact on age groups	No impact on age
Disability	Significant on an identified group	Some impact on an identified group	No impact on an identified group
Carers	Significant impact on carers	Some impact on carers	No impact on carers
Sex, Sexual orientation or Gender reassignment	Significant impact	Some Impact	No impact
Ethnicity	Significant impact	Some Impact	No impact
Pregnancy or Maternity	Significant impact	Some impact	No impact

Brief analysis of screening

The screening shows that the decision to implement the initiative would have a negative/positive impact on quality and safety based on the highlighted areas of red and amber/green.

This screening assessment has an overall rating of Green therefore a more detailed quality impact assessment is not required.

APPROVAL SIGNATORIES

	NAME	SIGNATURE	DATE
CCG Lead Manager	Paula Middlebrook	(not required)	08.11.2018
GP Clinical Lead	Dr Alistair Ingram		13.11.2018
Executive Lead	Joanne Crewe		13.11.2018

Template author

(Acknowledgement to Yorkshire Ambulance Service and NHS Commissioning Cost Improvement Plan guidance for the QIA screening tool template, as adapted by ERYCCG, VOYCCG, HaRD CCG)