

Complaints and Feedback Policy and Procedure

Version	2.3
Policy No	66
Author	Robert Mauler, Patient Experience and Safety Manager
Sponsor	Marion Andrews-Evans, Executive Nurse and Quality Lead
Approved by	Integrated Governance and Quality Committee
Approval date	May 2017
Review date	May 2019

This document may be made available to the public and persons outside of the CCG as part of the CCG's compliance with the Freedom of Information Act 2000.

Contents

Section	Section Heading	Page Number
-	Definition	4
1	Executive Summary	5
2	Introduction	5
3	Considering Feedback	6
4	Purpose	7
5	Accountabilities, Duties and Responsibilities	7
6	Policy Details	8
7	Time Limits for Making a Complaint	9
8	Who Can Complain	9
9	NHS Complaints Advocacy	10
10	Parliamentary and Health Service Ombudsman	10
11	Representatives	10
12	Confidentiality and Consent	10
13	Cases Subject to Legislation	11
14	Serious Allegations and Disciplinary Warning	12
15	Valuing Diversity	12
16	Making a Complaint	12
17	Investigating Officers	13
18	Record Keeping	13
19	Reporting	13
20	Media Interest	14
21	Fraud and Corruption	14
22	Support for Staff	14
23	Unreasonably Persistent and Vexatious Complainants	14
24	Consultation	16
25	Communication	16
26	Training	16

Supporting Documents

Appendix One	Complaints Procedure	17
Appendix Two	Options for Dealing with Persistent or Vexatious Complainants	19
Appendix Three	How to Deal with Feedback about a Local NHS Service (Leaflet for Staff)	20
Appendix Four	Dealing with Concerns	23
Appendix Five	Obtaining Information and Interview Notes	25
Appendix Six	Making a Complaint (Leaflet for the public)	27
Appendix Seven	References	29

Definition

- For the purposes of this document, a policy is an organisational, professional and/or clinical statement of intent, responsibility and accountability. It is not open to interpretation or professional judgement, and is non-negotiable. It is a documented framework enabling individuals or specific groups of staff to carry out actions.
- The Complaints and Feedback Policy aims to set out clearly the CCG's approach to the management of feedback, through a consistent, unambiguous approach to the handling of compliments, comments, concerns and complaints.
- A procedure is a step by step method of how to do something. It is the method by which the policy is implemented and is documented in Appendix One of this policy.

1. Executive Summary

- 1.1. It is the aim of Gloucestershire Clinical Commissioning Group (GCCG) to facilitate improvements in the quality of care, while maintaining a safe environment that is free from discrimination for all patients, staff and others affected by its activities.
- 1.2. This policy document is intended for an internal audience at Gloucestershire Clinical Commissioning Group (GCCG). It will be made available on the GCCG staff internet and will also be made available in the public domain on the GCCG website.
- 1.3. This document gives staff a clear framework on how to deal with complaints and feedback about NHS staff and services in Gloucestershire. It also provides contextual information on national regulations as well as confirming how GCCG meets those regulations. It also incorporates the 'Vexatious Complainants' policy.
- 1.4. GCCG adopts the view that complaints should normally be investigated by the organisation which gave rise to the complaint. In the case of a decision about funding, this will normally be GCCG itself. When complaints are about an aspect of care received, this is likely to be the provider of the NHS funded service.¹
- 1.5. GCCG will investigate provider complaints if requested to do so and, where appropriate, will co-ordinate responses to complaints about multiple providers.
- 1.6. GCCG may also request an investigation and response from a provider where feedback has been received which is not part of a complaint.
- 1.7. This policy document is supported by a procedure and communication materials which can be found in Appendices 1 – 6.

2. Introduction

- 2.1. The purpose of the Complaints and Feedback Policy is to:
 - explain how the CCG promotes a patient's right under the NHS Constitution² to complain, have a complaint investigated and be given a full and prompt reply;
 - acknowledge and implement the Local Authority Social Services and National Health Service Complaints Regulations 2009; and
 - demonstrate how it listens to people's views.
- 2.2. This policy covers complaints about the CCG and its staff, as well as complaints made to the CCG about providers of commissioned services.
- 2.3. Gloucestershire Clinical Commissioning Group (GCCG) will respond positively and constructively to all communication it receives about the decisions it makes, and the services it commissions.
- 2.4. GCCG recognises that sometimes things go wrong and that there is a need for a formal process through which people can raise concerns. This gives the CCG the opportunity to put matters right if needs be and learn from past experience. Under the NHS Constitution people have the right to have their complaint dealt with efficiently.

¹ As at 1 April 2015, complaints about Primary Care fall outside of GCCGs remit. This position may change during the life of the policy due to developments in co-commissioning with NHS England. The policy will be updated as required.

² <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Documents/2013/the-nhs-constitution-for-england-2013.pdf>

- 2.5. The complaints function of GCCG is managed by the Experience and Engagement Team. The team is accountable to the Associate Director Engagement and Experience and is responsible at Governing Body level to the Executive Nurse and Quality Lead.
- 2.6. The CCG actively seeks people's views about the quality of the NHS funded services it commissions on behalf of patients registered with GP practices in Gloucestershire. The CCG works with others to ensure appropriate action is taken to improve services as a result of feedback
- 2.7. All types of feedback are encouraged and welcomed. People have a right to be heard and for any concerns to be dealt with promptly, efficiently and courteously. Under no circumstances should anyone be treated any differently as a result of making a complaint or raising a concern.

3. Considering Feedback

- 3.1. It is the aim of the CCG to facilitate improvements in the quality of care and service, while maintaining a safe environment that is free from discrimination for all patients, staff and others affected by its activities. In order to achieve this, the CCG encourages and welcomes feedback about the services it commissions.
- 3.2. The Complaints and Feedback Policy clearly sets out the CCG's approach to receiving feedback, through a consistent, unambiguous approach to the handling of compliments, comments, concerns and complaints.
- 3.3. The CCG promotes the notion of an informed culture, which treats each case according to its individual nature, taking into account the expected outcome for the person providing the feedback, but at the same time being realistic about what can be achieved. The CCG's focus for complaints handling is on satisfactory outcomes with swift local resolution, whilst also promoting organisational and individual learning.
- 3.4. This policy is mainly concerned with the management of concerns and complaints, however the CCG recognises the all types of feedback (which include compliments and suggestions) must be managed appropriately and listened to in order to develop services.
- 3.5. Although in everyday language, terms such as 'complaint' and 'concern' may be interchangeable, in this policy:
 - a **concern** is an expression of dissatisfaction requiring an oral response, which can be given within 24 hours;
 - a **complaint** is an expression of dissatisfaction requiring investigation and a written response;
 - a **comment** or **suggestion** is an expression of views or ideas for service development for the CCG to act on or consider which may or may not require a response; and
 - a **compliment** is an expression of appreciation, approval, admiration or respect, made in recognition of individuals, teams or services.
- 3.6. Feedback may be provided about any matter reasonably connected with the exercise of the functions of the CCG, including any matter reasonably connected with the commissioning of services by the CCG or the process of commissioning those services. Where the feedback is about provision of services the CCG may

request an investigation and response from the provider of that service.

4. Purpose

4.1. The specific purpose of this policy is to:

- ensure that the CCG's desire to listen to and learn from feedback is documented;
- fulfil the need to implement a complaints management procedure that is easy to understand and simple to use, whilst giving the CCG robust assurance;
- support CCG staff to conduct investigations which are thorough, fair, responsive and open;
- demonstrate that the CCG will learn from complaints and use them to inform quality contract monitoring and future commissioning intentions;
- ensure that the CCG is accessible to everyone, including when required, through independent advocacy;
- demonstrate that the CCG will respect individuals' rights to confidentiality;
- ensure that the Governing Body is accountable for improving the quality of services;
- satisfy the complainant by conducting a thorough investigation and providing a full explanation;
- ensure that patients are not treated differently as a result of making a complaint; and
- reinforce positive behaviour by celebrating compliments.

4.2. Where complaints are not about the CCG or its staff, and unless there are extenuating circumstances in which it would be inappropriate to do so, the CCG's approach will be to recommend that the complainant contacts the provider of the service being complained about in the first instance. This is because the service provider being complained about is normally best placed to investigate and respond direct to the individual making the complaint.

4.3. In instances where the CCG has signposted complainants to providers, a record will be kept of the contact to inform quality contract monitoring and future commissioning intentions. At the same time, the CCG will also monitor providers adherence to the statutory Duty of Candour³ which places a duty on organisation to be open with patients when things go wrong and when harm has been caused.

5. Accountabilities, Duties and Responsibilities

5.1. The **Accountable Officer** (or nominated deputy) is accountable for ensuring effective management of complaints across the CCG and is the responsible signatory for written responses to formal complaints. For the purposes of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Accountable Officer acts as the 'Responsible Person'.

5.2. The **Executive Nurse and Quality Lead** has the delegated responsibility for ensuring the efficient and effective implementation of this policy.

5.3. The **Associate Director Engagement and Experience** is responsible for ensuring that this policy remains relevant and accords with national guidance.

5.4. The **Chair and Governing Body Members** will receive patient experience reports through the Integrated Governance and Quality Committee. These reports will include complaints information to support the monitoring of the effectiveness of the Complaints and Feedback process.

³ http://www.cqc.org.uk/sites/default/files/20141120_doc_fppf_final_nhs_provider_guidance_v1-0.pdf

- 5.5. The **Governing Body** provides an important link between the CCG, CCG Member GP practices and the local community, enabling the organisation to reflect the interest of local people. While welcoming ideas, suggestions and general comments, it is not the responsibility of the Governing Body to deal with individual personal complaints about the CCG. The Governing Body has a duty to inform the Experience and Safety Team of any concerns and complaints as swiftly as possible. Appendix Three and Four contain guidance for Governing Body Members about how to deal with a concern.
- 5.6. The approval of the **Integrated Governance and Quality Committee (IGQC)** will be sought if any amendments are considered necessary to this policy. The Committee is also responsible for monitoring CCG compliance with this policy.
- 5.7. **Associate Directors and Senior Managers** are accountable for the thorough investigation of complaints within CCG directorates. They are responsible for ensuring the investigation is carried out in line with this policy and where an action is identified it is implemented. Associate Directors and Senior Managers are responsible for ensuring the draft response, together with any supporting evidence and administration documents, is returned to the Experience and Engagement Team within 20 working days of receipt of complaint (giving a further five days for sign off).
- 5.8. **Managers** are responsible for ensuring that staff in their areas are aware of the complaints policy. When requested to do so by their line manager they are to carry out a thorough investigation of a complaint and give a full response to the relevant Senior Manager or Associate Director. Managers are responsible for implementing changes identified through a complaint investigation. Managers are to offer and provide support to staff in their areas both with investigating complaints and where they are named in complaints.
- 5.9. The **Engagement and Experience** is responsible for administering the complaints process, ensuring thorough replies are provided to the complainant within the required timescales. Through the Associate Director Engagement and Experience, they will provide regular reports to IGQC and so keep the Governing Body informed of complaint themes and trends, the actions which have been taken to rectify problems and improvements in the quality of the services provided. They also ensure the CCG meets annual reporting requirements.
- 5.10 **All staff** have a duty to listen to concerns raised and to try to resolve these locally. Guidance for staff can be found at Appendix Two.

6. Policy Details

- 6.1. The Local Authority Social Services and NHS Complaints Regulations 2009⁴ sets out the NHS complaints process. In it there are two stages for dealing with complaints:
- Stage 1 - Local Resolution; and
 - Stage 2 - Parliamentary and Health Service Ombudsman.
- 6.2. Complaints may be made about any matter reasonably connected with the exercise of the functions of the CCG, including:
- the function of commissioning health care or other services under an NHS contract or making arrangements for the provision of such care or other services with a NHS Trust, a NHS Foundation Trust, Any Qualified Provider or an

⁴ http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf

independent provider.

6.3. Matters excluded from consideration under these arrangements are:

- a complaint made by an employee about any matter relating to their employment;
- a complaint made by an NHS body, which relates to the exercise of its functions;
- 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 which is made orally and resolved to the complainants satisfaction no later than the next working day;
- a complaint made by an independent provider, NHS Trust, or NHS Foundation Trust about any matter relating to arrangements made by an NHS body with that provider;
- a complaint which is being, or has been, investigated by the Ombudsman; and
- 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.

6.4. Should an employee have cause to raise a complaint in the public interest, then GCCG maintains a Whistleblowing and Freedom to Speak Up policy which can be accessed via the intranet⁵,

7. Time Limits for Making a Complaint

7.1. Normally a complaint should be made within twelve months of the date on which the matter, which is the subject of the complaint, occurred or within twelve months of the date on which the matter, which is the subject of the complaint, came to the notice of the complainant.

7.2. Where a complaint is made after these times, the Associate Director Engagement and Experience may choose to investigate if she is of the opinion that the complainant had good reason for not making the complaint within that period and it is considered to still be possible to investigate the complaint effectively and efficiently.

7.3. Those who wish to complain should be encouraged to do so as soon as possible after an event so that the investigation can be most effective.

7.4. In any case where the Associate Director Engagement and Experience decides not to investigate a complaint on the grounds that it was not made within the time limit, the complainant will be informed in writing with further guidance if necessary. The complainant can ask the Parliamentary and Health Service Ombudsman to consider their complaint.

8. Who can complain

8.1. Complaints may be made by:

- a patient or service user;
- the carer or representative of a patient, with the patient's consent; and
- any persons who are affected by, or likely to be affected by, the action, omission or decision of the CCG or its staff.

8.2. Anyone can give feedback.

⁵ http://10.162.216.140/ConsultHR/Pages/A-Z_Core_Policies_and_User_Guides.aspx

9. NHS Complaints Advocacy

- 9.1. As part of the Healthwatch functions, Healthwatch Gloucestershire provides a signposting service to Independent Health Complaints Advocacy (IHCAS). This service supports people who wish to make a complaint about the commissioners or providers of NHS funded services.
- 9.2. The Healthwatch Gloucestershire website provides further information and is available at: <http://www.healthwatchgloucestershire.co.uk/>

10. Parliamentary and Health Service Ombudsman

- 10.1. The Patient Experience and Safety Manager will be the single point of contact for the Parliamentary and Health Service Ombudsman (PHSO).
- 10.2. Any action plans requested by the PHSO are the responsibility of the relevant Director/Associate Director who will be held accountable for their creation and quality. In most cases, the PHSO gives three months for an action plan to be created and returned.

11. Representatives

- 11.1. A complaint may be made by a representative or advocate acting on behalf of a patient or any person who is affected by, or likely to be affected by, the action, omission or decision of the CCG, where that person:
- has died;
 - is a child who cannot demonstrate Fraser competence (see 13.4);
 - is unable by reason of physical or mental incapacity to make the complaint personally;
 - may be subject to the Mental Capacity Act Deprivation of Liberty Safeguards;
 - has requested a representative to act on their behalf and given consent for this; or
 - is a Member of Parliament acting on behalf of a constituent
- 11.2. Where the patient or person affected has died or is unable to raise concerns themselves, the representative must be a relative or other person who, in the opinion of the Experience and Safety Team, has a sufficient interest in their welfare and is a suitable person to act as representative. The need to respect the confidentiality of the patient is a guiding principle.
- 11.3. If the PALS/Quality Liaison Officer is of the opinion that a representative does not have a sufficient interest in the person's welfare or is unsuitable to act as a representative, that person will be notified of this in writing and the reasons for the decision will be provided.
- 11.4. 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.

12. Confidentiality and Consent

- 12.1. All information about a complaint and all the people involved is strictly confidential and will only be disclosed to those with a demonstrable need to know.

- 12.2. It is not always necessary to obtain the patient's explicit, written, consent to use personal information when investigating a complaint as the patient has 'implied' their consent by asking the CCG to investigate the matter.
- 12.3. The Experience and Safety Team will request consent from patients between the ages of 15 and 18 where a complaint is made on their behalf. If this is not possible, the case will be referred to the Safeguarding Lead for their input prior to forwarding the case for investigation.
- 12.4. Fraser (formerly Gillick) competence states that a young person below the age of 16 can consent for their own medical treatment if they demonstrate sufficient understanding. The Fraser principle is adopted within the complaints process. Therefore, there is no minimum age for a young person to raise concerns about the care they have received. The young person will be offered support by PALS and signposted to any additional resources such as Healthwatch Gloucestershire.
- 12.5. If, once consent has been requested, there is a delay obtaining consent, which affects the date on which the final response can be sent, then the date the final response is due will be re-calculated and the complainant advised accordingly.
- 12.6. Where a complaint is made on behalf of an existing or former patient who has not authorised the complainant to act on their behalf, care must be taken not to disclose personal health information without the patient's explicit consent. Matters of a non-personal or non-clinical nature may be investigated and a response provided to the complainant.
- 12.7. Where a complaint has been made on behalf of a patient by a Member of Parliament it will be assumed that implied consent has been given by that patient. However, if the complaint relates to a third party, consent will need to be obtained prior to the release of personal information to the MP's office.
- 12.8. Where it is known that the complaint involves a vulnerable adult or vulnerable child, the Executive Lead for Safeguarding will be informed.
- 12.9. By ensuring that all complaints are dealt with in the strictest of confidence, the scope for patients, relatives or carers being treated differently as a result of the complaint will be minimised.

13. Cases Subject to Litigation

- 13.1. If a complainant has instigated formal legal action the complaints procedure should only continue if it would not compromise or prejudice a concurrent legal investigation. This decision will be made by the Executive Nurse and Quality Lead, in discussion with the relevant authorities (for example local legal advisors or the NHS Litigation Authority). The default position in cases where the complainant has expressed an intention to take legal proceedings would be to seek to continue to resolve the complaint unless there are clear legal reasons not to do so.
- 13.2. In circumstances where the complaint investigation is halted due to legal action the complainant and person identified in the complaint will be advised appropriately in writing.
- 13.3. In all cases, it will be important to ensure the potential implications for patient safety and/or organisational learning are investigated as quickly as possible to allow urgent action to be taken to prevent similar incidents arising.

14. Serious Allegations and Disciplinary Warning

14.1. Where a complaint is an allegation of any of the following:

- physical abuse;
- sexual abuse;
- possible safeguarding issues or emotional abuse;
- financial misconduct; or
- criminal offence,

this indicates the need for a referral to the disciplinary procedure, one of the professional regulatory bodies or an agency such as the police.

14.2. In such cases, the PALS/Quality Liaison Officer will seek the advice of the Associate Director of Engagement and Experience.

14.3. Investigation under the complaints procedure will only take place if it does not compromise or prejudice any concurrent disciplinary investigation. Where necessary other CCG policies and procedures may need to be applied and could preclude compliance with this policy. For example, relevant HR policies.

14.4. All staff have a personal and professional responsibility to ensure that their safeguarding knowledge remains up-to-date and have a responsibility to ensure that all concerns relating to possible safeguarding issues are referred immediately to the relevant safeguarding lead.

14.5. If any safeguarding issues arise from a complaint investigation, these will be immediately referred to the relevant safeguarding lead.

15. Valuing Diversity

15.1. The organisation recognises and values all people and welcomes feedback on all issues. The objective is to break down barriers irrespective of protected characteristics⁶. Assistance will be offered to those individuals with specific needs, e.g. interpreting services, to enable everyone who wishes to give feedback to be able to do so. Complaints can be made in a number of ways that are convenient to the complainant. The CCG is committed to reassuring anyone making a complaint that any future care they receive will not be negatively affected as a result of having made a complaint.

16. Making a Complaint

16.1. Although the CCG advocates that all members of staff should be able to help those wishing to provide feedback, the Experience and Engagement Team is the central team responsible for administering complaints, comments and compliments.

16.2. The team, including the PALS service, operates from 9am until 5pm, Monday to Friday, and can be contacted by telephone on 0800 0151 548 or 01452 566698.

16.3. By email to glccg.pals@nhs.net, or in writing to:

Freepost RRYY-KSGT-AGBR
Sanger House
Valiant Court
Gloucester Business Park
GL3 4FE

⁶ <http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all/protected-characteristics>

16.4. All written complaints will be acknowledged within three working days.

17. Investigating Officers

17.1. Investigating Officers (IO) should be identified by a senior manager. The IO should not be the subject of any part of the complaint.

17.2. The IO should carry out the investigation and draft a response based on the outcome of the investigation, ensuring all issues are covered, learning is identified and proposed actions described. This investigation report and draft response should be provided within the timeframe identified by the Quality Liaison Officer.

17.3. The IO can seek support and advice from the Associate Director Engagement and Experience regarding the handling of an investigation. This includes advice and support with meetings, phone calls, report writing, or actions to be undertaken as a result of lessons learned.

17.4. Within 20 working days from receipt of the complaint, the IO should investigate and prepare a formal response for the Accountable Officer to review,.

17.5. A further five working days are allotted for the Accountable Officer to consider the investigation, approve the final response and instruct the Experience and Engagement Team to send the response to the complaint or their representative.

17.6. Where the investigation cannot be concluded and the response sent within the 25 working days allowed, the GCCG will discuss an extended timeframe with individual complainants.

18. Record Keeping

18.1. All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the electronic complaint file, which complies with CCG Information Governance standards and is maintained by the Experience and Engagement Team. A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman

18.2. A secure database will be maintained for all feedback received by the Experience and Engagement Team.

18.3. In accordance with the Department of Health Records Management Code of Practice complaint files will be kept for eight years, and then destroyed on a proactive basis.

18.4. Complaint files about babies and children, where there is the possibility of future legal proceedings, are kept until their 25th birthday. If the baby or child has died, the complaint file is kept for eight years.

19. Reporting

19.1. A report on complaints and feedback will be compiled by the Associate Director Engagement and Experience and presented to the Integrated Governance and Quality Committee at each meeting. This report will include the numbers of complaints received, themes and trends of complaints and the associated actions. The report will also detail other patient experience information.

19.2. Patient experience feedback will also be provided to commissioning teams to inform commissioning processes.

20. Media Interest

- 20.1. Staff are to refer any media interest in a complaint to the CCG's Communications team. The CCG's Communications Team is to be briefed where any complainant expresses their intention to contact the media.

21. Fraud and Corruption

- 21.1. Any complaint which concerns allegations of possible fraud or corruption is to be passed immediately to the Director of Finance for consideration.

22. Support for Staff

- 22.1. Members of staff named in a complaint, either personally or by role, should be informed of the complaint by their line manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely and should not apportion blame. The management style and culture within the CCG will promote positive attitudes towards dealing with complaints.
- 22.2. Employees directly involved in complaints can seek support from their Trade Union or Human Resources. Staff members will be given the opportunity to be accompanied by a friend or Trade Union representative if they are required to be interviewed.
- 22.3. Interviews with employees under the complaints procedure should not be viewed as disciplinary in nature. However, staff should be made aware that documentary evidence, including statements, obtained in the course of an investigation may be used as evidence in any resulting disciplinary proceeding
- 22.4. Staff may wish to access the CCG Employee Assistance Programme delivered by Care First. This is a free, confidential, advice and support service which is available to all CCG staff 24 hours a day. Further information can be found on the CCG Intranet.

23. Unreasonably Persistent and Vexatious Complainants

- 23.1. Complainants (or anyone acting on their behalf) may be deemed to be unreasonably persistent or vexatious complainants, where previous or current contact with them shows that they meet one or more of the following criteria:
- the complainant persists in pursuing a complaint where the CCG's complaints procedure has been fully and properly implemented and exhausted;
 - the complainant continually raises new issues or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response or whilst the complaint is being investigated (care must be taken not to discard new issues which emerge as a result of the investigation or the response. These might need to be addressed as either reviews of previous complaints or as separate complaints). Independent advocacy services could be called upon to assist in such circumstances, ensuring that all new and legitimate issues are answered;
 - despite the best endeavours of staff to confirm and answer the complainant's concerns and, where appropriate, involving independent advice services, the complainant does not accept the response and/or where the concerns identified are not within the remit of the CCG;

- in the course of addressing a registered complaint, the complainant has had an excessive number of contacts with the CCG, which have placed unreasonable demands on staff. A contact may be in person or by telephone, email, letter or fax. Discretion must be used in determining the precise number of “excessive contacts” applicable under this section, using judgement based on the specific circumstances of each individual case;
- the complainant has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. 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;
- the complainant is known to have recorded meetings, face-to-face or telephone conversations without the prior knowledge and consent of other parties involved and used these recordings without prior permission;
- the complainant has focussed on a matter to an extent which is out of proportion to its significance and continues to focus on this point. It is recognised that determining what is justified can be subjective and careful judgement must be used in applying this criterion;
- the complainant displays unreasonable demands or patient/complainant expectations and fails to accept that these may be unreasonable (e.g. insisting on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised good practice);
- The complainant has threatened or used actual physical violence towards staff or their families or associates on more than one occasion; and
- The complainant has sent indecent, offensive or potentially hazardous items to staff or their families or associates in the post, or has hand-delivered indecent, offensive or potentially hazardous items to staff or their families or associates at any time.

23.2. The options for dealing with unreasonably persistent or vexatious complainants are detailed in Appendix Two.

23.3. Once complainants have been determined to be 'unreasonably persistent or vexatious' there also needs to be a mechanism for withdrawing this status. For example:

- the complainant subsequently demonstrates a more reasonable approach; or
- if the complainant submits a further complaint for which the normal complaints procedures would appear appropriate.

23.4. Staff should previously have used discretion in recommending unreasonably persistent or vexatious status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Discussion will be held with the CCG Accountable Officer (or nominated deputy) and, subject to their approval, normal contact with the complainant and application of the CCG's Complaints Procedure will then be resumed.

24. Consultation

24.1. Providers, partners and other organisations with whom GCCG regularly work were invited to comment on this policy. Organisations and groups include:

- GCCG staff;
- Gloucestershire County Council;
- Healthwatch Gloucestershire;
- NHS England Sub Region (Central South);
- provider organisations ; and
- SEAP (Support, Empower Advocate, Promote)

25. Communication

25.1. This policy will be placed on the CCG's website. However, unless there are extenuating circumstances, paper copies will not routinely be made available. This policy can be made available in other formats by contacting GCCG's Experience and Safety Team.

25.2. A feature will be scheduled in CCG internal communications to all staff and member practices to cascade information about the Policy, with a link to the CCG intranet. Annual reminders will also be sent to staff.

25.3. This policy will be placed on the CCG's intranet.

25.4. A staff information sheet 'Dealing with a Concern' will be available on GCCG. The suggested text for this information leaflet can be found at Appendix 4.

25.5. A public information leaflet 'Making a Complaint' will be available. The text for this information leaflet can be found at Appendix 6. This leaflet will be published on GCCG's website.

26. Training

26.1. If any member of staff does not feel they have the necessary skills to investigate and deal with complaints, they should discuss this in the first instance with their line manager and training arrangements should be made through the appraisal system and the professional development plan.

26.2. The Experience and Engagement team can provide informal complaints and customer care training to any individual member of staff or department

26.3. Complaint response writing support is available through the Patient Experience and Safety Manager.

26.4. The Experience and Engagement team will monitor the quality of investigations and complaint responses and will highlight to the relevant Senior Manager additional training needs.

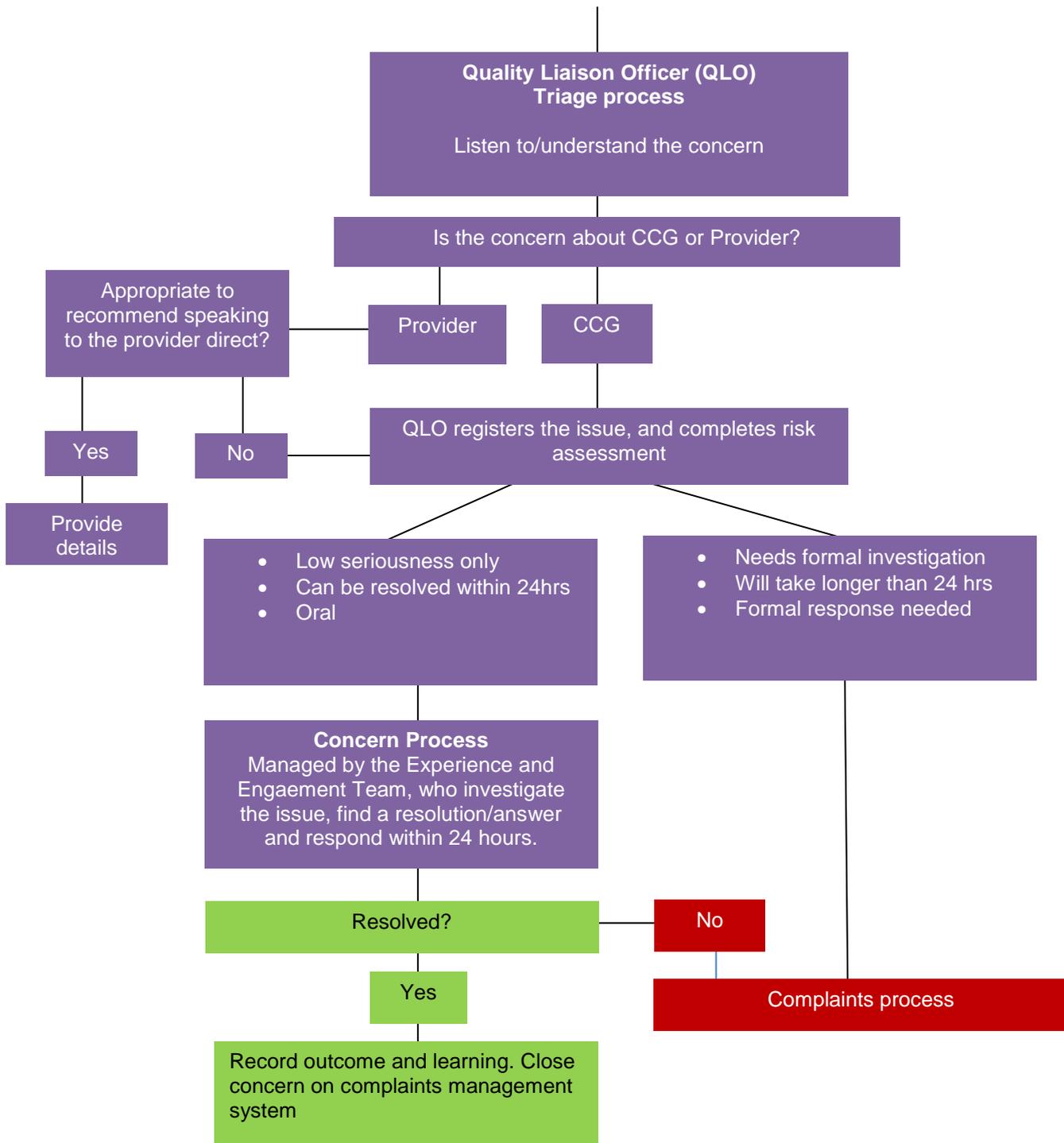
Appendix One

Gloucestershire CCG Complaints Procedure

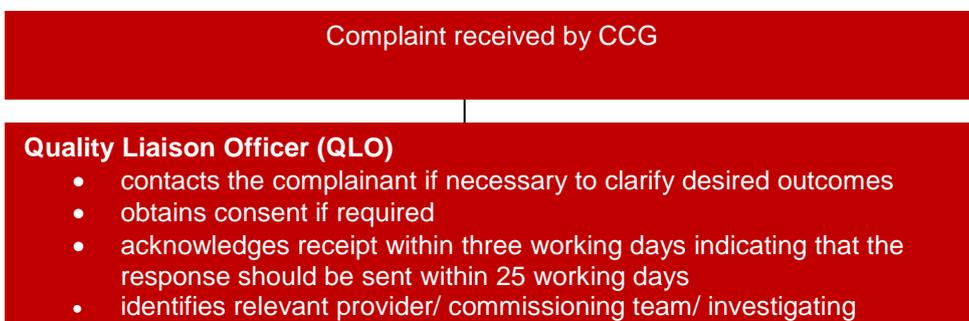
Concerns Process – Managed by the Quality Liaison Officer

(some minor stages have not been shown to aid clarity)

Concern received by CCG



Complaints Process



3 working days

Provider/Commissioning Team/Investigating Manager

- Obtains and examines the necessary paperwork
- Investigates complaint
- Drafts a response to all points raised in a format that can be inserted into a complaint response letter
- Forwards the draft response to the QLO

15 working days

Quality Liaison Officer

- Inserts response into a complaint response letter
- Sends draft response letter for review

2 working days

Manager

- Sends final draft to Accountable Officer for sign off

Accountable Officer

- Consideration of letter, complaint and signoff

5 working days

Quality Liaison Officer

- Scans signed copy to file
- Posts out
- Logs in post book

Every response will advise of contact details for the Parliamentary and Health Service Ombudsman.

OPTIONS FOR DEALING WITH UNREASONABLY PERSISTENT OR VEXATIOUS COMPLAINANTS

Where complainants have been identified as unreasonably persistent, the Accountable Officer (or nominated deputy) will determine what action to take. The Accountable Officer (or nominated deputy) will implement such action and will notify complainants in writing of the reasons why they have been classified as unreasonably persistent or vexatious complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g. GPs, independent advice services and Members of Parliament. A record must be kept for future reference in the complaint file of the reasons why a complainant has been classified as unreasonably persistent or vexatious.

The Accountable Officer (or nominated deputy) may decide to deal with complainants in one or more of the following ways:

- Try to resolve matters before invoking this procedure by drawing up a signed 'agreement' with the complainant (if appropriate, involving a relevant advocate in a two-way agreement), which sets out a code of behaviour for the parties involved, if the CCG is to continue processing the complaint. If these terms are contravened, consideration would then be given to implementing other action as indicated in this section.
- Once it is clear that the complainant meets any one of the criteria set out in section 25 of the Complaints and Feedback policy, it may be appropriate to inform them in writing that they may be classified as an unreasonably persistent or vexatious complainant, copying this policy to them, and advising them to take account of the criteria in any further dealings with the CCG. In some cases it may be appropriate, at this point, to suggest that the complainant seeks independent advice or advocacy in processing their complaint, e.g. through SEAP.
- Decline contact with the complainant either in person, by telephone, by email, by fax, by letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party.
- If staff are to withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to be used at such times.
- Notify the complainant in writing that the Accountable Officer has responded fully to the points raised and has tried to resolve the complaint, but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered. They should be informed of their right to appeal and of their right to go to the Parliamentary and Health Service Ombudsman.

How to deal with feedback about a local NHS service.

Information for CCG staff

People may not always want to make a complaint; they may just want us to know about their experience and to be listened to.

If the individual wants to make a **formal complaint** then they should contact the Patient Advice and Liaison (PALS) or **Complaints Team** for the relevant organisation in the first instance. In some organisations PALS may be the first point of contact for complaints and may be a good first point of contact for the complainant to discuss their concerns.

If the person wants to raise a **concern**, provide a **comment** or register a **compliment**, then they should contact the relevant **Patient Advice and Liaison (PALS)** team.

If the complainant feels that the issue may constitute a criminal act and that the police should be involved, they are within their rights to contact the police to refer the matter/incident to them. It will then be a matter for the police to decide if they wish to take further action, which they will investigate accordingly. The organisation is not in a position to make a judgement and we should not attempt to persuade or dissuade a complainant from contacting the police.

During the out of hours period, if the nature of a complaint identifies that a possible serious criminal act has been perpetrated by a member of staff and you should contact the on-call Manager or Director immediately.

If a written complaint is received it should be forwarded to the Experience and Safety Team without delay.

If you are in any doubt about which complaints / PALS team to refer to, the issue should be referred to the Gloucestershire Clinical Commissioning Group Experience and Safety Team, which includes the PALS function in the first instance.

Freepost RRYY-KSGT-AGBR
Sanger House
Valiant Court
Gloucester Business Park
GL3 4FE

Telephone 0800 0151 548 / 01452 566698

Email: glccg.pals@nhs.net

Contact details for complaints teams covering individuals registered with GP practices in Gloucestershire

Gloucestershire Clinical Commissioning Group

Freepost RRYY-KSGT-AGBR
Sanger House
Valiant Court
Gloucester Business Park
GL3 4FE

Telephone 0800 0151 548 / 01452 566698
Email: glccg.pals@nhs.net

NHS England

PO Box 16738
Redditch
B97 9PT

Telephone 0300 311 22 33
Email: england.contactus@nhs.net

Gloucestershire Hospitals NHS Foundation Trust

Complaints Team,
Gloucestershire Royal Hospital,
Great Western Road,
Gloucester,
GL1 3NN

Telephone: 0300 422 5779/7
Email: complaints.team@glos.nhs.uk
Website: <http://www.gloshospitals.org.uk/en/Contact-Us/Contact-Us/>

Gloucestershire Care Service NHS Trust

Gloucestershire Care Services NHS Trust
FREEPOST RSKC-CSKU-KRZX
Edward Jenner Court
Gloucester Business Park
GL3 4AW

Telephone: 0300 421 8148
Email: contactus@glos-care@nhs.uk
Website: <http://www.glos-care.nhs.uk/publications/our-policies-and-procedures/making-a-comment-or-complaint>

2gether NHS Foundation Trust

Service Experience Department²gether NHS Foundation Trust Headquarters
Rikenel
Montpellier
Gloucester
GL1 1LY

Telephone: 01452 894673
Email: complaints.2gether@glos.nhs.uk
Website: <http://www.2gether.nhs.uk/comment,-concern,-complaint,-compliment?>

Contact details for Patient Advice and Liaison (PALS) teams in Gloucestershire

Gloucestershire Clinical Commissioning Group

Freepost RRYY-KSGT-AGBR
Sanger House
Valiant Court
Gloucester Business Park
GL3 4FE

Telephone 0800 0151 548 / 01452 566698
Email: glccg.pals@nhs.net

Gloucestershire Hospitals NHS Foundation Trust

PALS Office
Gloucestershire Royal Hospital
Great Western Road
Gloucester
GL1 3NN

Freephone 0800 019 3282
Text: 07827 281266
Website: <http://www.gloshospitals.org.uk/en/Contact-Us/Contact-Us/>
Email: pals.gloucestershirehospitals@glos.nhs.uk

Gloucestershire Care Service NHS Trust

Gloucestershire Care Services NHS Trust
FREEPOST RSKC-CSKU-KRZX
Edward Jenner Court
Gloucester Business Park
GL3 4AW

Telephone: 0300 421 8313
Email: community.pals@glos.nhs.uk
Website: <http://www.glos-care.nhs.uk/publications/our-policies-and-procedures/making-a-comment-or-complaint>

2gether NHS Foundation Trust

Service Experience Department
2gether NHS Foundation Trust Headquarters
Rikenel
Montpellier
Gloucester
GL1 1LY

Telephone: 01452 894673

Contact details for Healthwatch Gloucestershire

Freephone telephone number: 0800 652 5193
Local landline number: 01452 504989
Email: info@healthwatchgloucestershire.co.uk

Healthwatch Gloucestershire
Community House
15 College Green
Gloucester
GL1 2LZ

Dealing with a Concern

Information for CCG Staff

Introduction

This leaflet explains the part you can play in dealing with concerns and how to try to avoid concerns turning into complaints.

Resolving an issue quickly and feeding back to the person concerned what you have done in response, is often enough to stop it from becoming a formal complaint.

Valuing Feedback

The CCG welcomes feedback. This helps us to learn how to improve the way we do things and put things right if we get them wrong. People will often not know how to or who to raise a concern with. All staff across the healthcare community have an important role to play in openly and actively encouraging patients, carers and others to speak up, so that we can alleviate and resolve concerns promptly.

Equally, as a member of staff you may be unfamiliar with what you should do if a member of the public raises a concern with you. We want staff across the CCG to feel empowered to deal with any issue. Below are some top tips to help you to do this.

What is a concern?

Concerns are issues which can be resolved on-the-spot (usually within 24 hours), and are typically less serious issues than complaints. Concerns are made orally. For example, a concern might be raised in relation to some out of date information on a website; where the resolution is to arrange for an update or change to put matters right.

All staff have a duty to listen to concerns raised. On receiving a concern, you should inform a member of the Patient Experience and Safety Team who will log the concern – contact details below.

Top tips for dealing with concerns

- **Take time to listen.** Many concerns are the result of a misunderstanding. Taking time to speak to the person and understand exactly what they are unhappy about and how we can help to resolve the issue.
- **Take personal responsibility for dealing with the issue.** All staff should feel empowered to deal with any concerns. If you cannot deal with the issue yourself, seek support from your line manager or a more senior member of staff.
- **Resolve the issue as quickly as possible.** Generally concerns are straightforward and can be resolved on the spot with an apology and action to put the matter right.
- **Keep the person informed of progress.** If the issue is going to take some time to resolve, keep the person informed of actions you have taken and tell them when you expect the issue to be resolved.

- **Seek advice from a senior member of staff.** If the person is still unhappy or the issue you are dealing with is too complex, seek advice from your line manager or a more senior member of staff.
- **Manage expectations and keep your promises.** If you promise to resolve an issue within a certain time frame - keep that promise. If, due to unforeseen circumstances, you cannot respond within the timeframe promised, let the person know why. Manage expectations and do not leave the person wondering what's going on.
- **Try to avoid a complaint.** The majority of people that raise a concern don't want to make a complaint; they just want their issue resolved promptly. Do not automatically direct the patient to the Patient Advice and Liaison Service (PALS) or advise the person to make a formal complaint. The majority of issues can be resolved within the department.

Patient Experience and Safety Team

The Patient Experience and Safety Team can provide support to you as a member of staff if you are trying to resolve a concern or complaint.

If the person who raised the issue wishes to speak with a member of the team about their concern, they can call 0800 0151 548 / 01452 566698 or email glccg.pals@nhs.net

Alternatively, write to:

Freepost RRYY-KSGT-AGBR
Sanger House
Valiant Court
Gloucester Business Park
GL3 4FE

Need help or advice? Call the Patient Experience and Safety Team on 0800 0151 548 or 01452 566698.

Need help or advice about Safeguarding? Contact the CCG's Deputy Director of Nursing on 0300 421 1607.

Obtaining Information for Complaint Investigations

Information for CCG staff

Introduction

Any member of CCG staff directly involved in a complaint may be asked to provide information in connection with an investigation. Staff asked to provide information will be supported in this process by the Investigating Manager and/or their line manager. Further advice and support can be obtained from the Patient Experience and Safety Team.

Patient Consent

The Patient Experience and Safety Team is responsible for ensuring that appropriate patient consent for the release of personal information is obtained.

A copy of any information that is given is kept in the complainants' complaint file, and may be legitimately passed on if the complainant requests an Independent or Health Service Ombudsman's review of their complaint.

General Principles regarding Obtaining Information

Any written information you obtain or provide for a complaint should:

- Be written in ink or typed.
- Be legible and concise.
- Be factual, accurate and relevant.
- Avoid abbreviations.
- Explain any technical words, phrases or procedures and avoid jargon.

Format - the following format should be followed when obtaining information to ensure to consistency and completeness of investigations into a complaint:

Title - the title should indicate the date, place and time of the issue complained about.

Opening paragraph - please give the following information as it applied when the events under investigation occurred:

- Your Name
- Address
- Post in the CCG
- How long you had been in post
- How you can be contacted most easily

Narrative of events – please provide a narrative of the events, keeping to the facts. In date and time order state:

- When and what you did and why.

Final Checks - as a CCG, we must be 100% confident with what we are saying.

- Remember your statement could be made public. Always re-read what you have written.
- Once you are confident with your statement, date and sign it.
- Give your signed, written statement to your line manager, keeping a file copy for yourself.

Making a Complaint

Information for the Public

We value your feedback

Gloucestershire Clinical Commissioning Group (the CCG) works hard to ensure everyone who uses local NHS funded service has an excellent experience. We also recognise that sometimes things go wrong. When this happens we want to learn from what people tell us so we can put things right and stop it happening again.

We are committed to listening to the views of the public and have a team dedicated to helping you through the complaints process. Our Experience and Engagement Team act on your behalf to ensure that all complaints are dealt with fairly and thoroughly.

What is a complaint?

A complaint is any concern or issue you have with the CCG or a provider of NHS funded services which cannot be resolved within 24 hours. A 'provider' is the organisation that delivers your NHS care. Complaints are usually made in writing, but can also be made in person or by telephone.

Some patients worry that making a complaint will adversely affect their ongoing care. Please be assured, raising a concern or making a complaint will not affect the care you or a loved one receives.

Who can complain?

Anyone who is receiving, or has used, healthcare services in Gloucestershire can make a complaint. If you are unable to do so yourself then someone else (usually a close relative, friend or a carer) can make a complaint on your behalf. PALS or Independent NHS Complaints Advocacy are also available to support you (details below). If someone is making a complaint on your behalf then written consent is needed.

Are there time limits on making a complaint?

Yes. It is important that you make your complaint as soon as possible after the event. At the latest, all complaints must be made **within twelve months** of the problem occurring or within twelve months of it coming to your attention.

How do I make a complaint?

If you have a concern, we would always recommend that you talk to the organisation that has caused your concern in the first instance. For example, if you are staying in hospital, you could speak to the nurse in charge or ward manager. They will listen to you and try to resolve your concern on-the-spot.

If you have done this and are not happy with the outcome, or you wish to raise your concern with someone not directly involved in your care, Patient Advice and Liaison Services can advise you about taking your concerns further.

Details of how to do this can be found at the back of this leaflet.

Can I get help to make a complaint?

Yes. Patient Advice and Liaison Services can offer you help and advice on making a complaint.

Alternatively, you can get free and impartial advice on making a complaint about NHS services from Healthwatch Gloucestershire:

[This section to be replaced when new details are confirmed]

What if I am not happy with how my complaint was handled?

If you are not happy with the way a complaint has been dealt with, please talk to the organisation which responded to you in the first instance. You may also be able to escalate your complaint and request an independent review from the Parliamentary and Health Service Ombudsman (PHSO). You can contact the PHSO by calling: 0345 0154033, or you can write to the PHSO at:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

For further information, you can visit the PHSO web site at www.ombudsman.org.uk

Exclusions to the NHS Complaints Process

As a general rule, the NHS complaints process cannot be used for the following:

- If you are taking legal action the complaints process may cease once legal action has been taken, unless a concurrent complaint investigation would not affect legal proceedings.
- If you are seeking compensation from a Trust – claims for compensation cannot be sought through the complaints process.
- If your complaint is about private medical care – you should address your concerns directly to the consultant in charge of your care.

Appendix Seven

References

The following is a list of policies, procedural documents or guidance documents (internal or external) which have informed the development of this policy.

Ref.	Document Title	Location
1	Access to Health Records Act 1990	http://www.legislation.gov.uk

2	Complaint Handling in NHS Trusts (Patient Association)	http://www.patients-association.com
3	Department of Health Code of Practice – Records Management	https://www.gov.uk
4	Everyone Counts: Planning for Patients 2013/14	http://www.england.nhs.uk
5	Good Practice Standards for NHS Complaint Handling (Patients Association)	http://patients-association.com
6	Health and Social Care (Community Health and Standards) Act 2003	http://www.legislation.gov.uk
7	Healthwatch Gloucestershire	http://www.healthwatchgloucestershire.co.uk
8	Helping more people by investigating more complaints about the NHS	http://www.ombudsman.org.uk
9	Information Commissioners Office	http://www.ico.gov.uk/
10	Listening Responding Improving: a guide to better customer care.	http://webarchive.nationalarchives.gov.uk
11	NHS Governance of Complaints Handling (Parliamentary and Health Service Ombudsman)	http://www.ombudsman.org.uk
12	NHSLA Risk Management Standards	www.nhsla.com
13	Parliamentary and Health Service Ombudsman Principles of Good Complaint Handling	http://www.ombudsman.org.uk
14	Parliamentary and Health Service Ombudsman Report: Care and Compassion February 2011	http://www.ombudsman.org.uk
15	Social Services Complaints Procedure for Adults	http://www.adviceguide.org.uk
16	Statutory Instrument 2006 No. 2084. The National Health Service (Complaints) Amendment Regulations 2006	http://www.legislation.gov.uk
17	Suffering in Silence	http://www.healthwatch.co.uk/complaints/report
18	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	http://www.legislation.gov.uk
19	The Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report)	http://www.midstaffpublicinquiry.com/
20	The NHS Complaints Procedure	http://www.nhs.uk