

POLICY FOR THE REPORTING AND MANAGEMENT OF PATIENT COMPLAINTS

June 2019

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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 and date	Date on website
1.0	Liz Vickerstaff, Quality Lead North Yorkshire and Humber CSU	First draft		
1.1	Pennie Furneaux, Policy & Assurance Manager	Review and update	Governing Body 05 June 2014	June 2014
1.2	Policy & Assurance Manager	Formatting, Duty of Candour		
1.3	Daniel Blagdon Patient Experience Lead	Review and updated following CCG complaints handling being brought 'in- house' from YHCS		
1.4	Policy and Assurance Manager	Clarification of scope of policy. Amend name of Clinical Support Unit.	Governing Body	Feb 2015
2.0			04 December 2014	
3.0	Debbie Winder, Head of Quality and Assurance	2 yearly review and update including reorganisation of PCU functions	Quality and Patient Experience Committee	15 June 2017
4.0	Gill Rogers Patient Experience Lead	2 yearly review – minor edits only to reflect organisational changes	Quality and Patient Experience Committee	14 June 2019

To request this document in a different language or in a different format,
please contact NHS Vale of York CCG
on 01904 555870 or valeofyork.contactus@nhs.net

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1. INTRODUCTION

The NHS Vale of York Clinical Commissioning Group (Vale of York 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 Vale of York Clinical Commissioning Group complaints policy in meeting the requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The policy describes how Vale of York Clinical Commissioning Group manages, responds to and learns from complaints (and other types of feedback) 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 Vale of York Clinical Commissioning Group 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).

NHS Vale of York Clinical Commissioning Group is committed to high quality care for all as a core principle of our vision and purpose. This includes the provision for any user, 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.

Vale of York Clinical Commissioning Group recognises that staff work very hard to get it right first time. However, there may be occasions when people will be dissatisfied and wish to make a complaint or raise a concern.

Vale of York Clinical Commissioning Group will endeavour to respond as quickly and effectively as possible to resolve complaints and concerns, respond to enquiries and to use the information to learn and improve the quality of patient services.

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

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. 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
- To 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 or will be 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 they think 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) should trigger an investigation
- The importance of narrative as well as numbers contained within the data

2. POLICY STATEMENT

Vale of York Clinical Commissioning Group 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, or on behalf of, the investigating organisation.

The main aims of the policy are :

- To provide easily accessible clear and easy to understand procedures for managing complaints and concerns
- To provide a consistent approach to the management and investigation of complaints and concerns
- To sympathetically respond to complaints and concerns in appropriate timeframes

- To provide opportunities for people to offer feedback on the quality of service provided
- To provide 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 'lessons learnt' 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 Vale of York Clinical Commissioning Group meets its legal obligations

2.1 Being open with Patients and Relatives

Vale of York Clinical Commissioning Group is committed to effective communication with patients, relatives and carers. When things go wrong, it is essential that those involved 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 made mandate in the 'Duty of Candour' recommended by Government after the Mid Staffordshire NHS Foundation Trust Public Inquiry.

Being open involves :

- Apologising and informing patients and carers that we are committed to discover and explain what happened.
- Conducting a thorough investigation into the complaint and informing patients, relatives, carers that lessons will be learned to prevent reoccurrence if any are identified through the investigation.
- 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.

Vale of York Clinical Commissioning Group will also ensure that complaints are referred to in our annual report.

This policy will be placed on the CCG internet and will be shared with staff.

3. IMPACT ANALYSES

3.1 Equality

In developing this policy an equalities impact analysis has been undertaken. As a result of performing the analysis, this policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. Vale of York CCG is committed to ensuring that patients whose first language is not English receive the information they need and are able to

communicate appropriately with healthcare professionals. All information in relation to the complaints process is available in alternative languages and formats upon request.

Every complainant is dealt with as an individual and corresponded with (verbally where possible) to agree their preferred outcome and how we will maintain contact. Adjustments are made on an individual basis.

A copy of the completed Equality Impact Analysis can be found at Appendix 1.

3.2 Sustainability

A Sustainability Impact Assessment has been undertaken. See Appendix 2.

4. SCOPE

The regulations apply to the handling of complaints or concerns relating to primary care (GPs, dentists, pharmacists and optometrists), offender and military health services commissioned by NHS England or for any service directly commissioned by Vale of York Clinical Commissioning Group.

For complaints about services other than those commissioned by Vale of York Clinical Commissioning Group, please refer to the complaints service of the relevant Commissioning Group or provider concerned. Contact details for these organisations are on page 15.

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 Vale of York Clinical Commissioning Group. 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

5.1 Accountable Officer

- Overall accountability for ensuring that the Vale of York Clinical Commissioning Group Complaints Policy meets the statutory requirements as set out in the regulations.
- Responsible for approving and signing complaints response letters. The functions of the responsible officer can be performed by any person authorised by NHS Vale of York Clinical Commissioning Group to act on the responsible officer's behalf. The Chief Nurse has overall delegated responsibility for the complaints management process.

5.2 Investigating Officers

Investigating officers will be responsible for the management of the complaints investigation and response in line with the Vale of York CCG Complaints Policy.

5.3 All individuals

All staff are responsible for being aware of their obligations with regard to complaints as outlined in the Vale of York CCG complaints procedure.

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 which is made orally and resolved to the complainant's satisfaction no later than the next working day
- 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

If a 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. See guidance on this: <http://www.england.nhs.uk/wpcontent/uploads/2014/03/complaint-clarification-note.pdf>

7. DEFINITION OF A COMPLAINT

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

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

There are no exact definitions of concerns and complaints and common sense must prevail in identifying them. This is agreed with the individual who raised the concern.

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 Vale of York Clinical Commissioning Group, or a service commissioned by Vale of York Clinical Commissioning Group 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 Chief Nurse, 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 a 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.

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

In a situation where a person discloses physical or sexual abuse, or 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 a vulnerable adult 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.

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/>

10. HOW TO MAKE A COMPLAINT

Where it is appropriate, complaints and concerns can be resolved on the spot or quickly by front line staff or the service provider. Where attempts to resolve the issue fails 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. Should you need to contact NHS Vale of York Clinical Commissioning Group, [contact details are at the end of this policy.](#)

11. TIMESCALES FOR COMPLAINTS

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, NHS Vale of York Clinical Commissioning Group may decide to still consider the complaint, for example, longer periods of complaint timescales may apply to specific clinical areas.

12. CONFIDENTIALITY

Complaints will be handled in the strictest confidence in accordance with the NHS Vale of York Clinical Commissioning Group Data Protection & Confidentiality Policy. 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 Data Protection Act and other legal obligations such as the Human Rights Act 1998, the common law duty of confidentiality and the General Data Protection Regulation 2018 (GDPR). 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. See Section 15 for arrangements regarding MPs acting on behalf of constituents.

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.

14. INVESTIGATION PROCESS AND ORGANISATIONAL RESPONSE

NHS Vale of York Clinical Commissioning Group will investigate a complaint in a manner appropriate to resolve it as efficiently as possible, proportionate to the seriousness of the complaint.

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.

All complaints will be acknowledged no later than three working days after the day the complaint is received (either by telephone, email or letter) and 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 complainant's 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
- Consent for NHS Vale of York Clinical Commissioning Group to pass the complaint to the service provider (as appropriate)
- Consent for NHS Vale of York Clinical Commissioning Group staff to handle the response provided by the service provider

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, where appropriate, they will receive an 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 or redress will be made where appropriate.

Where the complaint involves more than one NHS or social care body, NHS Vale of York Clinical Commissioning Group will adhere to the duty to cooperate contained in the legislation. Where complaints involve more than one body, discussions will take place about the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant.

Where NHS Vale of York Clinical Commissioning Group receives a complaint involving several bodies, 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 any provider.

On receipt of the investigation report a response to the complaint will be prepared and will include information on the next stages of the complaints procedure should the complainant wish to take matters further.

As soon as it is reasonably possible after completing the investigation, and within the timescale agreed with the complainant, NHS Vale of York Clinical Commissioning Group will send a formal response in writing to the complainant which will be signed by the Chief Accountable Officer or delegated deputy.

The response will include :

- An explanation of how the complaint has been considered.
- An apology.
- An explanation based on facts.
- Whether the complaint in full or in part is upheld.
- 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 that those lessons should lead to service improvement.

15. REFERRALS TO THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

If a complainant remains dissatisfied with attempts to resolve issues or with the handling of the complaint by Vale of York Clinical Commissioning Group, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case. This is the second and final stage of the complaints process. The PHSO may investigate a complaint where, for example :

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

NHS Vale of York Clinical Commissioning Group will provide information on how to contact the PHSO when issuing the formal written response.

When informed that a complainant has approached the PHSO, NHS Vale of York Clinical Commissioning Group 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.

16. RECORD RETENTION

Keeping clear and accurate records of complaints is important. Complaints records should be retained for a period of ten years.

17. POLICY IMPLEMENTATION

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

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

18. TRAINING AND AWARENESS

This policy will be published on the CCG's website and will be available to staff on the organisation's internet.

The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Policy and Assurance Manager.

19. MONITORING, REPORTING AND AUDIT

NHS Vale of York Clinical Commissioning Group 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, concerns, comments and compliments is recorded onto a management database and reviewed in conjunction with feedback and insight from other sources. This information is reported to the Quality and Patient Experience Committee and the Governing Body.

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

The CCG will :

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

19.1 Distribution and Training

NHS Vale of York Clinical Commissioning Group will monitor that all staff and the general public are aware of the complaints policy and procedures via NHS Vale of York Clinical Commissioning Group internet site. A global notice will be sent to officers to notify release of this document and a link to this policy will be provided from the Policy Directorate intranet site. Notification of this document will be included in the all staff email bulletin and staff briefings.

All staff dealing with complaints will be given training for implementation of this policy. 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
- Senior manager
- Patient experience lead
- Peer support
- Occupational health
- Professional bodies

19.2 Persistent and unreasonable complainants

Detailed guidance on the management of persistent and unreasonable complainants is set out in [Appendix 3](#).

19.3 Organisational Performance Targets

Vale of York CCG will :

- Acknowledge all complaints within 3 working days verbally or in writing.
- Negotiate with the 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
- 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.

20. 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.

21. ASSOCIATED DOCUMENTS

- Data Protection Technical Guidance Note: Disclosures to Members of Parliament carrying out constituency casework.
- Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order 2002. S.I.2002 No. 2905
- NHS Constitution updated 2015
- Vale of York Clinical Commissioning Group Confidentiality Policy
- Vale of York Clinical Commissioning Group Data Protection Policy
- Vale of York Clinical Commissioning Group Incident Management Policy
- Vale of York Clinical Commissioning Group Safeguarding Policy
- Vale of York Clinical Commissioning Group Whistleblowing policy
- Vale of York Clinical Commissioning Group Risk Management Strategy

22. 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
- Executive Summary February 2013
- Superannuation Act 1972
- The Data Protection Act 1998
- The Local Authority Social Services and National Health Service
- Complaints (England) Regulations 2009 <http://dh.gov.uk>
- NHS England Complaints Policy
- NHS England Guide to good handling of complaints for CCGs May 2013

23. NHS VALE OF YORK CCG CONTACT DETAILS

Patient Relations

Telephone : 01904 555629 or 01904 555999

Email : voyccg.patientrelations@nhs.net

Address : NHS Vale of York Clinical Commissioning Group, West Offices,
Station Rise, York. Y01 6GA

NHS England is the commissioner of primary care services (GP Practice, dentist, community pharmacy or optician). If you have a complaint about these services, please contact NHS England at the address below :

Telephone : 0300 311 22 33

Email : england.contactus@nhs.net

In writing NHS England, PO Box 16738, Redditch, B97 9PT

24. APPENDIX 1 : EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Policy for Reporting and Management of Patient Complaints
2.	Please state the aims and objectives of this work.
	This policy describes the systems in place to effectively manage complaints in accordance with NHS complaint regulations. It outlines the responsibilities and processes for receiving, handling, investigating and resolving complaints relating to the actions of the organisation, its staff and services
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Staff
4.	What sources of equality information have you used to inform your piece of work?
	NHS England
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	VOY CCG will respond to all complaints regardless of the needs of the requestor. Information can be requested and provided in various formats including alternative languages, Braille, large print and audio. Advocacy services are offered as part of the policy and process
6.	Who have you involved in the development of this piece of work?
	This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.
7.	What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activity
Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.

	Some complainants, as a result of disability may require support to make a complaint. Advocacy services continue to be offered as part of the policy and process, and records held to ensure audit demonstrates equity of access
Sex Men and Women	Consider gender preference in key worker, single sex accommodation etc.
Not affected	
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers	Consider cultural traditions, food requirements, communication styles, language needs etc.
Not affected	
Age This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
Not affected	
Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
Not affected	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
Not affected	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
Not affected	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.

Not affected	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
Not affected	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
Not affected	
Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc.
8.	Action planning for improvement N/A

Sign off
Name and signature of person / team who carried out this analysis
Date analysis completed
Name and signature of responsible Director
Date analysis was approved by responsible Director

25. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	0		
	Will it reduce 'care miles' (telecare, care closer) to home?	0		
	Will it promote active travel (cycling, walking)?	0		
	Will it improve access to opportunities and facilities for all groups?	0		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	0		
	Will it promote ethical purchasing of goods or services?	0		
Procurement	Will it promote greater efficiency of resource use?	0		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	0		
	Will it support local or regional supply chains?	0		
	Will it promote access to local services (care closer to home)?	0		
	Will it make current activities more efficient or alter service delivery models	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	0		
Workforce	Will it provide employment opportunities for local people?	0		
	Will it promote or support equal employment opportunities?	0		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	0		
	Will it offer employment opportunities to disadvantaged groups?	0		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	0		
	Will it increase safety and security in new buildings and developments?	0		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	0		
	Will it provide sympathetic and appropriate landscaping around new development?	0		
	Will it improve access to the built environment?	0		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	0		
	Will it promote prevention and self-management?	0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	0		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	0		

26. APPENDIX 3: 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 Vale of York Clinical Commissioning Group 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 staff 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 advocacy services e.g. independent complaint advocacy services or VoiceAbility 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 complainant's 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 Chief Nurse and Head of Quality & Assurance. The Chief Nurse 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 annually

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.