

MANAGEMENT OF COMPLAINTS AND CONCERNS POLICY

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Equality Statement

Equality, diversity and human rights are central to the work of the Hampshire, Southampton and Isle of Wight (HSI) CCG. This means ensuring local people have access to timely and high quality care that is provided in an environment which is free from unlawful discrimination. It also means that the CCG will tackle health inequalities and ensure there are no barriers to health and wellbeing.

To deliver this work CCG staff are encouraged to understand equality, diversity and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas. CCG staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

The CCGs' equality, diversity and human rights work is underpinned by the following:

- NHS Constitution 2015
- Equality Act 2010 and the requirements of the Public Sector Equality Duty of the Equality Act 2010
- Human Rights Act 1998
- Health and Social Care Act 2012 duties placed on CCGs to reduce health inequalities, promote patient involvement and involve and consult the public.

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QUICK REFERENCE

All complaints and concerns need to be forwarded immediately to the CCG's Patient Experience Team, to ensure correct processes are followed in line with relevant legislation / policy.

Complaint - an expression of dissatisfaction from a service user, either verbal or written, that requires a formal response from the CCG.

Concern - defined as an issue which may require further enquiry, advice or information in order to resolve.

Contact details for the CCG's Patient Experience Team are as follows:

Email

HSICCG.patientexperience@nhs.net

Telephone

For patients within the Southampton area: 02380 296066

For patients within the South West Hampshire area: 0800 456 1633

For patients within the North Hampshire area: 01256 706004

For patients on the Isle of Wight: 01983 534412

Address

Hampshire, Southampton and Isle of Wight CCG
Omega House
112 Southampton Road
Eastleigh
Hampshire
SO50 5PB

1. Introduction and purpose

- 1.1 This policy sets out the process for handling complaints and concerns generated by service users, carers and the general public, by Hampshire, Southampton and Isle of Wight CCG. All staff are responsible for co-operating with the development and implementation of this policy as part of their normal duties and responsibilities. Temporary and agency staff, contractors and subcontractors will be expected to comply with the requirements of this policy. It also has implications for providers of services to the CCG, all of which have a responsibility to have a complaints policy in place in line with national requirements.
- 1.2 The Clinical Commissioning Group (CCG) is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.
- 1.3 The CCG recognises that complaints and concerns are a valuable source of information from service users about the quality of the services it commissions. It is essential that all complaints and suggestions for improvement are received positively, are investigated thoroughly and promptly, and responded to in an open and sympathetic manner, with action taken, where appropriate, to prevent a recurrence of the circumstances leading to the complaint. Complaints outcomes will be shared with the CCG Quality and/or Commissioning Teams to ensure that the learning from complaints is monitored via relevant Quality Group meetings.
- 1.4 All staff dealing with complaints and concerns are expected to do so with courtesy, respect and fairness at all times. The CCG does not tolerate threatening, abusive or unreasonable behaviour by any complainant. Such situations are rare, however, should they happen, we will cease communication with the complainant immediately in accordance with our Protocol for Handling Persistent, Unreasonable or Habitual Complaints (Appendix B).
- 1.5 The CCG encourages feedback on any of the four Cs; using the following definitions:-
- Complaint** - A complaint an expression of dissatisfaction from a service user, either verbal or written, that requires a formal response from the CCG.
- Concern** - A concern is defined as an issue which may require further enquiry, advice or information in order to resolve.
- Comment** - A comment can be a remark or observation that does not require a formal response.
- Compliment** - An expression of gratitude as a result of services provided to service users, relatives, carers or members of the public and staff.

2. Scope

- 2.1 This policy describes the controls in place to effectively manage complaints and outlines the processes within the CCG for investigating and resolving complaints.
- 2.2 This policy applies to the handling of complaints or concerns relating to directly commissioned services or services provided by the CCG. The CCG is responsible for commissioning health services on behalf of the population of Hampshire, Southampton and the Isle of Wight from local acute hospitals, mental health providers, ambulance provider, community providers, the independent sector and independent contractors. The CCG also provides Continuing Healthcare (CHC) assessment and funding.
- 2.3 In accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the following complaints will **not** be dealt with using this policy:
- A complaint made by a responsible body (local authority, NHS body, primary care provider or independent provider).
 - A complaint made by an employee of a local authority or NHS body about any matter relating to that employment.
 - A complaint which is made orally and is resolved to the complainant's satisfaction no later than by the next working day.
 - A complaint, the subject matter of which is the same as that of a complaint that has previously been made and resolved.
 - A complaint, the subject matter of which has previously been investigated under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 or previous NHS Regulations.
 - A complaint arising out of the alleged failure by the CCG to comply with a request for information under the Freedom of Information Act 2000.
 - A complaint, which on the advice of the NHS Resolution, should cease investigation immediately if the complainant explicitly indicates an intention to take legal action in respect of the complaint.
- 2.4 Complaints about services that are **commissioned directly by NHS England** such as:
- General Practitioners
 - Opticians
 - Dentists
 - Pharmacies
 - Specialised Services

should be routed to the NHS England complaints team using their email address: england.contactus@nhs.net .

However, the CCG will work with NHSE to ensure learning and actions from NHSE managed complaints are followed up.

- 2.5 Complaints about Public Health Services should be directed to the relevant Local Authority.

3. Definitions

- 3.1 The word “service user” is used to describe all those people for whom we commission and provide services.
- 3.2 The word “complainant” is used to describe the person making the complaint; whether that is the service user themselves, or on behalf of someone else.
- 3.3 This policy applies to any concern or complaint, whether it is received from a user of the service or their representative, or a member of the community who comes into contact with the service by other means.
- 3.4 This policy has been developed in line with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 which came into effective from 1st April 2009.
- 3.5 The 2009 Regulations improve the way in which service user complaints are handled and to bring real benefits for health and care organisations and for the staff working in them. This policy sets out the framework and the process that the CCG will follow when dealing with a complaint. The policy will also provide additional details for service users who may wish to seek further advice from the Parliamentary and Health Service Ombudsman (PHSO).
- 3.6 The 2009 Regulations form a single approach for dealing with complaints about the NHS and Local Authority Social Services.
- 3.7 The complaints approach is structured around three main principles; listening, responding and improving. The organisation will take an active approach to asking for people’s views, deal with complaints more effectively and use the information received to learn and improve.

4. What is a complaint?

- 4.1 **Complaint:** A complaint usually relates to either a concern or dissatisfaction about a service the CCG commissions or a decision made by the CCG. Commissioned services are those that are paid for by the CCG but provided by other organisations (i.e. hospitals, community care providers, mental health providers, ambulance services, etc.). Complaints may be expressed about, but not limited to:
- something which is against the choice or wishes of a service user

- the way treatment, service or care has been provided to a service user
- discrimination against a service user
- how a service has been managed
- lack of a particular service
- the attitude or other behaviour of staff.

5. Who can make a complaint

5.1 A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of a service user in any case where that person:

- is a child; (an individual who has not attained the age of 18);
In the case of a child, we must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child, and furthermore that the representative is making the complaint in the best interests of the child.
- when the complainant is the parent, or guardian, of a child under 16 years;
If a person with parental responsibility complains about the care of a young person aged 16 or 17, the young person's consent will normally be required in order to disclose confidential information about them. In the case of children under 16 and over 13 who are considered 'Gillick competent', their written consent will also be required. Gillick competence will be assessed on a case by case basis by the Head of Patient Experience and Complaints
- has died;
In the case of a person who has died, the complainant must be the personal representative of the deceased. The CCG needs to be satisfied that the complainant is the personal representative. Where appropriate we may request evidence to substantiate the complainant's claim to have a right to the information, such as evidence on executor status, grant of probate or other relevant documentation.
- has physical or mental incapacity;
In the case of a person who is unable, by reason of physical capacity/capability, or lacks capacity/capability within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the CCG needs to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.
- has given consent to a third party acting on their behalf;
In the case of a third party pursuing a complaint on behalf of the person affected we will request the following information:
 - Name and address of the person making the complaint;
 - Name and either date of birth or address of the affected person; and

- Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf.

This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.

- has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health well-being.
- is an MP, acting on behalf of and by instruction from a constituent. It will be considered that the MP has obtained consent from the complainant prior to contacting the CCG in line with the Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order 2002. Constituents raising concerns regarding a third party will require the consent of the third party.

5.2 If the Patient Experience Officer is of the opinion that a representative does or did not have sufficient interest in the person's welfare, or is not acting in their best interests, we will notify that person in writing, following escalation to the Head of Patient Experience and Complaints

5.3 Assistance will be given to complainants in accessing the complaints process. This includes providing an appropriate and acceptable response to complainants who are unable to read English or have sight or hearing difficulties. Complainants will also be offered access to advocacy services [see [Section 16](#)].

6. Consent and confidentiality

6.1 If the complainant is not the service user and consent is required, this will be sought by the Patient Experience Team. A consent request form will be sent to the complainant, requesting the written consent of the service user involved in the complaint. The investigation of issues raised will not commence until the signed consent form has been received by the Patient Experience Team. The date that consent is received and acknowledged will act as the date the investigation commences.

6.2 The consent form will list all of the organisations that information will be shared with during the course of the investigation. If information is required to be shared with further organisations, then a further consent form will need to be completed. In transferring complaints between agencies (including the Parliamentary and Health Service Ombudsman) confidentiality will be maintained at all times. Every effort will be made to obtain the service user's (or their representative's) consent before sharing confidential information with another body or organisation. This includes consent regarding complaints raised by the MP on behalf of their constituent.

6.3 Consent will be obtained in writing or where this is not possible the Patient Experience Officer will seek guidance from the Caldicott Guardian.

- 6.4 Care will be taken at all times throughout the complaints process, to ensure that any information disclosed about the service user, is confined to that which is relevant to the investigation of the complaint.
- 6.5 Information will only be disclosed to people who have a demonstrable need to know it, for the purpose of investigating the complaint, or ensuring that the complaints process is followed.
- 6.6 Situations where **consent would not be required** include:
- When the complainant is acting on behalf of a relative who has died or is unable to make the complaint themselves due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005
 - In the case of a service user who has died or who lacks capacity, the representative must be a relative or other person who is considered to have sufficient interest in the welfare of the deceased and is a suitable person to act.
- 6.7 The UK General Data Protection Regulations (GDPR) came into force in the UK on 25 May 2018 and is the legal framework in the EU; which includes elements and significant enhancements to the UK Data Protection Act (DPA) 1998. The Regulations have increased individual rights' introducing new concepts of 'Data Portability' and the 'Right to Erasure' (the 'Right to be Forgotten'). A significant addition is the principle of 'accountability' and being able to provide evidence of compliance with the Regulations.

7. Time limits for making a complaint

- 7.1 There is a time limit for complaints to be raised to the CCG, of 12 months after:
- the date when the matter, which is the subject of the complaint occurred; or
 - if later, the date on which the matter, which is the subject of the complaint, came to the attention of the complainant.
- 7.2 The time limit shall not apply if the Patient Experience Officer is satisfied that:
- the complainant had good reasons for not making the complaint within that time limit and;
 - notwithstanding the delay, it is still possible to investigate the complaint effectively and fairly (i.e. the records still exist and the individuals concerned are still available to be questioned).

8. Risk management

- 8.1 Upon receipt of a complaint the Patient Experience Officer will assess the issues raised for wider governance issues, such as patient safety issues, safeguarding or potential poor performance concerns.

- 8.2 The complaint will be risk rated to determine the level of risk to the organisation and the level of investigation required using a RAG risk matrix.
- 8.3 Complaints that raise complex concerns/issues, consent or human rights issues or require legal advice will be escalated immediately to the responsible Director or Deputy Director for a risk management discussion.
- 8.4 Legal advice will be authorised by the responsible Director under whose directorate or area the complaint relates.

9. Serious complaints

9.1 If an allegation or suspicion of any of the following areas is received:

- any form of abuse or neglect related to a child or adult
- financial misconduct
- criminal offence
- safeguarding issues

It should immediately be reported to the Chief Nursing Officer and appropriate Safeguarding Lead (in all cases of safeguarding or suspected safeguarding) and investigated as a formal complaint or referred to the appropriate agency.

- 9.2 If the complaint is referred to an appropriate agency for more serious investigation (i.e. police, safeguarding, serious incident, etc.), then the complaints process may not necessarily be the most appropriate route of investigation and a decision will be made as to whether the complaint should be investigated.
- 9.3 Where the allegation or suspicion is in relation to a professional in a position of trust who is working with the general public, the designated safeguarding lead must be informed at the earliest opportunity and a referral needs to be made to the Local Authority Designated Officer.
- 9.4 If the allegation relates specifically to the CCG it should be reported to Business Services (or other appropriate department or agency) and reported as a serious incident (providing it meets the criteria outlined in the relevant national framework). If it relates to a Provider organisation, they should be informed and requested to report it as a serious incident via their usual reporting channels. In the case of financial misconduct, the CCG Financial Policies must be followed. If there is an allegation of a safeguarding nature against a CCG member of staff, the Safeguarding Allegations Management Advisor (SAMA) must be informed.
- 9.5 All complaints should be considered in relation to the CCG's responsibility to safeguard children and vulnerable adults. Should any complaint raise safeguarding concerns, a referral should be made in accordance with the Safeguarding Adult and Children's Policy: A Think Family Approach. If there is any doubt, the issue should be

discussed with the Designated Nurse for Safeguarding Children or the Consultant Nurse for Safeguarding Adults.

- 9.6 Allegations relating to fraud, bribery and/or corruption should be reported direct to the CCG Counter Fraud Specialist or can be reported to the NHS Counter Fraud Authority, National Fraud and Corruption Reporting Line: 0800 028 40 60 or by emailing <https://cfa.nhs.uk/reportfraud>.

10. Complaints against providers of health care services

10.1 Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, if a complaint relates to a service provided by an organisation commissioned by the CCG, then:

- the CCG must ask the complainant whether they consent to details of the complaint being sent to the provider; and
- if the complainant so consents, the CCG must, as soon as reasonably possible, send details of the complaint to the provider
- the CCG must notify the complainant and the provider;
- when the provider receives the notification:
 - the provider must handle the complaint in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; and
 - the complainant is deemed to have made the complaint to the provider under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

10.2 If the CCG considers that it is appropriate for the CCG to deal with the complaint:

- it must notify the complainant and the provider; and
- it must continue to handle the complaint in accordance with this policy
- it must request consent from the complainant for information and response to be sent to the CCG

11. Process for handling joint NHS and Local Authority complaints

11.1 When complaints are received about both health and local authority services, with the complainants consent, the organisations involved will co-operate with each other to deal with the aspects of the complaint that relates to them. Both agencies will agree who will lead on the complaint and will aim to provide a single co-ordinated response.

11.2 The Responsible Person (or nominated deputy) will sign the response. Irrespective of lead responsibility each organisation retains its duty of care to the complainant and must handle its part of the complaint in accordance with its own process.

12. Complaints process

A. Process before investigation

- 12.1 A complaint may be made verbally, electronically or in writing.
- 12.2 If the complaint is made verbally (and is not resolved by the end of the next working day), the CCG must make a written record of the complaint and provide a copy to the complainant. The written record should include the following information: the name of the complainant, name of the service user the complaint relates, to if not the complainant, contact details, the subject matter of the complaint and the date on which it was made and what action the complainant wishes to be taken.
- 12.3 Complaints must be acknowledged within three working days after the day on which it is received. The acknowledgement may be made verbally or in writing. If made verbally, then it is best practice to follow this up in writing. The acknowledgement must contain:
- an offer to discuss with the complainant, at a time to be agreed with the complainant:
 - the manner in which the complaint is to be handled; and
 - the response period within which:
 - the investigation of the complaint is likely to be completed; and
 - the response is likely to be sent to the complainant
- 12.4 An offer will be made by the Patient Experience Officer to each complainant to discuss their complaint in full, at the beginning of the process, in order to better understand the complaint and resolution being sought, where possible. If the offer of a discussion is not taken up by the complainant, the Patient Experience Officer must determine the response period, taking into account complexity and the number of services / organisations involved, and notify the complainant in writing, confirming the issues that are going to be investigated, the resolution being sought, the manner in which the complaint is to be handled and the likely timescales for the investigation and response.
- 12.5 If it is established that a complainant is on an end of life pathway or terminally ill then the Patient Experience Officer would endeavour to conclude the investigation in a quicker timescale and this will be in agreement with the complainant and the involved.

B. Investigation

- 12.6 The Patient Experience Officer will arrange for the complaint to be investigated in the most appropriate manner to resolve it speedily and efficiently and during the investigation, keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation. (Note: As stated in [Section 9](#), serious complaints investigations should not be facilitated by the Patient Experience Officer until the

serious nature of the complaint is first established and it is deemed appropriate for the complaints process to proceed.)

12.7 The purpose of investigation is not only “resolution” but also to establish the facts, to learn, to detect poor practice and to improve services. The investigation into a complaint should:

- be undertaken by a suitable person and the Patient Experience Officer should ensure an appropriate level of investigation;
- be conducted in a manner that is supportive to all those involved, without bias and in an impartial and objective manner;
- not be adversarial and must uphold the principles of fairness and consistency;
- have a risk assessment process applied to all complaints to allow serious complaints, such as those involving unsafe practice, to be identified
- use methods of investigation that follow a root cause analysis framework.

C. Response

12.8 After completing the investigation, and in line with the timescale agreed with the complainant as outlined in section 12.3, the CCG will send a formal response in writing to the complainant which will be signed by the Responsible Person (or any person authorised by the responsible body to act on behalf of the responsible person – nominated deputy). It is good practice for letters to be as conciliatory as possible and include apologies as appropriate.

12.9 The response will also:

- offer an explanation of how the complaint has been investigated, address the concerns expressed by the complainant and show that each element has been fully and fairly investigated;
- report the conclusion reached, including any matters where it is considered remedial action is needed;
- include an apology where things have gone wrong, report the action taken or proposed action to prevent recurrence;
- indicate that a named member of staff is available to clarify any aspect of the letter;
- advise the complainant of their right to take their complaint to the Ombudsman if they remain dissatisfied with the outcome of the complaints process.

12.10 The response should be clear, accurate, balanced, simple and easy to understand. It should avoid technical terms, but where these must be used (e.g. to describe a situation, events or condition) an explanation of the term should be provided. Where there are issues of a confidential nature, the letter will provide a statement to state why the information cannot be shared (i.e. criminal investigation, legal process).

- 12.11 The Patient Experience Officer will forward the formatted, written response, including the investigation report, for the approval of:
1. The Investigating Officer and / or relevant Managing Director
 2. The response will then be forwarded for final approval to the Responsible Person (or nominated deputy).
- 12.12 If the complainant is satisfied with the response the case will then be closed. The issues giving rise to the complaint, and any changes made to practice or processes as a result of the investigation, will be subject to on-going review through the CCG Quality Teams, relevant quality groups and/or contract review management.
- 12.13 If a complainant is dissatisfied with the response, every effort will be made to achieve a satisfactory outcome at local level by:
- identifying outstanding issues
 - arranging local resolution meetings
 - providing a further written response
 - involving a conciliator, where appropriate and
 - considering redress where appropriate
- 12.14 If following all attempts to resolve the complaint locally the complainant remains dissatisfied they will be notified that local resolution has reached conclusion and that they can ask the Parliamentary and Health Service Ombudsman (PHSO) (see [Section 14](#)) to consider their case. Information on the PHSO will be routinely given to complainants at the completion of local resolution.
- 12.15 All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint file in chronological order. A complete complaint file is required should the complaint be referred to the Parliamentary and Health Service Ombudsman (see [Section 14](#)).
- 12.16 Where appropriate, alternative methods of responding to complaints must be considered, this may be through an immediate response from front-line staff, a meeting, or direct action by a senior person.
- 12.17 It may be appropriate to conduct a meeting where requested by the complainant or be considered in:
- complex cases,
 - in cases where there is serious harm/death of a service user,
 - cases involving those whose first language is not English, or
 - cases where the complainant has a learning disability or mental health illness (and other capacity challenges)

D. Concerns process

- 12.18 This is a wide definition and it is not the intention of this policy that every complaint should warrant a full-scale formal investigation. Rather; the spirit of the Management of Complaints and Concerns Policy is that the CCG will respond to all feedback in the form of comments, concerns and problems as immediately and informally as possible, and offer the assistance through the CCG's Patient Experience Team.
- 12.19 Should a complainant not wish for their concerns to be addressed as a formal complaint; the Patient Experience Team will assist them to deal with their queries and concerns in an informal manner wherever appropriate and / or requested.
- 12.20 The CCG will distinguish between requests for assistance in resolving a perceived problem and an actual formal complaint. Once an issue or concern becomes a 'formal complaint' it will be handled in accordance with CCG's complaints process. Members of staff should prioritise the resolving of issues or concerns before they become a 'formal' complaint. However, if there is a specific statement/request on the part of the caller/correspondent that they wish their concerns to be dealt with as a formal complaint, they will be treated as such.
- 12.21 All concerns will be dealt with under this policy and will be given the same level of importance as formal complaints.

13. Concluding local resolution and learning lessons

- 13.1 The CCG should offer every opportunity to exhaust local resolution. Once the final response has been signed and issued, the Patient Experience Officer, on behalf of the Responsible Person, should liaise with relevant managers and staff to ensure that all necessary follow-up action has been taken. Arrangements should be made for any outcomes to be monitored to ensure that they are actioned. Where possible, the complainant and those named in the complaint, should be informed of any change in systems or practice that has resulted from their complaint.
- 13.2 All correspondence and evidence relating to the investigation should be retained. The Patient Experience Officer should ensure that a complete record is kept of the handling and consideration of each complaint. Complaints records should be kept separate from health records and retained in accordance with the Records Management NHS Code of Practice for Health and Social Care 2016.

14. Parliamentary and Health Service Ombudsman

- 14.1 If a complainant remains dissatisfied at the end of local resolution, they can put their complaint to the Health Service Ombudsman. The Ombudsman can carry out independent investigations into complaints about poor treatment or service provided through the NHS in England. The PHSO have published the Principles of Good Complaints Handling which encompasses:

- getting it right
- being customer focused
- being open and accountable
- acting fairly and proportionally
- putting things right
- seeking continuous improvement

This is the final stage in the NHS Complaints Process.

- 14.2 All **submissions to the PHSO, by the CCG, will be made** electronically. Where possible the CCG will not use paper copies of documentation. Where there is no objection from the PHSO, or there is no identified harm to any individual, a copy of the documents submitted to the PHSO will be copied to the complainant.

15. Process for complex complaints (across multiple NHS organisations)

- 15.1 Where a complaint is received that spans a number of NHS provider organisations, the CCG will seek assurance that there will be a coordinated approach to the handling of the complaint across the various parties involved, prior to passing the complaint to the agreed lead organisation.
- 15.2 The organisation who will lead the handling of the complaint will be agreed following discussion with the parties involved. This decision will be made, taking into account the organisation that has the greater part in the complaint, as well as the complainant's wishes.
- 15.3 Where the complaint is particularly complex or where serious patient safety issues have been identified, the CCG may choose to co-ordinate the response or lead in the investigation of the complaint with the complainant's consent, rather than the providers.

16. Independent complaints advocacy service

- 16.1 Independent Advocacy services are available to advise when making an NHS complaint. The Patient Experience Officer will provide information about the services that are available in your area.

17. Duty of Candour

- 17.1 Within the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, there was a recommendation that a statutory duty of candour be introduced for health and care providers. The NHS Constitution requires all healthcare commissioners and

providers of NHS services (including CCGs) to be open about mistakes and always tell service user if something has gone wrong.

17.2 This is further to the contractual requirement for candour for NHS bodies in the standard contract, and professional requirements for candour in the practice of a regulated activity.

17.3 Every member of staff in NHS organisations has a duty to be open and honest with service users, their families, carers and representatives. This includes when things go wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation (NHS Constitution).

17.4 Being open and honest about what happened is not an admission of liability and discussing complaints promptly, fully and compassionately with service users, family, carers or representatives can:

- help service users, family or carers cope with the after effects,
- provide reassurance that everything will be done to ensure the type of incident that resulted in their complaint does not happen again,
- provide an environment where service users, family, carers, healthcare professionals and managers feel supported when things go wrong, and;
- help prevent events becoming litigation claims.

18. Support for staff

18.1 Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their manager. Where there are allegations of a safeguarding nature, the line manager must firstly speak to the relevant lead for the CCG (In case there are allegations regarding network abuse, grooming, etc. which would compromise safety/criminal investigation). 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.

18.2 The management style and culture within the organisation will promote positive attitudes towards dealing with complaints.

18.3 The decision on whether disciplinary action is called for is a decision for the line manager in consultation with Human Resources, in accordance with the normal disciplinary policies and procedures. This must be kept separate from the complaints and concerns process.

19. Complainant meetings

19.1 Should a complainant wish to meet with the Patient Experience Officer to discuss the contents of their complaint, this will be arranged. The complainant may wish to meet with representatives of the CCG to discuss their concerns as part of the investigation

process and, if so, this will be discussed when the complaint plan is drafted at the beginning of the process.

- 19.2 All meetings will be recorded either by a recording device or by a written record. A copy of the written record will be sent to all those involved to confirm the accuracy before being documented in the complaints file.

20 Improving services

- 20.1 Following the conclusion of a complaint, any actions will be clearly documented, acted upon and monitored.
- 20.2 If an action has been identified during the complaints investigation, the Patient Experience Officer will log the details of the action to be taken on the complaints database and share these with the organisational lead involved. The organisation will demonstrate how feedback is used to learn and improve services by reporting to CCG.

20. Satisfaction survey

- 21.1 The Patient Experience Service will ensure that a satisfaction survey is sent to complainants when the case has been concluded to check whether they were satisfied with how their complaint has been handled or if they have any suggestions on how this could have been improved. The evaluation will ask questions on:
- access to the complaints process;
 - experience of the complaints and concerns process;
 - Equality and Diversity – ethnic and disability monitoring; and
 - outcome.
- 21.2 This will be used by the CCG to monitor the effectiveness of the Management of Complaints and Concerns Policy and associated process. The results of the evaluation will be published on the CCG website in the Annual Report.

22. Learning from experience

- 22.1 The Patient Experience Officer will report the number, nature of complaints and concerns, along with any learning identified, on a minimum of a quarterly basis to the relevant CCG Quality Committee / Board. Service improvement informed by complaints and concerns or any other feedback received or learning identified will also be reported.

23. Legal advice and process for complaints involving litigation

23.1 Legal Advice on particular aspects of a complaint should be sought if there is the possibility of litigation ensuing. If during an investigation, the complainant explicitly indicates, in writing, an intention to take legal action, the Patient Experience Officer will negotiate with the complainant how this can be taken forward. The Complaints and Patient Experience Officer may then refer the matter to the NHS Resolution and seek advice on whether it is possible for both investigations to proceed at the same time.

24. Principles for Remedy

24.1 The Health Service Ombudsman's Principles for Remedy (March 2007, updated February 2009), sets a clear direction that providing fair and proportionate remedies is an integral part of good customer service and complaints handling. The underlying approach promoted by the Principles for Remedy is for the service provider to restore the complainant to the position they would have been in if the maladministration or poor service had not occurred.

Remedy following a complaint being partially or fully upheld could include:

- an apology
- reassessment of a need
- provision of a service
- change of process to prevent recurrence (the complaint should be advised)
- occasionally a "time and trouble" ex gratia payment.

Remedies should be fair, reasonable and proportionate to the injustice of hardship incurred.

24.2 Financial compensation would not be appropriate in every case, but should be considered if appropriate for upheld complaints on a case-by-case basis.

Decisions to make payments should be endorsed by the CCG's Chief Executive Officer and Director of Finance. Such decisions should take into account the following factors:

- How much the complainant has demonstrably lost financially (direct or indirect) or what extra costs they have incurred
- Loss of opportunity
- The impact on the individual, for example whether the events contributed to ill health or led to prolonged or aggravated injustice, hardship or distress
- The length of time taken to resolve a dispute or complaint
- The trouble the individual was put to in pursuing the dispute or complaint
- Any combination of the above

The CCG will consider the PHSO's good practice principles 'Getting it Right' when considering any financial compensation payments.

- 24.3 In reviewing complaints referred to them, the Health Service Ombudsman may recommend that a payment be made. All recommendations, both for financial and non-financial redress, will be considered by the Chief Nursing Officer for relevant cases.

Where the recommendation to make a payment is not implemented, the reasons will be explained to the complainant and the Health Service Ombudsman in writing.

Where the CCG is investigating complaints about a primary, secondary or tertiary care provider, the provider (rather than the CCG) would be responsible for making any payments given as remedy at local resolution or following Health Service Ombudsman review.

- 24.4 Any payments made by way of remedy under the complaints process would be logged in line with the CCG's Standing Financial Instructions and this must be notified to the finance department at the time of raising the Payment Request Form.

- 24.5 There may be occasions when, having investigated the complaint, the Investigating Officer/Patient Experience Officer believes that there are grounds for making an ex-gratia payment (without accepting liability). An apology and gesture of goodwill may avoid subsequent litigation and offers the opportunity to deal with certain circumstances in a fair and responsible manner.

- 24.6 It is recommended that, before any compensation is offered in respect of a complaint involving a member of staff, that member of staff should be involved in the discussions when the subject of compensation is raised, to ensure that he/she does not feel compromised by the decision to award compensation.

- 24.7 Any ex-gratia payments should be made having regard to the CCG's Standing Orders and prime financial policies.

25. Persistent, unreasonable or habitual complainants

- 25.1 The CCG is committed to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. The CCG therefore endeavours to resolve all complaints to the complainant's satisfaction. However, on occasions, staff may consider that a complaint is persistent, habitual or unreasonable in nature, i.e. the complaint raises the same or similar issues repeatedly, despite having received full responses to all the issues raised.

- 25.2 The CCG's Protocol for Handling Persistent, Unreasonable or Habitual Complaints should be referred to in such cases and is outlined in Appendix B.

26. Monitoring and governance

- 26.1 A computerised complaints database will be kept by the Patient Experience Team on behalf of the CCG (and accessible at the CCG HQ) and be available for inspection by the NHS England and the Care Quality Commission. This will record the following information:
- summary of complaint;
 - date complaint acknowledged;
 - date response sent to complainant;
 - outcome of investigations;
 - lessons learned and action taken to prevent recurrence
- 26.2 Records of complaints, including all correspondence, communication and any investigation paperwork will be retained in line with the NHS Retention Schedule, following the last communication related to the complaint and/ or actions resulting from the complaint.
- 26.3 An annual report will be submitted to the CCG Governing Body and quarterly updates to the Quality, Performance, Finance and Workforce Committee; the report will include, as a minimum:-.
- the number of complaints received;
 - the subject matter of those complaints;
 - how they were handled including the outcome of the investigations;
 - any trends or themes identified;
 - lessons learnt as a result of a complaint or concern;
 - actions to be implemented;
 - any complaints where the recommendations of the PHSO were not acted upon, giving the reasons why if applicable
- 26.4 The CCG Governing Body will monitor the complaints handling process and consider trends in both the number and type of complaints received. It will also scrutinise the follow up actions taken as the result of complaints.
- 26.5 The Patient Experience Service will participate, as required, in any internal / external audits as defined by the organisation's audit programme.

27. Roles and responsibilities

A. Individual responsibilities

- 27.1 Each individual who handles complaints is required by the CCG to have an NHS mail account. All complaints with personal identifiable data (PID) will only be electronically shared via NHS mail.
- 27.2 It is the responsibility of all CCG staff to adhere to the Management of Complaints and Concerns Policy and to meet the timescales required to comply with the legislative requirements. This will enable CCG complaints to be managed in a timely, professional way and adherence to this will be performance managed.
- 27.3 Staff will be made aware of the complaint and asked to prepare written or verbal statements as part of the investigation. Staff are required to co-operate with the complaints process as part of their terms of employment. Where an employee refuses to give an interview or a written account without reasonable grounds, appropriate and proportional action will be taken.

B. CCG responsibilities

- 27.4 The management style and culture within the organisation will promote positive attitudes towards dealing with complaints.
- 27.5 Where members of staff are named in the complaint, either personally or by role, they will be informed of the complaint by their line manager as soon as they have been identified. Staff should be fully supported by their line manager and consulted during the investigation which should be full, fair and timely and should not apportion blame.
- 27.6 Staff should be notified by their line manager of any outcome from the complaint or concern and feedback the learning that has been realised as a result of the investigation. The decision on whether disciplinary action is indicated is a decision for the line manager in consultation with Human Resources and in accordance with the normal disciplinary policies and procedures. This must be kept separate from the complaints process.

C. Roles

- 27.7 **Chief Executive Officer:** the CCGs' Chief Executive Officer is designated as the "responsible person" for ensuring compliance with the regulations, and in particular for ensuring that any action is taken if necessary in the light of the outcome of the complaint. As the Responsible Person, the Chief Executive Officer has overall responsibility for ensuring that an effective complaints system is in place. They are responsible for signing final response letters to complainants, or can delegate this responsibility to any person authorised by the responsible body to act on their behalf.

- 27.8 **Chief Nursing Officer:** is responsible for overseeing the process for the handling of complaints and concerns; ensuring that these are handled in accordance with this policy and inform improvements to quality of care.
- 27.9 **Head of Patient Experience and Complaints:** is responsible for leading a team of place-based Patient Experience Officers in delivering an effective and efficient complaints management and Patient Experience Service. Ensuring service delivery is in accordance with the national complaints regulations and the Parliamentary & Health Service Ombudsman's Principles of Good Complaint Handling. They will also be responsible for the management of complex, system wide complaints.
- 27.10 **Patient Experience Officer:** is responsible for the handling of complaints, concerns, comments and compliments will be readily available to receive complaints and other forms of feedback. The Patient Experience Officer will also support staff and complainants with the local resolution process and to give information and advice where required.
- 27.11 Where appropriate, the Patient Experience Officer will be responsible for arranging a conciliation service to assist in the resolution of complaints. Information will also be relayed to the complainant regarding advocacy services (see [Section 16](#)) that are available. The Patient Experience Officer will co-ordinate and collate all the information required in order to produce a response to the complainant. The Patient Experience Officer will support the Investigating Officers in monitoring actions arising as a result of a complaint investigation. The Patient Experience Officer is also responsible for entering information onto the complaints database and producing relevant reports as required, including the collection of data to enable the quarterly complaints return (KO41a) to the Department of Health.
- 27.12 **Investigating Officer:** is responsible for undertaking the detailed investigation of a complaint, to provide information in order that the Patient Experience Officer can draft the written response, prior to signature by the Responsible Person or nominated deputy. The investigator will establish the underlying causes of complaints and ensure that these are properly understood, lessons are learned and where appropriate, improvements to quality of care are implemented. The investigator is also responsible for ensuring that any actions arising from complaints are implemented and the outcome is fed back to the Patient Experience Officer.
- 27.13 **Managing Directors:** are responsible for:-
- ensuring that their staff comply with the CCG's policy and procedures within their areas of responsibility and prioritise responding to complaints and concerns as an improvement and learning tool for their teams
 - implementing and monitoring any actions within their designated area that are part of the learning process that are the outcome of a complaint
 - ensuring that staff undertake all relevant training
 - ensuring staff compliance with this policy.

27.14 **All Staff:** All staff, including temporary and agency staff, are expected to:

- have a working knowledge of the complaints process and will be familiarised with this policy as part of their induction.
- be aware that all material relating to a complaint will be made available to all personnel involved in investigating the complaint (this may include external investigations).
- pay attention to the content and standard of electronic mail messages about complaints and hard copies should be retained within the relevant complaints file
- attending training / awareness sessions when provided.

28. Equality Act 2010 – Equality Analysis

28.1 Complainants will be treated fairly with dignity and respect and equal opportunity to make their view known. Where reasonable appropriate adjustments will be made to enable equitable access, these will be facilitated.

28.2 Everyone who complains has a right not to be discriminated against, regardless of their differences.

28.3 Information will be made available in different languages and an interpreter arranged at any meeting with the complainant on request.

28.4 Information and support needs will be arranged to support available to complainants and/or their carer who have a disability, impairment or sensory loss to avoid substantially disadvantaging a disabled person when compared to a person who is not disabled. This applies to someone who has a physical or mental health condition that affects their ability to communicate.

28.5 Every complainant will receive an Equality Monitoring form with their acknowledgement letter. They will be asked to complete the form and return it in a pre-paid reply envelope or via email, to the Patient Experience Officer. All information provided will be given anonymously and be included in complaints monitoring to identify any themes or trends relating to complaints and one or more protected characteristics under the Equality Act 2010.

28.6 The equality duty under the Equality Act 2010 makes it clear that public authorities are expected to consider the need to remove or minimise disadvantage or to meet particular needs for certain groups. It also requires public authorities to have due regard to the need to tackle prejudice and promote understanding between people who share a protected characteristic and those who do not. An equality analysis of this policy has therefore been undertaken in line with guidance under that Act.

29. Training

- 29.1 All staff will be expected to have a working knowledge of the complaints process and will be familiarised with this policy as part of their induction.
- 29.2 It should be made clear to staff that all material relating to a complaint will be made available to all personnel involved in investigating the complaint. This may include external investigations e.g. Parliamentary and Health Service Ombudsman. Particular attention should be paid to the content and standard of electronic mail messages about complaints and hard copies should be retained within the relevant complaints file.
- 29.3 It is the responsibility of all line managers to ensure that the lessons learned from complaints are used as part of the continuing professional development for all staff. There should additionally be training available to staff to undertake investigator's training so as to be able to provide the standard of investigation and investigation report required for complaint responses.
- 29.4 Investigating Officer and Patient Experience Officers will require a higher level of complaints training to ensure a thorough and comprehensive investigation and response.

30. Dissemination / publication

- 30.1 This policy will be promoted to staff via the staff newsletter / StayConnected (intranet) and will be published on the CCG website.

31. Success criteria / monitoring the effectiveness of the policy

- 31.1 An evaluation will be carried out on the way that complaints are handled. This will take the form of a questionnaire being sent to all complainants whose complaints have been closed within 4 weeks of the final response being sent. The evaluation will ask questions on:
- access to the Management of Complaints and Concerns Policy
 - experience of the complaints process
 - Equality and Diversity – ethnic and disability monitoring outcomes
- 31.2 This will enable the CCG to monitor the effectiveness of the Management of Complaints and Concerns Policy. The results of the evaluation will be published on the CCG website.

32. Review

- 32.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed on a biennial basis or sooner if the complaint guidance / regulations change.

33. Stakeholder / consultation information

- 33.1 This policy is based on individual versions which had been sent to the relevant predecessor CCG Patient Participation Groups and committees for comment / approval.
- 33.2 It has also been consulted with the CCG Deputy Directors of Nursing, the Interim Continuing Healthcare Strategic Lead and through the complaints process improvement workstream.
- 33.3 The policy also takes into account the recommendations from the [Independent Investigation into Southern Health NHS Foundation Trust](#) undertaken by Mr Pascoe QC and complaint related mediation / meetings.

34. References and links to other documents

34.1 Other related policy documents

- Continuing Healthcare / Funded Nursing Care Choice & Equity Policy / Commissioning Policy for Adult Continuing Healthcare
- Continuing Healthcare / Funded Nursing Care Operational Policy
- Freedom of Information Policy
- Information Governance Policy
- Safeguarding Adult and Children's Policy: A Think Family Approach
- Counter Fraud, Bribery and Corruption Policy

34.2 Legislation and statutory requirements

- Department of Health (2009) Local Authority Social Services and National Health Service Complaints (England) Regulations. London. HMSO.
- Department of Health. (2009) The NHS Constitution for England. London. HMSO.
- Equality Act 2010. London. HMSO.
- Data Protection Act 2018
- General Data Protection Regulation

- Human Rights Act 1998: Article 6 Right to a fair trial; Article 7 No punishment without law; and, Article 8 Right to respect for private and family life

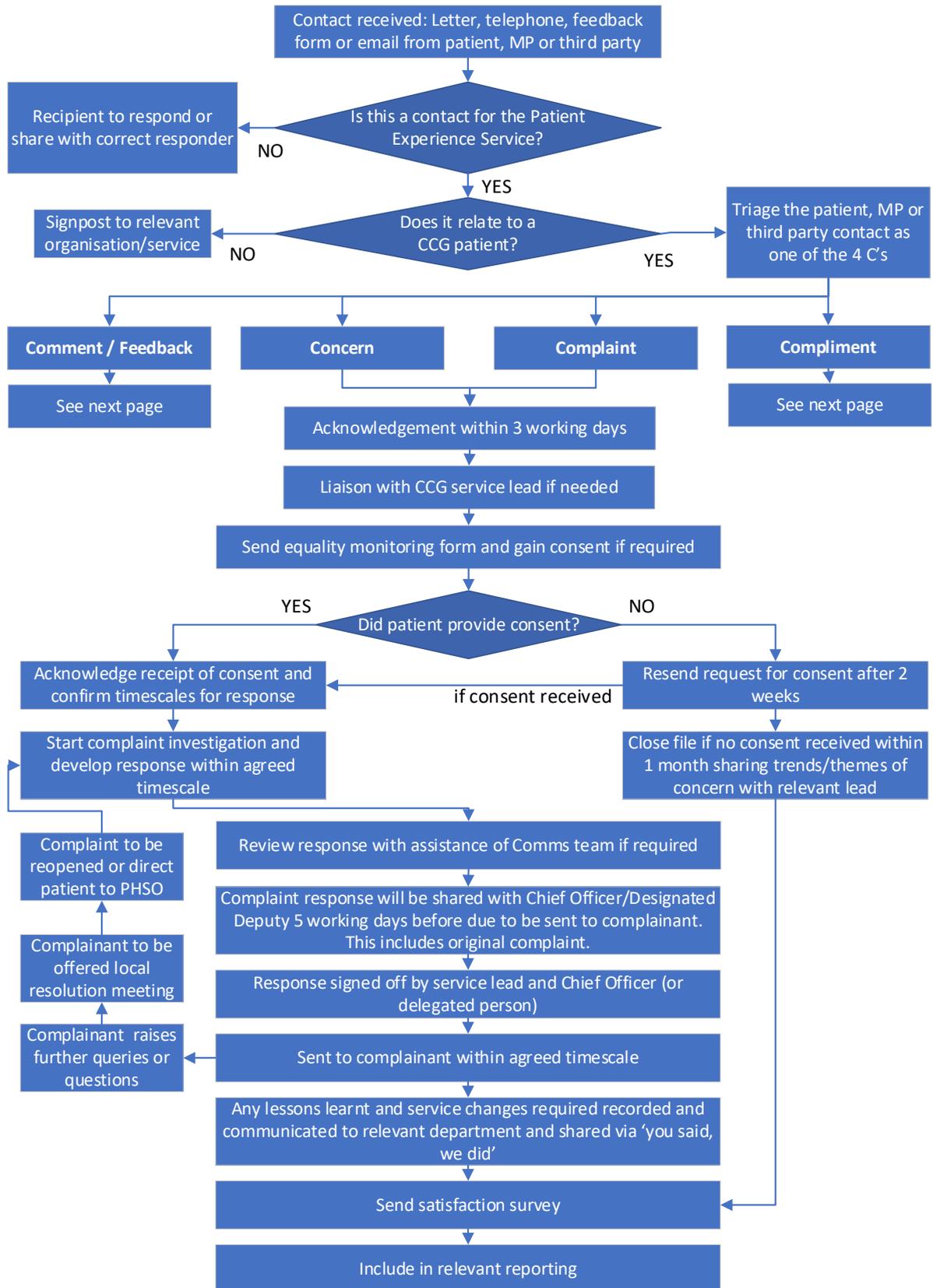
34.3 Best practice recommendations

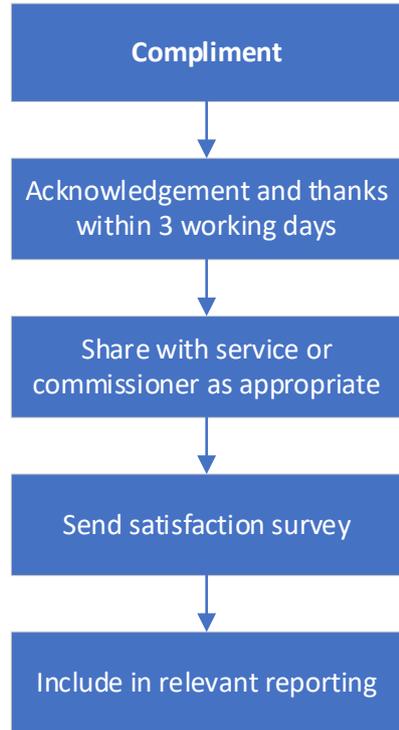
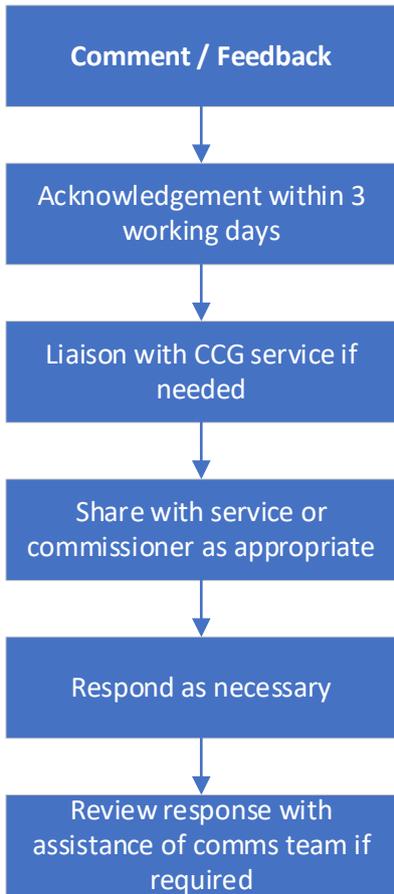
- HMSO. (2009) A guide to better customer care, 2009
- PHSO. (2009) Principles of Good Administration
- PHSO. (2009) Principles of Remedy
- PHSO. (2009) Principles of Good Complaint Handling
- Records Management Code of Practice for Health and Social Care 2016
- PHSO. (2015) My expectations for raising concerns and complaints
- Accessible Information Standard

34.4 Standing Operational Procedures (SOPs)

- Service specific Standard Operating Procedures relevant to the managing of complaints and concerns

APPENDIX A: Complaints, Compliments, Comments and Concerns Handling Process





APPENDIX B: Protocol for Handling Persistent, Unreasonable or Habitual Complaints

1. Introduction

- 1.1 This protocol may be considered in relation to individuals who have previously made:
- Complaints to the Clinical Commissioning Group under the relevant Hampshire, Southampton, Isle of Wight CCG ("the CCG") *"Management of Complaints and Concerns Policy"* (addressing the CCG's responsibilities under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009).
- 1.2 There are occasions when a complainant, or correspondence or communications from a complainant may become unreasonable or be considered persistent and habitual. The associated challenges for the complainant and the organisation include difficulty in meeting the needs of the complainant, continued stressful and challenging conversations and the resource implications required to respond to ongoing concerns without an effective resolution. There are times when there is nothing further that the CCG can reasonably do to assist them or to rectify a real or perceived problem and the CCG has met its specific legal obligations to respond to the communication.

2. Purpose of the protocol

- 2.1 Complaints about CCG services are processed in accordance with NHS complaints process (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009) ("the NHS Complaints Regulations"). It is emphasised that this protocol should only be used as a last resort. It should not be used where continuing correspondence following a complaints investigation response, is directed in a reasonable and proportionate way at obtaining clarification of the CCG's original response. Judgement and discretion needs to be used in applying the criteria to identify potential persistent, unreasonable or habitual complainants and in deciding action to be taken in specific cases.

NHS Complaints

- 2.1.1 In relation to an individual who has complained about CCG services under the NHS Complaints Regulations, the initial issue for the CCG to consider is whether the CCG has fulfilled its legal duties under the NHS Complaints Regulations to properly investigate the complaint and provide the complainant with an explanation of the outcome.
- 2.1.2 The NHS Complaints Regulations do not contain provision for identifying persistent, unreasonable or habitual complaints / communications, or persistent, unreasonable or habitual complainants. They provide that an NHS body will have fulfilled its duties under the Regulations once the complainant

is satisfied with the complaints response. If a complainant is clearly being unreasonable in refusing to be satisfied with the CCG's response to a complaint and subsequent communications, then it is unlikely that a court or the Ombudsman would make a finding against the CCG of breach of the Regulations. This protocol is intended to enable the CCG to identify those cases in which the complainant or their correspondence has become persistent, unreasonable or habitual and the CCG's decision to cease substantive responses would be appropriate. However, the lack of explicit provision for these complaints and communications in the Regulations means that the CCG should be cautious in applying this policy and look for clear indicators of persistence, habit or unreasonableness before doing so.

- 2.1.3 Therefore before applying this policy the CCG should ensure that all reasonable local measures have been taken to try to resolve complaints, for example through local resolution and independent review, where applicable. The CCG must also ensure that it has advised the complainant of their right to make an appeal to the Parliamentary and Health Service Ombudsman. The CCG should not apply the protocol under this policy unless it reasonably believes that it has complied with its obligations under the Regulations.
- 2.1.4 In addition, prior to making any determination as to whether a complainant is persistent, unreasonable or habitual, the CCG must carefully consider and evidence why it believes that its obligations under the NHS Complaints Regulations have been discharged. It should be disciplined in considering whether it has already provided an appropriate response to a complaint or whether there may remain genuine lack of understanding on the part of the complainant as to the nature of the investigation that has been undertaken and the outcome of that process.

3. Identifying unreasonable complainant

Indicators of persistence, unreasonable and habitual

- 3.1 Once the CCG determines it has met its legal obligations under the NHS Complaints Regulations, the CCG will need to determine whether a complainant (and/or anyone acting on their behalf) is persistent, unreasonable or habitual. In doing this it will be useful to use the indicators below as a point of reference. Please bear in mind that this is not a list of qualifying criteria. These indicators should not be regarded as either definitive or limiting. The CCG remain free to refuse a complaint based upon its own assessment of all the relevant circumstances. In addition, the fact that a number of indicators apply in a particular case will not necessarily mean that the organisation may refuse the request as persistent, unreasonable or habitual.

Abusive or aggressive language – The tone or language of the complainant's correspondence goes beyond the level of criticism that the CCG or its employees should reasonably expect to receive

Burden on the CCG – The effort required to meet the request will be grossly oppressive in terms of the strain on time and resources, that the CCG cannot

reasonably be expected to comply, no matter how legitimate the subject matter or valid the intentions of the individual.

Personal grudges - For whatever reason, the complainant is targeting their correspondence towards a particular employee or office holder against who they have some personal grievance.

Unreasonable persistence - The complainant is attempting to reopen an issue which has already been comprehensively addressed by the CCG.

Unfounded accusations – The complainant makes completely unsubstantiated accusations against the CCG or specific employees.

Frequent or overlapping requests - The complainant submits frequent correspondence about the same issue or sends in new complaints before the CCG has had an opportunity to address their earlier enquiries.

Deliberate intention to cause annoyance - The complainant explicitly stated that it is their intention to cause disruption to the CCG.

Scattergun approach – The complainant appears to be part of a completely random approach, lacks any clear focus or seems to have been solely designed for the purpose of ‘fishing’ for information without any idea of what might be revealed.

Disproportionate effort – The matter being pursued by the complainant is relatively trivial and the CCG would have to expend a disproportionate amount of time and resources in order to meet their request.

No obvious intent to obtain information/make a complaint – The complainant is abusing their rights to access NHS Complaints Regulations by using the legislation as a means to vent their anger at a particular decision. Or to harass and annoy the CCG, for example, by requesting information which the CCG knows they already possess or to raise issues in a complaint that have already been fully addressed by the CCG in previous responses and the complainant knows the CCG has nothing further to add.

Futile requests – The issue at hand individually affects the complainant and has already been conclusively resolved by the CCG or is subject to some form of independent investigation.

Frivolous requests – The subject matter is inane or extremely trivial and the request appears to lack any serious purpose. The request is made for the sole purpose of amusement.

Inappropriate use of social media.

Behaviour that is perceived by a member of the CCGs as bullying, threatening or obsessive.

3.2 **Patently unreasonable complaints**

3.2.1 In some cases it will be readily apparent that a request or complaint is unreasonable.

3.2.2 For instance, the tone or content of the complaint might be so objectionable that it would be unreasonable to expect the CCG to tolerate it, no matter how legitimate the purpose of the complainant or substantial the value or the complaint.

3.2.3 Examples of this might be where threats have been made against employees or racist language used.

3.3 **Dealing with less clear cut cases**

3.3.1 Where there is less certainty surrounding whether there are sufficient grounds to refuse to respond to a complaint then the key question to ask is if the complaint is likely to cause disproportionate or unjustified level of disruption, irritation or distress.

3.3.2 This will usually mean weighing the evidence about the impact on the CCG and balancing this against the purpose and value of the request. Where relevant the CCG will need to take into account factors such as background information (including any relevant characteristics of the individual making the request/complaint) and history of request. This includes considering whether, in managing and responding to the individual's communications the CCG has complied with its duties under the Equality Act 2010, including any duty to make reasonable adjustments for individuals with disabilities. If in doubt about the scope of these duties in relation to any individual case, the CCG should seek advice.

3.3.3 **Determining whether the request/complaint is likely to cause a disproportionate or unjustified level of disruption, irritation or distress**

The CCG must keep in mind that meeting their underlying commitment to transparency and openness may involve absorbing a certain level of disruption and annoyance. However, if responding to a complaint is likely to cause a disproportionate or unjustified level of disruption, irritation or distress then this will be a strong indicator that it is persistent, unreasonable or habitual. A useful first step for the CCG to take when assessing whether a complaint or the impact of dealing with it is justified and proportionate, is to consider any evidence about the serious purpose or value of that complaint.

Some practical examples where the value of a request might be where the complainant:

- submits a complaint that has no obvious relevance to their stated aims.
- argues points rather than asking for new information to be investigated or provided.
- raises repeat issues which have already been fully considered and responded to.

- refuses to agree to independent investigation or ignores the findings of an independent investigation.
- continues to challenge the CCG for alleged wrongdoing without any cogent basis for doing so.
- pursues a relatively trivial or highly personalised matter of little if any benefit to the wider public.

3.3.4 **Considering whether the purpose and value justifies the impact on the public authority**

The seriousness of the purpose and value of the request or complaint will often be the strongest argument in favour of the complainant. The key question is therefore whether the purpose and value of the complaint provides sufficient grounds to justify the distress, disruption or irritation that would be incurred by complying with that complaint. This should be judged objectively wherever possible – would a reasonable person think that the purpose and value are enough to justify the impact on the authority? There is therefore a balancing exercise between purpose and value versus the detrimental impact on the public authority. This must be decided on a case by case basis.

3.3.5 **Taking into account context and history**

The context and history in which a complaint is made will often be a major factor in determining whether the complaint is persistent, unreasonable or habitual, and the CCG will need to consider the wider circumstances surrounding the complaint before making a decision.

In practice this means taking into account factors such as:

- other requests made to the CCG (whether complied with or refused).
- the number and subject matter of those complaints.
- any other previous dealings between the CCG and the complainant.
- assessing whether these weaken or support the argument that the request is persistent, unreasonable or habitual.

A complaint which would not normally be regarded as persistent, unreasonable or habitual in isolation may assume that quality once considered in context. An example of this would be where an individual is placing a significant strain on the CCG's resources by submitting a long and frequent series of complaints, and the most recent request, although not obviously persistent, unreasonable or habitual in itself, is contributing to that aggregated burden.

The complainant's past pattern of behaviour may also be a relevant consideration. For instance, if the CCG's experience of dealing with the complainant's previous complaints suggests that they won't be satisfied with any response and will submit numerous follow up enquiries or complaints no matter what information is supplied, then this evidence could strengthen any

argument that responding to the current request or complaint will impose a disproportionate burden on the CCG.

The context and history may equally weaken the argument that a request is unreasonable. For example, it might indicate that the complainant had a reasonable justification for their making their complaint, and that because of this the CCG should accept more of a burden or detrimental impact than might otherwise be the case.

Some examples of this might be where:

- the CCG's response to a previous complaint was unclear or inadequate and the complainant has had to submit a follow up complaint to obtain clarification.
- responses to previous complaints contained contradictory or inconsistent information which itself raised further questions, and the complainant is now following up these lines of enquiry.
- the complainant is pursuing a legitimate grievance against the CCG and reasonably needs the requested information or further response to do so.
- serious failings at the CCG have been widely publicised by the media, giving the complainant genuine grounds for concern about the organisation's actions.

The CCG should be mindful to take into account the extent to which oversights on its own part might have contributed to the further complaint being generated. The CCG must therefore reflect on the adequacy of the complaints response previously provided.

If the problems which the CCG now faces in dealing with the complaint have, to some degree, resulted from deficiencies in its handling of previous complaints by the same complainant, then this will weaken the argument that the request, or its impact upon the CCG, is disproportionate or unjustified.

4. Process for dealing with Persistent, Unreasonable or Habitual Complainants

4.1 Prior to arriving at a decision as to whether a complainant is unreasonable, the CCG should consider taking the following steps:

Stage 1 – Management of behaviour

- The CCG should consider whether a more conciliatory approach would practically address the problem before refusing to respond. A complainant may become confused if the CCG switches from responding to their frequent request to refusing to communicate further with them without prior warning; this can in itself lead to escalation of issues as opposed to resolving them.
- The CCG should therefore consider writing a letter to include a code of behaviour for the parties involved if the CCG is to continue processing

the complaint prior to moving to unreasonable status. The letter should explain that, if these terms are broken, then the CCG will go on to consider whether persistent, unreasonable or habitual status should now be implemented;

- The Chief Nursing Officer or nominated deputy will make the decision as to whether there is a need to engage with the complainant in this way prior to issuing a notice. This decision should be based upon a reasonable judgment as to whether the complainant is likely to enter into and respond constructively to a form of dialogue which requests that they moderate their behaviour. The **Managing Director**, or nominated deputy, should therefore consider past dealings with the complainant and gauge how they might respond; if past behaviour indicates that it is likely they will escalate the matter further despite a conciliatory approach, then it would be appropriate to move on to the next stage and issue a persistent, unreasonable or habitual notice (see further below). If the Chief Nursing Officer or nominated deputy decides that Stage 1 can be dispensed with then they should make a written record of their reasons as to why.

Stage 2 - Arriving at a decision that a complainant is persistent, unreasonable or habitual has been reached:

Consider indicators of persistence, habit or unreasonableness

It will be the responsibility of the member of staff processing a complaint to consider whether the complaint may be persistent, unreasonable or habitual. It will be the responsibility of the member of staff to collate evidence in support for their reasons why they believe a complaint or request should be considered as persistent, unreasonable or habitual. The staff member in question will need to consider the indicators of persistence, habit or unreasonableness as set out above and apply those to the facts of the complaint or request in question.

The decision of the Chief Nursing Officer

The decision as to whether a complaint or request is persistent, unreasonable or habitual will be the responsibility of the Chief Nursing Officer, or nominated deputy, in their absence. Where a nominated deputy is used, the reason for the non-availability of the Chief Nursing Officer, or nominated deputy, should be recorded on the file. In arriving at a decision, the Chief Nursing Officer, or nominated deputy, will consider the completed Pro forma, the evidence supporting this reasoning and information obtained direct from the staff in question.

A decision to determine that a complainant is persistent, unreasonable or habitual could expose the CCG to the risk of legal challenge; the Chief Nursing Officer or nominated deputy, should also consider whether it is appropriate to seek legal advice before a final decision is made.

Persistent, Unreasonable or Habitual Notice

In compliance with the CCG statutory timeframes for responding to a complaint or request for information, once a decision has been reached that a

complaint or request for information is persistent, unreasonable or habitual, the CCG will write to the complainant to inform them of the decision to treat their complaint as persistent, unreasonable or habitual and the CCG's reasons for this.

To ensure that its decision is compliant with its various legal responsibilities under the NHS Complaints Regulations, the letter informing the complainant should include as follows:

NHS Complaints Regulations:

- Why the CCG consider they have complied with the NHS Complaints Regulations;
- The CCG has already responded fully to the points raised and has tried to resolve the complaint and there is nothing more to add and continuing contact on the matter will serve no useful purpose;
- Why the CCG considers the complaint to be persistent, unreasonable or habitual ;
- Set out the consequences of the decision: The complainant should be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered. Decline contact with the complainants in person, by telephone, by fax, by letter, by email or any combination of these. The letter should however make clear that this will not affect any medical care they are entitled to receive;
- Inform the complainant that in extreme circumstances the CCG reserves the right to pass persistent, habitual, unreasonable complaints to the CCG's solicitors.

In the event that correspondence continues, the CCG will have no obligation to respond to those letters in every case however, the contents of those letters should continue to be reviewed to address whether, in the circumstances, the complaint remains persistent, unreasonable or habitual.

In the event that following receipt of the persistent, unreasonable or habitual notice, the complainant makes contact with the CCG by telephone and this behaviour persists, the CCG should prepare written statement to be used by all staff and read out over the telephone will be formulated.

Where correspondence or telephone calls persist, the CCG should take steps to provide support to all staff concerned. Advice can be sought from the Accredited Security Management Specialist (ASMS) who can advise on reporting the matter to the Police. All incidents of violence and aggression should be reported to the ASMS and on the CCGs incident reporting system (Datix).

Appeal Process

If an individual is deemed to be persistent, habitual or unreasonable, they have a right to appeal their status as such within 14 days of being notified of being so deemed, or upon notification of the outcome of a review of such

status. This should be done in writing setting out the reasons why the complainant feels their status is not justified (where the individual is unable to put their appeal in writing, they can be supported to do this by their designated contact in the CCG). Any appeal will be considered in closed session by three members of the CCG's senior management – none of whom will have been involved in the original decision to deem the individual to be persistent, habitual or unreasonable or any review of such status.

In considering the appeal, the three members of the CCG's senior management will consider whether the procedural requirements of this policy have been properly implemented and whether the decisions taken under it were reasonable, necessary and proportionate. The individual will be notified of the outcome of the appeal within five working days of consideration by the three members of the CCG's senior management. Any correspondence with the individual about implementation of this policy should include details of how they can so appeal.

5. Withdrawing persistent unreasonable or habitual status

In respect of matters originally raised under the NHS Complaints Regulations, once this policy has been applied the persistent, unreasonable or habitual status of the complainant, or a particular line of communication, can be maintained subject to the CCG keeping under regular review whether persistent, unreasonable or habitual status can be withdrawn; for example, if complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint or request for which normal complaints process applies. It is therefore important that the CCG regularly review a decision to class a complainant, or a category of correspondence, as persistent, unreasonable or habitual. Staff should use their discretion in recommending that this status be withdrawn. Where it appears that there may be a basis for withdrawing the status, discussion will be held with the Chief Nursing Officer, or their deputy. Subject to their approval, normal lines of communication with the complainant and application of NHS complaints will then be resumed. Staff will ensure that normal contact is resumed without prejudice.

APPENDIX C: Equality Impact Assessment Form

Equality analysis

Title of policy, project or proposal:
Management of Complaints and Concerns Policy

Name of lead manager: Theresa Gallard, Senior Quality Manager
Directorate: Quality

Q1 What are the intended outcomes of this policy, project or proposal? To provide a policy for handling complaints and concerns received by Hampshire, Southampton and Isle of Wight CCG from service users, carers and the general public. To ensure that when a service, carer, member of the public and/or their representatives: <ul style="list-style-type: none">• Expresses dissatisfaction with a service that it is considered, they receive a response, and, where appropriate, organisational lessons are learnt.• Expresses a concern about a service, that this is acknowledged and resolved appropriately.
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Q2 Who will be affected by this policy, project or proposal? <i>Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected.</i> Service users, carers and members of the public will benefit from having a clear and uniform process put in place by the organisation. The policy is detailed and provides information to show that the complaints and concerns process is: <ul style="list-style-type: none">• easy to access• simple• fair and impartial• respects the rights of confidentiality The policy includes a section on equality and diversity and human rights in which it is stated that complainants will be dealt with fairly, with dignity and respect. In addition, they will not be discriminated against, regardless of their background and information will be made available in accessible formats, including different languages on request, to inform them of the complaints' process and assist them through the process as required. A Plain English guide to explain this policy will be produced and shared with Public Participation Groups for feedback to ensure that this policy is even more accessible to the public. An equality monitoring form for anonymous feedback via a pre-paid envelope (or by email) will be provided with every complaint response. In addition, the policy includes a section on duty of candour, being open and honest, and the requirement for a complaint to be handled, promptly, fully and compassionately. The policy sets out how the CCG will make every effort to reach a resolution to a complaint made by a service user, their carer(s) and members of the public, including conciliation meetings, signposting to independence complaints advocacy and the Health Ombudsman's Department. For staff, the policy is clear that they should be consulted, involved and supported where a complaint has either named them or their role. In addition, managers are given the

responsibility to ensure lessons learnt are embedded into practice and ensure appropriate staff training is put in place. Finally, staff will be trained as investigating officers to ensure to provide a standard of investigation and investigation report for complaint responses.

Evidence

Q3 What evidence have you considered? *Consider, for example, national drivers, local drivers, Public Health data, ONS data, and any pilots undertaken nationally or locally.*

This policy was developed after reviewing the complaints policies that currently exist in North Hampshire CCG, North East Hampshire and Farnham CCG, Southampton City CCG, South Eastern Hampshire CCG and Fareham and Gosport CCG.

This policy complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009:

<http://www.legislation.gov.uk/ukSI/2009/309/contents/made>

The policy sets out the CCG's principles for equality and diversity as set out in the Equality Act 2010 in this way the word 'service user' is used to describe all and every person for which the CCG provides or commissions services. Engagement of local communities (see below). The Equality Act guidance has been taken into account and every complainant will receive an anonymous equality monitoring form with their acknowledgment letter. The Accessible Information Standard (SCCI1605) has been taken into account when developing this policy. Joint Strategic Needs Assessment (JSNA) for the geographical area of the CCG to identify other groups not stipulated under the legislation.

The CCG has also taken into account Data Protection Act 1998/2003 and the GDPR which is to be introduced in May 2018.

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people.*

This policy relates to all age groups. It provides for third party representation, including for children and young people.

In the case of a complaint being raised about the care received by a child, the CCG will ensure it is satisfied that there are reasonable grounds for the complaint being made by a representative of the child. Furthermore the CCG will ensure that the representative is making the complaint in the best interests of the child.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCG's annual report on complaints.

Disability (physical and mental) *Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.*

This policy supports inclusion of people with a disability whether this is mental or a physical disability. A meeting will be arranged to support the complainant with a disability to support the process. The policy includes a commitment to support the information and communication

needs of complainants and/or their carers who have a disability, impairment or sensory loss to avoid substantially disadvantaging a disabled person when compared to a person who is not disabled.

Equalities monitoring will seek to identify specific issues for each protected characteristic. This includes where a complainant has a disability.

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 CCG will ensure it is satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.

All information can be requested in other formats such as braille, audio and other languages. Information will be provided in the format that the complainant requests whether this be by email which can be read through the computer or provided in large font if identified. The NHS Complaints regulation 2009 states that a representative or third parties, such as advocates and carers can raise a complaint on behalf of someone who has a physical incapacity or lacks mental capacity and a line about consent and the policy. If a complainant informs the CCG that they have physical disability then reasonable adjustments will be made to ensure the conciliation meeting is held in an appropriate environment which is accessible to the individual.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs annual report on complaints.

Dementia

Given the CCGs commitment to commissioning “Dementia Friendly” services, consider and detail any impact on people with dementia.

Easy read versions will be made available and the Policy will be implemented in line with the Accessible Information Standard. Complaints Officers have a responsibility to discuss, at the outset of a complaint/ concerns being made, any individual requirements / needs of the complainant and put in place any reasonable adjustments.

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender people. Issues to consider may include same sex/mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.*

Consent and confidentiality are of particular concern for those undergoing gender re-assignment. The policy section on consent and confidentiality includes ensuring care is taken at all times throughout the complaints process to ensure any information disclosed about a service user is relevant to the investigation of the complaint. Also, that information will only be disclosed to people who have a demonstrable need to know it. In line with GDPR guidance published in May 2018, a complainant will always be asked for consent before sharing information with another organisation.

Further, the policy sections relating to complex/multi-agency complaints and complainant meetings have particular relevance for those with this protected characteristic.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs annual report on complaints.

Marriage and civil partnership *Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

The policy is clear that all complaints and suggestions for improvement are received positively, are investigated thoroughly and promptly, and responded to in an open and sympathetic manner with action taken, where appropriate to prevent a recurrence. This will include any complaint made and found where a service user raises an issue of unfavourable treatment due to being married or in a civil partnership. This will apply to staff involved in a complaint as much as service users.

Complaints are received from all groups and there would be no barriers imposed. This policy demonstrates protocols for equality of access. Staff are supported by their line manager and consulted with during the investigation. The investigation should be full, fair and timely and should not apportion blame.

Pregnancy and maternity *Consider how the policy project or proposal impacts on staff and detailed (including the source of any evidence) impact on Health and Safety at work and working arrangements such as part-time working, infant caring responsibilities. As well as service provision, where applicable, for service users consider facilities, such as child and parent parking, baby changing, breast feeding.*

The policy section on complex/multiagency complaints may have particular relevance in the case of unfavourable treatment because of pregnancy and maternity. This will apply to staff involved in a complaint as much as service users.

The management style and culture within the organisation will promote positive attitudes towards dealing with complaints. The CCG has a Maternity, Paternity and Adoption Policy.

Race *Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. This will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. It will also include language and different cultural practices and individual experience of health systems in other countries.*

The CCG sets out its commitment to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. The CCG recognises that there may be a need to meet with the complainant where English is not their first language. In addition, on request different languages and an interpreter will be arranged at any meeting with the complainant.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs annual report on complaints.

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.*

The CCG is committed to treating all complaints equitably and this will include religion or belief or no belief where this is raised as part of the complaint. Of particular relevance will be the

policy sections on staff involved in the complaint and complex/multi agency handling of complaints.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs annual report on complaints.

Sex (gender) *Consider and detail (including the source of any evidence) the impact on men and women (potential to link to carers below). This may include different patterns of disease for each gender, different access rates.*

As stated above, the CCG is committed to treating all complaints and complainants equitably and this covers sex including other gendered.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs annual report on complaints.

Sexual orientation *Consider and detail (including the source of any evidence) the impact on heterosexual people as well as lesbian, gay and bisexual people.*

As stated above, the CCG is committed to treating all complaints and complainants equitably, and this covers sexual orientation and is implicit, and with all protected characteristics within the policy.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs annual report on complaints.

Carers *Consider and detail (including the source of any evidence) impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as specified in law to avoid discrimination by association) but should also consider patient/guardian(s) of children under the age of 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues. They may have to work part-time, have shift-patterns, or face barriers to accessing services.*

The policy relates to carers, family members as well as service users, demonstrating the CCG's commitment to be openness and honesty which will be governed by consent and confidentiality clauses and in partnership with the service user who is either making the complaint directly or indirectly with the support of their carer.

The equalities monitoring form will capture this information to ensure that we are being accessible to all. This information will be presented in the CCGs annual report on complaints.

Serving Armed Forces personnel, their families and veterans

The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

No negative impact identified. However, learning from complaints may inform provision of services relevant to these individuals.

Meeting psychological needs

The CCG is working to improve how services meet the psychological needs of patients. This recognises that an individual's experience of disease or illness, and/or their experience of treatment and time spent in care settings can cause stress and anxiety. This in turn, can impact on treatment and outcomes.

Do you have evidence of additional or unmet psychological need? Identify how the project, policy or decision could better meet the psychological needs of patients and carers. This might include staff training in Mental Health First Aid, signposting patients to sources of mental wellbeing support, provision of peer support or psychological therapy.

This policy supports the CCG in ensuring those with psychiatric needs are supported during the complaint process; linking with any other services as necessary. The learning from complaints supports changes Commissioning intentions to improve access and services. Complaints Officers have a responsibility to discuss, at the outset of a complaint/ concerns being made, any individual requirements / needs of the complainant and put in place any reasonable adjustments.

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. This may therefore relate to: Poverty, living in rural areas, resident status (migrants and asylum seekers).*

In line with the work of the CCGs, this policy takes into account identified groups that may experience barriers to health care. Population needs assessment as identified through the JSNA and ONCS 2011 data - show these groups to be: gypsy and traveller, Nepalese, Polish, Filipino and homeless people. Every effort will be made to ensure and support feedback on experience of these groups in accessing and receiving health care. This will include in liaison with the work of the CCGs' Communications and Engagement Team.

Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs.

Q4 How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

The individual versions of the policies have been sent to the relevant predecessor CCG's Patient Participation Groups (PPGs) for comment. This policy is to pull these together into a joint version.

Q5 How have you involved stakeholders in testing the policy or programme proposals?

See above

Q6 For each involvement activity, please state who was involved, how and when they were engaged, and the key outputs:

As a result of previous feedback received, the CCG will commit to produce a shorter Plain English document as well as an Easy Read version to promote awareness. The Protocol for Handling Persistent, Unreasonable or Habitual Complaints has been removed from the main document and included in Appendix B; to make the main policy shorter.

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

In accordance with the Accessible Information Standard, a Plain English guide will be produced to supplement this policy together with an Easy Read version. No comments received from the previous engagement identified any inequality against a protected characteristic.

Ongoing monitoring of complaints handling will ensure that the complaints process is accessible and equitable to all.

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

This policy supports the CCG in ensuring it adheres to and maintains its responsibilities under the relevant statutory regulations.

Negative impacts

Where there is evidence, provide a summary of the negative impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

No negative impact identified.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

No health inequalities identified.

Action planning for improvement, and to address health equalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
<p>To monitor the adherence to the complaints process, the annual Complaints report will include a report which states satisfaction rates with the complaints handling process based on satisfaction forms that are sent out with resolution letters. The annual Complaints report to the Governing Body will also include lessons learned as a result of complaints as well information as to how the complaints process for the CCG adheres to national target deadlines. Reports will also be made to the relevant Quality Group / Committee on a quarterly basis.</p> <p>This policy is due to be reviewed 2 years after it is approved.</p>	<p>Head of Patient Experience and Complaints</p>	<p>Ongoing</p>	

For your records**Role of person who carried out this assessment:** Senior Quality Manager**Date assessment completed:** 13 October 2021**Date to review actions:** N / A**Role of responsible executive lead:** Chief Nursing Officer**Date assessment was approved:**