



**Southampton City**  
Clinical Commissioning Group

# **SOUTHAMPTON CLINICAL COMMISSIONING GROUP**

## **CONCERNS AND COMPLAINTS POLICY**

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## **A. GENERAL**

### **1. INTRODUCTION**

1.1 This policy sets out the process for handling complaints generated by patients, carers and the general public by the Southampton City Clinical Commissioning Group (CCG). All staff are responsible for co-operating with the implementation of the Concerns and Complaints 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.

### **2. SCOPE OF POLICY**

2.1 The 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. We encourage a positive culture for handling complaints that seeks and then uses people's experience to make services more effective, personal, and safe.

2.2 The CCG is responsible for commissioning health services on behalf of the registered population of Southampton City from local acute hospitals, mental health providers, and community providers, the independent sector, and independent contractors. This policy sets out how the CCG will manage these relationships in the context of concerns and complaints.

2.3 The CCG is also responsible for decision making in relation to eligibility for Adult Continuing Healthcare, Children's Continuing Care and elements of S117 After Care. This policy covers any complaints that may arise in any of these areas.

### **3. ROLES AND RESPONSIBILITIES**

3.1 The Chief Executive Officer of the CCG is responsible for ensuring compliance with the arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations and for ensuring that action is taken if necessary, depending on the outcome of a complaint.

3.2 The Associate Director of Quality/Deputy Chief Nurse is responsible for ensuring the management of complaints is dealt with effectively and in line with the regulations on behalf of the CCG.

3.3 The Complaints and Patient Experience Manager manages the complaints process and is the point of access for patients, service users or a representative who requires advice, assistance or information about complaints, or who wish to make a complaint.

3.4 All staff within the CCG are responsible for ensuring that they have an awareness of the Concerns and Complaints Policy and work to ensure compliance; informing the Complaints and Patient Experience Manager of any concerns raised directly with them, and assisting in informing responses as required.

## **4. DEFINITIONS**

- 4.1 The words “patient” and “client” are used interchangeably to describe all those people for whom we commission and provide services.
- 4.2 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.
- 4.3 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 1<sup>st</sup> April 2009.
- 4.4 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).
- 4.5 The 2009 Regulations form a single approach for dealing with complaints about the NHS and Local Authority Social Services.
- 4.6 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.

## **5. PURPOSE**

- 5.1 The CCG is committed to providing an accessible, equitable, and effective means for people (and/or their representative) to express their views about the services it provides or services it is responsible for commissioning. If a person is unhappy about any matter of the CCG functions they are entitled to make a complaint, have it considered, and receive a response.
- 5.2 The CCG aims to develop a positive culture for complaints handling. To do this the CCG provides a complaints process which is easy to access, supportive and receptive. This results in timely, fair and where possible, local resolution.
- 5.3 The purpose of local resolution is to provide an opportunity for the complainant and the CCG to attempt a prompt and fair resolution of the complaint, and to provide the opportunity to put things right for complainants, as well as improving services.

## **6. AIMS**

- 6.1 The Concerns and Complaints Policy aims to ensure;
  - concerns and complaints are dealt with efficiently;
  - concerns and complaints are properly investigated;
  - complainants are treated with respect and courtesy;
  - complainants receive, so far as is reasonably practical, assistance to enable them to understand the procedure in relation to complaints and concerns;
  - advice on where they may obtain such assistance;
  - complainants receive a timely and appropriate response;

- complainants are told the outcome of the investigation of their complaint or concern; and
- action is taken if necessary in the light of the outcome of a complaint or concern.

## **7. WHAT IS A COMPLAINT?**

- 7.1 A complaint is defined as an expression of dissatisfaction or concern about a service the CCG commissions or provides. Commissioned services are those that are paid for by the CCG but provided by other organisations such as hospitals and community care providers.
- 7.2 It is the role of the Complaints and Patient Experience Manager to facilitate determining if the dissatisfaction raised is taken forward as a “Comment,” “Concern” or “Complaint” in agreement with the complainant.

## **8. WHO CAN COMPLAIN?**

- 8.1 Patients themselves or a representative, e.g. family member, friend, MP or other agency who has been given consent to act on behalf of the patient; can raise a complaint or concern. If consent is in doubt, the patient who the complaint relates to will be asked to sign a consent form. In cases where the CCG seeks consent from the patient, the response time will then be agreed with the complainant, taking into account the date of receipt of consent.
- 8.2 Complaints can be made by a third party on behalf of the patient in cases where the patient lacks capacity and is unable to make a complaint themselves. Evidence of appropriate advocacy is required, i.e. power of attorney. In the case of a patient who has died evidence such as executor status, grant of probate or other relevant documentation is required. A complaint can be made by another person who, in the opinion of the Complaints and Patient Experience Manager, had or has ‘best interest’ in their welfare and is a suitable person to act as their representative.
- 8.3 In the case of a child, a suitable representative would normally be a parent, guardian, or other adult person who has care of the child, has parental responsibility or who is authorised by the Local Authority / in the case of children in care (looked after children).
- 8.4 Assistance will be given to complainants in accessing the complaints procedure. This includes providing an appropriate and acceptable response to complainants who are unable to read English or have sight or hearing difficulties.

## **9. TIME LIMITS FOR COMPLAINTS**

- 9.1 There is a time limit for making a complaint of 12 months after the date of the incident that caused the complaint, or 12 months from the date on which the matter came to the attention of the complainant. The time limit should not be presented as an obstacle to the investigation of the complaint. The time limit can, and should be, waived if it is still practical and possible to investigate the complaint. The records should still exist, the individuals concerned are still available to participate in the investigation, and the complainant can demonstrate reasonable cause for delay in making the complaint. It will be the decision of the Complaints and Patient Experience Manager if the time limit can be set aside.

## **10. SERIOUS COMPLAINTS**

- 10.1 If an allegation or suspicion relates to any of the concerns below, it should immediately be reported to the Accountable Officer and investigated as a formal complaint or referred to the appropriate agency e.g. police, if a possible criminal offence has been committed, safeguarding leads or other relevant person/organisation;
- physical abuse; safeguarding lead/police;
  - sexual abuse; safeguarding lead/police;
  - financial misconduct; counter fraud/police;
  - criminal offence; police;
  - safeguarding; safeguarding lead.
- 10.2 If it relates specifically to the CCG it should be reported to the Chief Executive Officer, or relevant Senior Manager. Alongside this, there is a requirement to report this as a Serious Incident (SI), or if it relates to a provider, the provider should be informed that they need to report it as a SI, in line with the current national Serious Incident Framework. In the case of financial misconduct, the CCG Standing Financial Instructions must be followed. To avoid duplication, it will be agreed which type of investigation is most appropriate so that multiple investigations are not undertaken at the same time. The complainant should be advised of the decision and how the complaint will be taken forward.

## **11. COMPLAINTS THAT CANNOT BE DEALT WITH UNDER THIS POLICY**

- 11.1 The following complaints will not be dealt under the NHS Complaints Regulations 2009;
- a complaint made by 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 employment;
  - a complaint which is made orally and is resolved to the complainant's satisfaction no later than the next working day, after the day in which the complaint was made;
  - a complaint which has previously been made and resolved to the same complainant and where local resolution has been exhausted;
  - a complaint which is, or has been, investigated by a Health Service Commissioner under the 1993 Act;
  - a complaint arising out of the alleged failure by CCG to comply with a request for information under the Freedom of Information Act 2000;
  - on the advice of the NHS Resolution the investigation of a complaint through the complaints procedure may cease immediately if the complainant explicitly indicates an intention to take legal action in respect of the complaint, however the CCG would review on a case by case basis whether to continue with the investigation.
  - under the Delegated Commissioning Agreement, complaints about Primary Care services, such as GPs, Dentists, Opticians, or Pharmacy services, remain the responsibility of NHS England. Where consent is obtained by NHSE they will share, via NHS.net secure email, the complaint, and their investigation with the CCG so that the actions and learning from Primary Care complaints can be followed up. This will require a systematic process to consider themes and trends to focus on quality improvement requirements within the CCG.

## **12. EQUALITY IMPACT ASSESSMENT**

- 12.1 This is a legal requirement under the Equality and Diversity Act 2010, which is a combination of a range of previous laws and legislation, Race Relations Act 1976, Sex Discrimination Act 1975 and Disability Discrimination Act 1995.
- 12.2 Equality Impact Assessment can be found in Appendix D.

## **13. COMPLAINTS AGAINST PROVIDERS OF HEALTH CARE SERVICES**

- 13.1 The CCG has contracts in place with a range of providers. Under the Local Authority Social Services and NHS Complaint Regulations 2009, a patient can choose to approach either the provider or the CCG to make a complaint. Each contracted provider has its own complaints procedure based on the NHS Complaints Regulations 2009.
- 13.2 Where complainants have approached more than one organisation, a co-ordinated approach should be facilitated and an agreement made on which organisation will lead on responding to the complaint. This should be done with the agreement from the complainant.
- 13.3 If a complaint received by the CCG concerns a provider of contracted services, after receiving consent, where relevant, the Complaints and Patient Experience Manager will discuss with the complainant how they would like their complaint handled and by whom. For complaints involving several organisations, the Complaints and Patient Experience Manager will liaise with colleagues to establish the appropriate lead and course of action and agree this with the complainant.

## **14. COMPLAINTS SHARED WITH THE LOCAL AUTHORITY**

- 14.1 Where a complaint includes issues that relate to the Local Authority (Southampton City Council), the Complaints and Patient Experience Manager will liaise and work together to ensure a full investigation takes place and that a single response which answers all concerns is provided to the complainant.
- 14.2 The Complaints and Patient Experience Manager will obtain consent from the complainant to share the details of the complaint with the Local Authority. If the complainant does not consent then the Complaints and Patient Experience Manager will advise on which parts of the complaint the CCG can respond to and which parts will need to be dealt with separately by the Local Authority.

## **B. THE INVESTIGATION**

### **15. PROCEDURE BEFORE INVESTIGATION**

- 15.1 When dealing with all concerns and complaints, the CCG takes into account the user-led vision outlined in "My expectations for raising concerns and complaints" (Local Government Ombudsman. Healthwatch and Parliamentary and Health Service Ombudsman 2014). This vision covers the following areas;
  - considering a complaint;
  - making a complaint;
  - staying informed;
  - receiving outcomes;

- reflecting on experience.

15.2 A complaint may be made verbally, electronically or in writing. Where a complaint is made verbally and is not resolved by the end of the next working day then a written copy of the complaint must be made by the CCG and a copy provided to the complainant.

15.3 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 practise to follow this up in writing. The acknowledgement must contain an offer to discuss with the complainant the manner in which the complaint is to be handled, the likely timescales for the investigation and response.

15.4 If the offer of a discussion is not accepted, the Complaints and Patient Experience Manager must determine the response period and notify the complainant in writing confirming the issues that are going to be investigated, the manner in which the complaint is to be handled, and the likely timescales for the investigation and response.

15.5 Response periods will be discussed with the complainant and a potential response time will be negotiated, based on the content of the complaint and its complexity. Responses times will be negotiated with the complainant where possible, and will be based around internal timescales of 25 days, 40 days or 60 days.

15.6 Appendix A shows a flowchart of complaints and concerns handling.

## **16. CONSENT**

16.1 For all complaints / concerns raised consent will be sought from the complainant by the Complaints and Patient Experience Manager. It is important that the complainant understands what the consent is being obtained for. Consent should be obtained in written form wherever possible, however on occasion verbal consent will be considered on a case by case basis. If verbal consent has to be obtained this will be documented appropriately by the Complaints and Patient Experience Manager.

16.2 If consent is not received by the Complaints and Patient Experience Manager then the investigation into the complaint will proceed, only where this can be done without the inclusion of patient related information. This will be explained to the complainant by the Complaints and Patient Experience Manager.

16.3 If the complainant wishes to withdraw their consent at any time, then this can be done at any point within the investigation, verbally or in writing to the Complaints and Patient Experience Manager. The investigation of the complaint will then cease on date of withdrawal.

16.4 Complainants will be advised that in the first instance (whilst consent is being sourced) the complaint will be discussed with the relevant CCG Manager to determine appropriate course of action and address any immediate/urgent issues.

16.5 The consent forms used can be found in Appendix C.

## **17. COMPLAINANT MEETINGS**

- 17.1 All enquirers are offered a meeting with the Complaints and Patient Experience Manager, and/or the service manager from the CCG, when they first contact the service to discuss concerns. They are then offered a meeting when a response is sent, should they wish to discuss or clarify anything else.
- 17.2 All meetings will be recorded, either by a recording device, in line with the CCG's Audio Digital Recording of Meetings Policy, or by a written record, which will be agreed with the complainant. A copy of the written/electronic record will be sent to all those involved to confirm the accuracy before being documented in the complaints file.

## **18. INVESTIGATION**

- 18.1 The Complaints and Patient Experience Manager will arrange for the complaint to be investigated in the most appropriate manner to resolve it speedily and efficiently. 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 must;
- be undertaken by a suitable person and the Complaints and Patient Experience Manager 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;
  - be assessed for potential risk; a risk assessment process should be applied to all complaints to allow serious complaints, such as those involving unsafe practice, to be identified;
  - methods used for investigations should enable key issues to be identified and analysed through a full investigation using a systems-based investigation method (such as root cause analysis (RCA) and should follow the Parliamentary Health Service Ombudsman (PHSO) principles of carrying out good local investigations <https://www.ombudsman.org.uk/organisations-we-investigate/carrying-out-good-local-investigations>
- 18.2 During the investigation the Complaints and Patient Experience Manager will keep all those involved, including the complainant, informed as far as reasonably practical as to the progress of the investigation.

## **19. RESPONSE**

- 19.1 A formal written response will be sent to the complainant within the timeframe agreed, from the Chief Executive Officer or a nominated responsible person.
- 19.2 It is good practice for letters to be as conciliatory as possible and include apologies as appropriate.
- 19.3 If the CCG is unable to send the complainant a response in accordance with the timeframe agreed, the complainant will be notified in writing accordingly. The reason for the delay will be explained, an apology offered and the new date for completion agreed. The response should then be sent to the complainant in writing in line with the agreed extended timeframe.
- 19.4 The response will;
- 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 to prevent recurrence,
- indicate that a named member of staff is available to clarify any aspect of the letter,
- advise of the complainant's right to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) if they remain dissatisfied with the outcome of the complaints procedure.

19.5 The response should be clear, accurate, balanced, and easy to understand. It should avoid technical terms, but where these must be used to describe a situation, events or condition an explanation of the term will be provided.

19.6 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.

19.7 Where appropriate, alternative methods of responding to a complaint must be considered. This may be through an immediate response from front-line staff, a meeting, or direct action by a senior person.

19.8 It may be appropriate to conduct a meeting;

- in complex cases;
- in cases where there is serious harm/death of a patient,;
- in cases involving those whose first language is not English;
- in cases where the complainant has a learning disability or mental health illness (and other capacity challenges).

## **20. CONCLUDING LOCAL RESOLUTION**

20.1 The CCG should offer every opportunity to exhaust local resolution. Once the final response has been signed and issued, the Complaints and Patient Experience Manager, on behalf of the Chief Executive Officer should liaise with relevant managers and staff to ensure that all necessary follow-up action has been taken.

20.2 All correspondence and evidence relating to the investigation should be retained. The Complaints and Patient Experience Manager 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, subject only to the need to record information which is strictly relevant to the complainants ongoing health needs.

## **21. IF THE COMPLAINANT IS DISSATISFIED WITH THE FINAL RESPONSE**

21.1 The final response should invite the complainant to let the CCG know if they have any outstanding concerns. In such cases, consideration should be given to arranging further action which might resolve the complaint, including offering a meeting with the Complaints and Patient Experience Manager and/or an appropriate senior manager. A response should be sent to the complainant confirming the outcome of any further action and advising them of the independent review process.

21.2 If the complainant subsequently remains dissatisfied, they have the right to request the Parliamentary and Health Service Ombudsman to review their complaint; refer to section 30.

## **22. RISK MANAGEMENT**

22.1 In instances where the complaint or concern identifies that there may be a risk to the patient or other people's safety, then this will be considered in light of the arrangements the CCG has in place. This will include consideration of the following;

- claims management procedures;
- safeguarding adults and children arrangements;
- equality and diversity strategy;
- HR framework and policies.

22.2 Risks to the CCG will be recorded on the relevant Risk Register.

## **23. SUPPORT FOR STAFF**

23.1 Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair, and timely, and should not apportion blame.

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

23.3 The decision on whether disciplinary action is called for is a decision for the Line Manager in consultation with Human Resources and accordance with the normal disciplinary procedure. This must be kept separate from the complaints procedure.

## **24. IMPROVING SERVICES**

24.1 Following the conclusion of a complaint, all actions will be clearly documented, acted upon, and monitored.

24.2 If an action has been identified during the complaints investigation, the Complaints and Patient Experience Manager 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 Clinical Governance Committee, on a quarterly basis via the Patient Experience Report.

24.3 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.

## **25. LEARNING FROM EXPERIENCE**

25.1 The Complaints and Patient Experience Manager will report the number and nature of complaints received on a monthly basis to the CCG Clinical Governance Committee via the monthly Quality Report. Service improvements informed by the complaints process will also be reported within the CCG's quarterly Patient Experience Report, including sharing of lessons learnt.

## **26. HEALTHWATCH SOUTHAMPTON**

26.1 The Healthwatch Southampton offer an independent service to advise complainants about making a complaint concerning NHS services. The Complaints and Patient Experience Manager will provide information about the service that Healthwatch Southampton offers to service users.

## **27. LEGAL ADVICE AND PROCEDURES FOR COMPLAINTS INVOLVING LITIGATION**

27.1 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 Complaints and Patient Experience Manager will negotiate with the complainant how this can be taken forward. The Complaints and Patient Experience Manager will seek the advice of the Associate Director of Quality and refer the matter to the NHS Resolution. The Complaints and Patient Experience Manager will seek advice on whether it is possible for both investigations to proceed at the same time.

## **28. REDRESS**

28.1 The CCG takes into account the Parliamentary and Health Service Ombudsman 'Principles of Remedy' (February 2009) which states that where maladministration or poor service has led to injustice or hardship, the responsible organisation should take steps to provide an appropriate and proportionate remedy by;

- ideally, returning complainant and where appropriate, others who have suffered injustice or hardship as a result of the same maladministration or poor service, to the position they were in before the maladministration or poor service took place;
- if that is not possible, compensate them appropriately;
- consider fully, all forms of remedy such as apology, an explanation, remedial action or financial compensation, as appropriate for each case.

28.2 In line with the "Principles of Remedy" the CCG deems the following as examples of appropriate responses;

- an apology, explanation and acknowledgement of responsibility;
- remedial action;
- financial compensation;
- assurances that lessons have been learnt, along with explanation of changes made.

28.3 It is recommended that, before any compensation is offered in respect of a complaint involving a member of staff, that the member of staff should be informed of the proposal in order that any attendant concerns may be taken into account appropriately.

28.4 Any ex-gratia payments should be made having regard to the CCG's Standing Orders and prime financial policies, in agreement with the Chief Executive Officer.

## **29. HABITUAL OR VEXATIOUS COMPLAINANTS**

29.1 Complainants may be deemed to be vexatious as a result of their unreasonable behaviour. There is no single definition of "unreasonable behaviour." Examples of such behaviour can be found in Appendix E. Great caution should be exercised in the

deployment of these provisions, which are intended to be used only in exceptional circumstances.

- 29.2 Complainants may be deemed to be vexatious in any situation where physical violence has been used or threatened, this includes verbally, towards staff or those associated with them at any time. This will cause personal contact with the complainant to be discontinued and the complaint will then only be pursued through written communication. All such incidents should be documented and reported in accordance with CCG procedure.
- 29.3 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 habitual in nature i.e. the complaint raises the same or similar issues repeatedly, despite having received full responses to all the issues they have raised or vexatious i.e. as a result of unreasonable behaviour. Habitual and vexatious complaints are often symptomatic of an illness and the complaints procedure may not be the most appropriate means of dealing with the issues involved.
- 29.4 When a complainant is showing habitual or vexatious behaviour, the Chief Executive Officer or a relevant delegated Senior Manager in consultation with the Complaints and Patient Experience Manager, and a member of the Board, will determine what action the CCG will take to address this behaviour (which may include discontinuing communication with the complainant) and address the complaint raised. Reference to safeguarding and Zero Tolerance Policies may need to be made.

### **30. SECOND AND FINAL STAGE (INDEPENDENT REVIEW) OF NHS COMPLAINTS PROCEDURE**

- 30.1 Under The Local Authority Social Services and NHS Complaints Regulations (England) 2009, if a complainant is dissatisfied with the outcome of their complaint at the conclusion of the local resolution stage they have the right to ask the Parliamentary and Health Service Ombudsman to independently review their complaint. Information is provided to complainants in the final response letter. Details are also available on the CCG web site and the Patient Experience Services leaflet. The CCG will co-operate with the Parliamentary and Health Service Ombudsman in any relevant independent review

### **31. MONITORING AND GOVERNANCE**

- 31.1 A computerised complaints database will be kept by the Complaints and Patient Experience Manager on behalf of the CCG (accessible at the CCG HQ) and be available for inspection by the NHS Commissioning Board 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.
- 31.2 A summary of the monthly reports will be produced quarterly by the Complaints and Patient Experience Manager as part of the Patient Experience Report, which is submitted to the CCG Clinical Governance Committee. The report will include;
- 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;
- number of complaints being considered by the PHSO that relate to the CCG
- any complaints where the recommendations of the PHSO were not acted upon, giving the reasons why if applicable.

31.3 The CCG Clinical Governance Committee will seek assurance that learning from complaints, litigation and claims is systematically analyzed and disseminated throughout the CCG to improve commissioning processes.

31.4 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require all responsible organisations to prepare and make available an annual report which must specify the number of complaints received; number of complaints well-founded and the number of complaints referred to the Parliamentary and Health Service Ombudsman. The annual report should also summarise the subject matter of complaints, matters of general importance and action taken to improve services as a consequence of complaints received. The annual report will be presented to the Clinical Governance Committee in June every year.

## **32. EVALUATION OF COMPLAINT'S PROCEDURE**

32.1 Annually, 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 resolved in the previous year. The evaluation will ask questions on;

- access to the complaints procedure;
- experience of the complaints procedure;
- equality and diversity – ethnic and disability monitoring;
- outcome.

32.2 This process will enable the CCG to monitor the effectiveness of the Concerns and Complaints Policy. The results of the evaluation will be published in the CCG Annual Complaints Report, and on the CCG website.

## **33. TRAINING**

33.1 All staff will be expected to have a working knowledge of the Concerns and Complaints Policy and will be familiarised with this policy as part of their induction.

33.2 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.

33.3 It is the responsibility of all Line Managers to ensure that, where appropriate, the lessons learned from complaints are used as part of the continuing professional development for all staff.

33.4 There should additionally be complaints training available for all relevant staff, to support them in providing the standard of investigation and response required for all complaints.

#### **34. REVIEW**

34.1 This policy will be reviewed every three years or sooner if the National Complaint Regulations change.

**Appendix A;** Flowchart of complaints and concerns handling

**Appendix B;** Useful names and addresses

**Appendix C;** Consent forms

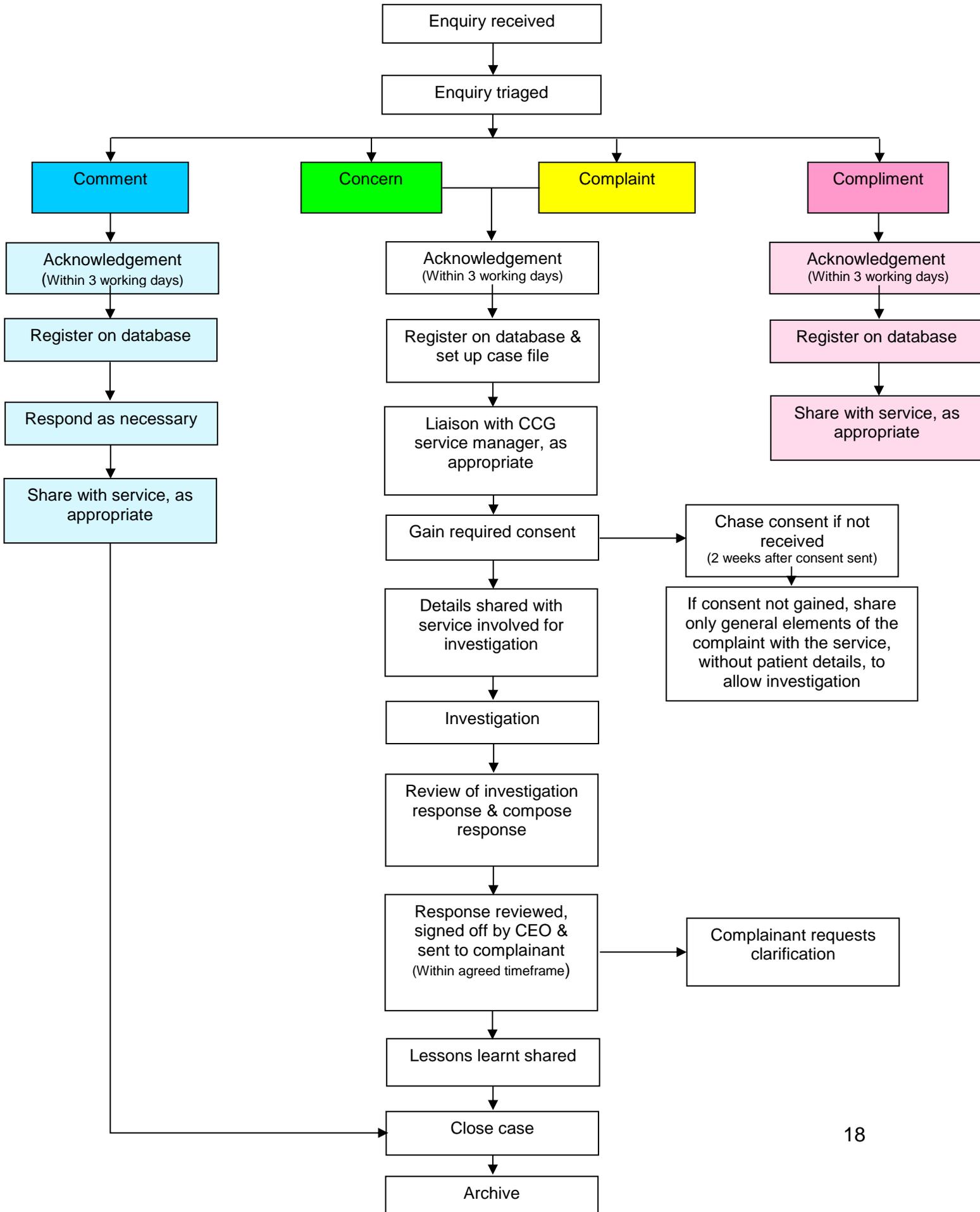
**Appendix D;** Equality impact assessment

**Appendix E;** Unreasonable behaviour

**Date Approved;** 26<sup>th</sup> September 2018

**Review Date;** September 2021

**APPENDIX A; FLOWCHART OF COMPLAINTS AND CONCERNS HANDLING**



## APPENDIX B; USEFUL NAMES AND ADDRESSES

- **CCG Enquiries line for information about the CCG and its services;**  
Telephone; 023 8029 6002
- **CCG Website;**  
[www.southamptoncityccg.nhs.uk](http://www.southamptoncityccg.nhs.uk)
- **Clinical Commissioning Group Chief Executive Officer;**  
Chief Executive Officer  
Southampton Clinical Commissioning Group  
CCG Headquarters  
Oakley Road  
Southampton  
SO16 4GX
- **Complaints and Patient Experience Manager;**  
Patient Experience Service  
Southampton Clinical Commissioning Group  
CCG Headquarters  
Oakley Road  
Southampton  
SO16 4GX  
  
Telephone; 023 80 296066  
E-mail; [SOCCG.patientexperienceservice@nhs.net](mailto:SOCCG.patientexperienceservice@nhs.net)
- **Parliamentary and Health Service Ombudsman for England;**  
11<sup>th</sup> Floor  
Millbank Tower  
Millbank  
London  
SW1P 4QP  
  
Telephone; 0345 015 4033  
Website; [www.ombudsman.org.uk](http://www.ombudsman.org.uk)
- **Healthwatch Southampton;**  
Southampton Voluntary Services  
Kingsland Square  
Southampton  
SO14 1NW  
  
Telephone; 02380 216 018  
Email; [healthwatch@southamptonvs.org.uk](mailto:healthwatch@southamptonvs.org.uk)
- **SEAP (Support, Empower, Advocate, Promote)**  
Telephone; 0300 3435726  
Email; [info@seap.org.uk](mailto:info@seap.org.uk)

## APPENDIX C; CONSENT FORMS

### STATEMENT OF CONSENT

#### Guidance notes;

- If you are making a complaint on behalf of yourself, only complete section 1.
- If you would like someone to complain on your behalf, please complete section 1 and 2.
- Once completed please return to; *Patient Experience Service, NHS Southampton City CCG, NHS Southampton Headquarters, Oakley Road, Southampton, SO16 4GX or via email; [SOCCG.patientexperienceservice@nhs.net](mailto:SOCCG.patientexperienceservice@nhs.net)*

#### Section 1; Statement of consent (Please provide your details below)

Full name;	
Address;	
Date of birth	
GP Practice;	

#### I hereby give my consent for the following;

- The organisations listed below to share any relevant information in order to complete the investigation into my complaint;
  1. *Individuals employed by Southampton City CCG (SCCCG), as appropriate.*
  2. *(List all organisations)*
- The disclosure of my personal/clinical record (as applicable), which will be solely used for the purpose of this investigation into my complaint, and will not be shared without my permission.

#### I agree and understand;

- That at any point during my complaint investigation, I have the right to withdraw my consent, by writing to the Complaints and Patient Experience Service Manager.
- That if I withdraw my consent, my information will no longer be shared and investigation of my complaint will cease on date of withdrawal.
- My consent given here will expire at the conclusion of this NHS complaints procedure.
- The investigation of the complaint is being coordinated by the Complaints and Patient Experience Service Manager, NHS Southampton City CCG.
- The Chief Executive Officer or designated Deputy of NHS Southampton City CCG will respond in writing to my complaint.

<b>Signature;</b>	
<b>Date;</b>	
<b>Section 2; Statement of consent for someone to complain on your behalf (Please provide their details)</b>	
<b>Full name of nominated person;</b>	
<b>Address;</b>	
<b>Relationship to the complainant;</b>	
<p><b>I hereby give my consent for the following;</b></p> <ul style="list-style-type: none"> <li>• The person detailed above to make a complaint and act on my behalf.</li> <li>• That they are able to receive any information including personal and confidential information that is relevant to the investigation and resolution to my complaint.</li> </ul> <p><b>I agree and understand;</b></p> <ul style="list-style-type: none"> <li>• That at any point during my complaint investigation, I have the right to withdraw my consent, for the person listed above to act on my behalf by writing to the Complaints and Patient Experience Service Manager.</li> <li>• That if I withdraw my consent for the person listed above to act on my behalf, my information will no longer be shared with them from the date of withdrawal.</li> </ul> <p><b>I confirm that;</b></p> <ul style="list-style-type: none"> <li>• If the complaint is in relation to / on behalf of a child (under 18 years old), I confirm I have parental responsibility.</li> <li>• In cases where the patient has a lack of capacity, I understand that I need to provide evidence that I am an appropriate advocate i.e. power of attorney. <b><u>Please enclose copies of documentation.</u></b></li> </ul>	
<b>Signature;</b>	
<b>Date;</b>	

## STATEMENT OF CONSENT; Deceased patient

### Guidance notes;

- Once completed please return to; *Patient Experience Service, NHS Southampton City CCG, NHS Southampton Headquarters, Oakley Road, Southampton, SO16 4GX or via email; [SOCCG.patientexperienceservice@nhs.net](mailto:SOCCG.patientexperienceservice@nhs.net)*

### Section 1; Details of deceased

<b>Full name of deceased;</b>	
<b>Former address;</b>	
<b>Date of birth</b>	
<b>Date of death;</b>	
<b>GP Practice;</b>	

### Section 2; Details of complainant

<b>Full name;</b>	
<b>Address;</b>	
<b>Relationship to deceased;</b>	

### I hereby give my consent for the following;

- The organisations listed below to share any relevant information in order to complete the investigation into my complaint;
  - 1. *Individuals employed by Southampton City CCG (SCCCG), as appropriate.***
  - 2. *(List all organisations)***
- The disclosure of the deceased personal/clinical record (as applicable), which will be solely used for the purpose of this investigation into my complaint, and will not be shared without my permission.

### I agree and understand;

- That at any point during my complaint investigation, I have the right to withdraw my consent, by writing to the Complaints and Patient Experience Service Manager.
- That if I withdraw my consent, my information will no longer be shared and investigation of my complaint will cease on date of withdrawal.
- My consent given here will expire at the conclusion of this NHS complaints procedure.
- The investigation of the complaint is being coordinated by the Complaints and Patient Experience Service Manager, NHS Southampton City CCG.
- The Chief Executive Officer, or designated Deputy, of NHS Southampton City CCG will respond in writing to my complaint.

**I confirm that;**

- I understand that I need to provide evidence that I am an appropriate individual to make this complaint. Please supply evidence on executor status, grant of probate or other relevant documentation.

**Signature;**

**Date;**

## APPENDIX D; EQUALITY IMPACT ASSESSMENT

### Introduction

An Equality Impact Assessment (or EIA) is a tool to help you demonstrate that you have considered the needs of people and communities when devising a policy, planning a project or making a commissioning decision. The process also involves making sure that implementing the policy, project or proposal will not lead to discrimination and addresses health inequalities, both of which the CCG has a legal duty to do.

The idea is not to prove that there is no impact, but to identify where there are impacts and recommend ways of mitigating or reducing the impact on the affected groups. It is also an opportunity to demonstrate any positive impacts that your proposal may have.

### Checklist

Before you complete the EIA you will need the following information;

- General details - title of project, responsible Director
- Purpose of the policy, project, proposal or decision
- The findings from any staff and/ or patient and public involvement undertaken as part of the project
- **Evidence about how people and communities will be affected by this policy, project, or proposal. This information will help you consider both adverse and positive impacts on the following groups (known as protected characteristics);**

- ❖ Age
- ❖ Disability
- ❖ Gender reassignment
- ❖ Marriage and civil partnership
- ❖ Pregnancy and maternity
- ❖ Race
- ❖ Religion or belief
- ❖ Sex
- ❖ Sexual orientation

You may also need to consider the impact of other factors like poverty, whether people affected live in rural areas, and so on.

To complete the EIA and summarise your findings as an Equality Statement, you will work through the following questions;

- What are you proposing to do?
- Why are you doing it?
- Who is intended to benefit from this proposal?
- What evidence is available about the needs of the relevant equality groups?
- What equality issues or impacts have you identified?
- What do you propose to do to manage the impacts?
- What potential mitigating actions can you take?

**Title of policy, project or proposal;**

Concerns and Complaints Policy v3

**Name of lead manager; Complaints and Patient Experience Manager**

Directorate; NHS Southampton City CCG

**What are the intended outcomes of this policy, project, or proposal?**

The aim of this policy is to provide an accessible process to enable people to feel empowered to provide feedback on services within Southampton. Providing a fair, impartial and effective mechanism for reviewing feedback and resolving complaints, enable lessons learned to be used to improve our services.

**Evidence****Who will be affected by the policy, project, or proposal?**

*Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected.*

Users of services and/or their representatives, the general public, CCG employees and NHS staff will benefit from having a clear, fair, and accessible policy in place.

**Age**

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

The impact of this policy is equal for all individuals regardless of their age. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

**Disability**

*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.*

The impact of this policy is equal for all individuals regardless of whether they have a disability or not. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

**Dementia**

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

The impact of this policy is equal for all individuals, regardless of if they are suffering from dementia or not. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

**Gender reassignment (including transgender)**

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

The impact of this policy is equal for all individuals, regardless of gender reassignment. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **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) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time working, infant caring responsibilities).*

The impact of this policy is equal for all individuals, regardless of their marriage status or if they are in a civil partnership For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Pregnancy and maternity**

*Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding.*

The impact of this policy is equal for all individuals, regardless of pregnancy or if they are on maternity. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **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. Given the demography of west Hampshire this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices, and individual's experience of health systems in other countries.*

The impact of this policy is equal for all individuals; regardless of race. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Religion or belief**

*Consider and detail (including the source of any evidence) the impact 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 impact of this policy is equal for all individuals, regardless of religion or belief. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Sex (gender)**

*Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).*

The impact of this policy is equal for all individuals, regardless of gender. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Sexual orientation**

*Consider and detail (including the source of any evidence) the impact on people who are attracted towards their own sex, the opposite sex or to both sexes (lesbian, gay, heterosexual, and bisexual people).*

The impact of this policy is equal for all individuals, regardless of sexual orientation. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Carers**

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

The impact of this policy is equal for all individuals, regardless of if they are a carer. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **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).*

The impact of this policy is equal for all individuals, regardless if they are serving armed forces personnel or family, or a veteran. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Other identified groups**

*Consider and detail (including the source of any evidence) the impact on any other identified groups. E.g.*

- Poverty
- Resident status (migrants and asylum seekers).
- Low income
- Areas of deprivation

The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Involvement and consultation**

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

This policy refers to legislation, and best practice national guidance, this included; NHS Complaints Regulations 2009, "My expectations for raising concerns and complaints" (Local Government Ombudsman. Healthwatch and Parliamentary and Health Service Ombudsman 2014) and the Parliamentary and Health Service Ombudsman 'Principles of Remedy' (February 2009)

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

Consent forms and the Patient Experience leaflet have been shared with the “Consult and Challenge” group which hosts service users, who are experts by experience, with a variety of physical and mental health conditions and “Communication and Engagement” group who assist the CCG with its communication activity and are NHS representatives.

The policy has been shared within CCG working groups; Senior Management Team, Clinical Governance Committee, and The Board, for review and comment, proposed amendments have been considered and implemented as needed.

The main basis of the policy has been shared in the past at both “Consult and Challenge” and “Communication and Engagement group.

**How have you involved/ will you involve stakeholders in testing the policy, project, or proposals?**

A survey is being developed to allow users of the patient experience service and complainants, the opportunity to feedback on the service provided, this will include detail on how accessible the policy and process is.

**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.*

The policy will have an equal impact on all individuals. In addition, this policy demonstrates protocols for equality of access.

**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.*

The policy provides a clear pathway and protocol which is accessible to all users, communities, employees, and groups. Thus, ensuring a fair and equal procedure regardless of individuals’ background. A user led approach is a key element of the policy, working to enable anyone to feel empowered to raise a concern or provide feedback within a comfortable arena.

The policy clearly demonstrates to the user, roles and responsibility, what is classed as a complaint, who can complain, how to complain, investigation process, explanation of consent, and useful names and addresses.

An anonymous equality monitoring form is sent out with each complaint acknowledgement, to inform organisation accessibility.

An easy read version will be available, along with a patient experience leaflet which is available in a variety of modes and languages.

The patient experience service will work closely with each complainant, to ensure that communication and contact is made in a way that suits them, ensuring the service is fully accessible – examples being use of phone, emails or meetings in a venue that is suitable and accessible to the complainant.

Patients themselves or a representative, e.g. family member, friend, MP or other agency who has been given consent to act on behalf of the patient; can raise a complaint or concern. Complaints can be made by a third party on behalf of a patient in cases where the patient lacks capacity and is unable to make a complaint themselves,

### **Negative impacts**

*Where there is evidence, provide a summary for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this **must be** outlined.*

There are no negative impacts 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).*

There are no health inequalities associated with this policy.

**Action planning for improvement, and to address health inequalities 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)

**For your records**

**Name(s) of person who carried out this assessment;** Emily Chapman, Business Manager and Liz Hutchings, Complaints and Patient Experience Manager

**Date assessment completed;** 10/05/2018 and 11/09/2018

**Date to review actions;** N/A – No actions identified

**Name of responsible Director;** Carol Alstrom

**Date assessment was approved;** 26<sup>th</sup> September 2018

## **APPENDIX E; UNREASONABLE BEHAVIOUR**

**Examples of unreasonable behaviours may include one or more of the following;**

- Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted.
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff and, where appropriate, the relevant independent advocacy services, such as the Independent Complaints Advice Service.
- Continually make excessive demands in terms of process and fail to accept explanation of that process.
- Make unnecessarily excessive demands on time and resources. For example, continual contact with staff when their complaint is being investigated and expecting immediate responses.
- Continue to focus on minor points to an extent that they are out of proportion to their significance. (It is accepted that “minor” is subjective and careful judgement must be applied and recorded.)
- Harass, threaten or are personally abusive or verbally aggressive on more than one occasion. (This may include written abuse in, for example, emails.)
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual. This may include complainants who do not accept that facts can sometimes be difficult to verify after a long period of time has elapsed.
- Deny receipt of an adequate response despite correspondence specifically answering their questions and/or /concerns.