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# Patient Services Policy & Procedures

## [Compliments, Concerns, Complaints and MP Letters Policy]

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## Version Control

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<b>0.3</b>	Mark Carroll	Amendments and comments	11 April 2016
<b>0.4</b>	Ian Trafford, Operations & Engagement Manager, NHS Bury CCG	Amendments to Safeguarding section, addition of appendix	1 <sup>st</sup> August 2016

		detailing process for handling complaints etc coming directly to the CCG, removal of appendix dealing with Patient Services internal processes.	
<b>1.1</b>	NHS Bury Clinical Commissioning Group Quality & Risk Committee		10 August 2016
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## Introduction

1. The purpose of this document is to provide NHS Bury CCG with a framework for handling compliments, concerns, complaints and MP letters in line with applicable legislation.
2. The policy describes how NHS Bury CCG manages, responds to and learns from the feedback it receives about its services and the way in which they are commissioned.
3. The policy includes the fundamental requirements of good complaint and concerns handling used by NHS Bury CCG to deliver arrangements in an easily accessible, equitable, sensitive and open manner. It also takes account of the principles laid out in Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16, the NHS Constitution and the Parliamentary and Health Service Ombudsman's "My expectations for raising concerns and complaints".
4. As of 1 April 2013, NHS Bury CCG has commissioned Greater Manchester Shared Services to act as the first point of call for the public to raise compliments, concerns and complaints and for handling MP letters about services the CCG commissions.

## Background

5. NHS Bury CCG is committed to high quality care for all as a core principal of our vision and purpose. This includes the provision for any user of the organisation, their family, carers, or members of the public, with the opportunity to seek advice, raise concerns or make a complaint, about any of the services it commissions, or policies and procedures it has developed and implemented.
6. NHS Bury CCG recognise that staff work very hard to get it right first time. However, there may be occasions when people will be dissatisfied with the service received, or decisions made, and wish to make a complaint or raise a concern. Likewise, there may be occasions when people have received a positive experience of a healthcare service they have accessed and wish to praise those responsible.
7. NHS Bury CCG will endeavour to respond as quickly and effectively as possible to resolve complaints and respond to enquiries, and to use the information to improve the quality of care and services patients receive.
8. This policy and its applicable processes incorporate the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling (2009):
  - Getting it right
  - Being customer focused
  - Being open and accountable
  - Acting fairly and proportionately
  - Putting things right
  - Seeking continuous improvement

9. The policy and its applicable processes are also informed by the NHS Constitution and include a number of recommendations relating to patient rights. Patients have the right to:

- Have their complaint acknowledged within 3 working days and to have it properly investigated
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response will be sent
- To be kept informed of progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken
- Take a complaint to the independent Parliamentary and Health Service Ombudsman, or Local Government Ombudsman, if not satisfied with the way the NHS has dealt with the complaint
- Make a claim for judicial review if the patient thinks that they have been directly affected by an unlawful act or decision of an NHS body or local authority; and
- Receive compensation if the patient has been harmed by negligent treatment

10. The policy and its applicable processes are also informed by the Parliamentary and Health Service Ombudsman's "My expectations for raising concerns and complaints". This sets out a vision of what looks good from the user perspective when raising concerns and complaints about health and social care services. The vision is based on five headings that describe the typical complainant's journey:

- Considering a complaint
- Making a complaint
- Staying informed
- Receiving outcomes
- Reflecting on the experience

11. By adopting this vision, Patient Services and NHS Bury CCG share the Parliamentary and Health Service Ombudsman's aim for all service users to be able to say 'I felt confident to speak up and making my complaint was simple. I felt listened to and understood. I felt that my complaint made a difference'. A copy of this can be found at Appendix 2.

12. The policy is also informed by:

- Principles of openness, transparency and candour throughout the system
- Patients raising concerns about their care are entitled to have the matter dealt with as a complaint, unless they do not wish it
- Prompt and thorough processing
- Sensitive and accurate communication
- Effective and implemented learning
- Comments or complaints amounting to an adverse or serious untoward incident should trigger an investigation

- The importance of narrative as well as numbers contained within the data

## **Policy statement**

13. NHS Bury CCG will treat patient feedback seriously and ensure that concerns, complaints and issues raised by patients, relatives, carers and MPs are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be explained to the complainant in the form of an investigation response letter.

14. The main aims of the policy are:

- To provide easily accessible clear and easy to understand procedures for managing complaints and concerns
- To provide a consistent approach to the management and investigation of complaints and concerns
- To sympathetically respond to complaints and concerns in appropriate timeframes
- To provide opportunities for people to offer feedback on the quality of service provided
- To provide staff and complainants with support and guidance throughout the formal complaints process
- To identify the causes of complaints and concerns, and to take action to prevent recurrences
- To use 'lessons learnt' as a driver for change and improvement
- To ensure that the care of complainants is not adversely affected as a result of making a complaint or raising a concern
- To assist in promoting an open, honest and transparent organisational culture
- To ensure that NHS Bury CCG meets its legal obligations
- To act as a key tool in ensuring the good reputation of NHS Bury CCG

## **Scope**

15. This policy applies to the handling of compliments, concerns, complaints and MP letters relating to any service directly commissioned by NHS Bury CCG or about the CCG's functions. For compliments, concerns, complaints or MP letters about services other than those commissioned by NHS Bury CCG, please refer to the complaints service of the provider concerned.

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

## Definition of a complaint

17. A complaint is a verbal or written expression of concern or dissatisfaction about an act, omission or decision which requires a response and/or redress.

## Complaints that cannot be dealt with under this policy

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

- A complaint made by one NHS organisation about another NHS organisation
- A complaint made by an employee about any matter relating to their employment
- A complaint, the subject matter of which has previously been investigated under these or previous Regulations
- A complaint made by a primary care provider which relates to the exercise of its functions by an NHS body or to the contract or arrangements under which it provides primary care services
- A complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day
- A complaint made by an independent provider, NHS Trust or an NHS Foundation Trust about any matter relating to an arrangement made by an NHS body with that independent provider or NHS foundation trust
- A complaint which is being or has been investigated by the Parliamentary and Health Service Ombudsman
- A complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000
- A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes
- A complaint about a service that has been commissioned by NHS Bury CCG but has already been made directly to the organisation providing the service

19. In the event of a complaint where a person has stated that they intend to take legal action, consideration will be given as to whether the complaint can be investigated without prejudicing the outcome of any legal action.

## Who can make a complaint or raise a concern?

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

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

- is a child;  
In the case of a child, the representative must be a parent, guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be

a person authorised by the local authority or the voluntary organisation and, in the opinion of the Head of Integrated Governance, is making the complaint in the best interests of the child

- has died;  
In the case of a patient or person affected who has died, the representative must be a relative or other person, who had sufficient interest in their welfare, and is a suitable person to act as a representative
- has physical or mental incapacity;  
In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the representative must be a relative or other person, who has sufficient interest in their welfare and is a suitable person to act as a representative. Has been given the complainant's consent to act on their behalf.
- Or has delegated authority to do so, for example in the form of Power of Attorney;
- Is a MP acting on behalf of and by instruction from a constituent;  
Carers can make a complaint on behalf of the person they care for where the person is a child, has asked the carer to act on their behalf and the CCG is in receipt of a valid consent form, or if the complainant is not capable of making the complaint themselves. The CCG will pay due regard to the Mental Capacity Act (2005) in these circumstances.

## Safeguarding

22. If a complaint or concern is an allegation or suspicion of abuse for a person under the age of 18, for example sexual abuse, physical neglect or abuse, it will immediately be forwarded to the Multi Agency Safeguarding Hub at Bury Council for an investigation to be undertaken following the appropriate safeguarding policies and procedures. NHS Bury CCG will review the complaint or concern in line with the serious incident policy to determine whether there is a requirement to contact the provider and request that they investigate the concerns as a serious incident. NHS Bury CCG will notify the complainant that their concern will be managed via the safeguarding process.
23. In a situation where a person over the age of eighteen discloses physical or sexual abuse, or criminal or financial misconduct, it will be reported using appropriate policies and procedures to Adult Care Services at Bury Council. NHS Bury CCG is bound under its duty in the Health and Social Care Act (2014) to report the disclosure if other persons are potentially at risk and it is in the public interest even if the person does not want to make a complaint. NHS Bury CCG will notify the complainant that their concerns will be managed via the safeguarding process.
24. In cases involving vulnerable adults or children, including threat of self-harm and/or harm to others, all officers will implement effective safeguarding policies and practice, referring to the NHS Bury CCG internal safeguarding policy. NHS Bury CCG will notify the complainant that their concerns will be managed via the

safeguarding process.

## **Carer's rights**

25. Carers can make a complaint or raise a concern on behalf of the person they care for where the person is a child, has asked the carer to act on their behalf [and the CCG / Patient Services is in receipt of a valid consent form], or is not capable of making the complaint themselves. The CCG will pay due regard to the Mental Capacity Act (2005) in these latter circumstances. The CCG has the discretion to decide whether the carer is suitable to act as a representative in the individual's best interests.

## **Advocacy and representatives**

26. Independent Complaints Advocacy (ICA) is an independent support service which can provide support and advice to the complainant when making a formal complaint. They are able to liaise and accompany complainants to meetings and provide guidance through every step of the complaints process, free of charge.

27. Use of complaints advocacy should be encouraged and it is promoted with all complaints to aid their successful resolution.

28. Complainants are advised of complaints advocacy services in their area.

29. Contact details for ICA for Bury residents can be found in Appendix 8.

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

## **Fraud**

31. Any allegations of fraud or financial misconduct should be referred to the National Fraud Reporting line; details should NOT be taken by the Patient Services Team. Full details of the methods for reporting are contained on the website:

<https://www.reportnhsfraud.nhs.uk/>

## **Persistent and unreasonable complainants**

32. Guidance for dealing with unreasonable and persistent complainants can be found in Appendix 6.

## **How to make a complaint**

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

34. Patient Services is committed to resolving patients' concerns or complaints at the earliest possible opportunity. With the agreement of the complainant, concerns and complaints may be resolved informally as Patient Advice and Liaison Service (PALS) contact.
35. If an issue is resolved through PALS, the patient will be advised usually by telephone or email, but at times in writing, of the outcome of their concern and a record made.
36. If, for whatever reason, a patient is unhappy with their resolution through PALS, they have the right to make a complaint.
37. If the complainant has concerns relating to NHS services directly commissioned by NHS Bury CCG and where local resolution fails to achieve a satisfactory outcome, the complainant then has the right to make a complaint with either the service provider or the commissioner of the service via the Patient Services Team. Contact details are contained in Appendix 8.
38. A complaint or concern can be received in writing, electronically or by telephone. All contacts made through Patient Services will be documented, a case file opened and a unique ID number provided.
39. If the complaint or concern can be resolved quickly by Patient Services via PALS then the case will be closed. A case record will be completed.

## **Confidentiality**

40. Complaints and concerns will be handled in the strictest confidence in accordance with Greater Manchester Shared Services' Confidentiality Policy, and should be kept separately from patient medical records. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it.
41. Suitable arrangements must be in place for the handling of patient identifiable data, to be compliant with the Data Protection Act 1998 and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality. NHS Bury CCG's Caldicott Guardian can be contacted for further guidance.
42. Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the case should be dealt with under disciplinary procedures, through their employing organisation.
43. Arrangements for sharing data should be backed up by clear information-sharing protocols, defining how information will be shared and for what purpose, the process and contractual arrangements in place, what each party will do to ensure compliance with protocols and legal obligations, and the penalties for non-compliance.

## **Timescales for complaints**

44. A complaint must be made not later than twelve months after:

- the date on which 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 notice of the complainant

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

46. Consideration will always be given to complainant's individual circumstances, particularly caring commitments and bereavement.

## **Consent**

47. In many cases it will be necessary for consent to be provided by the patient to the Patient Services Team before an investigation can take place. This is to allow the Officer or Support Officer to access confidential and sometimes sensitive information in order to provide a response to the issues raised.

48. If the concern or complaint has been raised by someone other than the patient, the patient will usually be required to provide their consent (written or verbal depending on how the case is to be progressed) confirming the representative's authority to investigate the matter.

49. Delay in the provision of consent, when requested, may extend the time taken to complete the investigation process.

## **Investigation and response**

50. The Patient Services Team, on behalf of NHS Bury CCG, will investigate a complaint in a manner that is appropriate to resolve it as efficiently as possible and is proportionate to the seriousness of the matter raised.

51. Any complaint that is directed to NHS Bury CCG about care commissioned from another organisation may be forwarded to the other organisation for resolution by them whilst the progress is monitored by the Patient Services Team. Such complaints may be managed by Patient Services on behalf of NHS Bury CCG where the severity of the matters raised are deemed to be high (a risk grading of Amber or Red). The decision as to how such a complaint should be taken forward will always be made with the agreement of the complainant.

52. All concerns, complaints and MP letters will be risk assessed on receipt by the Patient Services Team using the risk grading matrix found in Appendix 5. All cases that are risk assessed as amber or red will be notified to NHS Bury CCG immediately.

53. All complaints will be acknowledged no later than three working days following receipt (either by telephone, email or letter) and an offer will be made, as appropriate, to discuss with the complainant:
- An action plan for handling the complaint
  - Any additional information that may be required
  - Timescales for responding
  - The complainant's expectations and desired outcome
  - Information in relation to the provider of independent advocacy services in their geographical area e.g. the Independent Complaints Advocacy
  - Consent for the Patient Services Team to pass the complaint to the service provider (as appropriate)
  - Consent for the Patient Services Team to handle the response provided by the service provider
54. If the complainant does not accept the offer to discuss the complaint, the Patient Services Officer will determine the response period and notify the complainant in writing.
55. The complainant can expect that:
- They will be kept up to date
  - Their complaint will be investigated and they will receive an explanation based on facts
  - To be assured that the matters they have raised have been investigated and action taken, where relevant, to prevent a recurrence
  - To be informed of any learning
  - A remedy will be made where appropriate
56. On receipt of the investigation report, a response to the complaint will be prepared and the Patient Services Officer will include information on the next stages of the complaints procedure.
57. Permission will be sought from the complaint, before sharing or forwarding a complaint to another body where the complaint involves several organisations. Consent will need to be obtained to forward the complaint to any provider.
58. Where the complaint involves more than one NHS or social care organisation, the Patient Services Team will adhere to the duty to cooperate as contained in the national legislation. Where complaints involve more than one organisation, discussions will take place about who takes the lead in coordinating the complaint and communicating with the complainant.
59. As soon as it is reasonably possible on completion of the investigation, and within the timescale agreed with the complainant, the Patient Services Team will draft a formal written response to the complainant which will be signed by NHS Bury CCG's Chief Officer or delegated deputy. The response will include:
- An explanation of how the complaint has been considered;
  - An explanation based on facts;

- Whether the complaint in full or in part is upheld;
- An apology (where it has been identified that there were failings in the care of service provided);
- The conclusions reached in relation to the complaint, including any remedial action that the organisation considers to be appropriate;
- Confirmation that the organisation is satisfied any action has been or will be actioned;
- Where possible, an explanation will be given as to any lessons learnt;
- Contact details for the Patient Services Officer that led the investigation and an invitation to contact the Officer should the complainant have any questions they wish to discuss; and
- An explanation of the available options should the complainant be unhappy with the response

60. A key consideration is to make flexible arrangements; treating each case according to its individual nature with a focus on satisfactory outcomes, organisational learning and service improvement.

## **Roles and responsibilities**

61. The National Health Service Complaints Regulations 2009 includes statutory responsibilities for senior management.

62. CCG Chief Officer responsibilities:

- Overall accountability for ensuring that the Complaints Policy meets the statutory requirements as set out in the regulations
- Responsible for approving and signing complaint response letters. Regulation 4 (2) allows the functions of the responsible officer to be performed by any person authorised to act on the responsible officer's behalf.

63. Head of Patient Services (GMSS) responsibilities:

- Oversees arrangements for complaints handling

64. Patient Services Manager (GMSS) responsibilities:

- Management of the procedures for handling complaints and concerns through the Patient Services Team and for consideration of complaints made under the regulations;
- Ensure information from complaints is reported into appropriate clinical quality and risk committees and forums to enable organisational review and learning.

65. Patient Services Officer(s) responsibilities:

- Facilitation of the investigation and resolution of complaints and concerns;
- Recording details of the complaint on a database, the outcome, and any learning from the complaint.

66. Subject matter experts\* responsibilities:

- Provision of a response for particular issues requiring specialist knowledge.

\*Subject Matter Experts are jointly identified by the Patient Services Team and NHS Bury CCG as having specific knowledge or expertise relating to the matters raised in a complaint.

## **Referrals to the Parliamentary and Health Service Ombudsman**

67. If a complainant is dissatisfied with the handling of their complaint and does not wish to allow further local resolution of their complaint by NHS Bury CCG, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case.

68. The PHSO may investigate a complaint where, for example:

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

69. The Patient Services Team will provide information to complainants about how to contact the PHSO when issuing the formal written response.

70. When informed that a complainant has approached the PHSO, the Patient Services Team will cooperate fully with the PHSO and provide all information that has been requested to support their external review. NHS Bury CCG will be immediately informed of all complaints that are escalated to the PHSO so that the staff involved can be informed.

71. The Patient Services Team, on behalf of NHS Bury CCG, can also refer a complainant to the Parliamentary Health Service Ombudsman if the complainant continues to remain unhappy and it is felt that everything possible has been done to resolve their concerns locally. Decisions of this nature will be made by the Patient Services Manager in agreement with the CCG's Chief Officer.

## **Record keeping**

72. Keeping clear and accurate records of complaints is important and these should be retained in line with NHS Bury CCG's Records Management Policy and for a minimum period of ten years.

## **Monitoring and reporting**

73. The Patient Services Team will demonstrate how patient feedback is used to learn and improve the functions provided by NHS Bury CCG and the services it commissions.

74. Quarterly and annual reports will be produced for NHS Bury CCG, which will detail as a minimum:

- numbers of complaints received;
- numbers of complaints received considered to be based on solid evidence or good reasons (complaints upheld);
- issues and key themes that the complaints have raised;
- lessons learnt;
- actions taken, or being taken, to improve services as a result of the complaints made; and
- number of cases which Patient Services has been advised are being considered or referred to the Parliamentary and Health Service Ombudsman.

### **Supporting staff**

75. All documentation relating to the investigation will be stored securely in the case file. Members of staff named in the complaint (personally or by role) should be informed of the complaint, and fully supported by their relevant line manager. The investigation should be comprehensive, fair and timely, and should not apportion blame. A number of supports are available for staff, including:

- Line manager
- Directorate manager
- Peer support
- Occupational health
- Professional bodies
- Employee Assistance Helpline

### **Distribution and training**

76. The Patient Services Team and NHS Bury CCG will ensure that all staff and the general public are aware of the CCG's complaints policy and procedures as well as the different ways in which to raise concerns, complaints and compliments.

77. All officers within the Patient Services Team will be given training for implementation of this policy. A training needs analysis will be undertaken with other officers affected by this document. Based on the findings of that analysis, appropriate training will be provided to staff as required.

### **Quality Assurance**

78. Patient Services, in partnership with NHS Bury CCG, will monitor both the effectiveness of this policy, and how concerns, complaints and issues raised in MP letters are used to improve services and delivery of care. Specifically, the Patient Services Team will provide a system to:

- Disseminate learning from complaints across the relevant parts of the organisation

- Include the use of complaints procedures as a measure of performance and quality
- Use complaints information to contribute to practice development, commissioning and service planning

## **Equality Impact Assessment**

79. An initial assessment of the potential impact of the policy in relation to the protected characteristics of the Equality Act 2010 has been carried out. The intention of the equality impact assessment is to eliminate unlawful discrimination, advance equality of opportunity and foster good relations as stated in the Equality Act.
80. The assessment includes the protected characteristics of race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity) as well as to promote positive practice and value the diversity of individuals and communities.
81. At this stage, no adverse impacts have been identified that arise specifically from the policy. However, further information will be sought during wider consultation with patients and the public.

## **Compliance and review**

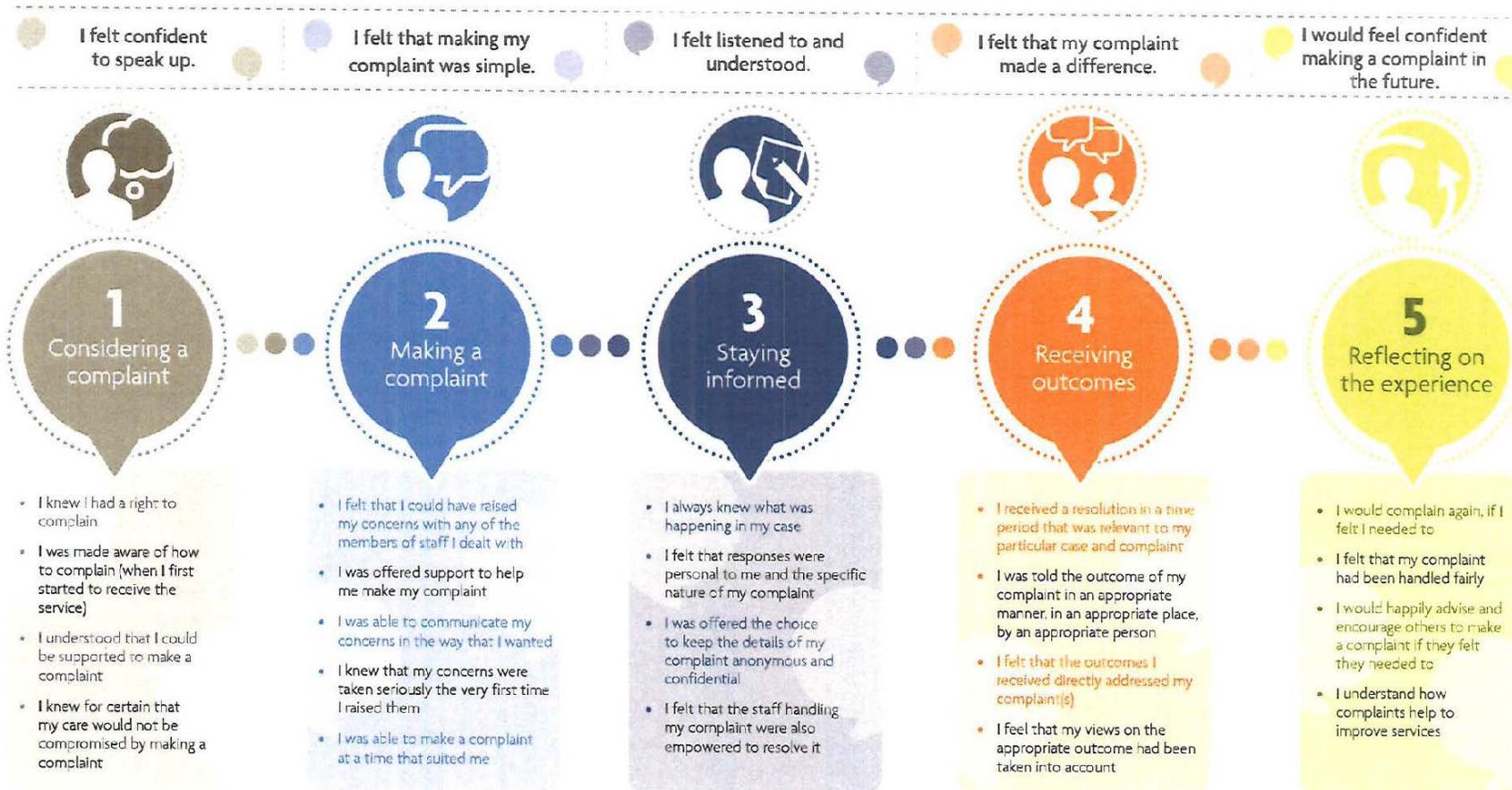
82. Compliance with the policy and procedures laid down in this document will be monitored by the Head of Patient Services together with independent reviews by both Internal and External Audit on a periodic basis.
83. NHS Bury CCG's Operations and Engagement Manager, in liaison with the Head of Patient Services and Patient Services Manager, is responsible for the monitoring, revision and updating of this document. This policy will be kept under review by the Quality & Performance Committee in light of operational experience and national guidance. The next review will take place two years from issue.

## Appendix 1 – Definitions

Being Open	Is a process of acknowledgment, apologising and explaining when things go wrong in any healthcare environment. Conducting a thorough investigation into incidents and reassuring service users, their families and carers that lessons learned will help prevent the incident recurring. Providing support for those involved to cope with the physical and psychological consequences of what happened. It is important to note that saying sorry is not an admission of liability and is the right thing to do
CCG	Clinical Commissioning Group
Compliment	Praise for a service or care provided / commissioned
Concern	An indication that something may go wrong if a system, process or action is not changed
Complaint	Where someone expresses an explicit dissatisfaction in relation to their experiences of the healthcare system
PALS	Patient Advice and Liaison Service – an informal mechanism for resolving patient concerns
ICA	Independent Complaints Advocacy
Stakeholders	A person, group, professional body or organisation with an interest in the service being provided, for example, members of the public including service users, GPs, Dentists, Opticians, Pharmacists and the Local Authority
Investigating Officer	The person assigned to investigate a complaint or concern
Receiving Organisation	The Organisation that first receives the complaint
The Regulations	Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

## Appendix 2 – My expectations for raising concerns and complaints

### A user-led vision for raising concerns and complaints

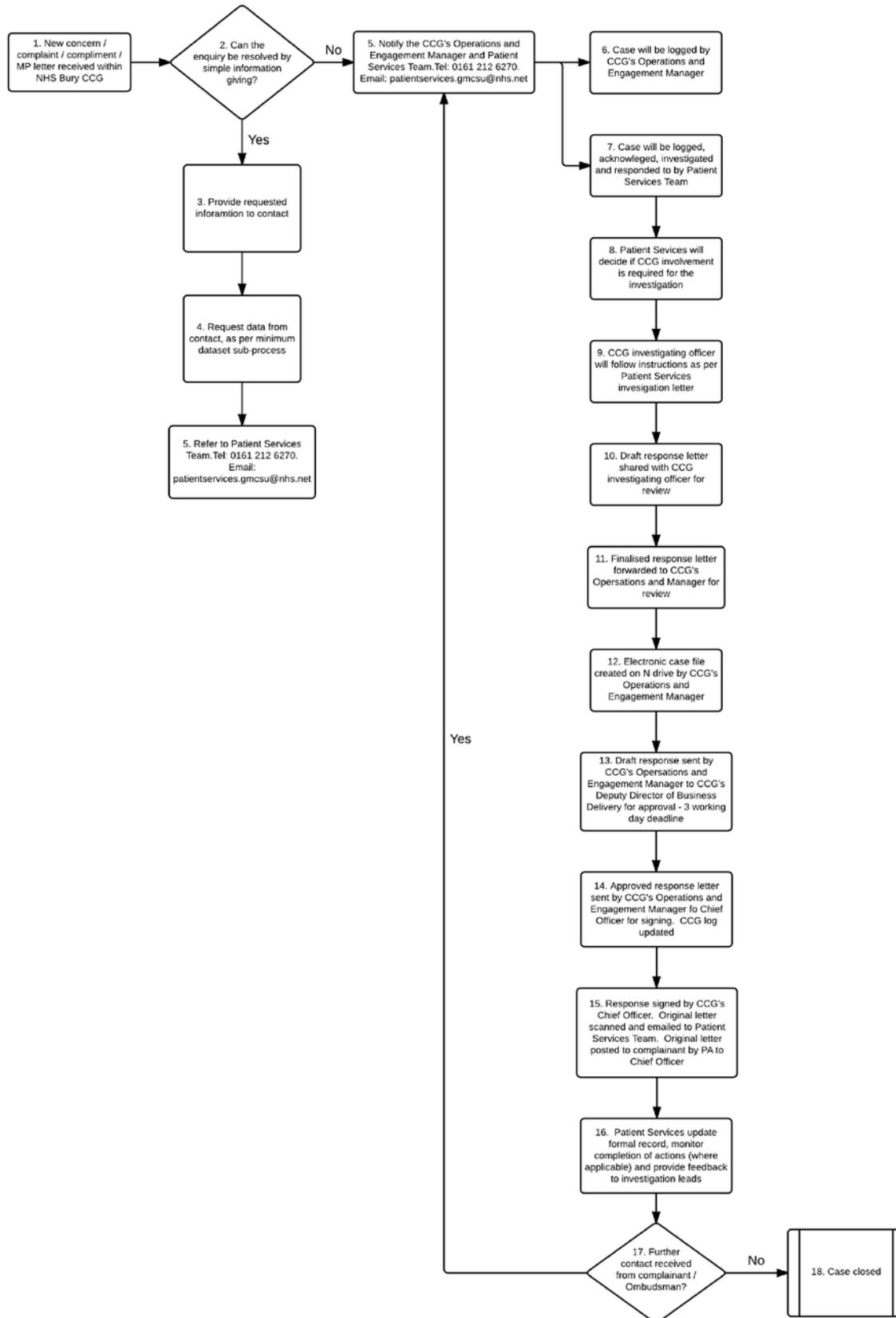


## **Appendix 3 – Parliamentary and Health Service Ombudsman’s Principles of Good Complaint Handling**

<http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-of-good-complaint-handling-full>

1. Getting it right
2. Being Customer Focused
3. Being Open and Accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

**Appendix 4 – NHS Bury CCG process to be followed for handling enquiries and complaints received directly from patients**



## Appendix 5 – Risk Grading Matrix

		Consequences				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Likelihood of Recurrence	Rare (1)	1	2	3	4	5
	Unlikely (2)	2	4	6	8	10
	Possible (3)	3	6	9	12	15
	Likely (4)	4	8	12	16	20
	Almost certain (5)	5	10	15	20	25

### Consequence Definitions

Grade	Consequence examples	Example of seriousness of complaint	Impact on staff/organisation	Potential for litigation
5 – Catastrophic	Death	When failures in the system or mistakes contribute to or have caused permanent harm, and / or where there have been deliberate acts of negligence	National adverse publicity	Litigation expected
4 – Major	Permanent injury	When failures in the system or mistakes contribute to or have caused significant injury or poor clinical outcome	Service closure	Litigation expected
3 – Moderate	Semi-permanent damage	When failures in the system or mistakes contribute to an infection, fall, poor standard of care or communication	Needs careful PR management	Litigation highly probable but not certain
2 – Minor	Short-term injury / damage	When failures in the system or mistakes contribute to, or have caused temporary discomfort / frustration / inconvenience	Minimal risk to organisation	Litigation possible
1 – Insignificant	No injury or adverse outcome	When mistakes or failures in the system are corrected before they have any impact on the patient	No risk at all to organisation	Litigation risk remote

### Likelihood Definitions

Likelihood Rating	Description
5 – Almost certain	This type of event is more likely to occur than not on a daily basis
4 – Likely	This type of event will occur on a weekly basis in most circumstances
3 – Possible	This type of event has a reasonable chance of occurring on a monthly basis
2 – Unlikely	Unlikely that this type of event will occur more than once a year
1 – Rare	Cannot believe that an event of this type will occur in the foreseeable future

**Appendix 6 – Patient information leaflet**

# Patient Services Team

*Your Views Matter*

## Complaints, Compliments, Comments and Concerns



Call: 0161 212 6270

Email: [patientservices.gmcsu@nhs.net](mailto:patientservices.gmcsu@nhs.net)

Patient Services Team

Greater Manchester Shared Services

Ellen House, Waddington Street, Oldham OL9 6EE

If you would like a copy of this information in a different format or language please contact us.

Your views matter and we want to know about them. We can only improve things if you tell us what is wrong and what is right. Whether it is a complaint or a compliment your feedback is important and we want to hear from you.

### Good Customer Care

You will benefit from having a more positive experience of our services and we will benefit by being able to consider your views and make changes where needed.

You have a right to have any complaint, concern or comment about the services we commission on your behalf or the decisions we make looked into and to get a quick and full reply. If you complain you will not be victimised or refused services you would otherwise receive.

### The Patient Services Team

Our Patient Services Team is made up of our Operations and Engagement Manager who is supported by a team of experts in Greater Manchester Shared Services Team. (0161 212 6270) Together they will:

- Provide information about NHS Services in Bury.
- Sign post you if your issue requires the leadership or involvement of another organisation.
- Listen to your concerns, compliments and suggestions.
- Help you get as quick a resolution as possible when problems occur.

- Provide advice and guidance if you are thinking of making a complaint.
- Investigate and resolve any complaints

### Who can use the Patient Services Team?

The Patient Services Team primarily provides a service for:

- Any existing citizen of Bury who is registered with a NHS Bury CCG GP.
- Any existing or former patient, service user, carer or relative who has received a service commissioned by us in the last 12 months, (subject to consent).
- Any person who is affected by or likely to be affected by the action, omission or decision of NHS Bury CCG.
- Members of the public seeking sign-posting, advice or information.

### Who can I raise issues with?

If you have an issue there are a number of options for resolving it. The best way is often to talk to the person concerned or their manager.

If this is difficult, contact the Patient Services Team, either by phone or email or in writing and ask for help to sort things out or support with more formal procedures. The contact details are given on the front of this leaflet.

We will discuss with you which option might be the best one for you to get the outcome you might desire.

### **How can I raise an issue?**

You can contact the Patient Services Team in any way or language, help is available for you on request.

The Patient Services Team will be happy to arrange a meeting at your convenience.

### **How can I get more support?**

You can access independent support from the Independent Complaints Advocacy (ICA) service, who can be contacted as follows:

Greater Manchester ICA,  
C/O Gateway Conference Centre,  
71 London Road, Liverpool,  
L3 8HY  
Tel 0808 801 0390.  
Email:  
[manchesterica@carersfederation.co.uk](mailto:manchesterica@carersfederation.co.uk)

### **What about confidentiality?**

Whoever looks into your issue may need to involve other staff. This is to establish what happened and then what to do. Any information about you will stay confidential and will only be shared with those who have a genuine need to know for the purpose of responding to your concern/ enquiry. All the documents relating to your complaint, comment or compliment will be stored separately from your patient records and we will ensure that we have your consent to share with any third parties or refer your issue for investigation.

### **When will I get a reply?**

If your issue is not resolved by the end of the following working day, we will update you on our progress. Should you decide to formally complain at this stage, we will acknowledge the issue with 3 working days. We will discuss with you your desired outcome and together agree a timescale for a full response. If we agree that your issue is best handled as a complaint, our Chief Officer will send you a full written response, addressing your concerns, making any apologies and also showing how learning has been implemented as a result of your feedback.

### **What if I am still unhappy?**

If you have made a formal complaint and are not happy with the Chief Officer's reply, please let us know the reason for your dissatisfaction. Where we can we are keen to resolve complaints locally and will work closely with you to achieve this. However, it is also your right to refer your issue to the Parliamentary and Health Service Ombudsman if you do not want us to lead any further work. The Ombudsman is independent of the NHS and the Government. Your complaint response will have the most up to date contact details of the Ombudsman at the end of it so that you can easily contact them if necessary.



**Bury Clinical Commissioning Group**

Your Complaints concerns, comments and compliments...

Patient Services Team

Patient Services Support Officer

Greater Manchester Shared Services

Ellen House, Waddington Street, Oldham OL9 6EE

Phone: 0161 212 6270

Email: [patientservices.gmcsu@nhs.net](mailto:patientservices.gmcsu@nhs.net)

Greater Manchester ICA,

C/O Gateway Conference Centre,

71 London Road, Liverpool,

L3 8HY

Tel: 0808 801 0390.

Email: [manchesterica@carersfederation.co.uk](mailto:manchesterica@carersfederation.co.uk)

The Parliamentary and Health Service Ombudsman

[www.ombudsman.org.uk/make-a-complaint](http://www.ombudsman.org.uk/make-a-complaint)

Tel: 0345 015 4033.

If you would like a copy of this information in a different format or language please contact us.

## **Appendix 7 – Guidance for dealing with persistent and unreasonable complainants**

### **Introduction**

1. This guidance covers all contacts, enquiries and complainants. It is intended for use as a last resort and after all reasonable measures have been taken to try and resolve a complaint within the NHS Bury CCG Complaints Policy guidelines. Persistent complainants may have genuine issues and it is therefore important to ensure that this process is fair and the complainant's interests have been taken into consideration.

### **Purpose of guidance**

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

### **Definition of persistent and unreasonable complainants**

3. There is no one single feature of unreasonable behaviour. Examples of unreasonable behaviour may include those who:
  - Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted
  - Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services (ICA) could assist to help them specify their complaint
  - Withhold their consent for the complaint to be investigated
  - Or for key staff to be contacted for the purposes of investigating the complaint.
  - Continually make unreasonable or excessive demands in terms of process and fail to accept that this is inappropriate, e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice
  - Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded
  - Change the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately
  - Consume a disproportionate amount of time and resources
  - Threaten or use actual physical violence towards staff
  - Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails)
  - Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual
  - Make excessive telephone calls or send excessive numbers of emails or letters to staff

### **Actions prior to designating a complainant as unreasonable or persistent**

4. It is important to ensure that the details of a complaint are not lost because of how it has been presented. There are a number of considerations to bear in mind when deciding on the imposition of restrictions upon a complainant.

These may include:

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

This might include:

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

Ground rules may include:

- Time limits on telephone conversations and contacts
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service
- Requiring contact to be made with a named member of staff and agreeing when this should be
- Requiring contact via a third party e.g. advocate
- Limiting the complainant to one mode of contact

- Informing the complainant of a reasonable timescale to respond to correspondence
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged
- Advising that the organisation does not deal with calls or correspondence that is abusive, threatening or contains allegations that lack substantive evidence. Request that the complainant provides an acceptable version of the correspondence or make contact with a third party to continue communication with the organisation
- Ask the complainant to enter into an agreement about their conduct
- Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed
- Adopting a 'zero tolerance' policy. This could include a standard communication line, for example: "The NHS operates a zero tolerance policy, and safety of staff is paramount at all times. Staff have a right to care for others without fear of being attacked either physically or verbally"

### **Process for managing unreasonable or persistent behaviour**

6. Where a complainant has been identified as unreasonable or persistent, the decision to declare them as such is made jointly by the Patient Services Manager and the Chief Operating Officer of the CCG.
7. The Patient Services Manager will write to the complainant, informing them that either:
  - Their complaint is being investigated and a response will be prepared and issued as soon as possible within the timescales agreed
  - That repeated calls regarding the complaint in question are not acceptable and will be terminated,
  - Their complaint has been responded to as fully as possible and there is nothing to be added
  - That any further correspondence will not be acknowledged
8. All appropriate staff should be informed of the decision so that there is a consistent and coordinated approach across the organisation.
9. If the declared complainant raises any new issues then they should be dealt with in the usual way.
10. Review of the persistent status should take place at six monthly intervals.

### **Urgent or extreme cases of unreasonable or persistent behaviour**

11. In urgent or extreme cases, immediate action may be taken to address unreasonable behaviour. Safeguarding and zero tolerance policies and procedures will be implemented and the case will be discussed with the appropriate Director to develop an action plan. This may include the use of emergency services in some circumstances. Where this happens, a review of the case will be undertaken at the first opportunity after the event.

**Record keeping**

12. Ensure that adequate records are kept of all contact with unreasonable and persistent complainants. Consideration should be given as to whether the organisation should take further action, such as reporting the matter to the police, taking legal action, or using the risk management or health and safety procedures to follow up such an event in respect of the impact upon staff.

**Appendix 8 – Guide to good complaints handling for CCGs**

<http://www.england.nhs.uk/wp-content/uploads/2012/03/20130513-Good-complaints-handling-for-CCGs-FINAL-version-for-publication.pdf>

## **Appendix 9 – Contact details**

### **NHS Bury Clinical Commissioning Group**

21 Silver Street  
Bury  
BL9 0EN

Tel: 0161 762 3053

Email: [BUCCG.corporateoffice@nhs.net](mailto:BUCCG.corporateoffice@nhs.net)

### **Greater Manchester Shared Services (GMSS) Patient Services Team**

Ellen House  
Waddington Street  
Oldham  
OL9 6EE

Tel: 0161 212 6270

Email: [patientservices.gmsu@nhs.net](mailto:patientservices.gmsu@nhs.net)

### **Independent Complaints Advocacy**

Greater Manchester ICA  
c/o Gateway Conference Centre  
71 London Road  
Liverpool  
L3 8HY

Tel: 0808 801 0390

Email: [manchesterica@carersfederation.co.uk](mailto:manchesterica@carersfederation.co.uk)

### **Parliamentary and Health Service Ombudsman**

Millbank Tower  
Millbank  
London  
SW1P 4QP

Tel: 0345 015 4033

Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

### **NHS England Customer Contact Centre**

NHS England  
PO Box 16738  
Redditch  
B97 9PT

Telephone: 0300 311 22 33

Email: [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

British Sign Language (BSL): If you use BSL, you can talk to us via a video call to a BSL interpreter. Visit [NHS England's BSL Service](#).



***Bury Clinical Commissioning Group***

**Healthwatch Bury**

Europa House  
Barcroft Street  
Bury BL9 5BT

Tel: 0161 253 6300

Email: [info@healthwatchbury.co.uk](mailto:info@healthwatchbury.co.uk)

## **Appendix 10 – References**

NHS Constitution updated March 2013  
NHS Bury CCG Serious Incident Policy  
NHS Bury CCG Safeguarding Children and Vulnerable Adults Policy  
Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16  
Caldicott Report 1997  
Equality Act 2010  
Freedom of Information Act 2000  
Human Rights Act 1998  
Listening, Responding and Improving – A Guide to Better Customer Care (2009)  
<http://dh.gov.uk>  
Principles of good administration. Parliamentary and Health Service Ombudsman (2009)  
<http://www.ombudsman.org>  
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Executive Summary February 2013  
Superannuation Act 1972  
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The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 <http://dh.gov.uk>  
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