

# **COMPLAINTS, CONCERNS and COMPLIMENTS POLICY**

**2017 - 2019**

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Any changes to this policy should be outlined and recorded in the version control table below. In the event of any changes to relevant legislation or statutory procedures or duty this policy will be automatically updated to ensure compliance without approvals being necessary.

| Version no. | Type of change | Date       | Description of change   |
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| 2.1         | Edit           | 14/08/2015 | <ul style="list-style-type: none"> <li>Amendments made to Healthwatch contact details;</li> </ul>                                   |
| 3.          | Edit           | 20/04/2017 | Policy reviewed and dates updated. Policy also now advises to be read in conjunction with CCG Patient Experience Strategy 2017-2021 |
| 4           | Edit           | 7/6/2016   | Added 3 working day deadline for acknowledgement.<br>Chief Nurse updated responsibilities<br>Healthwatch information updated        |
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## **1. INTRODUCTION**

NHS Liverpool Clinical Commissioning Group (hereafter referred to as NHS Liverpool CCG or simply 'the CCG') is committed to commissioning high quality care for the people of Liverpool. All feedback concerning local health services, our commissioning decisions or plans will be routinely recorded. We recognise that it is essential to provide an easy to understand, accessible and impartial system for patients, carers and family members to raise concerns, complaints. Positive feedback and compliments are also vital to the NHS as this highlights where we are getting things right and can share good practice.

Comments, compliments, concerns and complaints will always be considered as invaluable sources of information from our local population; offering real-time feedback on the quality of the care we commission and helping support our drive to make the best and most effective use of local NHS resources. The CCG will always welcome and indeed encourage concerns, complaints and suggestions for improvement regarding local health services or our commissioning decisions and actions. All feedback given to the CCG will be responded to confidentially and in an open, fair and transparent way. Complex enquiries, matters of concern and complaints will be investigated fully to identify learning which will ensure that unsatisfactory experiences are not repeated, and the patient experience is enhanced as a result.

NHS Liverpool CCG's approach to handling complaints will be based consistently around the individual needs of the patient and/or complainant. Any individual contacting the CCG to raise a concern or a complaint can expect to be given the opportunity to discuss the most appropriate way to handle their complaint, agree a reasonable and proportionate timescale and express their desired or preferred outcome.

The CCG is committed to equality of opportunity and any person expressing concerns/raising a complaint will be treated no differently to any other on the grounds of race, disability, age, religion or belief, gender or sexual orientation.

## **2. PURPOSE AND SCOPE OF THIS POLICY & ASSOCIATED PROCESSES**

This policy is an organisational-wide policy and must be followed by all CCG staff, including those on temporary contracts, secondments, volunteers or student placements (collectively referred to as 'staff' throughout this policy document). The policy describes the structures in place to effectively manage concerns from individuals personally affected by the provision of NHS services and/or the CCG's commissioning decisions or actions. It outlines the procedures in place for investigating and responding to a complaint /concerns made by individual patients or on their behalf by a suitable representative. This policy covers complaints received by NHS Liverpool CCG relating to the following:

- Services provided on behalf of or commissioned by NHS Liverpool CCG (as co-ordinating commissioner);
- Other NHS or social care organisations with whom the CCG contracts or has formal service level agreements;

- Independent providers of NHS services, and;
- Primary Care Medical Practitioners or contractors (from 1<sup>st</sup> April 2016)

The CCG has a statutory obligation to investigate complaints within its remit under the Local Authority Social Services and NHS Complaints (England) Regulations 2009 (hereafter referred to as 'the Regulations') and is committed to meeting the standards laid down in these Regulations, the NHS Constitution and the recommendations from both the Francis report (2013) and Clwyd Hart review (2013).

### 3. ASSOCIATED POLICIES AND DOCUMENTS

This policy should be read in conjunction with the following key documents:

- Principles of good complaint handling (Parliamentary and Health Service Ombudsman);
- Listening, Improving Responding – a guide to better patient care (DoH) 2009
- The NHS Constitution;
- The Patients Association – Handling Complaints with a Compassionate and Human Touch (2014);
- Guide to good handling of complaints for CCGs (NHS England 2013);
- NHS England Complaints Policy (September 2014);
- NHS Outcomes Framework: Domain 4 – Ensuring that people have a positive experience of care;
- NPSA Being Open document
- NHS England - Safeguarding Vulnerable People in the Reformed NHS (2013)
- CCG Patient Experience Strategy 2017-2021

### 4. DEFINITIONS

Definitions of what constitutes a complaint, a concern or a query are often subjective and can be interchangeable. However, for the purposes of this policy and associated procedures, the following definitions will apply:

- **Complaint** - an expression of dissatisfaction communicated verbally, electronically, or in writing which requires a response.
- **Concerns and enquiries** – problems communicated verbally, electronically or in writing which can be resolved/responded to immediately. Concerns and enquiries resolved within one working day/24hours will not usually be treated as a complaint unless the individual raising them expressly states that they wish for it to be recorded as one.
- **MP enquiry** – concerns, complaints or queries about local health services or commissioning decisions/omissions submitted by a Member of Parliament (usually on behalf of a constituent).
- **Serious Incident (SI)** - an incident or near miss occurring on health service premises or in relation to health services provided, resulting in death, serious

injury or harm to patients, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be significant public concern.

## **5. ROLES AND RESPONSIBILITIES**

All those working within the CCG have a responsibility to contribute, directly or indirectly, to the achievement of the CCG's objectives through the effective application of this policy. Specific accountabilities, roles and responsibilities for complaints management are set out below and provide a structure that supports an open, accessible and fair complaints system. Where appropriate these are reflected in individual job descriptions and roles.

### **5.1 The CCG Governing Body**

The Governing Body is accountable for ensuring compliance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009 and is committed to providing the appropriate resources and support systems necessary to support the CCG's complaints process. It has a duty to assure itself that the CCG complaints procedure is fair, accessible, inclusive and transparent.

### **5.2 The Chief Officer**

The Chief Officer has ultimate responsibility and accountability for the management of complaints relating to CCG functions and local commissioning decisions affecting the delivery, safety or quality of care to Liverpool residents, ensuring that an effective complaints policy and procedure is in place.

The Chief Officer will take responsibility for the authorising and signing of all response letters to complaints against NHS Liverpool CCG and/or other healthcare providers (where a complainant has requested that the CCG coordinate or lead the investigation). In the absence of the Chief Officer, all response letters will be signed off by the nominated deputy.

### **5.3 The Head of Operations and Corporate Performance**

The Head of Operations and Corporate Performance has delegated responsibility from the Chief Officer for corporate governance and is responsible for the overall operational management, promotion and delivery of the CCG's complaints process and any new policy developments. The Head of Operations and Corporate Performance will also act as lead CCG contact for internal and external audits of complaints/risk management processes and corporate governance.

### **5.4 The Quality, Safety & Outcomes Committee**

The Quality, Safety and Outcomes Committee is responsible for overseeing quality and safety processes across all commissioned services; ensuring alignment with delivery of the NHS Outcomes Framework and for assuring the Governing Body that quality and patient safety activity is coordinated and transparent ensuring a coherent and systematic review of the system. The Quality, Safety & Outcomes Committee will act as the Governing Body committee for receiving reports which triangulate

complaints, Serious Incidents (SIs) and other 'quality' intelligence such as Health Care Acquired Infection incidents, for thematic analysis. Members of the Quality, Safety & Outcomes Committee will consider and determine any further action necessary to improve the quality of care commissioned by Liverpool CCG.

## **5.5 The CCG Customer Relations Lead**

The CCG Customer Relations Lead will act as a point of contact for individuals wishing to make face to face, telephone or email complaints and is responsible for ensuring that all statutory and organisational requirements are met (i.e. that complaints are investigated with appropriate thoroughness and impartiality and that all complaints receive a full, high quality and timely response that delivers the best outcome for the complainant and for the service involved). The CCG Customer Relations Lead will also ensure that:

- Clinical Leads or other appropriate professional advisors review complaints and, where necessary provide a response to the issues raised by a complaint;
- Complaints handling/customer care training is provided to CCG staff who have direct contact with patients or the public;
- Systems are in place to monitor the implementation of any recommendations and disseminate lessons learned to CCG member practices, CCG staff and other health or social care organisations as necessary;
- Complaints responses are authorised by the Chief Officer (or nominated deputy) within agreed timescales;
- Meetings with complainants and/or their representatives and staff are facilitated to encourage local resolution wherever possible;
- Any potential/actual risks to patient safety or safeguarding issues identified as a result of complaints investigations are escalated to the Chief Nurse, Deputy Chief Nurse and/or the Quality, Safety & Outcomes Committee.

## **5.6 Clinical & Programme Leads**

CCG Clinical and Leads will contribute to the complaints process by:

- Providing expertise and/or professional comments on the clinical aspects of a complaint (where this is necessary for the resolution process);
- Using information and lessons learned from complaints to inform or influence future clinical commissioning plans, decisions or transformational programmes.

## **5.7 The CCG Chief Nurse**

The Chief Nurse is the professional lead with organisational responsibility for safeguarding adults and children, Clinical Governance, Health & Safety and Infection, Prevention and Control (IPC) and Patient Experience. The Chief Nurse

also has responsibility for ensuring that assurance processes are in place with regard to all aspects of clinical risk management within commissioned services (including complaints and patient safety). Complaints received by the CCG which highlight risks or failings in any of these areas will be escalated to the Chief Nurse (or Deputy Chief Nurse) immediately. The Chief Nurse will also be responsible for determining themes and trends and reporting to the Quality and Safety Outcome Committee on these matters.

### **5.8 Engagement & Patient Experience Advisory Group**

The CCG is legally required to involve patients and members of the public in developing policies, planning, designing, commissioning and de-commissioning of services. The Engagement & Patient Experience Advisory Group will collate and review patient experience in a systematic manner and will receive reports on complaints activity, trends, themes and risks to inform engagement methodologies and feed into wider patient experience work.

### **5.9 NHS Liverpool CCG Staff**

All employees are expected to fully cooperate and assist in complaints process when required, although it is recognised that the majority of CCG employees will not have public facing roles or direct patient contact. All staff should, however, ensure that in rare situations where complaints are raised directly with them, they are fully conversant with this policy and the CCG's process for complaints management (including MP enquiries).

Switchboard/ Reception Staff are responsible for ensuring that members of the public who contact the CCG either by telephone or in person and who want to make a formal complaint are put through to the Customer Relations Lead/Corporate Services Team.

### **5.10 CCG Member Practices/Primary Care Medical Practitioners**

All CCG Member Practices are required to have their own practice-based complaints system (which meets the requirements of the Regulations) to resolve concerns, complaints and queries in-house. In the majority of cases complaints will be successfully resolved at this local level. Under current legislation however, individual complainants have the right to approach the appropriate commissioner of the service to request that they consider their complaint, and all Member Practices will therefore be expected to cooperate with the CCG's complaints process should a complaint about primary care medical services initially be raised with the CCG.

### **5.11 Other Specialist Expertise**

In some cases, the CCG may need to obtain expertise or advice from both internal and external sources in the investigation/resolution process. This will usually be coordinated by the CCG Customer Relations Lead. Sources of expertise can include:

- NHS England;
- Public Health England;
- Parliamentary & Health Service Ombudsman;
- NHS Protect/Local Counter Fraud Specialist;
- NHS Litigation Authority (NHSLA);

### **5.12 Responsibilities of Contractors, agency and locum staff**

Contractors, agency and locum staff working for the CCG will be expected to comply with all relevant policies and procedures. Where necessary, information and training will be provided to enable Contractors, agency and locum staff to fulfil this responsibility. This expectation will also be extended to all work placement students and vocational trainees.

## **6. COMPLAINTS PROCEDURE**

The aim of the CCG's complaints process is to ensure that all individuals accessing it achieve a satisfactory outcome and that lessons learned from complaints are used to improve healthcare services. The process is based on the principles of openness, transparency, negotiation and is built around the needs of the individual person, and not the organisation. Concerns and complaints can be made either verbally, in writing or electronically via email to the CCG's dedicated complaints email address [complaints@liverpoolccg.nhs.uk](mailto:complaints@liverpoolccg.nhs.uk)

The NHS complaints procedure operates at two stages:

1. Local resolution of complaint through investigation and response by NHS Trust, provider or commissioner, and;
2. Independent Review of complaint by Parliamentary and Health Service Ombudsman (PHSO)

The CCG will endeavour to successfully resolve all complaints at a local level, and will only refer individuals to the Parliamentary & Health Service Ombudsman where it is specifically requested that the complainant wishes to or if the CCG considers that referral to the PHSO would be beneficial for all parties. The PHSO will not usually investigate a complaint until all avenues to resolve it have been exhausted locally.

### **6.1 Who can complain?**

Anyone who is receiving, or has received, NHS treatment or services or who is affected (or is likely to be affected) by an action, omission or decision of an NHS body can make a complaint. This includes services provided by independent

contractors who have a contract with the CCG to provide NHS services and any services that are provided by independent providers as part of an NHS contract.

If a patient is unable to complain in person then a representative (i.e. a relative or friend) can complain on their behalf providing written consent is given (the CCG standard consent form can be found at Appendix A). Where the complainant is the parent or guardian of a child under the age of 18 (to whom the complaint relates) in some cases the CCG will seek assurances that there are reasonable grounds for the complaint being made by the representative instead of the child.

If a patient is unable to act, for example due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act (2005) consent will generally not be required if the representative can provide evidence of their relationship with the patient and of their suitability to act on the individual's behalf. This will be agreed on an individual/case-by-case basis between the 'representative' and the CCG Customer Relations Lead.

Complaints concerning a patient who is deceased must be made by a suitable representative (for example the next of kin or the executor of estate). Where 'suitability' cannot be evidenced, the complaint maybe declined and a recommendation made that another person acts on the deceased patient's behalf.

All individuals will be informed in writing of the CCG's decision to decline a complaint on grounds of suitability and of the options available to them to complaint about the decision.

## **6.2 Verbal complaints**

The CCG's complaints process is inclusive and verbal complaints will be treated no differently to those submitted in writing or electronically. To ensure that the CCG can address the complaint properly and agree a bespoke action plan with individuals accessing the complaints process, they should always contact the CCG Customer Relations Lead in the first instance. When a verbal complaint is made a brief written account will be taken from the complainant; in most cases this will generally include all the salient points and issues discussed (including the preferred outcome). Verbatim statements will not usually be taken from complainants unless there are exceptional reasons (i.e. where an individual has a specific communication need). If a communication need is identified at the planning stage the CCG may seek agreement with the complainant to refer them to local advocacy services for appropriate support.

The written account will be sent to the complainant asking them to make any changes to ensure it is an accurate reflection of their complaint. The complainant will then be asked to sign and return the statement to the CCG Customer Relations Lead. All complainants will be advised that their complaint cannot be progressed until the signed statement is returned.

There will be some instances where the complexity of the complaint means that it would not be appropriate or practical to be taken over the telephone. In these circumstances the CCG may offer a face-to-face meeting with the individual(s) to

clarify the issues or, with the complainant's permission, refer the matter to a local advocacy service.

Clear information about the complaints process and who to contact is made available to patients, the public and staff via the CCG's website [www.liverpoolccg.nhs.uk](http://www.liverpoolccg.nhs.uk)

### **6.3 Written complaints**

It is expected that written complaints will generally be addressed directly to the Chief Officer (as highlighted on all corporate public-facing complaints material). However, in some cases CCG staff may receive written complaints addressed to them; for example if they are identified as a clinical lead or programme manager in a press release or other media briefings. In these circumstances the complaint should be immediately forwarded to the CCG's complaints email account [complaints@liverpoolccg.nhs.uk](mailto:complaints@liverpoolccg.nhs.uk) for action. The CCG will acknowledge all written complaints within 3 working days of the date of receipt (verbal acknowledgements are considered suitable for this purpose as long as a record is made of the contact).

### **6.4 Time limit for making a complaint**

A complaint must be within 12 months of the date on which a matter occurred, or within 12 months of the complainant becoming aware that there is a complaint to make. The Regulations do have provisions where the NHS or social care body can use discretion to investigate complaints beyond this timescale, providing the complainant can evidence that there are valid reasons which prevented them from raising it earlier. Where it is still practical and possible to investigate the complaint beyond these timescales, the CCG will endeavour to take the matter forward (for example, if the care records still exist and individuals implicated are still able to comment). If there are known limitations which would affect the investigation and agreed preferred outcome of the complaint, the CCG will notify the complainant, in writing of the potential impact on the resolution and asking whether they still wish to proceed.

Where the CCG determines that a complaint is 'out of time' and it is not practical or possible to investigate the complaint, the CCG Customer Relations Lead will inform the complainant of the CCG's decision, the reasons for it and of the complainant's right to take their complaint to the PHSO if they are unhappy with the decision.

### **6.5 Issues that cannot be addressed by the CCG's complaints procedure**

Although the CCG aims to provide an open and easily accessible complaints system, there are specific areas which the Regulations exclude from being considered under the NHS process, including the following:

- Complaints concerning privately funded treatment. Where treatment is a mixture of private & NHS, only the NHS elements can be investigated under this policy;
- Complaints made by a responsible body about another responsible body. For example, disputes on contractual matters between the CCG and a provider or disputes between independent contractors/CCGs;

- Any verbal complaints which are resolved at a local level within one working day/24 hours of the CCG's receipt will not be considered as a complaint under this policy, as per the Regulations;
- Any complaints which have already been fully investigated by the CCG under this process and a full/final response given. The CCG will only consider cases where issues are identified which were not included in the original complaint. In the majority of cases this will be treated as a new complaint;
- Complaints that are being/have been investigated by the Parliamentary & Health Service Ombudsman (PHSO);
- Complaints made relating to an alleged failure by the CCG to comply with a request for information made under the Freedom of Information Act (2000). The CCG will, in all cases direct individuals to the Information Commissioner's Office as appropriate;
- Complaints or grievances made by a CCG employee about any matter relating to their contract of employment (these matters will be managed by established Human Resources procedures);
- Complaints disputing CCG funding decisions where there is an agreed and appropriate appeals process (for example Individual Funding Requests and continuing healthcare);
- Complaints relating to the administration of the NHS Superannuation Scheme;

Where the CCG determines that a complaint cannot be addressed due to any of the reasons highlighted above, the individual complainant will be notified in writing of the CCG's decision not to investigate, the reasons behind the decision and of their right to take their case to the Parliamentary and Health Service Ombudsman should they be dissatisfied with the decision.

Any allegations of fraud or financial misconduct should be referred to the National Fraud Reporting Line at NHS Protect. Full details of the methods for reporting are on the NHS Protect website: <https://www.reportnhsfraud.nhs.uk/>

## **6.6 Process by which complaints will be handled by the CCG**

The CCG recognises that when someone makes a complaint, the initial contact is crucial in setting the right tone and ensuring that a positive outcome is reached. Whilst there has to be a structured process in place, each complaint will be managed on a case-by-case basis with a consistent focus on successful outcomes. Following initial contact with the CCG, the Customer Relations Lead will discuss with the complainant the most appropriate way forward (the action plan), considering factors such as whether the issues relate to the CCG itself or a commissioned service, within three working days. During this initial phase, the CCG Customer Relations Lead will establish:

- How the complainant wants to be addressed and whether they have any particular access or communication preferences/needs;
- If consent will be required (for those cases where an individual is acting on the patient's behalf). Where consent is necessary the patient will be asked to provide this in writing;
- If a specific NHS provider is involved, whether the complainant prefers their complaint to be coordinated by the CCG (as commissioner). Where another organisation is implicated, consent will be sought from the complainant to share the complaint with the organisation involved before any further action is taken (see 6.7);
- Their preferred outcome (if this is not stated) and an agreement on whether this would be feasible, achievable and/or realistic;
- A broad plan of action, including the method by which the complainant will receive a response (e.g. in writing, via face-to-face meeting), how they will be updated on progress and who will be investigating the complaint;
- A proportionate and appropriate timescale for response. This will consistently be achieved through negotiation and a risk assessment of the complaint itself; (The grading matrix can be found in Appendix A)
- If an early local resolution meeting facilitated by the CCG would be appropriate and beneficial to all parties concerned;
- If advocacy services would facilitate resolution the Customer Relations Lead will sign-post individuals to appropriate support services (e.g. Healthwatch Liverpool);
- The role of the Parliamentary and Health Service Ombudsman in the complaints process should local resolution not be successful.

Once the above elements have been agreed between the individual complainant, the CCG and any other third parties involved in the complaint, the Customer Relations Lead will provide written confirmation of the actions, timescale for response and preferred outcome to all parties concerned. Where consent is required the complaint will not be taken forward until this is received and validated and the agreed timescale for response will commence from the date on which written consent was received.

## **6.7 Complaints concerning commissioned services and other organisations**

The CCG recognises that complaints are generally best dealt with as close to the source as possible. All NHS bodies and providers of NHS care have a statutory requirement to operate their own complaints process and the CCG will endeavour to promote the local resolution of complaints at this level in order to give providers the opportunity to respond. It is also recognised, however that the public have the right to raise their complaint with the commissioner of the service should they wish to do

so, and the CCG will take a balanced and proportionate approach to the management of these requests on a case-by-case basis and depending on the seriousness of the issues raised (for example risks to patient safety, poor initial complaints handling and/or an emerging trend or theme).

Where Liverpool CCG agrees to coordinate/handle complaints against a commissioned service or other organisations with which the CCG has an NHS contract, the process described in paragraph 6.6 will apply with the following additional measures:

- The 'action plan' will include the name of the complaints lead at the NHS Trust/organisation or provider involved;
- The individual complainant's consent will be sought to share their complaint with the relevant organisation, with the understanding that relevant medical information will be in turn shared with the CCG for response purposes;
- The CCG will notify the complainant of the date on which their complaint was received by the provider/organisation;
- A first draft of the response letter/investigation report will be forwarded to the CCG from the provider prior to release to the complainant. Responses will then be reviewed by the CCG to ensure all points have been addressed, expected outcomes have been met (where possible) and appropriate actions have been implemented to prevent a recurrence. Where appropriate, a clinical view will be obtained from the relevant CCG clinical lead and/or Chief Nurse by the Customer Relations Lead to inform the quality assurance process and to assess any residual risks to patient care/safety;
- Long-term action plans will be monitored via the relevant Clinical Quality & Performance Group or equivalent quality assurance mechanism and their closure communicated to the complainant.

Where a complainant does **not** provide their written consent to share information or for the CCG to coordinate the complaint on their behalf, they will be informed in writing of the limitations placed on the investigation and those elements which will not be responded to. The agreed timescale for response will begin from the date on which written consent was received. The CCG will allow a reasonable timescale for consent issues to be resolved on the mutual understanding that the complaint will not be taken forward until it is received. The complaint will be considered as 'closed' if no further contact with the CCG is made after a period of 3 months from the date of the last correspondence.

## **6.8 Complaints about Primary Care Medical Practitioners & Member Practices**

Liverpool CCG has delegated responsibility from NHS England for the commissioning of primary care medical services and as described in 6.7, there is a statutory right for the public to approach the commissioner of an NHS service to raise a complaint. Under the current terms of this delegation agreement and at the time of writing this policy however, NHS England has reserved its functions in

relation to complaints management and in this regard, retains the responsibility as 'commissioner' under the interpretation of the Regulations. To ensure an integrated and customer focused approach to primary care complaints, the CCG will act as an access point and will provide local leadership, sign-posting, support and bespoke resolution brokerage to achieve successful outcomes for those patients who initially approach the CCG to make a complaint. It is essential that complainants do not feel as though they are being deterred from making a complaint as a result of a complex commissioning framework and referring on to another organisation.

All member practices are required to operate their own practice-based complaints system (based on the NHS procedure) to resolve matters in-house and it is generally expected that the majority of complaints will be resolved at this level. Where individuals contact the CCG to raise a complaint or concerns regarding a member practice, the Customer Relations Lead will, with the consent of the patient concerned refer the matter to the practice manager (or NHS England) for investigation. Should the patient/complainant specifically request that the CCG provides brokerage, the process described in paragraphs 6.6 and 6.7 will be applied (in full or in part) subject to agreement reached between the member practice concerned, NHS England and the CCG.

Themes, trends, outcomes and lessons learned from primary care complaints for which the CCG has provided brokerage will be captured and reported monthly to the Primary Care Quality Committee under its commitment and responsibility to improve the quality of Primary Care Medical Services for the population of Liverpool.

## **6.9 Complaints concerning Dentists, Community Pharmacists and Opticians**

As NHS England are commissioners for dental, pharmaceutical and ophthalmic practices complaints received by Liverpool CCG regarding these local services will be referred to NHS England for local resolution (should the individual not wish to approach the relevant practice directly). NHS England's National Customer Contact Centre acts as the single point of contact for these complaints and the CCG will routinely sign-post members of the public to the following contact details where referral to the relevant practice is declined:

- NHS England, PO Box 16738, Redditch, B9 9PT  
Telephone: 0300 311 2233  
Email: England.contactus@nhs.net

NHS England's Complaints Procedure can be accessed electronically at:

<http://www.england.nhs.uk/wp-content/uploads/2015/01/nhse-complaints-policy.pdf>

## **6.10 Joint NHS and local authority complaints**

Where complaints concern both health and local authority services the two organisations will co-operate to ensure a single, coordinated response is provided within an agreed timescale (assuming consent to share the complaint has been gained). As part of the initial action planning stage, the appropriate 'lead organisation' will be identified although each will investigate the complaint in

accordance with its own procedures. If the complainant expresses a wish for separate responses, this will be facilitated as appropriate.

### **6.11 Complex/multi-agency complaints**

Some complaints can span several organisations and be particularly complex in nature. These types of complaints raise a number of governance issues in relation to consent, responsibility for response, assurance of a co-ordinated approach and multiple, investigations taking place simultaneously (which will invariably carry different timescales for completion).

Where feasible, the CCG will ensure that there is a coordinated approach to multi-agency complaints; the CCG may take the 'lead role' in terms of the coordinated response, although any decisions made will depend on the wishes of the complainant, the result of discussions with the various parties involved and which organisation is considered to have the greater part in the complaint. An agreement on the lead organisation will be detailed in the complaints action plan in addition to a mutually agreeable timescale between all parties for a coordinated response.

The CCG may (with the complainant's consent) choose to co-ordinate the response or lead in the investigation rather than a third party where serious patient safety/quality issues have been identified or if there is a risk to local health service delivery. Where a coordinated approach is determined to be unachievable, the CCG will ensure that the complainant is informed of the options available to take the matter forward and of the limitations of any subsequent investigation.

In cases where the complaint is (in part) relating to care commissioned by NHS England, it is generally expected that NHS England will assume the role of co-ordinator on behalf of the CCG although this will be determined on a case-by-case basis and in full consultation with the complainant.

### **6.12 Timescales for investigation and response to complaints**

As described in 6.6, the initial discussion between the individual complainant and the CCG will include an agreement on a 'proportionate and appropriate timescale for response'. Timescales will be agreed in 'working days' and will be based on a number of factors including (but not limited to):

- A risk assessment of the complaint itself (the grading matrix can be found in Appendix A);
- The complexity/severity of the complaint;
- The number of agencies involved, and;
- Whether a clinical opinion is required.

During the investigation, the CCG will keep the complainant informed (as far as practicably reasonable) as to the progress of the investigation and of any delays that will impact on the timescale. In the event that the timescale needs to be extended, agreement of an extension of time will be obtained from the complainant first, and the reasons for the delay and request for an extension fully explained and documented.

Where agreement cannot be reached with the complainant (either for the original timescale or an extension of time) this will be managed on a case-by case basis by the Customer Relations Lead, who will determine the limitations of the investigation, the likely impact on the outcome and whether early referral to the PHSO would be beneficial for all parties concerned.

If the timescale for response exceeds a period of 6 months from the date of receipt of the complaint, the CCG will notify the complainant of the reasons why and of their right to refer their case to the PHSO should they be dissatisfied with the way in which it has been managed. Complaints responses exceeding the 6-month period will be routinely reported to the Quality, Safety & Outcomes Committee (and CCG Governing Body) together with a summary of the reasons behind the delay and any learning from the process which could be used to improve local complaints handling.

### **6.13 Responses to complaints**

All responses will be signed by the Chief Officer (or nominated deputy in their absence). Responses to complaints will consistently reflect the principles of this policy in terms of maintaining a focus on meeting the expected outcomes and addressing the issues agreed in the broad action plan at the start of the complaints process. A copy of the investigation report will be included with the response in all cases where one has been made available. All complaints responses and investigation reports will be expected to:

- Be sympathetic and conciliatory in tone, explain how the complaint has been considered and details of any limitations placed on the investigation;
- Be written in plain English, free of jargon or abbreviations and with all technical/clinical references fully explained;
- Address all the issues which were raised by the complaint, offering a rationale or reason for any areas not addressed;
- Provide a full explanation of what happened and where things went wrong;
- Include an apology (where appropriate);
- Have been shared with any staff involved or implicated in the complaint;
- Explain the conclusions reached in relation to the complaint, and whether the CCG is satisfied that remedial actions are proportionate and will prevent recurrences;
- Provide a summary of the lessons learned from the complaint and assurances of how these will be disseminated/implemented (including how long-term actions will be addressed and how the complainant will be informed of their closure);
- Explain the options available for further local resolution (such as conciliation) or, if all attempts to resolve the matter have failed, the details of the PHSO or Local Government Ombudsman (where the complaint relates in part to the functions of the local authority).

Responses which do not meet the above criteria will be returned to the originator for re-writing and re-submission. If this is likely to impact on the agreed response time, or if any reason a response cannot be made within the agreed timescale (e.g. key staff are absent) the Customer Relations Lead will inform the complainant of the

delay (and the reasons behind it) and negotiate a *reasonable* extension of time as detailed in 6.11. All extensions of time agreed with the complainant will be documented within the individual complaints file. Aggregate figures relating to extensions of time agreed will be reported to the CCG Governing Body as part of the Corporate Complaints Reporting mechanism.

#### **6.14 Further local resolution & closing of complaints**

It is acknowledged that not all complaints will be resolved following the first attempt at local resolution. Further attempts may be necessary to achieve the desired outcome and could involve a number of strategies and different solutions depending on the outstanding issues (e.g. other remedy, including financial redress). If the complainant is satisfied with the outcome of their complaint and do not wish to take the matter further, the complaints file will be 'closed' from the date resolution is agreed between the CCG and the individual complainant. The causes and contributing factors of the complaint will be recorded by the CCG (in addition to lessons learned and changes to future practice/service improvement), which will in turn be consistently fed into the overall complaints review cycle. Any long-term actions which are considered as crucial to the resolution process will be monitored by the CCG and fed back to the complainant once completed or signed off.

If, however, the complainant remains dissatisfied following the response, the CCG will ensure every effort is made to achieve a satisfactory outcome at a local level by:

- Gaining agreement on the outstanding issues and remaining grievances;
- Exploring other options for local resolution such as involving a conciliator, requesting further written response or a revised remedial action plan;
- Managing expectations of what can (and can't) be achieved through further local resolution.

Arrangements for conciliation will be facilitated by Liverpool CCG who will access fully trained/Disclosure and Barring Service (DBS) checked lay conciliators.

#### **6.15 Referral to the Parliamentary and Health Service Ombudsman (PHSO)**

If following all attempts to resolve the complaint locally the complainant remains dissatisfied, the CCG will notify the individual (in writing) that local resolution is at an end and that they have the right to ask the PHSO to consider their case. Contact information for the PHSO will be routinely provided at the conclusion of the complaints process or at the point when all avenues to resolve the complaint have been exhausted.

Generally, the PHSO may investigate a complaint where:

- A complainant is not satisfied with the result of the investigation undertaken by Liverpool CCG;
- The complainant is not happy with the response from Liverpool CCG and does not feel that their concerns have been resolved;
- The CCG has decided not to investigate a complaint on the grounds that it was not made within the required time limit (as described in 6.4);

- The CCG has decided not to investigate the complaint due to the

When informed that a complainant has approached the PHSO, Liverpool CCG will cooperate fully and provide all relevant information requested in relation to the complaint investigation (usually the complaints file). The Head of Operations and Corporate Performance will be informed that a request for investigation has been made so that the relevant parties can be informed.

In some cases Liverpool CCG may refer a complaint to the Parliamentary Health Service Ombudsman for a final decision where this is seen as beneficial for all parties involved or where the relationship between the CCG and complainant is considered to have irreparably broken down.

### **6.16 Safeguarding and the CCG Complaints Process**

The Francis Report highlights the need to eradicate complacency about poor care by detecting and exposing unacceptable care immediately and effectively. The CCG forms part of a system wide partnership with local authority, NHS England and local health provider colleagues to ensure consistently safe, effective and respectful care is maintained and that robust processes are in place to learn lessons from cases where children or adults die or are seriously harmed and where abuse or neglect is suspected. All health providers are required to have arrangements in place to safeguard vulnerable children and adults and to assure themselves, regulators and their commissioners that these are effective.

Where a complaint (verbal or written) raises concerns, suspicions or allegations of abuse or neglect of children or adults, it will immediately be brought to the attention of the CCG's Chief Nurse who will then determine the most appropriate course of action, including:

- Whether the concerns should reported through formal external safeguarding processes;
- If Police involvement is necessary;
- Communication of any referral made to the patient/family/NHS Trust, healthcare provider or staff as appropriate, and;
- Next steps in terms of an investigation. This may require advice from multiple internal and external stakeholders.

In some cases safeguarding processes may take precedent over the complaints process, although the Chief Nurse and the Customer Relations Lead will continue to ensure family contact/liaison is co-ordinated and consistent. Where safeguarding processes are invoked and this impacts on the timing of the complaints response, re-negotiation regarding timescales may be necessary to allow for the completion of the safeguarding investigation first. In all cases an agreement will be reached with the individual parties involved as to what process will provide the material response, or what elements of the complaint can/will be answered outside of the safeguarding process.

### **6.17 Redress and Ex-Gratia Payments**

The PHSO's Principles for remedy are clear that where there has been maladministration or poor service, the public body restores the complainant to the position they would have been in had the maladministration or poor service not occurred. Whilst financial redress or ex-gratia payments will not be appropriate in every case, the CCG will consider proportionate remedies for those cases where complainants have incurred additional expenses as a result of maladministration or poor service. This will not apply, however, to requests for compensation or allegations of personal injury where a claim is indicated.

## **6.18 Complaints and Disciplinary Processes**

The complaints procedure is concerned with resolving complaints raised by patients and the public and ensuring that lessons are learned to improve healthcare. The complaints process will not be used for investigating disciplinary matters as the CCG has approved HR policies and procedures for dealing with matters such as capability, misconduct, work performance, whistleblowing and disputes between organisations. These procedures may be invoked as a result of the findings of a complaints investigation but are not part of them. Resolution of the complaint will always take precedence where internal disciplinary procedures are invoked following investigation. The outcome of the disciplinary process will not be shared with the patient/complainant; only information confirming that the process has been concluded will be communicated.

If a complaint results in a potential need for referral to any of the following:

- A professional regulatory body (e.g. General Medical Council);
- An independent inquiry into a Serious Incident;
- Referral to relevant police force if a breach of law/criminal act has occurred

The Customer Relations Lead (or other appropriate CCG Officer) will ensure that the information is passed to the Responsible Person, who will determine whether to initiate any further actions separate to the complaints policy.

## **7. CORRESPONDENCE FROM MEMBERS OF PARLIAMENT**

Correspondence received by the CCG from Members of Parliament who are raising concerns or making enquiries on behalf of constituents will be handled consistently and proportionately in relation to the nature of the issue. The majority of MP enquiries/concerns can and often will be dealt with under a reasonable timescale of approximately 10-25 working days. Appropriate consent will be sought from the constituent only should it be necessary to contact other organisations involved in their care in order to respond fully.

Should a Member of Parliament submit a complaint on behalf of a constituent as defined within this policy, then it will be handled in line with the CCG Complaints Policy and Procedure.

## **8. CONFIDENTIALITY**

Complaints will be handled in the strictest of confidence in accordance with CCG and wider NHS Confidentiality policies. Care will be taken that information should only be disclosed to those who have a demonstrable need to have access to it. Suitable arrangements are in place for the handling of patient identifiable data (PID) to meet the compliance of the Data Protection Act (and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality).

The Caldicott Report sets out a number of general principles that health and social care organisations should use when reviewing its use of patient or client information. Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Disclosure of information to third parties who are not directly involved in the complaint may be dealt with under the CCG's disciplinary procedures.

## **9. CONSENT**

It is generally expected that when obtaining consent for the use and sharing of information, the patient has made an informed decision and clearly understands the processing and potential for sharing of their medical information. Information will not be disclosed to third parties unless the complainant (or appropriate authorised party who has provided the information) has given consent to its disclosure. Where consent is requested, the complainant will be informed of the reasons for the request and that the investigation will not proceed until consent is established. Timescales negotiated as part of the initial action planning stage will not commence until consent has been received. The template CCG Consent form is included as Appendix B

## **10. LEARNING FROM COMPLAINTS AND STAKEHOLDER FEEDBACK**

It is widely acknowledged that meaningful, comparable complaints information can be used positively to help drive continuous improvement in healthcare and strengthen the quality and safety of services for patients and the public. Learning from the '*four C's*' of complaints, comments, concerns and compliments significantly contributes to enhancing patient experience and should be the cornerstone of any patient feedback system. Lessons learned from complaints will be systematically analysed and disseminated by the CCG both internally and across organisational boundaries where appropriate with the aim of contributing to a shared, Mersey-wide profile of trends, themes and patterns which identifies risks and areas where service improvement/transformation should be targeted. This information will be routinely analysed and reported to the CCG Governing Body and the Quality, Safety & Outcomes Committee through established corporate reporting schedules (as described in 7.1)

Providers are also expected to identify their own trends, themes and patterns through routine contract/quality reporting, and demonstrate how they have learned from the complaints they have received. As commissioners, Liverpool CCG will hold its providers to account for ensuring this is done effectively and will use complaints intelligence reports to identify which providers are failing to learn from complaints and formulating an appropriate response as necessary.

The CCG will also work in partnership with Healthwatch Liverpool to share anonymised lessons learned and to develop systems which will make benchmarking between services more readily available; particularly in terms of effective complaints handling and successful resolution. Ultimately, patients and the public should be able to make better informed choices about their healthcare based on a range of comparable data and profiles, of which complaints and lessons learned are a key component.

The Governing Body has overall accountability for complaints and will receive a report bi-annually summarising complaints where the CCG is the 'respondent' or cases where the CCG conducts a commissioner led investigation. The report will identify trends, themes, patterns and operational/strategic risks, in addition to key learning outcomes and details of any cases referred to the PHSO.

## **11. MONITORING OF COMMISSIONED SERVICES**

All commissioned services will be expected to submit a quarterly complaints activity report containing the following information as a minimum:

- Numbers of compliments, complaints, comments, concerns, and PALS cases received by the organisation in total and broken down by specialty and category (where possible);
- Trends, themes and patterns identified and what key improvement actions have been taken as a result of patient feedback;
- Evidence of the service applying lessons learned as a result of trends identified to evidence service improvement;
- Performance against agreed response times to complainants.
- Number of complaints referred to the PHSO and the outcome of the referral or investigation.

The Quality, Safety and Outcomes Committee has responsibility for the dissemination of intelligence gained through complaint investigation/analysis, along with information collected through other means such as patient surveys and engagement activities, to influence commissioning decisions and ensuring services continue to meet the needs of the local population.

## **12. ADVOCACY SERVICES**

The CCG will routinely provide the contact details of local independent advocacy services that provide a free and confidential service designed to help people understand their rights and make informed choices about the way in which they wish to pursue a complaint. Free and independent complaints advocacy is available from Merseyside and Cheshire Healthwatch Complaints Advocacy service:

Telephone: 0808 801 0389 Email:

[merseysideandcheshire@healthwatchadvocacy.co.uk](mailto:merseysideandcheshire@healthwatchadvocacy.co.uk)

For the city of Liverpool, you can also talk about your concern with Healthwatch Liverpool who can then discuss your options with you:

Telephone: 0300 7777 007 Email: [enquiries@healthwatchliverpool.co.uk](mailto:enquiries@healthwatchliverpool.co.uk)

Patients and their representatives will be signposted to these service in all complaints acknowledgements but made aware that using this service is entirely optional.

### **13. CUSTOMERS WITH ADDITIONAL COMMUNICATION REQUIREMENTS**

The CCG will ensure that the complaints process is inclusive and accessible to everyone who wishes to use it. Copies of this complaints policy and procedures can be provided in other languages, Braille and large print on request. Individual communication needs for advocacy, updates, responses and meetings will also be established during the initial complaints action planning phase.

### **14. RECORD KEEPING**

The CCG will maintain accurate and up-to-date electronic complaints files for each case processed. Complaints files created by Liverpool CCG will be retained for a minimum period of ten years (from the date of creation) as per NHS records management guidelines. Liverpool CCG will take actions as necessary to comply with the legal and professional obligations set out for records, and in particular:

- Public Records Act 1958;
- Data Protection Act 1998;
- Freedom of Information Act 2000;
- Access to Health Records Act 1990;
- Regulation of Investigatory Powers Act 2000;
- Records Management: NHS Codes of Practice (Part 1 and 2), and;
- NHS Information Governance: Guidance on Legal and Professional Obligations

Primary complaints records will be created and stored electronically on the CCG's 'Datix' system and accessible only to authorised users.

### **15. PUBLICITY**

The CCG will ensure that there is effective publicity for its complaints arrangements and will take reasonable steps to ensure that members of the public are informed of arrangements for dealing with complaints and key contact details. Information on how to make a complaint is included in the CCG's public facing CCG website. [www.liverpoolccg.nhs.uk](http://www.liverpoolccg.nhs.uk)

The CCG will expect all providers with whom it commissions to include within their public complaints information leaflets a statement which informs patients of their right to refer their complaint to the CCG should they wish to do so.

## 16. EDUCATION AND TRAINING

Not all CCG staff will require training in complaints handling, customer care, de-escalation techniques/conflict resolution training. However, a Training Needs Analysis (TNA) will be conducted by each CCG department to identify which staff would benefit from training (linked to their Personal Development Plan process where possible). Any CCG staff who act in the capacity of lead investigators or in a clinical advisory role for complaints management will be required to attend bespoke training, which the CCG will provide annually.

Induction for new staff will include an overview of the CCG's complaints process and individual responsibilities. A one day training course in root cause analysis of incidents and complaints may be held periodically within the CCG, or as part of a wider network or regional events.

## 17. MONITORING COMPLIANCE WITH THIS POLICY

The CCG Governing Body will monitor compliance with this policy through the structured governance arrangements summarised in the table below:

| No. | Monitoring/audit arrangements of compliance with policy and methodology  | Reporting   |   |           |
|-----|--|---|---|-----------|
|     |  | Source  | Committee   | Frequency |
| 1.  | <b>The CCG has an approved documented process for responding to complaints</b>   |   |   |           |
|     | Policy review and internal audit against current statutory requirements and best practice.   | CCG Complaints Policy; audit of sample case files; numbers of complaints about CCG complaints process; PHSO reviews | CCG Governing Body (Assurance)<br><br>Audit, Risk & Scrutiny Committee (Approval) | Annually  |
| 2.  | <b>% of complaints answered within agreed timescales (CCG)</b>   |   |   |           |
|     | Review and analysis of time of case open to closure (for CCG coordinated cases). Aggregated data used to measure performance against locally set 95% threshold.<br><br>Sample audit against national 3 working day timescale for | Datix collated data<br><br>Complaints files<br><br>Internal Audit findings  | Governing Body  | Quarterly |

|           |  |   |                                      |           |
|-----------|--|---|--------------------------------------|-----------|
|           | acknowledgement  |   |                                      |           |
| <b>3.</b> | <b>Process for ensuring patients, relatives and/or carers are not treated differently as a result of raising a complaint</b>             |   |                                      |           |
|           | Monitoring of service user feedback collected after local resolution has concluded; regular, consistent and timely contact with clients. | Real-time feedback, customer questionnaires | Quality, Safety & Outcomes Committee | Quarterly |
| <b>4.</b> | <b>Compliance with safeguarding arrangements</b>   |   |                                      |           |
|           | Review of cases where safeguarding issues have been flagged – time measurement from initial alert to Chief Nurse to action taken         | Datix collated data<br><br>Complaints files | Quality, Safety & Outcomes Committee | Quarterly |

| No.       | Monitoring/audit arrangements of compliance with policy and methodology   | Reporting                           |  |  |
|-----------|---|-------------------------------------|--|--|
|           |   | Source                              | Committee  | Frequency                                    |
| <b>5.</b> | <b>Analysis of complaint trends and themes</b>  |                                     |  |  |
|           | Numbers of complaints received by subject matter reviewed, analysed & aggregated  | Datix collated data                 | Quality, Safety & Outcomes Committee                       | Quarterly                                    |
|           | Analysis of numbers of complaints referred to PHSO  | CPQG reports<br>KO41 Reports        | Governing Body   | Bi-annually/<br>Annual Report                |
| <b>6.</b> | <b>Accurate, contemporaneous complaints record keeping in line with IG requirements &amp; Data Protection Act</b>                                     |                                     |  |  |
|           | Sample audit of complaints files against quality measurement checklist  | Datix<br>Internal Audit             | Audit, Risk & Scrutiny Committee                           | Annually                                     |
| <b>7.</b> | <b>Monitoring of commissioned services</b>  |                                     |  |  |
|           | Review/aggregated review of complaints reports submitted as per contractual obligations & analysis of themes, trends & patterns described in para 10. | CPQG reports<br>Datix collated data | Quality, Safety & Outcomes Committee<br><br>CPQG           | Monthly & Annual Report                      |
| <b>8.</b> | <b>Learning from complaints and provider compliance with action plans</b>   |                                     |  |  |
|           | Monthly monitoring of provider action plans through CCG internal performance management process   | Datix collated data<br>CPQG reports | Quality, Safety & Outcomes Committee<br><br>Governing Body | Monthly<br><br>Bi-annually/<br>Annual Report |
| <b>9.</b> | <b>Education &amp; Training</b>   |                                     |  |  |
|           | % of staff undergoing complaints/customer care/de-escalation as identified in Training Needs Analysis   | ESR records/PDP information         | HR Committee   | Annually                                     |
|           | Numbers of induction sessions   | Induction                           |  |  |

|            |  |  |                                      |          |
|------------|--|--|--------------------------------------|----------|
|            | completed where complaints awareness has been included   | Programme feedback                                     |                                      |          |
| <b>10.</b> | <b>Dissemination &amp; Publicity</b>   |  |                                      |          |
|            | <p>Checklist for dissemination amongst CCG internal &amp; external stakeholders</p> <p>New policy is included prominently in CCG Internet and Intranet sites with previous version archived – included in CCG newsletter</p> | <p>Document Control Sheet</p> <p>Internet/Intranet</p> | Quality, Safety & Outcomes Committee | Annually |

Compliance with this policy will also be assured and reported/evidenced through the following specific mechanisms:

- CCG Annual Report;
- Annual Governance Statement;
- Corporate Risk Register (also acts as Assurance Framework);
- Risk Management Reports;
- Internal and External Audit Reports;
- Minutes from related committees and groups, and;
- Performance/exception reports.

## 18. POLICY REVIEW ARRANGEMENTS

This policy and associated procedures will be reviewed annually by the Head of Operations and Corporate Performance or upon changes in legislation or new guidance issued. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with 'Records Management: NHS Code of Practice 2009.

## 19. EQUALITY & DIVERSITY STATEMENT

NHS Liverpool CCG aims to design, commission, procure and implement services, policies and measures that meet the diverse needs of our population and workforce, ensuring that none are placed at a disadvantage over others. All policies and procedures should be developed in line with the Single Public Sector Equality Duty to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

Every individual approaching the CCG to make a complaint will be treated fairly and equally regardless of their age, disability, race, culture, nationality, gender, sexual orientation or beliefs.

## Appendix A                      COMPLAINTS/RISK GRADING TOOL

**Table 1 – Likelihood score (L)**

What is the likelihood of the risk occurring?

| Likelihood score | 1                                     | 2  | 3                                  | 4   | 5  |
|------------------|---------------------------------------|--|------------------------------------|---|--|
| Descriptor       | Rare                                  | Unlikely   | Possible                           | Likely  | Almost certain                                     |
| Frequency        | This will probably never happen/recur | Do not expect it to happen/recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/recur but it is not a persisting issue | Will undoubtedly happen/recur, possibly frequently |

**Table 2 - Consequence Score (C)**

| Consequence Score |              |   |
|-------------------|--------------|---|
| Level             | Descriptor   | Impact Description  |
| 1                 | Negligible   | Unsatisfactory experience not directly related to care or commissioning decision. No impact or risk to future provision and no harm to the patient.   |
| 2                 | Minor        | Unsatisfactory experience related to care or commissioning decision. Can be a single resolvable issue with minimal impact and relative minimal risk to the provision or care of a particular service. No real risk of litigation or adverse publicity.  |
| 3                 | Moderate     | Patient experience below reasonable expectations in several areas but no lasting detriment or harm. Issues in complaint present potential impact on future service provision/delivery across dimensions of quality/safety. Often a justifiable complaint with slight potential of legal action against provider with reputational risk for CCG if event leads to adverse local external attention e.g. HSE, media, external bodies. |
| 4                 | Major        | Significant issues raised in relation to standards/quality/safety of care, denial of rights. Clear quality assurance and/or risk management implications which require investigation with high probability of litigation. Risk to CCG reputation in the short term with key stakeholders, public & media.   |
| 5                 | Catastrophic | Complaints which describe serious adverse events, significant safety issues, long-term damage, grossly substandard care, professional misconduct or death of patient which  |

carry high probability of legal action and strong possibility of adverse national publicity.

**Table 3 – Event Grading Matrix**

Risk scoring = likelihood x consequence ( L x C )

|                       | Likelihood |          |          |        |                |
|-----------------------|------------|----------|----------|--------|----------------|
| Consequence Score     | 1          | 2        | 3        | 4      | 5              |
|                       | Rare       | Unlikely | Possible | Likely | Almost certain |
| <b>5 Catastrophic</b> | 5          | 10       | 15       | 20     | 25             |
| <b>4 Major</b>        | 4          | 8        | 12       | 16     | 20             |
| <b>3 Moderate</b>     | 3          | 6        | 9        | 12     | 15             |
| <b>2 Minor</b>        | 2          | 4        | 6        | 8      | 10             |
| <b>1 Negligible</b>   | 1          | 2        | 3        | 4      | 5              |

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

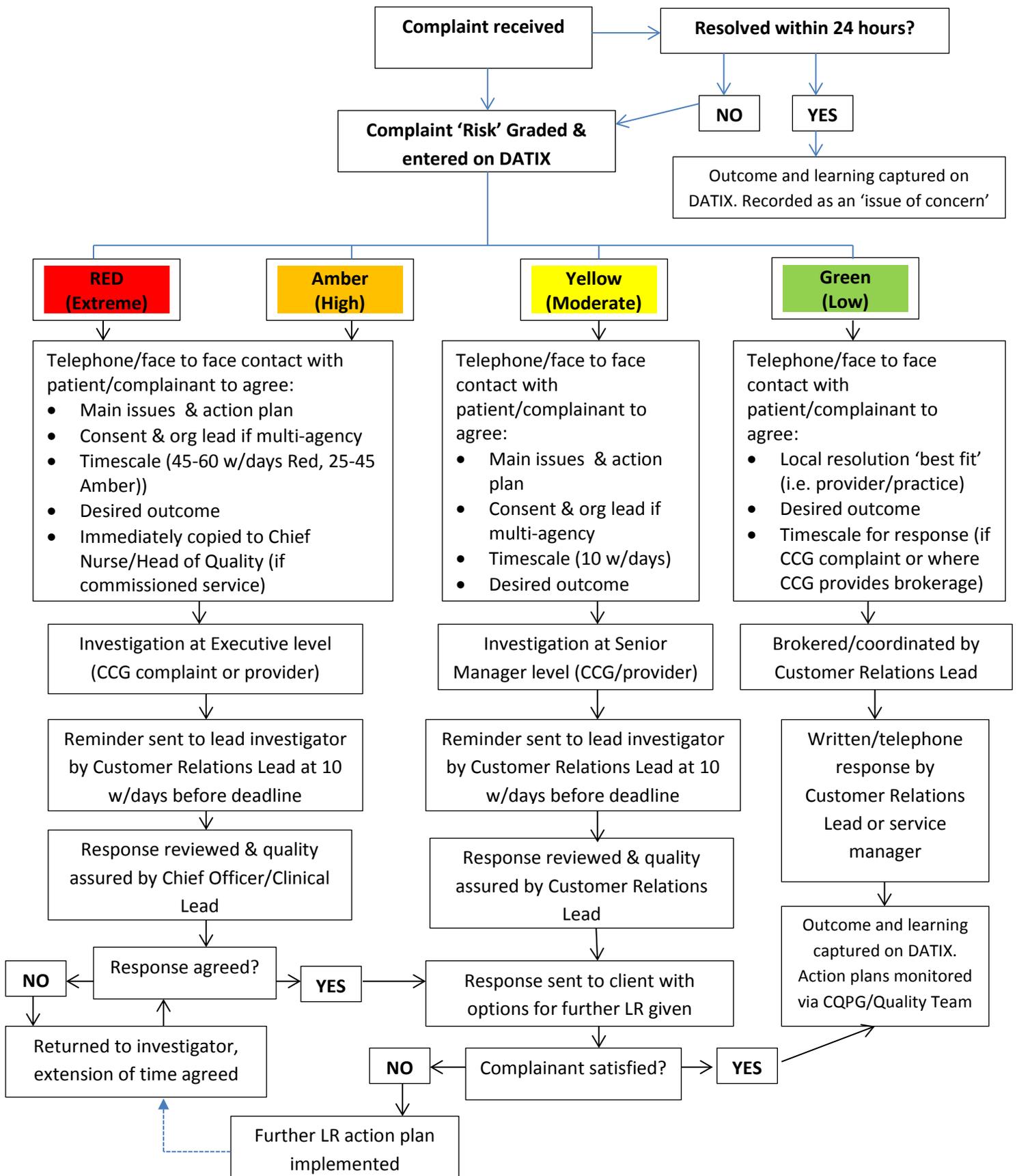
|         |               |
|---------|---------------|
| 1 – 3   | Low risk      |
| 4 – 6   | Moderate Risk |
| 8 – 12  | High Risk     |
| 15 – 25 | Extreme Risk  |

**Table 4 - Complaint Grading Tool/Timescale Matrix (Commissioned Services)**

| RAG Rating                   | Complaint actions  | Suggested Timescale for Response  |
|------------------------------|--|---|
| <b>RED<br/>(Extreme)</b>     | CCG coordinated complaint with commissioner of service taking lead. Investigated by provider at Executive level (CEO, Medical Director or equivalent). Report signed-off by CEO (or equivalent) of each agency involved and sent to CCG Chief Officer. Review by relevant Governing Body Lead Clinician before sign-off by Chief Officer. Action Plans monitored by CCG (through CQPG) until all closed/complete. Lessons learned identified & disseminated through Quality Team.                    | Customer Relations Lead negotiates timescale of <b>45-60 working days</b> . Extensions of time may be sought as long as maximum period of 6 months in total from acknowledgement of complaint or receipt of consent is not exceeded.  |
| <b>AMBER<br/>(High)</b>      | CCG coordinated complaint with commissioner of service taking lead. Investigated by provider at Executive level (Medical Director or equivalent). Report signed-off by CEO (or equivalent) of each agency involved and sent to CCG Chief Officer. Review by relevant Governing Body Lead Clinician before sign-off by Chief Officer. Action Plans monitored by CCG (through CQPG) until all closed/complete. Lessons learned identified & disseminated through Customer Relations Lead/Quality Team. | Customer Relations Lead negotiates timescale of <b>25 – 45 working days</b> . Extensions of time may be sought as long as maximum period of 6 months in total from acknowledgement of complaint or receipt of consent is not exceeded.  |
| <b>YELLOW<br/>(Moderate)</b> | CCG negotiates involvement as limited to 'honest brokerage' and puts in place monitoring systems for ensuring local resolution and successful outcomes. Response to complainant direct from provider with copy to CCG for information. Action Plans monitored by CCG through CPQG until all closed/complete & learning outcomes disseminated through Customer Relations Lead/Quality Team.   | Customer Relations Lead negotiates timescale of <b>10 working days</b> . Extensions of time may be sought only where justification can be evidenced (e.g. staff absence, recall of records) with maximum period of 25 working days set from acknowledgement of complaint or receipt of consent. |
| <b>GREEN<br/>(Low)</b>       | CCG Customer Relations Lead will encourage patient/complainant to approach provider directly & will offer advice on complaints process. Response to complainant direct from provider with copy to CCG for information purposes where dealt with under complaints process (if not resolved within 24 hours of provider receipt).  | Agreement reached between complainant & Customer Relations Lead on way forward for local resolution within <b>3-5 working days</b> from acknowledgement of complaint.   |

**APPENDIX B**

**NHS LIVERPOOL CCG PROCEDURE FOR MANAGEMENT OF COMPLAINTS**



## Appendix C

### CONSENT FORM

I, **name**, consent to Liverpool Clinical Commissioning Group accessing my medical records in order to investigate my complaint. I understand that these records may be seen by both clinical and non-clinical staff involved in the investigation of my complaint, and the facilitation of a response.

*If involving other organisations:* I also consent to Liverpool Clinical Commissioning Group sharing information about my complaint with **name of organisation**; and for that organisation to provide my confidential medical information to Liverpool Clinical Commissioning Group.

*If involving 3<sup>rd</sup> party:* I consent to **name and relationship to patient** pursuing this complaint on my behalf. I understand that they will receive a written response which may include my confidential medical information.

**Full Name** .....

**Address** .....

.....

**Tel. No** .....

**Date of Birth**.....

**GP Practice**.....

**Signed** .....

**Date:** .....

Please send completed form to:

Customer Relations Lead  
NHS Liverpool CCG  
1 Arthouse Square  
Liverpool  
L1 4AZ

## APPENDIX D

### Guidance on Handling Unreasonably Persistent and / or Habitual Complainants

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 CCG staff may consider that a complaint is unreasonably persistent or habitual in nature. These complaints are often symptomatic of other underlying issues and the complaints procedure may not be the most appropriate means of dealing with these cases. Complainants (and/or anyone acting on their behalf) may be deemed to be unreasonably persistent or habitual complainants where previous or current contact with them shows that they meet one or more of the following criteria:

- Persist in pursuing a complaint when the complaints procedure has been fully and properly implemented and exhausted;
- Changed the substance of a complaint or continually raise new issues, or seek to prolong contact by continually raising further concerns or questions (but care must be taken not to discard new issues which are significantly different from the original complaint);
- Continue to pursue a complaint with the CCG after appropriate consent has been sought to forward the complaint to the provider for investigation and the outcome of that investigation is still pending;
- Are unwilling to accept documented evidence of treatment given as being factual (i.e. patient record) or deny receipt of an adequate response in spite of correspondence specifically answering questions or do not accept that facts can be difficult to verify when a long period of time has elapsed;
- Do not clearly identify the issue they wish to be investigated, despite reasonable efforts and/or where concerns identified are not within the remit of the CCG to investigate;
- Focus on a matter to an extent which is disproportionate to its significance and continues to focus on this point (although it is recognised that this can be subjective and careful judgement must be used);
- Have in the course of addressing a complaint had an excessive number of contacts with the CCG or the Complaints Service, placing unreasonable demands on staff (this can be by telephone, fax, email, letter or in person);
- Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties;
- Displayed unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or feasible or normal recognised practice);
- Used inappropriate verbal or written language against employees of the CCG or Complaints staff.

If a member of staff, either in the CCG or in the Complaints Service, feels that a complaint or complainant is unreasonably persistent or habitual they can request that the complainant be dealt with as such. The Customer Relations Lead will consider the request, taking into account any dealings that the complainant has

had with other organisations/services and the views of other colleagues who may have had dealings with the individual concerned. If the Chief Officer agrees that the complaint should be classed as unreasonably persistent/habitual a suitable way to deal with the complainant will be agreed.

If an action plan for dealing with the complainant is agreed it will be shared with the complainant so that they are aware of how the CCG will deal with any communication from them. If a complainant who has been classed as unreasonably persistent and/or habitual has a new complaint, it should be dealt with according to this policy

Once a complainant has been deemed as unreasonably persistent and/or habitual the complainant will be informed of this in writing by the Chief Officer, along with the arrangements the CCG intends to invoke to manage future contact from the individual. The status of 'unreasonably persistent and/or habitual' will be withdrawn at a later date by the Chief Officer if, for example, the complainant subsequently demonstrates a more reasonable approach or, if they submit a further complaint for which the normal complaints procedure would appear appropriate. Discretion should be used at all times in both determining and removing this status.

If it becomes apparent (through the course of investigating a complaint) that staff have been subjected to inappropriate personal or abusive verbal or written comments, the complainant will be advised in writing by the Chief Officer that it is unacceptable and will not be tolerated with any future communications the person may have with CCG or Complaints staff. Staff will be encouraged to report any such incidents to their line manager or via the CCG's Incident Reporting System.

### **Complaints of a discriminatory nature/harassment**

These are complaints made against an individual on the basis of their racial background, gender, marital status, ethnic origin, colour, nationality, national origin, disability, sexuality, religion or age. At an early stage, the CCG will adopt a zero tolerance approach to any complaints which amount to harassment or discrimination. The CCG will, in all cases, write to the individual complainant informing them that harassment and discrimination of staff will not be tolerated and that their behaviour will be dealt with under Local Security Management arrangements.

Any complaints couched in discriminatory language but which raise legitimate issues about clinical practice, procedures and/or communication will be investigated under this policy, without prejudice to the outcome of the investigation. However, as detailed above, where a complaint is investigated that is couched in discriminatory language, the complainant will be advised that discriminatory language will not be tolerated and an appropriate warning issued as per the NHS Zero Tolerance policy.