

Blackpool Clinical Commissioning Group

Complaints Procedure 2016

Reviewed:	Interim Review: Quality and Engagement Committee – 13 September 2016
Approved:	CCG Governing Body – 1 November 2016
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Review Date:	February 2018

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1.0 PURPOSE

Blackpool Clinical Commissioning Group (CCG) places a high priority upon the handling of complaints. We recognise that suggestions, constructive criticisms and complaints can be valuable aids to improving services. The primary objective of this procedure is to provide the fullest opportunity for investigation and resolution of the complaint as quickly as is possible in the circumstances; aiming to satisfy the complainant that his/her concerns have been addressed, whilst being fair to staff and the complainant alike.

This document has been produced with the Department of Health's Guidance to support Implementation of the NHS Complaints Regulations 2006 No. 2084 and the regulations introduced in April 2009, No. 309; The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

It details the procedures that must be followed when dealing with the following:

- Complaints relating to any action taken by Blackpool CCG including those relating to commissioning of health services for the local population
- Complaints relating to other NHS Trusts.
- Complaints regarding other organisations.
- Complaints relating to services purchased from the independent sector.
- Complaints relating to more than one organisation.

2.0 DUTIES

2.1 NHS BLACKPOOL CCG PROCESS and RESPONSIBILITIES

The duties and levels of responsibilities for dealing with complaints are with all members of staff, to deal with concerns and or complaints quickly and sensitively, to learn lessons and implement improvements. Managers are to support proportionate resolution with the complainant and to raise such matters with the relevant Lead officer. Lead officers will ensure improvements are implemented where appropriate.

2.2 The Responsible Person is the Nurse role that is identified as the CCG Governing Body Lead.

2.3 DUTY OF CANDOUR

We aim to secure the safest NHS treatment and care, but sometimes things can go wrong. From October 2014, the Department of Health published a new law called the Duty of Candour which applies to all NHS organisations and organisations delivering NHS services.

The Duty of Candour will only apply when there has been significant harm. Significant harm is classed as:

- A serious injury has occurred
- There is a long lasting effect on a person's health or well-being
- Unexpected death

The Duty of Candour requires NHS organisations to be open and transparent with service users about the care and treatment provided, including when it goes wrong. We will seek evidence of duty of candour from providers when dealing with and reviewing complaints

3.0 SCOPE

The contents of this document are for use within Blackpool CCG supported by Midlands and Lancashire Commissioning Support Unit and wherever the organisation carries out its responsibilities. It applies to all staff employed within Blackpool CCG and the Midlands and Lancashire Commissioning Support Unit.

4.0 EQUALITY IMPACT ASSESSMENT

Equality Impact Assessments are a measure to avoid unlawful discrimination. The equality impact checklist relating to this procedure is available from the Secretary to the CCG Board.

5.0 PROCEDURE

5.1 PRINCIPLES

The key principle is that organisations are encouraged to ask people what they think of their care, to sort out problems more effectively and to use the opportunities to learn. These are underpinned by the Health Service Ombudsman's Principles of Good Complaints handling. This should ensure that people who offer feedback have their concerns resolved swiftly and, wherever possible, by the people who provide the service locally. The procedure should be viewed as a useful tool for indicating where services may need adjusting. It is a positive aid to inform and influence service improvements and not a negative process to apportion blame.

Blackpool CCG aims to develop a listening, responding and improving culture where learning is fed back to people who use services - and fed into internal systems for driving improvement. The same listening and learning culture should shape wider opportunities for working in partnership with patients, such as individual reviews and systematic quality assurance. It should give people opportunities to tell Blackpool CCG about both their good and bad experiences of Blackpool services.

In order to support this aim, the procedure is designed to -

- Be clear and easy to use,
- Ensure that people who use Blackpool CCG services are treated with dignity and respect, are not afraid to make a complaint, and have their concerns taken seriously.

- Ensure, as far as is possible, even-handedness in the handling of complaints.
- Make sure that, as many complaints as possible are resolved swiftly and satisfactorily at local level.
- Ensure a fair process and adequate support for everyone involved in the complaint.
- Ensure that the complainant using the service receives a response without delay and is kept informed of progress.
- Ensure that the complainant is provided with information about their rights, details of the Advocacy support services available and information relating to the Parliamentary and Health Service Ombudsman, if they are not satisfied with the outcome of a complaint investigation.
- Safeguard the service user's rights of access to other means of redress, such as the Parliamentary and Health Service Ombudsman.
- Enable Blackpool CCG to exercise its continuing duty of care when commissioning services.
- Secure sensible and effective links with other procedures in both Health and Social Services.
- Preserve confidentiality at all times and protect personal information.
- Ensure that Blackpool CCG monitors its performance in handling complaints, delivers what it has promised, learns from complaints and uses this learning to improve services for everyone who uses them.

5.2 COMPLIMENTS

If a client verbally compliments a member of staff, this should be noted and sent to the quality team for recording purposes. The quality team will record the number and nature of compliments on a quarterly basis, and make this information available in a quarterly report. They are also recorded in the annual complaints report.

5.3 CONCERNS

People sometimes feel that there is something that Blackpool CCG can do differently. They do not want to complain, but may have a concern and would like to suggest a change or improvement. In the same way as compliments, concerns are received either directly by the quality team or by the team dealing with the person.

On receipt of a concern, the original or a copy must be sent to the quality team. This is not only for recording purposes, but the concern may be appropriate for other teams, and the quality team will ensure it is circulated.

Where appropriate, the quality team will formulate a response to the customer explaining any outcome from their concern.

5.4 COMPLAINTS

A complaint may be generally defined as

“An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a service, which requires a response”.

The intention is not to be too rigid in the way that complaints are defined or dealt with.

5.4.1 Complaints where threats of serious harm / assault have been made

If a complaint is made that indicates threats of serious harm to an individual/s/or service, then the Police must be contacted in the first instance, usually by the complainant in order to maintain safety and minimise the risk to the individuals/service concerned. It is advised that the complainant urgently make contact with the Police directly (if they have capacity) to report their concerns and threat, as a potential crime has been alleged.

Any threats of serious harm will be dealt with initially from a Police perspective and the complaint will be investigated separately following advice from the police and the usual procedures applicable to the complaint

5.4.2 Who can make a complaint?

Any person (or representative of any person) who is now, or has been, a user of the service commissioned by Blackpool CCG subject to the complaint; or any person (or agreed representative of any person) who is affected by or likely to be affected by the action, omission or decision of Blackpool CCG.

5.4.3 What may be complained about?

Complaints may relate to the following:

- An unwelcome or disputed decision made by Blackpool CCG;
- Concern about the quality or appropriateness of a service commissioned by Blackpool CCG;
- Delay in decision making or provision of commissioned services from Blackpool CCG;
- Delivery or non-delivery of commissioned services including complaints procedures;
- Quantity, frequency, change or cost of a service commissioned by Blackpool CCG;
- Attitude or behaviour of Blackpool CCG staff;
- The impact on an individual of the application of a Blackpool CCG policy;
- Services commissioned by the Blackpool CCG

However, this is not an exhaustive list and the quality team under advice from Commissioning Managers may seek legal advice as necessary. Complainants seeking legal advice will be eligible to have their complaint investigated.

5.4.4 Who may complain on behalf of someone else?

A representative acting on behalf of an eligible person, where that person has asked the representative to act on his behalf or who lacks capacity within the meaning of the Mental Capacity Act (2005), may make a complaint. A representative may also act on behalf of a child or someone who has died, although that person may not have specifically asked the representative to do so.

Where a complaint is received from a representative acting on behalf of an eligible person, the quality team with advice from Managers have the discretion to decide whether or not the person is suitable to act as a representative, in the individual's best interests, consent and proof of representation from the individual is required, when relevant.

If we consider the representative to be unsuitable, and / or not acting in their best interest, we will notify the representative accordingly in writing, explaining why no further action is being taken.

5.4.5 What is exempt from the complaints procedure?

The complaints procedure does not apply when:

- The person wishing to complain does not meet the requirements of "who may complain," and is not acting on behalf of such an individual;
- The complaint is not in regard to the actions or decisions of Blackpool CCG or of anybody acting on its behalf;
- Where the same complaint has already been dealt with at all stages of the procedure;
- The same complaint has already been investigated by the Parliamentary and Health Service Ombudsman;
- The complaint is unclear, or it is frivolous or vexatious;
- The concerns should be dealt with under other proceedings such as:
 - Disciplinary proceedings; (sometimes complaints may lead to disciplinary proceedings)
 - Grievance procedure;
 - Complaints from staff about personnel issues;
 - Staff complaints about colleagues or management
 - Commissioned services for which an alternative appeals process already exists; and
 - Criminal investigation where Court action is pending.

5.4.6 Anonymous Complaints

Anonymous complaints must always be recorded and referred to the quality lead in the same way as other complaints. Anonymous complaints fall outside of the scope of the regulations and it is for Blackpool CCG to decide what action it should take. The fact that the complaint is from an anonymous source should not in itself justify a decision not to pursue the matter, nor should it rule out referral to other procedures as appropriate.

5.4.7 Time limit for making a complaint

Blackpool CCG need not consider complaints made more than 12 months after the date of the event (or knowledge of the event). However, Blackpool CCG will consider such complaints if it would not be reasonable to expect the complainant to have made the complaint earlier and it would still be possible to consider the complaint in a way that would be effective and fair to those involved. Though not exclusive, possible grounds for accepting a complaint made after 12 months are:

- Genuine issues of vulnerability;
- Blackpool CCG believes that there is still benefit to the complainant in proceeding; and
- There is likely to be sufficient access to information or individuals involved at the time, to enable an effective and fair investigation to be carried out.

Where a complaint is not accepted, the CCG will write to advise the complainant that their complaint cannot be considered and explain the reasons why. This response will advise the complainant of their right to approach the Parliamentary and Health Service Ombudsman.

5.5 PROBLEM SOLVING AND RESOLUTION

Solving the problems that generate complaints is at the forefront of the Blackpool CCG approach to responding to its service users. Involving people and agencies in the community, who provide independent advice, can assist problem solving and may prevent dissatisfaction developing into complaints. If a patient, their families or carer have a concern, Independent Advocacy Support can provide information if a person wishes to make a formal complaint. Staff should consider when an unresolved problem becomes a complaint.

There are a number of methods of resolution that can be applied at any stage, including:

- An apology or explanation;
- Conciliation and mediation;
- A reassessment of the service user's needs;
- Remedial action specific to the particular complainant;
- An assurance that Blackpool CCG will monitor the effectiveness of its remedy.

5.6 RECEIVING A COMPLAINT

As soon as it becomes apparent that someone wishes to make a complaint, the complainant must be given information about the complaints procedure.

A complaint is registered on the date on which it is first received within the organisation.

If a complaint is made to a member of staff, the quality lead should be informed as soon as possible, so that the complaint can be recorded, acknowledged (within 3 days) and progress monitored.

5.7 HANDLING AND CONSIDERATION OF COMPLAINTS

The handling and consideration of complaints consists of two types, although complaints can be received in other formats for example electronically.

5.7.1 Verbal Complaints

These will be managed by staff and Managers in the commissioned service subject to the complaint, with support from the quality lead where required. Staff responsible for commissioning the service and the complainant should discuss and attempt to address the complaint as

quickly as possible and seek a resolution where practicable within 24 hours. They should discuss the issue and exchange information and thinking behind decisions.

A complaint, which is made verbally and is resolved to the satisfaction of the complainant not later than the next working day are not required to be dealt with under the 2009 regulations. This interaction must be recorded and the quality lead informed

If the matter is resolved the Manager should write to the complainant confirming the agreed resolution they have discussed and the quality lead should be informed of the outcome as soon as possible. Otherwise, the Manager will send an email or letter to the complainant, a meeting set up, or telephone call (details of which should be recorded if this is more appropriate), responding to the complaint. This response must contain details of the complainant's right to have the complaint progressed through the procedure and that they should make this request to the quality team.

5.7.2 Written Complaints and Unresolved Verbal Complaints

These will be managed by the quality lead alongside relevant commissioning Managers subject to the complaint. Responses to complaints regarding Commissioning will be reviewed and signed by the Accountable Officer, Chief Operating Officer or "Responsible person" (Chief Nurse Board Lead). Once the complainant has decided that they want an investigation the quality team will ensure that the details of the complaint and the complainant's desired outcome are recorded in writing and agreed with the complainant. This may be achieved either by correspondence, telephone conversation, electronically or by meeting the complainant to discuss, followed by a written record of what was agreed. The relevant Manager should return a draft response addressing the complaint to the relevant Director as soon as possible and copied to the quality lead. This allows time for the response to be reviewed by the designated Board Lead or Chief Operating Officer and amendments made.

Blackpool CCG will aim to respond to complaints within 40 working days (in line with NHS England standards). It may not always be possible to meet the 40 day timescale to answer a complaint. Possible reasons for an extension might include:

- Where the complaint involves several agencies or all or some of the matters concerned are the subject of a concurrent investigation (such as a disciplinary process);
- If the complaint is particularly complex or;

- If a key witness is unavailable for part of the time (for example Leave)

Where it is not possible to complete the investigation within 40 working days, it is important to maintain dialogue with the complainant and where possible reach a mutual agreement as to what is reasonable where a response in 40 working days is not feasible. A response must be sent within a relevant period. The definition of a relevant period is 6 months commencing on the day the complaint was received.

5.7.3 The content of the Response

On completion of consideration of the complaint, the Manager should draft a response based on full investigations (*see appendix 1*) and the suggested action plan (*see appendix 2*). The response should:

- Include all relevant information;
- Be clear about what the findings and outcomes are against each point of complaint;
- Distinguish between fact, feelings and opinion;
- Contain details of findings, conclusions and recommended actions, and address all three areas;
- Recommend how to remedy any injustice to the complainant as appropriate; and
- Be written in plain language, avoiding jargon, so that everyone can understand it.

5.7.4 Complaints to the Parliamentary and Health Service Ombudsman

The quality lead will ensure all complaints are logged when referred to the Parliamentary and Health Service Ombudsman. The CCG will support all information requests received.

Where Blackpool CCG complaints procedure has been concluded, or the complainant has complained to a provider and exhausted their procedure, and the complainant is still dissatisfied, they will be eligible to request further consideration of the complaint by the Parliamentary and Health Service Ombudsman.

5.7.5 Providing Advocacy and support

During the course of making a complaint, a service user may request assistance from an advocate. Blackpool CCG should support this request by providing written information and advice on how to contact local advocacy services.

If a decision has been taken with the support of an Independent Mental Capacity Advocate (IMCA) and this decision is then subject to a

complaint, the IMCA must be engaged in the complaints resolution process.

5.8 COMPLAINTS ABOUT SERVICE PROVIDED BY INDEPENDENT CONTRACTORS

Independent Contractors are responsible for the local resolution of complaints through their practice-based complaint procedures, which they are required to establish under their contract. If local resolution cannot resolve the complaint, the complainant should be referred to the Local Area Team of NHS England.

If verbal complaints are received about services provided by an Independent Contractor, they should be advised to contact the practice and ask to speak to the Practice Manager.

5.8.1 Local complaints resolution regarding individual patient and exceptional funding requests (*See appendix 3*)

Also for this section refer to Individual Patient and exceptional funding requests policy and procedure. Patients who have been through the procedure will have the complaints procedure open to them

5.8.2 Local complaints resolution regarding continuing care. (*See appendix 3*).

5.9 COMPLAINTS ABOUT THE PROVISION OF HEALTH SERVICES

5.9.1 Commissioner and Provider cooperation

Where a complaint has been received by Blackpool CCG regarding a provider; Blackpool CCG will forward the details to the provider complaints department as soon as is reasonably practicable. The CCG will seek consent from the complainant to share the information. The Commissioners must notify the complainant and the provider, the provider must then handle the complaint in accordance with the regulations.

5.9.2 Service Level Agreements

Blackpool CCG will specify in any Service Level Agreement (SLA) with an independent provider, that the provider will set up and run a local resolution process in line with the NHS Complaints Regulations and will co-operate with the Parliamentary and Health Service Ombudsman where requested.

5.9.3 Complaints which involve more than one Organisation

In some cases a complaint may refer to several issues, which involve more than one organisation. Blackpool CCG is committed to co-operating with other organisations to make the complaints process simple and streamlined for people.

The regulations incorporate all NHS bodies and Local Authority social services and place a duty on both to cooperate with each other and to agree which of the two bodies takes the lead in handling complaints against them in order to provide a coordinated response.

5.9.4 Complaints which involve Blackpool CCG and Blackpool Social Services

Where a complaint is received which covers services commissioned by Blackpool CCG and provided by Social Services, the quality lead will work with Managers and services, to gather information to agree the lead organisation and create a joint response.

5.9.5 Complaints about Blackpool CCG and any other organisation

The quality lead will ensure that the complaint is acknowledged in writing within 3 working days identifying those areas within the remit of Blackpool CCG and those within the remit of other organisations. Consent will be sought from the complainant to forward the complaint to the appropriate organisation. The commissioning support unit will support the CCG with this function and keep a track of all complaints related to the CCG.

Blackpool CCG will address and respond to that part of the complaint within its remit. When the complainant's consent is received, the quality lead will forward copies of the correspondence to the other organisation(s) concerned, requesting that they address those issues within their remit and asking the organisation concerned to respond directly to the complainant, with a copy to Blackpool CCG.

5.10 WITHDRAWING A COMPLAINT

A complaint may be withdrawn verbally or in writing at any time by the complainant. The quality lead will contact the complainant to confirm the withdrawal of the complaint. In these circumstances Blackpool CCG may consider the issues that gave rise to the complaint through an internal review. Should the complainant then seek to reinstate the complaint, Blackpool CCG can use the review to produce a response as necessary.

5.11 DEFINITION OF A VEXATIOUS OR PERSISTENT COMPLAINANT

A complainant (and /or anyone acting on their behalf) may be deemed to be vexatious or persistent where previous or current contact with them shows that

they meet one or more of the following criteria. Where the complainant: -

Persists in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted (e.g. where investigation has been denied as 'out of time' or where a request for Independent Review has been turned down).

Continually changes the substance of a complaint; continually raises known issues; seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues, which are significantly different from the original complaint).

Is unwilling to accept documented evidence of treatment given as being factual, e.g. drug records, medical case notes or computer records, nursing records; where they deny receipt of an adequate response in spite of correspondence specifically answering their questions; where they do not accept the facts can sometimes be difficult to verify when a long period of time has elapsed.

Does not clearly identify the precise issues to be investigated, despite reasonable efforts of CCG staff to help specify their concerns and/or where the concerns identified are not within the remit of the CCG to investigate.

Focuses on a trivial matter to an extent that is out of proportion to its significance and continues to focus on this point. (It is recognised that determining what a 'trivial' matter is can be subjective and careful judgment must be used in applying this criteria).

Has threatened or used actual physical violence towards staff or their families or associates at any time – this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. All such incidents should be documented.

Has harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at time of stress, anxiety, or distress and must make reasonable allowances for this. They must document all incidents of harassment).

Has in the course of addressing a registered complaint, had an excessive number of contacts with Blackpool CCG placing unreasonable demands on staff. (A contact may be in person or by telephone, letter, email or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgments based on the specific circumstances of each individual case).

Is known to have recorded meetings or face-to-face/telephone conversations

without the prior knowledge and consent of other parties involved.

5.12 OPTIONS FOR DEALING WITH VEXATIOUS OR PERSISTENT COMPLAINTS

Where complaints have been identified as vexatious or persistent in accordance with the above criteria, the Board Lead will determine what action to take. The Board Lead will implement such action and will notify complainants in writing of the reasons why their complaint has been classified as vexatious or persistent and the action to be taken. This notification may be copied for the information of others already involved in the complaint, e.g. practitioners, conciliator, advocate, or Member of Parliament.

The CCG Board Lead or “Responsible Person” may decide to deal with complaints in one or more of the following ways: -

Try to resolve matters, before invoking this procedure, by drawing up a signed ‘agreement’ with the complainant (and if appropriate involving the relevant manager in a two-way agreement) which sets out a code of behavior for the parties involved if the CCG is to continue processing the complaint. If these terms were contravened, consideration would then be given to implementing other action as indicated in this section.

Once it is clear that a complainant meets any one of the above criteria, it may be appropriate to inform them in writing that about their behavior explaining why. In some cases it may be appropriate, at this point, to suggest the complainant seeks advice in processing their complaint, e.g. through advocacy services.

Decline contact with the complainant either in person, by telephone, fax, email, letter or any combinations of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party. (If staff withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to be used at such times).

Notify the complainant in writing that the Board Lead has responded fully to the points raised and has tried to resolve the complaint, but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.

Inform the complainant that in extreme circumstances the CCG reserves the right to pass unreasonable or vexatious complaints to the CCG’s legal advisors.

5.13 WITHDRAWING ‘VEXATIOUS OR PERSISTENT’ STATUS

Once a complaint has been determined as ‘vexatious or persistent’, there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate. Staff should previously have used discretion on

recommending 'vexatious or persistent' status at the outset and discretions must be similarly used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussion will be held with the Board Lead. Subject to their approval, normal contact with the complainant and application of NHS complaints procedures will then be resumed. Please Note: - If it is considered that a complainant falls under this category, they will not be discriminated against because they have made a complaint. Complainants at all times should continue to be treated with dignity, respect and compassion.

5.14 THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

The Parliamentary and Health Service Ombudsman, considers complaints made by or on behalf of people who have suffered an injustice or hardship because of unsatisfactory treatment or service by the NHS or by private health providers, who have provided NHS funded treatment to the individual.

The Ombudsman is independent of the NHS.

For further information visit www.ombudsman.org.uk, or contact the complaints helpline 0345 015 4033 (Mon-Fri 8.30am to 5.30pm), e-mail phso.enquiries@ombudsman.org.uk, fax 0300 061 4000 or write to;

The Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank, London SW1P 4QP

The Ombudsman bases their decisions on *Principles of Good Complaints Handling*

The Ombudsman will expect their recommendations to be implemented and will contact the relevant NHS organisation to find out how the recommendations have been implemented.

5.15 CLOSURE OF COMPLAINTS

Where complainants and Blackpool CCG have fully and properly implemented and followed all NHS Complaints procedures available, the process will be deemed to be complete. No other right of recourse or appeal is available and the matter will be deemed closed. If complainants submit an unrelated new complaint the complaints procedure would be applied.

5.16 INFORMATION FOR STAFF

A complaints procedure will be effective only if Blackpool CCG shows commitment to it. Staff may also need increased support and supervision from line managers to help them cooperate with considerations under the procedure and to work positively with the complainant. The quality team will provide support to Managers and Staff wherever possible.

All staff will receive information at induction on how to handle complaints. The procedures will be available on the CCG website and intranet.

6.0 IMPLEMENTATION

It is the responsibility of the Responsible Person to ensure and audit on the implementation of this procedure. It is the responsibility of individual staff to comply with ratified procedures. Should staff not follow these procedures disciplinary action may be taken.

7.0 MONITORING

7.1 MONITORING AND QUALITY ASSURANCE

Blackpool CCG will monitor the operation and effectiveness of their complaints procedure as well as how information about complaints is being used to improve commissioning services. In particular, this monitoring will include;

- The dissemination of learning from complaints to Managers;
- The use of the complaints procedure as a measure of performance and means of quality control; and
- Information derived from complaints to contribute to commissioning and planning.
- Reporting complaints themes and trends to the Quality and Engagement Committee

The information collected during the monitoring process and during consideration of individual complaints provides invaluable feedback on performance management of services. This should be fed back to commissioning Managers in order to improve service delivery. (See **appendix 4**, quality assurance flowchart).

7.2 RECORDING

Blackpool CCG must monitor the complaints arrangements in place to ensure compliance with the regulations. They must keep a record of:

- Each complaint received;
- The outcome of each i.e. the decisions made in response to the complaint and any action to be taken; and
- Compliance with the time limits (40 days);
- Any lessons learned or changes to commissioning made as a result of a complaint

The overall purpose of recording is to enable:

- Service users to see that their concerns and suggestions are being dealt with and that a thorough and fair investigation has taken place;
- The organisation to demonstrate that complaints are taken seriously and how they are resolved; and
- Feedback from complaints to lead to improvement in commissioning, service planning and delivery.

7.3 REPORTING MECHANISM

The CCG Board will receive exception reports related to complaints, when appropriate. The Quality and Engagement Committee will receive a quarterly report giving an analysis of complaints received and identifying trends and any action taken. The procedure will be reviewed annually. Reporting will be to the Governing Body as identified in **appendix 5**.

A Board lay member Lead will be nominated to regularly review complaints with the quality team and other Blackpool CCG representatives.

7.4 ANNUAL REPORT

An annual report on Blackpool CCG complaints handling and consideration of complaints will be presented to:

- CCG Governing Body
- Available on CCG website for public access

7.5 DISSEMINATION OF LESSONS LEARNED

Lessons learned from complaints are important to assist in improving service quality and responsiveness. A quarterly report setting out actions and lessons learned from complaints will be discussed internally and then circulated widely to staff throughout Blackpool CCG (see **appendix 6**). Complaints that pose a significant risk to Blackpool CCG will be considered for adding to the CCG risk register (see **appendix 7**).

7.6 DIVERSITY MONITORING

A diversity monitoring form will be sent to complainants with the acknowledgement letter on receipt of the complaint in order to try and capture this information.

The purpose of this monitoring is to -

- Identify an accurate picture of ethnic origin, age, gender, sexual orientation and disability;
- Highlight where take-up or use of services could be improved or reviewed;
- Provide a base-line for planning, target-setting and measuring change in commissioning;
- Ensure that services are accessible equally to all sections of the community who may be in need of them;
- Highlight whether any distinct needs exist amongst members of minority groups in relation to a particular service, for which special provision may be necessary; and
- Ensure that existing policies and procedures are not inadvertently discriminating against any particular group

7.7 MAKING COMPLAINTS INFORMATION ACCESSIBLE

For people with difficulty reading, writing or speaking English, Blackpool CCG should identify a suitable method of communication so that people can express their complaints in full.

In the case of complaints involving people with special needs or within specific community groups, it is established best practice to meet the complainant to explain any response in person. Ensuring that the complainant understands the response as far as possible, this may also involve the provision of information (including responses to complaints) in large print, translation or in other formats. Blackpool CCG has access to interpreter and translation services to support these arrangements.

8.0 PERFORMANCE INDICATORS

8.1 IMPLEMENTATION OF THE PROCEDURE

- Blackpool CCG will make this procedure available electronically
- Promotional material will be available to inform all staff of the purpose and use of this procedure
- The procedure will be regularly reviewed to establish any significant failures. Staff will be encouraged to provide feedback on the user-friendliness of the procedure

8.2 PUBLICITY

Blackpool CCG will ensure there is effective publicity for complaints arrangements, both internally and externally. The procedure will be available electronically.

9.0 REFERENCES AND BIBLIOGRAPHY

Statutory instruments 2009 No. 309, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Listening, Responding, Improving: A guide to better customer care, Department of Health (Feb 2009) Flowchart (**Appendix 8**)

Principles for Remedy, Parliamentary and Health Service Ombudsman, October 2007

10.0 ASSOCIATED DOCUMENTS

Document	Title
	Individual patient and exceptional funding requests

11.0 APPENDICES

Appendix 1: Complaint Investigation Checklist

Appendix 2: Complaints Investigation Action Plan and Progress Report

Appendix 3: Complaints handling with respect to individual long term / complex clients (after 1/4/04) and continuing care clients (after 1/7/04)

Appendix 4: Quality Assurance flowchart

Appendix 5: Blackpool CCG Reporting Structure

Appendix 6: How we share lessons learned from complaints

Appendix 7: Risk Management Matrix

Appendix 8: Blackpool CCG Complaints Flowchart

COMPLAINT / INVESTIGATION DOCUMENTATION

INVESTIGATION REPORT CHECKLIST

Your report must contain the following details in a logical order:

1. Complainant Mr / Mrs (Title) (Block capitals)
 Name
 Age / DOB
 Occupation (if appropriate)
 Address
 Telephone number
2. Complaint/Allegation
3. How made (verbal/written/electronic)
4. Person(s) subject of complaint (staff involved)
5. Investigator's report (a synopsis of each witness statement is required)
6. Conclusions – **Your report must be factual**
7. Recommendations – **Recommendations should be feasible – do not make promises you cannot keep**
8. Action Plan completed - Yes / No

SAMPLE



Complaints Investigation Action Plan and Progress Report

Department

Lead Manager

Complainant (inc preferred contact e.g. phone, letter, e-mail)

Is consent required? Yes No

Has consent been received? Yes Date received:

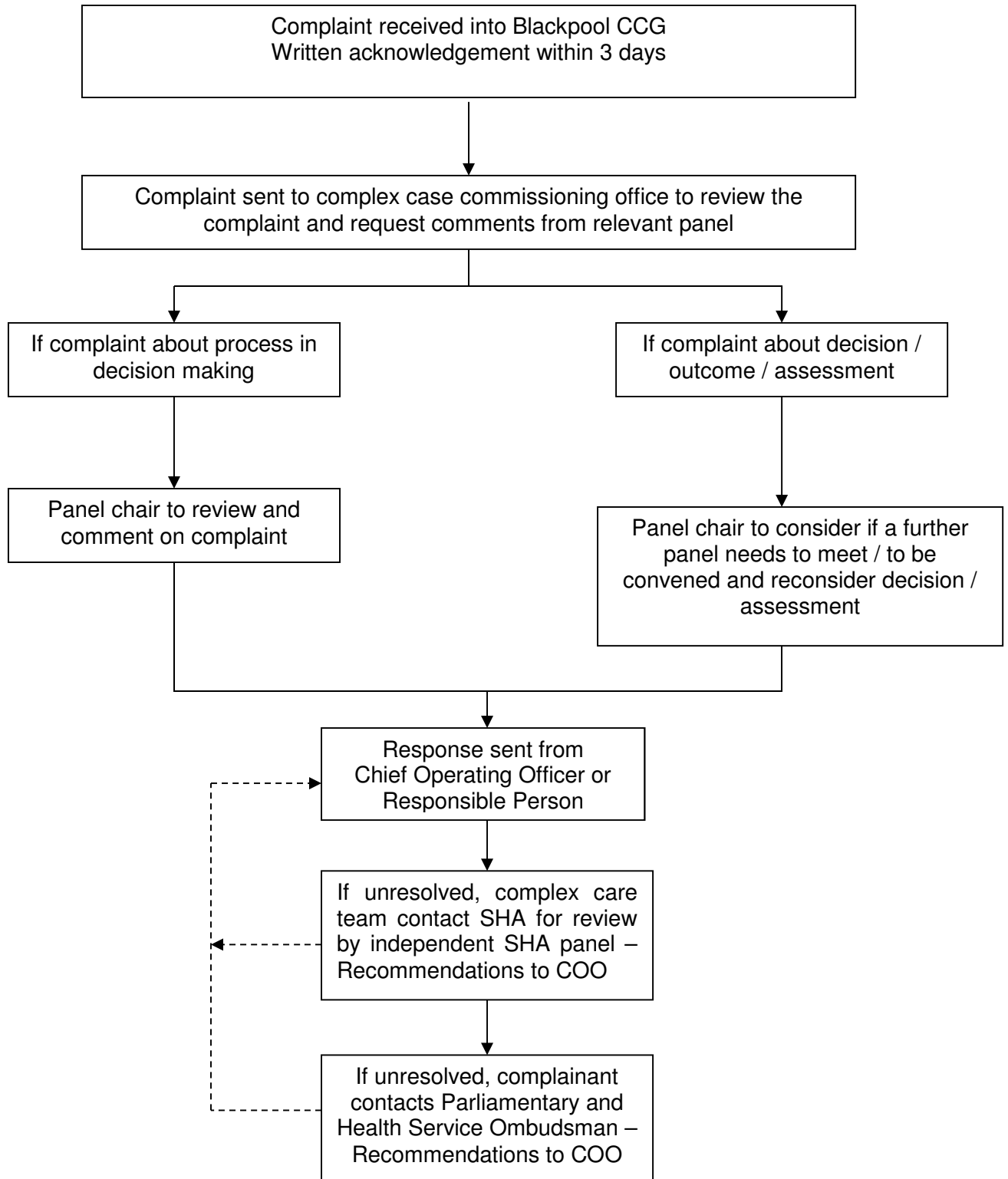
Risk Category	Summary of complaint (complaints handling team)	What has been agreed to resolve the issue?	Key Actions (Manager)	Timescale	Progress	Additional information
			<p>SAMPLE</p>			

**Changes or improvements
(as appropriate)**

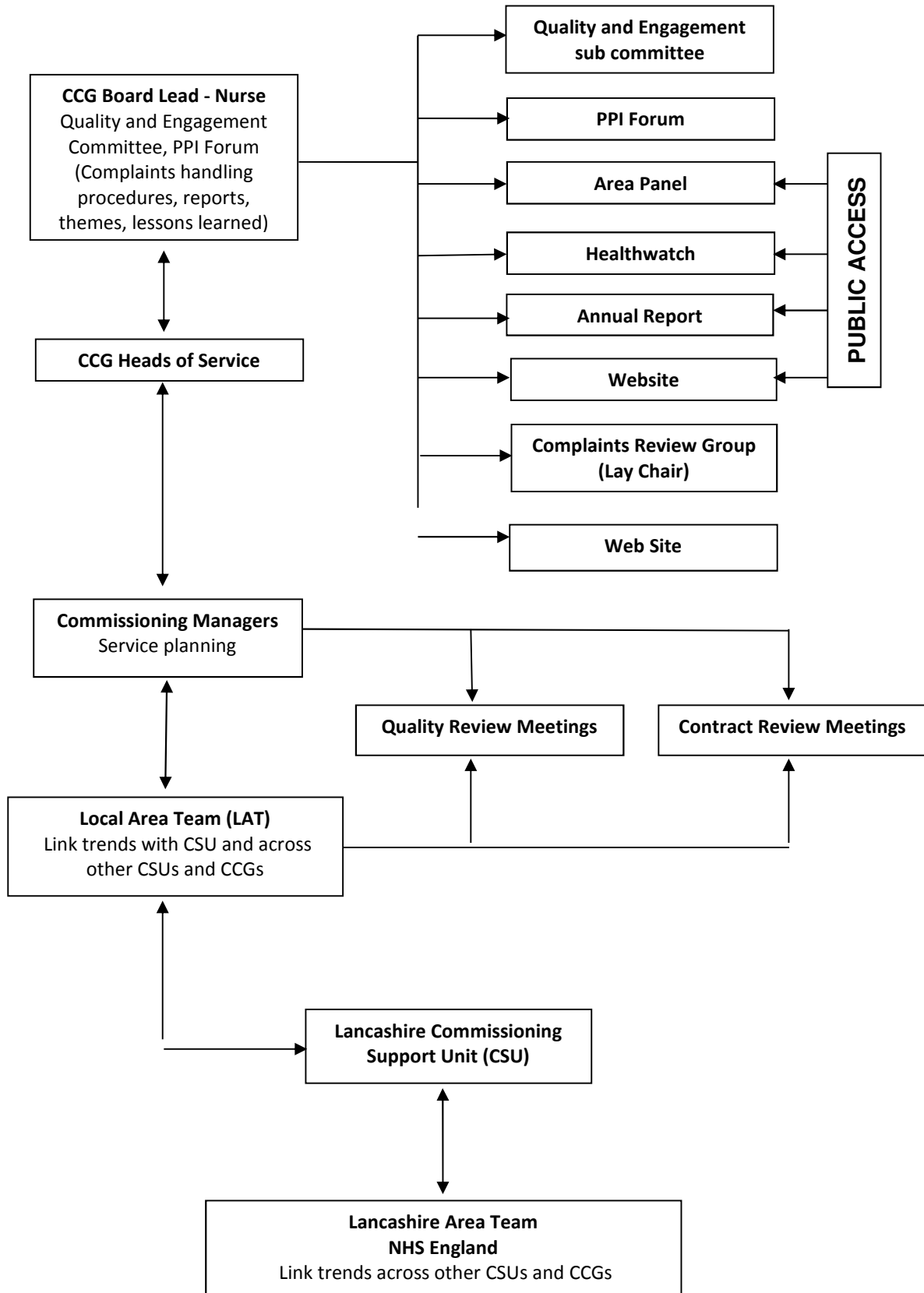
Lessons Learned

SAMPLE

Local resolution regarding individual patient and exceptional funding requests and continuing care.



Quality Assurance Flowchart
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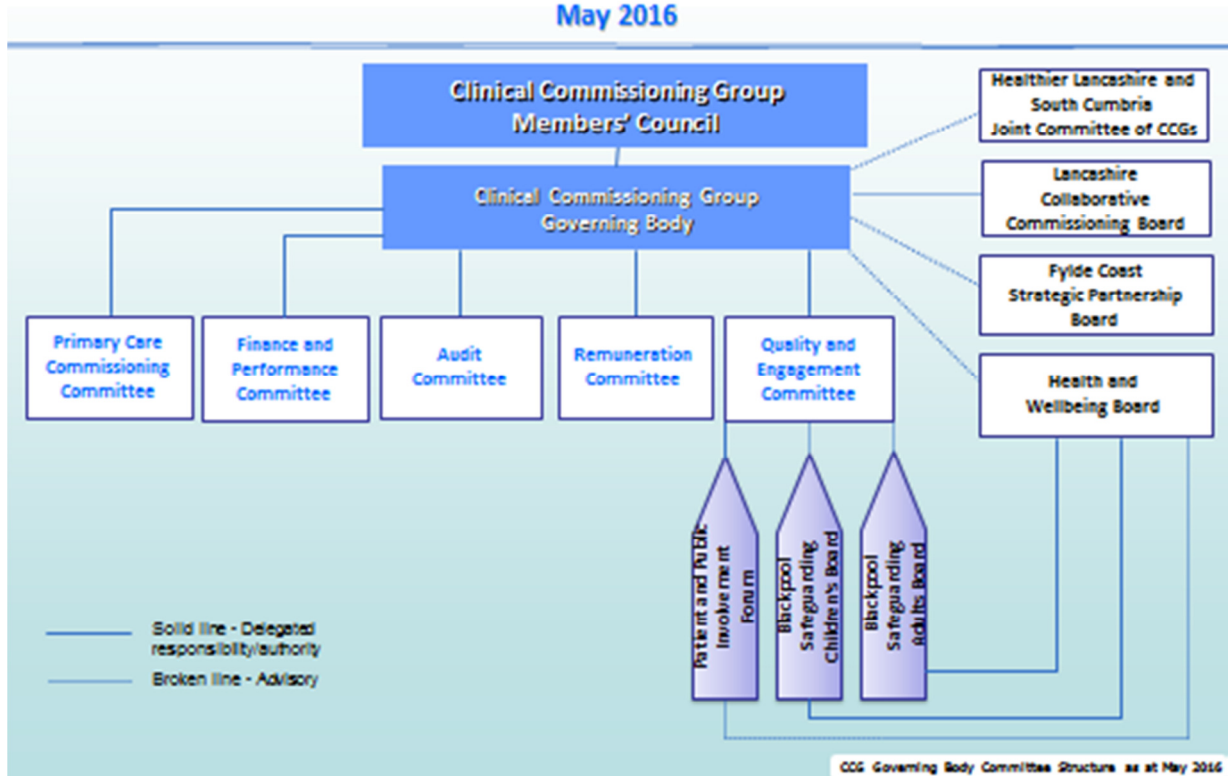
NHS Blackpool CCG Reporting Structure

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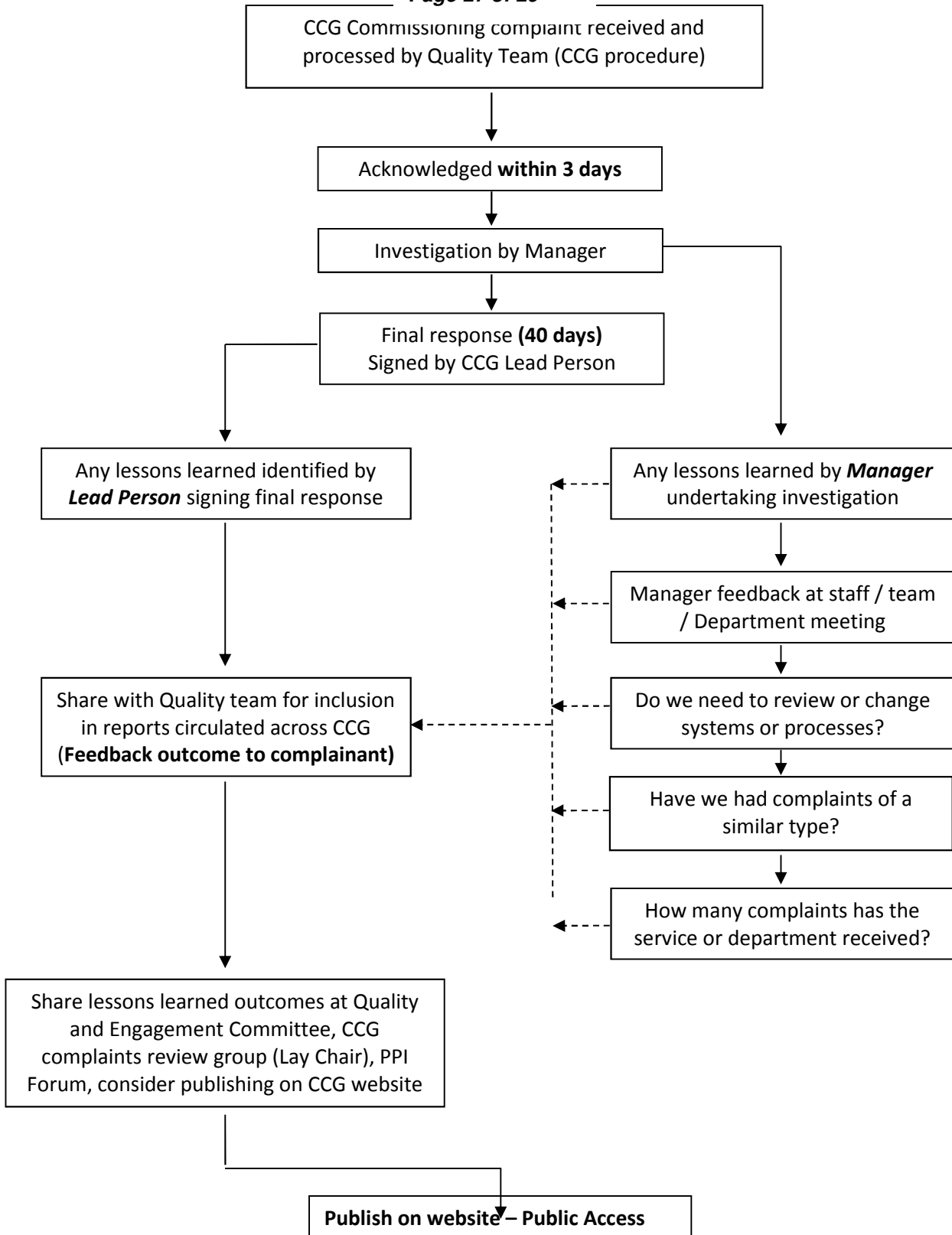
Clinical Commissioning Group Governing Body Committee Structure

May 2016



How we share lessons learned from complaints

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Risk Management Matrix

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	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Injury to staff or patient	Minor injury not requiring first aid	Short-term, minor injury or illness, first aid treatment needed. Resolved within one month.	RIDDOR reportable, semi-permanent injury/damage, takes up to one year to resolve	Major injuries, or long term incapacity / disability (loss of limb)	Death or major permanent incapacity
Patient Experience	Unsatisfactory patient experience not directly related to patient care	Unsatisfactory patient experience – readily resolvable	Mismanagement of patient care – short term effects	Mismanagement of patient care – long term effects	Totally unsatisfactory patient outcome or experience
Complaint / claim Potential	Locally resolved complaint	Justified complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim
Objectives / Projects	Insignificant cost increase / schedule slippage. Barely noticeable reduction in scope or quality	< 5% over budget / schedule slippage. Minor reduction in quality / scope	5 – 10% over budget / schedule slippage. Reduction in scope or quality requiring client approval	10 – 25% over budget / schedule slippage. Doesn't meet secondary objectives	> 25% over budget / schedule slippage. Doesn't meet primary objectives
Service / Business Interruption	Loss / interruption > 1 hour	Loss / interruption > 8 hours	Loss / interruption > 1 day	Loss / interruption > 1 week	Permanent loss of service or facility
Human Resources / Organisational Development	Short term low staffing level temporarily reduces service quality (< 1 day)	Ongoing low staffing level reduces service quality	Late delivery of key objective / service due to lack of staff (recruitment, retention or sickness). Minor error due to insufficient training. Ongoing unsafe staffing level	Uncertain delivery of key objective / service due to lack of staff. Serious error due to insufficient training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Very high turnover. Critical error due to insufficient training
Financial	Small loss > £100	Loss > £1,000	Loss > £10,000	Loss > £100,000	Loss > £1,000,000
Inspection / Audit	Minor recommendations. Minor non-compliance with standards	Recommendations given. Non-compliance with standards	Reduced rating. Challenging recommendations. Non-compliance with core standards	Enforcement Action. Low rating. Critical report. Multiple challenging recommendations. Major non-compliance with core standards	Prosecution. Zero rating. Severely critical report
Adverse Publicity / Reputation	Rumours	Local Media – short term	Local Media – long term	National Media < 3 days	National Media > 3 Days. MP Concern

Risk Matrix Likelihood score

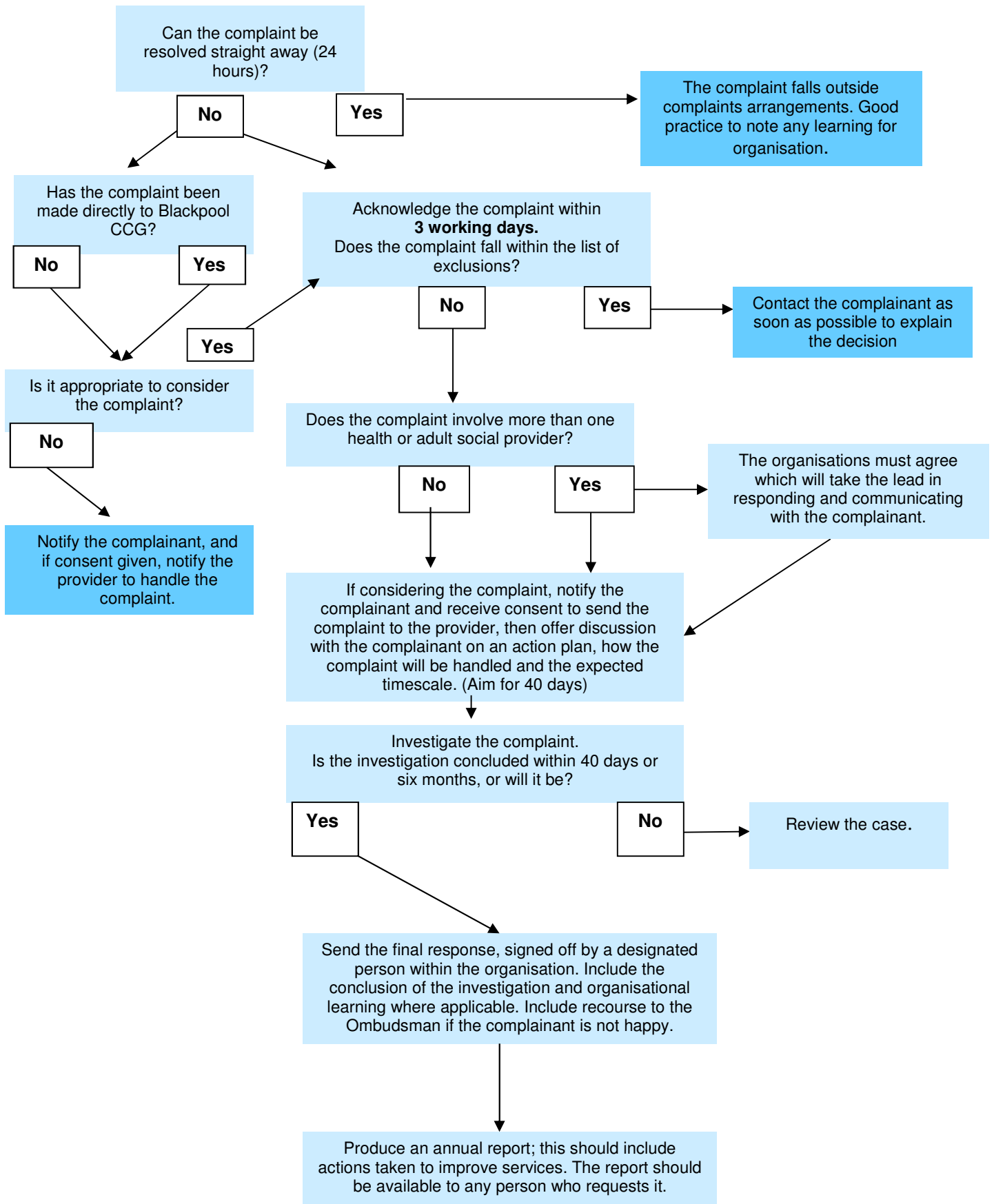
	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability	< 1%	1 – 5%	6 – 20%	21 – 50%	> 50%
	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not

Risk Rating Matrix

Likelihood	Consequences				
	1 - Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic
1 – Rare	1	2	3	4	5
2 – Unlikely	2	4	6	8	10
3 – Possible	3	6	9	12	15
4 – Likely	4	8	12	16	20
5 – Almost Certain	5	10	15	20	25

	Very Low Risk	–	Unlikely to cause problems
	Low Risk	–	Needs to be resolved or accepted at Departmental level
	Medium Risk	–	Needs to be resolved or accepted at Directorate level
	High Risk	–	To be resolved or accepted at Trust level

Blackpool CCG Complaints Handling Flowchart



PLEASE LEAVE BLANK