

Complaints, MP letters and Concerns Policy

Policy Folder & Policy Number	Corporate
Version:	V 2
Ratified by:	Governing Bodies
Date ratified:	26 September 2019
Name of originator/author:	Deputy Director of Corporate Services and Governance
Name of responsible committee/individual:	Quality and Safety Committees in common
Date approved by Committee:	20 th July 2019
Date issued:	27 September 2019
Review date:	Three years from date of ratification or earlier if there is any legislation changes
Date of first issue	April 2013
Target audience:	All employees, including temporary staff and contractors, Members of the public

CONSULTATION SCHEDULE

Name and Title of Individual	Groups Consulted	Date Consulted
Chief Operating Officer		
Executive Director of Quality and Safety	Internal	June 2018
Equality and Inclusion Business Partner	MLCSU	June 2018

RATIFICATION SCHEDULE

Name of Committee approving Policy	Date
Quality and Safety Committees in common	20 July 2019
Governing Bodies in Common	26 Sept 2019

VERSION CONTROL

Version	Version/Description of amendments	Date	Author/amended by
1	Combination of existing policies from six CCGs	27.08.2018	Alex Palethorpe
2	Quality Review of combined policy and SOP	24.12.2018	Vicki Graham
3	Inclusion of comments received from Quality Committee and final alignment across the six Staffordshire CCGs.	02.08.2019	Tracey Revill
4			

IMPACT ASSESSMENTS – Available upon request

	Stage	Complete	Comments
Equality Impact Assessment	N/A		
Quality Impact Assessment	N/A		
Privacy Impact Assessment	N/A		

Contents

1.0	Introduction	4
2.0	Aims	4
3.0	Scope of the Policy	4
4.0	Timescales.....	6
5.0	Definition of Terms and Glossary	7
6.0	Principles of handling concerns and complaints	7
7.0	Roles and Responsibilities	9
8.0	The Complaints procedure (Local resolution)	10
8.10	Consent	12
9.0	Patient Advice and Liaison Service (PALS).....	12
10.0	Multi-Agency complaints.....	12
11.0	Negligence claims	12
12.0	Coroner's cases.....	13
13.0	NHS Resolution	13
14.0	Habitual, unreasonably persistent or vexatious complainants.....	13
15.0	Serious Incidents (Sis) and complaints	13
16.0	Safeguarding of vulnerable adults and children and complaints	13
17.0	Risk assessing the complaint	14
17.2	Step One: deciding how serious the issue is:	14
17.3	Step Two: deciding how likely the issue is to recur:.....	14
17.4	Step Three: Categorise the risk	14
18.0	Measuring complainant satisfaction with the complaints and PALS service	15
19.0	References and further reading.....	15
	Appendix A – Standard Operating Procedure.....	17

1.0 Introduction

- 1.1 This document sets out the CCGs' approach to dealing with complaints, MP letters and concerns about the services provided by Cannock Chase Clinical Commissioning Group, East Staffordshire Clinical Commissioning Group, North Staffordshire Clinical Commissioning Group, South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group, Stafford and Surrounds Clinical Commissioning Group and Stoke-on-Trent Clinical Commissioning Group (the CCGs) and the services commissioned. It provides a framework for how the CCG will handle, respond to and learn from complaints and how this will influence future commissioning of services. The CCGs welcome the opportunity to learn from user experience and to improve services in the future.
- 1.2 The CCGs will meet the legal requirements of the Local Authority Social Services and National Health Service Complaints (England) regulations 2009. The CCG will act in accordance with the NHS Constitution and in line with the Francis Report (2013) and Clywd Hart Review (2013) and will be guided by best practice.
- 1.3 Midland and Lancashire Commissioning Support Unit (the MLCSU) manage complaints on behalf of the CCGs and also offer a Patient Advice and Liaison Service (PALS). The CCGs are committed to working with the MLCSU to provide the best service for patients, their families and carers.

2.0 Aims

- 2.1 The CCGs are committed to high quality patient care for all local residents. This includes encouraging a culture that seeks and uses people's experiences of care to improve commissioned services. The CCGs are accountable to local residents for commissioning decisions and will use the valuable insight from patients and their representatives to improve services.
- 2.2 The CCGs will take all complaints seriously and make sure they are properly investigated and responded to in an unbiased, non-judgmental, appropriate and timely way. The CCGs aim to deal with all complaints fairly for both the complainant and complained about, including any staff that may be involved. Where complaints can be resolved quickly and informally, the CCGs will aim to support this.
- 2.3 The CCGs work will be underpinned by the NHS Constitution including the 'Duty of Candour' and the 'Compassion in Practice' 6Cs:
 - Courage
 - Commitment
 - Competence
 - Care
 - Compassion
 - Communication
- 2.4 There is also a range of documents and publications that will guide how the CCGs manage complaints and concerns which are set out in Section 4.0 of this document.

3.0 Scope of the Policy

- 3.1 A complaint may be made by the person who is receiving, or has received NHS treatment or services, which are provided or commissioned by the CCGs, or it may be made by a person acting on behalf of the person affected in any case where that person:
 - 3.1.1 *is a child; (an individual who has not attained the age of 18)*
In the case of a child, the CCG must be satisfied that there are reasonable grounds for the complaint being made by a representative of the child and furthermore that the representative is making the complaint in the best interests of the child.

- 3.1.2 *has died;*
In the case of a person who has died, the complainant must be the personal representative of the deceased. The CCGs need to be satisfied that the complainant is the personal representative. Where appropriate, evidence may be requested to substantiate the complainant's claim to have a right to the information.
- 3.1.3 *has physical or mental incapacity;*
In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the CCGs need to be satisfied that the complaint is being made in the best interests of the person on whose behalf the complaint is made.
- 3.1.4 *Has given consent to a third party acting on their behalf;*
In the case of a third party pursuing a complaint on behalf of the person affected the CCG will request the following information:
- Name and address of the person making the complaint;
 - Name, date of birth and address of the affected person; and
 - Contact details of the affected person so that they can be contacted for confirmation that they consent to the third party acting on their behalf. This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the person affected.
- 3.1.5 Has delegated authority to act on their behalf, for example in the form of a registered Power of Attorney which must cover health affairs.
- 3.1.6 Is an MP, acting on behalf of and by instruction from a constituent.
- 3.2 A complaint should be made within 12 months of:
- The date of the event that led to the complaint took place
 - The date it came to the attention of the complainant
- Except in exceptional circumstances.**
- 3.3 Where a complaint is received after the time limit the CCG will decide whether to investigate. This will be based on the reason the complaint was not made sooner and whether it can still be fairly investigated.
- 3.4 Although the CCGs delegate the management of the complaint process to the MLCSU, it remains their duty to make sure that Providers co-operate and the complaint is handled in a timely and user-centred way.
- 3.5 Some types of complaints fall outside the scope of this policy. They include:
- Complaints about privately funded healthcare;
 - If a complaint is also part of an ongoing police investigation or legal action it will be discussed with the relevant police authority or legal advisor and only continue as a complaint if it does not compromise the police or legal action. When other action is concluded there will be a discussion with the complainant about whether to investigate and respond at that stage;
 - A matter that has already been investigated under the complaint regulations;
 - Matters which are being or have been investigated by the Ombudsman;
 - A matter arising out of an alleged failure to comply with a data subject request under the Data Protection Act 2018;
 - A matter arising out of an alleged failure to comply with a request for information under the Freedom of Information Act 2000;
 - Concerns raised under the Public Interest Disclosure Act 1998 (whistle blowing);

- ‘Service to service’ complaints where a health organisation or local authority makes a complaint about another health organisation or local authority;
- Complaints by staff working in the CCG about employment or contractual matters .

3.5 In these circumstances, the CCGs will contact the complainant and explain the reasons for not dealing with the complaint.

3.6 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 also apply to GPs, dentists, pharmacists, optometrists and prison healthcare providers. However, these service areas are commissioned by the NHS England sub regional team and so any complaint for these services will be their responsibility and are outside the scope of this policy.

3.7 The Complaint and Concerns Policy is not designed to blame staff, but to investigate complaints to provide a satisfactory outcome for the complainant, to learn any lessons and make improvements. If a complaint identifies information which indicates a need for disciplinary action this will be managed separately under the CCG’s Disciplinary Policy and Procedures.

4.0 Timescales

4.1 Once a complaint or MP letter is received by the CCGs it must be dealt with immediately in order that it can follow the process and allow the MLCSU Patient Services Team to acknowledge the complaint within the statutory three working day timescale (this timescale starts from the day of receipt. It is therefore vital that there are no delays in complaints or MPs letters being sent to the Governance Team.

4.1.1 Response to receipt of complaint within three working days.

4.1.2 Aim to respond to complaint in full within 20 working days, if investigation needs longer, complainant to be notified and kept up to date with the ongoing investigation.

4.1.3 Respond to complaint no later than 40 working days unless there is additional complexity which could cause a delay, notification to the complainant must be adhered to.

4.2 *COMPLAINTS:*

The statutory timescale for responding to complaints is within six months, NHS England guidance suggests 40 working days maximum as a timescale for responding to a complaint, and therefore the CCGs commit to providing a response within 40 days. Where it is not possible to provide a response within short timescales reasons must be stated and fed back to the MLCSU in order for them to provide timely updates to the complainant. Where a complaint has not been concluded with a response sent within six months then the reasons must be set out and the complainant must be informed.

4.3 *MP LETTERS:*

The CCGs have made a commitment to their local MPs that their queries will be dealt with within ten working days. In the event that this timescale is not possible the Executive Assistant to the Accountable Officer MUST be informed immediately setting out the reasons that the timescale cannot be met in order that the MP can be advised and an extension requested.

4.4 *QUALITY ASSURANCE REVIEWS:*

If a review of a draft response is required from the CCG or a response from a provider it should be reviewed within three working days and returned to the Governance Team with comments via use of the quality assurance form (Appendix B).

4.5 *PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO):*

If a complainant is unhappy with a complaint response and local resolution has been exhausted, a complainant has the right to ask the Parliamentary and Health Service Ombudsman (PHSO) to review the complaint. In such cases, the PHSO will make contact with the CCG and review the complaint and investigation.

- 4.6 Where the CCGs have been asked to provide information or carry out recommendations following a PHSO investigation this must be done without any delays, to meet the timescale set by the PHSO. The PHSO commit to completing their investigations/ findings within a time period of three to six months where possible.

5.0 Definition of Terms and Glossary

- 5.1 A **Complaint** is an expression of dissatisfaction that requires a formal response. It is usually a problem which has not yet been resolved, or which concerns past treatment. It can be made face-to-face or over the telephone (verbal complaints) or by letter and e-mail (written complaints).
- 5.2 A MP Letter is an expression of dissatisfaction that requires a formal response from a member of parliament on behalf of and by instruction from a constituent. It is usually a problem which has not yet been resolved, or which concerns past treatment.
- 5.3 **Concern** is a problem which can be dealt with more quickly and informally. This is usually by the end of the working day after it is received.
- 5.4 **Local Resolution** is the investigation and resolution of complaints under the first stage of the NHS complaints procedure. It includes everything done locally, before a complaint is considered by an Ombudsman.
- 5.5 A **Serious Incident (SI)** is any event where the organisation or individual has, through act or omission, caused significant or permanent harm to patients, reputational damage to organisations or significant disruption of normal services (NHSE (2015)).
- 5.6 The **Ombudsman** refers to the Parliamentary and Health Service Ombudsman (PHSO) who are the second stage of the NHS complaints procedure. If the CCGs cannot resolve a complaint, the complainant has the option to approach the Ombudsman for a review. The Ombudsman will assess if the CCGs have acted fairly in the complaint investigation and if the response has adequately addressed the complaint.
- 5.7 Local **Advocacy Services** are available to act on a patient's behalf throughout the complaint process including dealing with the Ombudsman.
- 5.8 The **Local Authority Social Services and National Health Service Complaints (England) Regulations 2009** is the legislation which provides the framework for managing complaints in the NHS.
- 5.9 “**Datix**” is the CCGs’ risk management system which is used for the recording and reporting of incident, complaints, PALS, claims and organisational risks.

6.0 Principles of handling concerns and complaints

- 6.1 The CCGs will make sure that complaints are considered in accordance with the law and this policy. There are several documents and publications that give helpful guidance in how to deal with complaints and concerns.
- 6.2 The Parliamentary and Health Service Ombudsman (PHSO) 2009 guidance sets out ‘**Principles of Good Administration, Principles of Good Complaints Handling and Principles for Remedy.**’
- 6.3 These three sets of principles outline the approach to be taken by public bodies when delivering good administration and customer service, and how to respond when things go wrong.

- 6.4 They underpin the Ombudsman’s assessment of performance, their vision of good complaint handling and their approach to put things right. The same six themes which apply to each of the three principle documents are:
- Getting it right;
 - Being customer focused;
 - Being open and accountable;
 - Acting fairly and proportionately;
 - Putting things right;
 - Seeking continuous improvement.
- 6.5 These documents also provide some specific rights for patients. These include:
- Have their complaint acknowledged and properly investigated;
 - Discuss how the complaint will be handled and when they can expect a reply;
 - To be kept informed of the progress and promptly told the outcome;
 - Have access to further redress through the PHSO, the Information Commissioners Office or legal channels including Judicial Review.
- 6.6 The PHSO also issued ‘**My Expectations for Raising Concerns and Complaints**’ which articulates a user led vision for raising complaints and concerns based around a series of ‘I’ statements across the life cycle of a complaint. For example, when someone is considering making a complaint they should be able to say ‘I felt confident to speak up’ and they would know they had a right to complain, they knew how to complain, they could receive support to complain and their future care would be unaffected. A summary of the ‘I’ statements is below.

Stage of Complaint	I Statement
Considering a complaint	I feel confident to speak up
Making a complaint	I felt that making my complaint was simple
Staying informed	I felt listened to and understood
Receiving outcomes	I felt my complaint made a difference
Reflecting on the experience	I would feel confident making a complaint in future

- 6.7 The ‘**Good Practice Standards for NHS Complaints Handling**’ was published by the Patients Association in September 2013. The standards can be summarised as:
- Openness and transparency, including well publicised and accessible information that is understood by all parties to the complaint;
 - A consistent approach, centred on evidence based and complainant led investigations and responses;
 - A logical and rational approach;
 - Provide opportunities to give feedback on the complaints service;
 - Offer support and guidance throughout the complaint process;
 - Provide a level of detail which is proportionate to the complaint;
 - Identify the cause of the complaint and take action to prevent recurrence;
 - Using lessons learned to make changes and improvements;
 - Ensure that ongoing care is not affected by having complained.

6.8 The CCGs’ complaint system will enable patients and the public to readily make their Draft Complaints and Concerns Policy

own views known, without fear of discrimination and will ensure that lessons learned are widely disseminated.

- 6.9 The CCGs and the MLCSU will promote equality of access to the complaint service and will ensure that people from minority and disadvantaged communities are given full and equal access to the Complaints and Concerns process. The CCGs acknowledge that it may be difficult for some people to express their concerns and the CCGs and MLCSU will encourage people to voice their opinions where appropriate. The PALS service will be an important point of contact, or referral, to facilitate this.
- 6.10 The handling of complaints will adhere to the principles of the Mental Capacity Act 2005 and the Data Protection Act 1998. Confidential patient information will not be disclosed to a third party unless the patient has given their consent. The CCGs and MLCSU will assume a person has capacity to make their own decisions, and support them to do so. If it is assessed that a person cannot give consent they will seek evidence that the person complaining on the patient's behalf has the authority to do so.

7.0 Roles and Responsibilities

- 7.1 CCGs and MLCSU will undertake a number of roles in relation to the management, resolution and investigation of complaints, these roles are:
- The thorough investigation of complaints received by the CCGs or MLCSU;
 - To co-operate fully with other NHS and Social Care bodies to co-ordinate complaint investigations;
 - To monitor whether commissioned providers adhere to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009;
 - To request and use information about complaints which is provided by healthcare providers commissioned by the CCGs, when monitoring the quality of services commissioned;
 - To use information gained through complaints investigation, to inform the commissioning process, to ensure that the services commissioned meet the expectation and needs of the local population.
- 7.2 The complaints process is managed by the MLCSU Complaints and PALS Service. They will make sure the system works effectively and efficiently and that deadlines are met. The team is responsible for ensuring investigations are completed, drafting a response to the complainant and keeping a log of lessons learned. The MLCSU will produce a quarterly report for the Quality and Safety Committees in common.
- 7.3 The MLCSU will be accessible to the public and to all staff for advice and support. Cover arrangements must be in place for periods of absence from work. The MLCSU will also provide a PALS service to act as an accessible guide and information point about health services, as well as working to resolve informal concerns about commissioning decisions and commissioned services.
- 7.4 All staff must be aware of the correct procedure to follow should anyone wish to raise a concern or make a complaint. If a complainant wishes to make a formal complaint but is unable or unwilling to put it in writing, the person who takes the call should take down the details of the complaint using the Verbal Complaints Form at appendix 1. The completed form should then be sent to the generic Complaints inbox; sas.centralgovernance@nhs.net. In addition staff must provide information reasonably required of them by the MLCSU during complaint investigations.
- 7.5 The CCGs' Governing Bodies will take a lead role in ensuring that the complaints are handled effectively, and that services are improved as a result of the lessons learned. The Quality and Safety Committees in common will feed information into the Governing Body and will receive a quarterly complaints report including trends, themes and

improvement actions. The Governing Bodies will receive a copy of the Annual Complaints Report which will be distributed in accordance with Regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

- 7.6 The Accountable Officer of the CCG is ultimately responsible for ensuring there is an effective process for the management, investigation and resolution of complaints and for ensuring that the CCGs and MLCSU comply with the regulations. The Accountable Officer will sign all complaints responses sent by the CCGs, except where this would lead to a significant delay. On such occasions, a suitable deputy will sign the letter.
- 7.7 The Quality and Safety Committees in common is responsible for monitoring the CCGs' complaints process. They will identify any areas of concern with the process, investigation and outcome of complaints responded to by the CCG or commissioned providers. The Quality and Safety Committees in common will raise identified concerns with the appropriate Quality Improvement Manager to ensure that action is taken. The Committee will receive reports on:
- the numbers of complaints received and their outcomes;
 - themes and trends;
 - actions taken as a result of complaints investigation including lessons learned;
 - the time taken to respond to complaints by the CCGs and main commissioned providers Ombudsman investigations and action plans.
- 7.8 The CCGs' Internal Complaint Lead is the Governance Manager; the CCGs' MP Lead is the Executive Assistant to the Chief Officer. They are responsible for managing the complaint and ensuring that all requested information is received back in a timely manner.
- 7.9 The Midlands and Lancashire Commissioning Support Unit's (MLCSU), Patient Services Team are commissioned to handle complaints, enquiries and MP letters and liaise with complainants and members of the public on behalf of the CCGs. The Team also handles any Parliamentary and Health Service Ombudsman cases that are lodged against the CCGs.
- 7.10 Each Directorate will be asked to provide the Governance Team with the names of the relevant officers responsible for services and who should provide draft responses in the event of a complaint against any of the services.
- 7.11 The Quality Team will undertake a quality assurance review of complaint responses involving commissioned services which will include a clinical overview of clinical complaints where necessary.
- 7.12 Complex complaints will be forwarded to the relevant CCG medical director.

8.0 The Complaints procedure (Local resolution)

8.1 Each phase of the complaint and the associated actions are in the table below:

Complaint Phase	Action
Assessment	<ul style="list-style-type: none"> • Complaint is assessed as being within the scope of our service and acknowledged; • Advocacy services offered; • Consider early and informal resolution- look at whether it can be resolved by the end of the next working day;

Complaint Phase	Action
Summary of complaint	<ul style="list-style-type: none"> • Personal contact to agree a summary of the complaint and desired outcomes • Explanation of process and timescales • Consent sought
Investigation	<ul style="list-style-type: none"> • Complaint sent for investigation with agreed timescale and desired outcome • Investigation response of adequate quality received and accepted
Complaint Response	<ul style="list-style-type: none"> • Co-ordinated response to complaint drafted for sign off • Response agreed by senior management and sent out to complainant
Lessons Learned	<ul style="list-style-type: none"> • Further actions identified to resolve the individual complaint • Wider service improvements identified and implemented

- 8.2 If necessary, independent clinical reviews will be carried out. The MLCSU team will ensure that all of the points raised by the complainant are covered in the complaint response. Where a complaint involves more than one NHS or social care organisation, the MLCSU team will agree how the complaint will be managed and include all relevant information in a single coordinated response.
- 8.3 Serious complaints should be notified to the CCGs' Accountable Officer without delay.
- 8.4 Sometimes agreed deadlines cannot be met. Where this is a delay, the MLCSU will contact the complainant, explain to them the reasons for the delay and discuss an extension in timescale. The MLCSU will escalate cases of excessive delay to the CCGs.
- 8.5 The MLCSU will request an investigation response in simple, easy to understand language which provides an honest, clear and constructive response to all the issues raised together with lessons learned and service improvements log. Once the team receives this information the team will produce a draft response letter. The CCGs will review the draft response to confirm they are satisfied with the way the complaint has been investigated and any action taken. The response will cover how the complaint has been handled, the conclusions reached on the basis of facts and evidence and an explanation of any actions the CCGs intend to take as a consequence.
- 8.6 The outcome of the complaint should be made clear to the complainant - i.e. upheld, partially upheld or not upheld.
- 8.7 All written responses will invite the complainant to contact the MLCSU if they remain unhappy with their response. The MLCSU will make a further attempt to address any outstanding concerns. The response letter will always advise of the right to approach the Parliamentary and Health Service Ombudsman (PHSO). Where appropriate, the CCGs will offer to meet with complainants where this could achieve local resolution. This could include using a mediation service.
- 8.8 If the complainant remains dissatisfied with the response received they have the right to ask the PHSO to review their complaint. They are independent of the NHS and will advise the complainant in writing of the outcome of their application.
- 8.9 All complaint files will be retained for a minimum of ten years. Archived files will be stored separately and securely for each CCG. To preserve confidentiality any paper complaint files will be held in a locked cabinet at the MLCSU. Data held electronically on the Datix database will be password protected and access restricted.

8.10 **Consent**

The handling of complaints must operate to the principles of the Mental Capacity Act (2005) the Data Protection Act (2018) and the requirements of the General Data Protection Regulation. Confidential patient information should never be disclosed to a third party unless the patient has given their consent to do so. The CCGs and MLCSU will assume a person has capacity to make their own decisions, and support them to do so.

If it is assessed that a person cannot give consent to investigate a complaint themselves they will seek evidence that the person complaining on the patient's behalf has the authority to pursue the complaint.

9.0 **Patient Advice and Liaison Service (PALS)**

- 9.1 PALS offer important support for both staff and patients in promptly resolving concerns and enquiries. PALS staff will make initial contact with an enquirer within one working day enquiry and to give a final response as quickly as possible. Where a concern will not be resolved by the end of the next working day, this can still be handled through PALS but the enquirer will be informed that they may make their concerns a formal complaint at any time.
- 9.2 Wherever possible, PALS will aim to answer enquiries directly. However, in some cases this will involve referral to a person or service more appropriate for resolving the enquiry promptly and comprehensively. Appropriate consent will be needed. Enquirers will be given the option to return to if their enquiry if they are not satisfied with the response they receive.
- 9.3 PALS will respond to both general enquiries and those about an individual. Enquiries may be made personally or on behalf of someone, but PALS will not discuss issues about an individual without their consent.
- 9.4 PALS is a confidential service and will not disclose personal information without appropriate consent of the person involved, unless it relates to an actual or potential criminal offence, adult or child protection.
- 9.5 If an enquirer states that they intend to harm themselves PALS may speak to service staff either already or potentially involved in that person's care. If the enquiry relates to a specific incident PALS may need to discuss this with relevant staff, but will only contact those people who need to be involved.

10.0 **Multi-Agency complaints**

- 10.1 Where a complaint involves more than one NHS Provider, or one or more other public bodies, there should be full co-operation in seeking to resolve the concerns through each body's local procedures.
- 10.2 A single co-ordinated approach is required and a single response should be sent to the complainant.
- 10.3 Where a complaint is received which is solely concerned with another body, the MLCSU will, with the consent of the complainant, ensure that it is passed on without delay.

11.0 **Negligence claims**

- 11.1 The complaints procedure should not stop where the complainant is taking legal advice. However, where legal action is started by the complainant then the MLCSU and/or CCGs will seek legal advice to consider whether handling the complaint could adversely impact the legal action. The MLCSU and/or CCGs will follow the legal advice.

12.0 Coroner's cases

- 12.1 Where a death has been referred to the Coroner's office this does not mean complaint investigations need to be suspended. Investigations will continue and a copy of the final response will be sent to the Coroner for information.

13.0 NHS Resolution

- 13.1 If the MLCSU identifies a complaint which meets NHS Resolution's referral criteria, this will be raised with the CCGs, who will then report the complaint to the NHS Resolution.

14.0 Habitual, unreasonably persistent or vexatious complainants

- 14.1 There are times when nothing further can reasonably be done to help a complainant. As a last resort and after all reasonable measures have been taken to try and resolve the complaints under this policy, the following should be considered.
- 14.2 Complaints made by persistent complainants should be reviewed by the MLCSU to establish whether the same issues are being raised again. Complaints about matters unrelated to previous complaints should be approached objectively and without any assumption that they are bound to be frivolous, vexatious or unjustified.
- 14.3 If a complainant is abusive or threatening, the MLCSU may require the complainant to communicate in a specified way that still allows the complaint to be investigated. For example, this could be in writing and not by telephone, or solely with one or more designated members of staff, or with a limit on the number of contacts each week. It is not reasonable to refuse to accept or respond to communications about a complaint until it is clear that all practical possibilities of resolution have been exhausted.
- 14.4 Complainants regarded as unreasonably persistent or vexatious should be follow the procedure below:
- The CCGs will review the complaint and make a decision as to whether or not it is appropriate for the CCGs to investigate the complaint further;
 - If the investigation is to continue, the MLCSU will handle the complaint in line with this policy and may restrict communication with the complainant;
 - If the CCGs decide that the complaint will not be investigated, the complainant will be advised of their right to approach the PHSO.

15.0 Serious Incidents (Sis) and complaints

- 15.1 The procedure for investigating SIs is separate from the complaints procedure and is managed in accordance with the CCGs Serious Incidents Policy. If during the course of investigating an SI, a complaint is also received, the incident procedure will normally take precedence. If a complaint investigation reveals the need to take action under the SI procedure, again the incident procedure will normally take precedence.
- 15.2 In these circumstances the complainant will be notified of the SI investigation and will be kept updated on the progress by the MLCSU. The issues raised in a complaint will not always be identical to those investigated under the SI procedure and a separate and full response to the complaint will be required.

16.0 Safeguarding of vulnerable adults and children and complaints

- 16.1 All staff will follow the Adult Safeguarding Policy and Safeguarding Children Policy. If at any point in the complaint investigation process a member of the CCGs or MLCSU staff suspect that a vulnerable person is being abused or is at risk of abuse, they should follow these procedures and report concerns to a Line Manager and the respective Safeguarding Lead. For more information see:

17.0 Risk assessing the complaint

17.1 By correctly assessing the seriousness of a complaint about a service, the right course of action can be taken. The complaint will be risk assessed at the point at which it is entered onto the DATIX system, which is the electronic data base for all Complaints. The system will calculate the level of risk by looking at the seriousness of the complaint and the likelihood of recurrence. The risk assessment of a complaint will be undertaken again when investigation reports are received and clinical review has been undertaken.

17.2 *Step One: deciding how serious the issue is:*

Seriousness	Seriousness
Negligible	Unsatisfactory service or experience not directly related to care. No impact or risk to provision of care.
Minor	Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Some potential for litigation.
Seriousness	Seriousness
High	Significant issues regarding standards, quality of care and safeguarding of or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity.
Extreme	Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

17.3 *Step Two: deciding how likely the issue is to recur:*

Likelihood	Description
Rare	Isolated or 'one off' – slight or vague connection to service provision
Unlikely	Rare – unusual but may have happened before
Possible	Happens from time to time – not frequently or regularly
Likely	Will probably occur several times a year
Almost certain	Recurring and frequent, predictable.

17.4 *Step Three: Categorise the risk*

Seriousness	Likelihood of recurrence
-------------	--------------------------

	Rare	Unlikely	Possible	Likely	Almost certain
Negligible	Low				
Minor		Moderate			
Medium			High		
High				Extreme	
Extreme					

18.0 Measuring complainant satisfaction with the complaints and PALS service

18.1 A process is in place to understand the experience and satisfaction of people using the complaints and PALS service. This will establish if the process of managing their complaint or concern was positive or not and to suggest areas that they think could be improved.

19.0 References and further reading

- 19.1 Listening, Responding, Improving – A Guide to Better Customer Care; Department of Health, February 2009.
- 19.2 Principles of Good Administration, Principles of Good Complaint Handling and Principles for Remedy;
- 19.3 PHSO, February 2009 <http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples>
- 19.4 The Local Authority Social Services & NHS Complaints (England) Regulations (Amended) 2009; Department of Health, April 2009
<http://www.legislation.gov.uk/uksi/2009/309/contents/made>
- 19.5 Results of the Peer Review Panels; Patients Association & Mid Staffordshire NHS Foundation Trust, Various <https://www.patients-association.org.uk/complaints-management>
- 19.6 NHS Constitution; Department of Health, March 2013.
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
- 19.7 Guide to good handling of complaints for CCGs; NHS England, May 2013. Available here: <https://chcfunding.files.wordpress.com/2014/05/good-complaints-handling-for-ccgs-nhs-may-2013.pdf>
- 19.8 My expectations for raising concerns and complaints.
https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf
- 19.9 A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture. Final report Right Honourable Ann Clwyd MP and Professor Tricia Hart
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf
- 19.10 Francis Inquiry into Mid Staffordshire Hospital Recommendations
<file:///C:/Users/tracey.revill/Downloads/bmbriefingpaperfrancisreport11march2013.pdf>
- 19.11 NHS England 6Cs of Nursing www.england.nhs

- 19.12 Cabinet Office. (2006) Equality Act 2006. London. HMSO.
- 19.13 Cabinet Office. (2005) Mental Capacity Act 2005. London. HMSO
- 19.14 Cabinet Office. (2000) Freedom of Information Act 2000. London. HMSO
- 19.15 Cabinet Office. (1998) Access to Health Records Act. London. HMSO.
- 19.16 Cabinet Office. (1998) Data Protection Act 1998. London. HMSO.
- 19.17 Department of Health. (2008) Records Management: NHS Code of Practice. London: DH.
- 19.18 NHS Litigation Authority.(2014 Guidance on Duty of Candor for Organisations Registered with the CQC

DRAFT

**CCG STANDARD OPERATING PROCEDURE
FOR THE MANAGEMENT OF MP AND
COMPLAINT LETTERS**

DRAFT

Information Reader Box

Directorate	Corporate
Purpose	Guidance
Document Purpose	Procedures
Document Name	Standard Operating Procedure For The Management Of MP and Complaint Letters
Author	Governance Manager
Publication Date	01 December 2018
Review Date	30 November 2020 or as legislation changes dictate
Target Audience	All staff employed by: Cannock Chase CCG East Staffordshire CCG North Staffordshire CCG South East Staffordshire and Seisdon Peninsula CCG Stafford and Surrounds CCG Stoke-on-Trent CCG
Description	Standard Operating Procedure For The Management Of MP Letters and Complaints
Superseded Document	N/A
Action Required	To Note
Approved by	Executive Management Team on – Information Governance Group on -
Contact Details and further information	CCG Governance Team

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the internet is the controlled copy. Any printed copies of this document are not controlled.

As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the internet

Contents

1.0	Introduction	1
2.0	Who can make a complaint?	1
3.0	Key Roles	1
4.0	Complaints not investigated by the CCGs	1
5.0	Procedure	2
	Appendix 1 – Verbal complaint form	4
	Appendix 2 – Quality Assurance form	5

DRAFT

1.0 INTRODUCTION

- 1.1 This procedure applies to Cannock Chase CCG, East Staffordshire CCG, North Staffordshire CCG, South East Staffordshire & Seisdon Peninsula CCG, Stafford and Surrounds CCG and Stoke-on-Trent CCG, ('the CCG', or 'CCGs').
- 1.2 Ensuring good handling of complaints is one way in which the CCGs can improve quality for local patients. Monitoring trends and patterns in complaints will also help the CCGs monitor providers' performance.
- 1.3 This document sets out the process for handling complaints received in the CCGs' offices whether written or verbal. It is intended to assist those members of staff who are involved in providing responses / investigations into complaints and providing guidelines for timescales in which complaints should be responded to. It also sets out the Midlands and Lancashire Commissioning Support Unit's (MLCSU) role in the handling of MP letters and complaints on behalf of the CCGs.

2.0 Who Can make a complaint

- 2.1 A complaint may be made by the person who is affected by the action, or it may be made by a person acting on behalf of the person affected in any case where that person as detailed in the main policy.

3.0 Key Roles

- 3.1 The CCGs' Internal Complaint Lead is the Governance Manager, the CCGs' MP Lead is the Executive Assistant to the Chief Officer. They are responsible for managing the complaint and ensuring that all requested information is received back in a timely manner.
- 3.2 The Midlands and Lancashire Commissioning Support Unit's (MLCSU), Patient Services Team are commissioned to handle complaints, enquiries and MP letters and liaise with complainants and members of the public on behalf of the CCGs. The Team also handles any Parliamentary and Health Service Ombudsman cases that are lodged against the CCGs.
- 3.3 The Quality Team will undertake a quality assurance overview of complaint responses involving commissioned services which will include a clinical overview of clinical complaints, where necessary.
- 3.4 If a complaint is complex, it will be escalated to the relevant CCG Medical Director for review.

4.0 Complaints not investigated by the CCGs

- 4.1 The CCGs are not responsible for investigating complaints made against primary care services (GPs, dentists, opticians or pharmacists) as these fall under the remit of NHS England. Any complaints of this nature received by the CCGs should be logged as normal and sent to the Governance Team via the Central Governance Inbox.
- 4.2 The Governance Team and/ or the MLCSU Patient Services Team will notify the complainant that they should contact NHS England and provide them with the appropriate contact details.

5.0 PROCEDURE

- 5.1 *Written Complaint received at the CCGs' offices:*
- Complaint letter is received in the post; the letter should be opened and logged on the CCGs' post log. It should then be scanned and sent to the CCGs' Central Governance Inbox; SASCCG.CentralGovernance@nhs.net regardless of who the complaint is addressed to.
- 5.2 The Governance Manager or Governance Officer will then log the complaint on the CCGs' complaint log and then send this to the MLCSU's Patient Services Team.
- 5.3 The MLCSU will then acknowledge the complaint to the complainant (within **3 working days** of receipt of the complaint by the CCG). The MLCSU will contact the complainant to discuss the complaint and agree the points for investigation. If consent is required the MLCSU Team will send out a consent form (if this is not already enclosed with the initial complaint).
- 5.4 If consent is required, the timescale to respond to the complaint does not start until signed consent is received to allow the investigation to take place.
- 5.5 The MLCSU will then advise the Governance Team that the signed consent has been received and requests that the complaint investigation starts. The CCG investigating officer will be asked to provide a timeline for them to complete any investigations and to provide a response. If the timescale agreed cannot be met the investigating officer needs to alert the Governance Team as soon as possible.
- 5.6 If a complaint is received by any member of staff at the CCGs, then they should send it immediately to the Central Governance Inbox (as above) for logging. **Under no circumstances should they commence an investigation until they have been asked to do so** as consent may be required before the CCGs are able to do any investigations.
- 5.7 *Verbal Complaint made to the CCGs:*
- 5.7.1 If a member of staff receives a telephone call from someone wishing to make a complaint in the first instance they should attempt to re-direct the complainant to the MLCSU Patient Services Team;
- Email: MLCSU.PatientServices@nhs.net
Freephone: **0800 030 4563** - There is also a 24 hour answer phone service
- Freepost address**
Freepost Plus
RTAA-XTHA-LGGC
Patient Services
MLCSU Springfield's Health and Wellbeing Centre
Lovett Court
Rugeley
WS15 2FH
- 5.7.2 If the complainant is insistent and refuses to approach the Patient Services Team and still wishes to log the complaint directly with the CCG then staff are asked to complete the form at Appendix A of this procedure document. The completed form should then be scanned in and emailed to the Central Governance Inbox. Staff should not give any personal advice or opinion to the complainant in connection with the complaint.
- 5.8 *Complaints sent directly to the MLCSU Patient Services Team*
- 5.8.1 Where a complaint has been sent directly to the Patient Services Team they will log the complaint. If the complaint is related to Continuing Healthcare (CHC) the Patient Services Team will ask the CHC Team to provide the response. If it relates to any other

service commissioned by the CCGs they will send the complaint to the Central Governance Inbox for onward transmission to the relevant team/ officer for investigation.

- 5.8.2 If the complaint is in relation to treatment at an external provider e.g. a Trust, or GP Out of Hours Service, the Patient Services Team will liaise directly with the provider in order to get their response. Once the response is received from the provider the CCG will be asked to quality assure the response.
- 5.8.3 In this instance the CCG needs to check to see if the provider has addressed the following, based on the information available:
- Provided an answer to all of the queries raised in the complaint.
 - Followed the appropriate pathways as per the CCGs commissioned service.
 - Fulfilled the contract in place with the CCG (e.g. timescales for patients to be seen).
 - Conducted a thorough investigation into the complaint.
 - Offered appropriate apologies.
 - Provided details of lessons learned.
- 5.8.4 When the draft response has been reviewed and is found to be satisfactory the Patient Services Team will then draft the CCGs' closing response and send for the Accountable Officer's sign off to the Central Governance Inbox.
- 5.8.5 If the response is found to be unsatisfactory it needs to be returned with an explanation as to what is required from the provider via use of the quality assurance form (appendix 2) to make the response satisfactory – this will be fed back to the provider with a request for further investigation and a new response.
- 5.8.6 There may be times when the reviewer has queries on the provider's investigation findings that need to be addressed outside of the complaints process, via the regular quality review meetings. Ensure that points that do not directly relate to the complaint being reviewed do not hold up the complaint process and are flagged through the appropriate channels.
- 5.9 *MP Letters:*
- 5.9.1 MP letters should be dealt with in the same way as any complaint received, i.e. logged on the post log, scanned and sent to the Central Governance Inbox. They will then be actioned in the same way as complaints are dealt with – taking note of the shorter timescale to formally respond to MPs.
- 5.9.2 Again, anyone receiving direct contact from an MP should also log this with the Executive Assistant to Accountable Officer who will then action appropriately and in line with the process.
- 5.10 *All Complaints:*
- 5.10.1 Once a draft response has been produced for sign off, the CCGs' Governance Team will ask the relevant Director or their nominated deputy to approve the response for sign off, if approved it will then be sent to the Accountable Officer for his approval and sign off.
- 5.11 *Complex Complaints*
- 5.11.1 If a complaint is complex, it will be escalated to the relevant CCG Medical Director for review.

Appendix 1 – Verbal Complaint Form

CCGs' LOGGING OF ISSUES AND COMPLAINTS

Name of Caller _____

Contact Number _____

On behalf of (if applicable) _____

D.O.B. of patient _____

Address of patient (incl Post code) _____

Patients GP _____

Has verbal consent been given YES / NO

Has written consent been given YES / NO

Issues and relevant dates _____

Expected Outcomes _____

Call handler _____

Date and time of call taken _____

When completed please email to: SASCCG.CentralGovernance@nhs.net

Appendix 2 – Quality Assurance Checklist

CSU/ CCG COMPLAINT QUALITY ASSURANCE FORM		
Section 1 – to be completed by CSU		
Complaint Reference:	46979/W	
Date agreed with complainant for response:		
Any extension details:		
Date complaint received:		
Providers:		
Date complaint response received by CSU: (please use multiple lines for additional providers)		
Date sent to the CCG Central Governance Inbox Team:		
Date due back to the CSU complaints Team:		
Version Number of complaint response:	Version:	
Any additions from previous versions:		
Part A - F to be completed by the CCG Quality Team		
A	Are questions answered in the response?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, complete section D)
B	What questions / areas are not answered?	
C	<p>Actions for the CSU complaints team: There is no acknowledgement to learning as a result of this complaint. There are many agencies involved which appears to be the cause of the issues raised by the complainant.</p> <p>It appears that there was a lack of capacity in the local authority which meant that MPFT were requested to provide the care. The lack of capacity in MPFT (Home First) led to AMG to be requested to provide the care. There is no real explanation as to if there have been gaps in this patient's care or whether communication and expectations were not managed effectively and if so is there a need for an apology to the complainant in relation to the care delivered.</p> <p>If the pathway has been hindered due to pressures in the system and therefore the usual care provided would not have been passed to other agencies reference this in the response with an apology.</p>	
D	Quality Actions i.e. escalation to provider CQRM:	
E	Completed by:	Date:
F	Recommended for executive sign off?	Yes – however please see highlighted notes above prior to the letter being issued.
FOR MLCSU ONLY		