

# Management of Complaints, Compliments and General Enquiries Policy



<b>Please complete the table below:</b>	
<i>To be added by corporate team once policy approved and before placing on website</i>	
<b>Policy ref no:</b>	14
<b>Responsible Executive Director:</b>	Deputy Chief Executive
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<b>Date Approved:</b>	July 2021
<b>Approved by:</b>	Governing Body
<b>Date of next review:</b>	May 2023

### Policy Review Checklist

	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Has an Equality Impact Assessment Screening been completed?	Yes	Assessment Screening completed
Has the review taken account of latest Guidance/Legislation?	Yes	Referenced in the policy
Has legal advice been sought?	No	Guided by national complaints process
Has HR been consulted?	No	Guided by national complaints process
Have training issues been addressed?	Yes	Referenced in the policy
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by Staff Partnership Forum?	N/A	Policy does not apply to employment
Are there financial issues and	N/A	



	Yes/ No/NA	Supporting information
have they been addressed?		
What engagement has there been with patients/members of the public in preparing this policy?	No	Guided by national complaints process
Are there linked policies and procedures?	Yes	Complaints Standard Operating Procedure
Has the lead Executive Director approved the policy?	Yes	
Which Committees have assured the policy?	Yes	Executive Team and the Quality Committee. To be reviewed by Governing Body
Has an implementation plan been provided?	Yes	
How will the policy be shared with	Yes	Internally on The Hub and during Induction Training. Externally on the CCG Website
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	
Has a DPIA been considered in regards to this policy?	Not Applicable	There is no change in this policy relating to the flow of information of use of different systems for reporting requiring a DPIA
Have Data Protection implications have been considered?	Yes	



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# Management of Complaints, Compliments and General Enquiries Policy

## 1 Introduction

- 1.1 Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG), from now on referred to as the CCG, is a large and complex organisation, offering a wide range of services to a culturally diverse population. The CCG is committed to ensuring that patient experience is at the heart of everything we do. We encourage patients to tell us when they are unhappy about any aspect of their care or treatment from the services we commission and we work with the aim that services in the local area meet and exceed the expectations of our local population. The feedback we receive from our patients is invaluable in both shaping and improving the services we commission for our local population.
- 1.2 The Policy on the Management of Complaints, Compliments and General Enquiries complaints process principles are based on those of the Parliamentary and Health Services Ombudsman (PHSO), which are:
1. Getting it Right
  2. Being Customer Focused
  3. Being Open and Accountable
  4. Acting Fairly and Proportionately
  5. Putting things Right
  6. Seeking Continuous Improvement
- 1.3 Patients and their families or carers have the right to be listened to and for their complaint or enquiry to be addressed promptly, efficiently and courteously. Confidentiality will always be maintained and we are committed to ensuring nobody is disadvantaged as a result of sharing their experience.

### 1.1 BNSSG CCG Values

This policy supports the BNSSG values by encouraging feedback from all of our population. It places value on patient feedback and promotes the importance of

using learning, identified from complaints and enquiries, to further improve and enhance our services.

## 2 Purpose and scope

2.1 The purpose of this policy is to:

- Provide assurance that a robust system is in place to manage Complaints, Compliments and General Enquiries made to the CCG.
- Outline how the CCG will handle Complaints, Compliments and General Enquiries in an unbiased way.
- Document how the CCG and where appropriate the wider local healthcare system will learn from the feedback received.
- Summarise how feedback is used to inform quality contract monitoring and future commissioning intentions.
- Set out how confidentiality will be maintained throughout the processes.
- Ensure there is accountability within the CCG for improving the quality of services.
- Demonstrate the expectation of transparency and openness at all stages of the complaints process, for everyone involved.
- Establish that the complaints process is not about apportioning blame, but gaining understanding of concerns and the prevention of future issues.
- Recognise complaints as an opportunity for learning and to identify improvements.
- Recognise the needs for all complaints to be treated with compassion, humility and empathy.

2.2 The management of Complaints, Compliments and General Enquiries is led by the CCG Customer Services Team, who are committed to ensuring patients Complaints, Compliments and General Enquiries are addressed in line with this policy. Input from other teams to the investigation and management of complaints is also required.

## 3 Duties – legal framework for this policy

3.1 The Policy on the Management of Complaints, Compliments and General Enquiries is compliant with the Local Authority Social Services and National Health Services Complaints England Regulations (2009).

3.2 The policy also supports the CCG in maintaining compliance with Care Quality Commission Fundamental Standards Regulation 16 – Receiving and acting on complaints:

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints>

## **4 Responsibilities and Accountabilities**

### **4.1 The Chief Executive**

- (a) Has overall accountability for how complaints are handled and ensuring compliance with this policy and the NHS Complaints Regulations (2009).
- (b) Will sign or designate the signing of written complaints responses to all complaints investigated through a formal investigation process (all formal response letters will bear the Chief Executive's name).
- (c) Ensuring that all actions identified as result of feedback are implemented.

### **4.2 The Associate Director of Corporate Services**

- (a) Has responsibility for overseeing the management and effective implementation of this policy on behalf of the Chief Executive and provides day to day senior leadership in the management of The Customer Services Team and their responsibilities.

### **4.3 The Customer Services Manager**

- (a) Manages the CCG's Customer Services Team, with responsibility for the management and co-ordination of complaints procedures.
- (b) Is responsible for the production of letters, responses, and reports.
- (c) Produces quarterly reports to the Governing Body and Quality Committee; routinely producing a summary of any significant complaint activity, themes arising out of complaints and action taken.
- (d) Writes an annual report to the Governing Body describing and quantifying the CCG's performance in handling complaints for the preceding 12 months, to include comparison with previous years' performance.
- (e) Advises Directorates and managers on the effective handling and investigation of complaints, including writing response letters.
- (f) Ensures that the receipt of complaints is acknowledged within timescales laid down in the NHS Constitution.
- (g) Where a complaint indicates that a patient may have come to harm, liaises with the Safeguarding Team.
- (h) Liaises with Complaints / PALS Managers from neighbouring NHS trusts and Local Authorities to agree the management of any joint

complaints / enquiries received, ensuring that wherever possible a single response is drafted.

- (i) Alerts the CCG's Communications Team to any situation that has potential for press interest.
- (j) Liaises with the Parliamentary and Health Service Ombudsman (PHSO) in respect of complaints which have been raised directly with them by the Complainant.
- (k) Designs and delivers training and presentations, including during corporate induction, to promote wider organisation understanding of complaints management.

#### 4.4 **Directors**

- (a) Promote the importance of complaints management and prioritise resources to support the Customer Services Team
- (b) Review responses prior to final approval, to ensure they meet the required standards.

#### 4.5 **Other Staff**

- (a) Must investigate and respond to complaints promptly; treating complainants and their complaints with humility, empathy and compassion.
- (b) Provide information to evidence any remedial activities undertaken as a result of opportunities identified through complaints feedback.
- (c) Must familiarise themselves and direct reports with the complaints process.
- (d) Must undertake relevant training.

## 5 **Definitions/explanations of terms used**

### 5.1 **Complaint**

An expression of dissatisfaction about an act, omission or decision by the CCG, or those acting on its behalf, either verbal or written and whether justified or not, where the person (or persons) expressing dissatisfaction requires or expects a response, and falls within the scope of NHS Complaints Regulations.

### 5.2 **Compliment**

A compliment is an expression of praise or admiration made in recognition of a staff member, team or service.

### 5.3 **Patient Enquiry**

A patient enquiry is a healthcare related enquiry which can either be dealt with at the time or within a few days and does not require formal investigation.

#### **5.4 Healthwatch**

Healthwatch is an advisory and signposting service commissioned by the Local Authorities in Bristol, North Somerset and South Gloucestershire. Healthwatch provides the opportunity for service users to have a say and influence the design and delivery of local health and social care services.

#### **5.5 The Advocacy People**

The Advocacy is a complaints advocacy service for Bristol and North Somerset residents.

#### **5.6 SWAN Advocacy – South West Advocacy Network**

Swan Complaints advocacy service is a local service available for South Gloucestershire residents.

#### **5.7 The Regulations**

Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

#### **5.8 Parliamentary and Health Service Ombudsman (PHSO)**

An independent body established to provide a service to the public by undertaking independent investigations into complaints regarding public bodies, including the NHS in England, who have not acted properly or fairly in relation to the management of a complaint or have provided a poor service.

## **6 BNSSG Customer Service Team**

6.1 The Customer Services Team is the central point of contact for patients and/or their carers or families who have a healthcare related enquiry and who need assistance with contacting the service provider, or have a concern directly about the CCG. The team will:

- Assist with navigating the NHS system to ensure enquiries are either addressed by the CCG or are directed to the organisation or team that is the subject of, and best able to respond to, the enquiry.
- Ensure that where a patient enquiry or complaint is relating to services commissioned by the CCG, it is addressed in line with this policy. This may include the coordination of complex complaints where appropriate.

- Ensure the CCG and the wider system learns from patient feedback and implements the learning identified as a result of an enquiry, complaint or compliment.
- Ensure patient feedback is used to inform future CCG commissioning intentions.
- Report regularly to the Quality Committee, Patient and Public Improvement Forum and Governing Body for assurances purposed. These reports will include a summary of the contacts received, themes or trends identified and the actions that have been taken as a result.

6.2 The Customer Services Team is available Monday to Friday, excluding Bank Holidays. The team can be contacted in the following ways and all new contacts will be acknowledged within 3 working days:

**Telephone:** A voicemail can be left via our answerphone service: 0800 073 0907

**In writing:** 5<sup>th</sup> Floor, South Plaza, Marlborough Street, Bristol, BS1 3NX

**Email:** [bnssg.customerservice@nhs.net](mailto:bnssg.customerservice@nhs.net)

**Website:** <https://bnssgccg.nhs.uk/contact-us/>

## 7 Formal Complaints and the Complaints Process

### 7.1 Formal Complaints

7.1.1 Complaints which require investigation through a formal resolution process are generally recognised as:

- (a) Complex complaints about issues such as:
  - (i) Lack of capacity / service not available;
  - (ii) System failures;
  - (iii) Staff attitude;
  - (iv) Patient safety incidents; and
  - (v) Complex clinical issues.
- (b) Multi-department or organisational complaints.
- (c) Complaints which do not involve the current immediate care of a patient, i.e. where there may be a particular need for rapid resolution.
- (d) Complaints relating to funding decisions made by the CCG

7.1.2 The usual timescale for investigating and responding to complaints via formal resolution is 25 working days from the point of receiving all necessary information and signed consent. If a complaint investigation requires input from external providers, the usual timescale will be 35 working days. This timescale may, however, increase if the complaint is particularly complex and/or involves more than one organisation. A longer timescale may also be

needed where the Complainant requests a local resolution meeting rather than, or prior to, a written response.

7.1.3 A complaint must be made no later than 12 months after:

- The date on which the matter, which is the subject of the complaint, occurred or
- The date on which the matter came to the notice of the complainant.

7.1.4 The CCG may still be able to consider complaints made outside of 12 months:

- Where there was good reason for the complaint not being made at the time, and,
- When it is still possible to investigate the complaint efficiently and effectively.

7.1.5 Where the CCG declines to undertake an investigation where 12 months have passed:

- The complainant will be informed in writing and can ask the Parliamentary and Health Service Ombudsman (PHSO) to consider the case.

7.1.6 Where a complaint has already been investigated and responded to either by the CCG or another healthcare organisation it cannot be reinvestigated, unless there are outstanding or new questions. The next step if the Complainant remains unhappy is to contact the PHSO.

7.1.7 Where a complaint is about the CCG, or involves multiple organisations and is being coordinated by the CCG, face to face or remote on line meetings can be arranged at any point during an investigation at the complainant's request. This can be requested via the Customer Services Team who will then make the necessary arrangements.

## **7.2 The Complaints Process**

7.2.1 A complaint about the CCG or a service the CCG pays for can be made in writing, including by email, over the phone or in person / remotely via an online meeting.

7.2.2 To make a complaint in person or via a remote online meeting, an appointment with the Customer Services Team will need be made in advance.

7.2.3 All complaints are acknowledged within 3 working days. The team will endeavour to respond to the complainant via the format by which they contacted the CCG. If the Customer Services Team feels that a discussion about the issues raised would be beneficial and/or if the complainant requests a call (and a telephone number is provided) the team will call the complainant. When acknowledging receipt of a complaint, the Customer Services Team will outline:

- a) How the complaint will be handled, including whether this will be led by the CCG or passed to the provider involved for investigation and direct response,
- b) The scope of the complaint and the team will ascertain the desired outcome(s) of the complainant.
- c) The anticipated timescale for a response to be sent from the Chief Executive; where the complaint relates to the CCG or is being coordinated by the CCG. This is communicated once any necessary information and consent is obtained.
- d) When complaints are acknowledged verbally, a written acknowledgement will also be sent to the patient.

7.2.4 At any point in the process the complainant may request to discuss their concerns with the CCG.

7.2.5 Where a complaint is to be passed to the provider for response directly, this will be actioned within 3 working days following receipt of consent. Confirmation that this is being completed will be given. The provider will then take the complaint forward in line with national regulations and a copy of the outcome will be requested by the CCG.

7.2.6 Where the complaint can be investigated and responded to directly by the CCG, it will be forwarded to an appropriate investigation lead who will conduct a thorough investigation and where appropriate, will identify any learning to be implemented as a result.

7.2.7 The investigating lead will then provide a detailed response to the complaint back to the Customer Services Team including any identified learning as a result of the feedback.

7.2.8 Where other organisations are involved in the complaint, the details will be shared as necessary for investigation and response back to the Customer Services Team. This information will then be reviewed and collated into an overall response from the CCG and any learning identified will be included.

7.2.9 All aspects of the complaint response, whether this is a direct CCG complaint or involves other organisations, will be reviewed by the Customer Services Team and the Director of the relevant commissioning area to ensure all concerns have been addressed, before final sign off by the Chief Executive and issuing.

7.2.10 If it becomes apparent during the investigation that the date for response will need to be extended, the complainant will be notified of this in writing, within the original timescale.

## 8 Independent Complaints Advocacy

- 8.1 If a patient/relative/carer feels that they have not received the service they expected from the NHS and wants to make a complaint, the law states that they have the right to have the support of an advocate.
- 8.2 A health complaints advocacy service is completely independent of the NHS and can offer a Complainant the following help:
- Support with an NHS complaint either in person or over the telephone;
  - Help the Complainant to understand the NHS complaints process;
  - Refer the Complainant to other agencies where appropriate;
  - Support the Complainant in preparation for and attendance at complaint meetings; advise the Complainant with referring cases to the PHSO.
- 8.3 The Customer Services Team is able to provide complainants with leaflets from local NHS complainant advocacy services, including The Advocacy People and Swan Advocacy.

## 9 Equality of Access and Non-Discriminatory Practice

- 9.1 The CCG will provide easy access to people who want to raise concerns and complaints about its services and the services we commission. Information about how to access the CCG's complaints service will be made widely available in a range of formats, including translating complaints guidance into the most commonly used languages in our local communities; this will include 'easy-read' materials for patients with a learning disability. We will provide, upon request, access to interpreters to support non-English-speaking patients in making a complaint; similarly, we will provide access to British Sign Language (BSL) interpreters to support deaf patients in making a complaint.
- 9.2 The CCG recognises that patients and their relatives have a right to raise concerns about the services they receive. It is expected that staff will not treat patients or their relatives unfairly as a result of any complaint or concern raised by them. Any complaints about unfair treatment because of having made a complaint will be investigated and appropriate action will be taken as

necessary. Discrimination against people who make complaints or raise concerns is unacceptable and will not be tolerated.

- 9.3 More specifically, no patient, or any other person involved in the investigation and resolution of a complaint, will receive unfair treatment as a result of raising a complaint or on the grounds of their age, race, colour, ethnic or national origin, religious or equivalent belief system, political beliefs, gender, marital or partnership status, sexual orientation, disability, gender reassignment, pregnancy/maternity status, or any other condition or requirement which cannot be justified and which causes them disadvantage.
- 9.4 Nobody who makes a complaint will be treated differently by the CCG as a result of doing so. To support this process, the details of a complaint should only be made known to those directly involved in investigating or responding to the issues raised i.e. on a “need to know” basis.
- 9.5 The CCG will actively gather data on equality themes identified from complaints and will routinely report this information to its Governing Body for purposes of monitoring and learning.
- 9.6 A video which describes how to make an enquiry or complaint is available on the CCG website and includes British Sign Language interpretation and sub titles.

## 10 Maintaining Confidentiality

10.1 Where a patient enquiry or complaint raises serious concerns which affect people’s safety, for example threats of self-harm or harming others, physical abuse, sexual abuse, child abuse or financial abuse, the Customer Services Team has a duty to breach confidentiality by seeking advice from others to ensure people are protected. In such circumstances the minimal amount of information will be shared in the strictest of confidence.

10.2 Where a person makes an enquiry or a complaint on behalf of a third party, or where there is a need to share the details outside of the CCG, consent from the patient will be required in the first instance, unless Lasting Power of Attorney (LPA)

for the patient's welfare concerning their health or Court Appointed Deputy (CAD) with the relevant decision making power is held by the person raising the concern or complaint. In such instances proof will be required before the concern or complaint can be taken forward.

10.3 Where a person is making an enquiry or complaint on behalf of a deceased patient, consent from the next of kin or person who holds LPA for the patient's welfare will be required before the investigation can be progressed.

10.4 Without consent, LPA or CAD with the relevant decision making power, the CCG is unable to provide a personal response. Nevertheless, in such circumstances the CCG will consider the information provided and aim to provide a generic response if this is appropriate.

10.5 The CCG will only consider a complaint or enquiry made by a third party on behalf of a child or young person under 16 years of age where it is satisfied that there are reasonable grounds for the complaint not being made by the child or young person themselves. Where appropriate, consent from the child or young person will be requested.

10.6 If the patient is under the age of 16 or lacks capacity within the meaning of the Mental Capacity Act 2005 the complaint or enquiry will only be considered where the CCG believes that the complaint is being made in the individual's best interest. This will be determined through discussion with the CCG's Associate Director of Corporate Services. Where the CCG does not believe the complaint is being made in the patient's best interest, an explanation of the reasons will be provided in writing.

10.7 Any information relating to a patient who lacks capacity to provide consent will only be shared on the basis that it is in the patient's best interests or if the enquirer/complainant has power of attorney for health. A clear record of the best interests determination process will be made, including details of how the views of the patient and relevant others have been taken into consideration.

## 11 Forms of Remedy

11.1 The CCG is committed to a full, open and honest investigation of complaints relating to the services it provides. Where it is found there has been maladministration or poor service, the CCG will take steps to provide an appropriate and proportionate remedy. This remedy may include one or all of the following:

- An apology and a full explanation.
- Remedial action. This may include:
  - Reviewing or changing a decision on the service given to an individual Complainant
  - Revising published material
  - Revising procedures to prevent the same thing happening again
  - Training or supervising staff
  - Or any combination of these.

## 12 Resolution Meetings

12.1 The majority of complaints result in a written communication to the Complainant, explaining what the CCG's findings are. In some cases, face-to-face meetings or remote on-line meetings are often the best way of achieving a satisfactory resolution. In situations where the Complainant would prefer to meet, a suitable date and time to meet will be negotiated with the Complainant and relevant staff members/organisations. The CCG will normally expect resolution meetings to take place within standard office hours, i.e. broadly 9am – 5pm; however in the event that a Complainant is unable to meet at this time, the CCG will do its best to accommodate reasonable requests, whilst respecting staff's contracted hours.

12.2 The CCG is increasingly adopting the process of recording resolution meetings and sending a copy of the recording to the Complainant as part of the resolution process. This arrangement will always be with the consent of the Complainant. It should be noted that the recording of meetings or face-to-face/telephone conversations without the prior knowledge and consent of the parties involved (i.e. the Complainant and the CCG) may be in contravention of the Data Protection Act 2018. We will endeavour to send a copy of any recordings or notes within three weeks of the meeting; however the Complainant will be notified if there will be any delay with this.

## 13 Unresolved Complaints

- 13.1 Where the Complainant is dissatisfied with the CCG's response and further investigation or explanation is required, we will do our best to provide the outstanding answers that the Complainant is seeking. The PHSO will be the primary route by which Complainants may seek an independent review of their complaint if they remain unhappy following the CCG's attempts at local resolution.

## 14 Learning from Complaints and Feedback

- 14.1 The CCG seeks and welcomes patient feedback, and will use the lessons learnt from this to inform our commissioning decisions, improve the services that we purchase for patients and improve the wider local healthcare system where appropriate.
- 14.2 As part of the investigation process, the CCG will seek to ensure that where something has gone wrong, appropriate actions are identified and implemented to address the issue. These actions may be related to the CCG or the wider local healthcare system and will be included in the overall complaint response sent from the Chief Executive.
- 14.3 Progress on the implementation of these actions will be monitored by the Customer Services Team and the Investigating Lead(s) against the agreed timeframes. Where actions are not being implemented as agreed, the matter will be escalated to the Director of the commissioning service and included as part of our assurance reporting to the Quality Committee and Governing Body.
- 14.4 Where a recurring issue, trend or theme is identified this will initially be shared with the relevant Executive Director so that appropriate action can be considered within the directorate or more widely across the CCG. It will also be brought to the attention of the Associate Director for Corporate Services for consideration of how any learning can be addressed on a wider level.
- 14.5 Patient feedback, including any actions taken, is analysed quarterly on an anonymised basis to protect confidentiality. The information is cross-referenced for themes or trends and reported to the CCG's Quality Committee, Patient and Public Involvement Forum and Governing Body. This

report includes details of any actions taken during the reporting period and information received from organisations such as Healthwatch.

## 15 Unacceptable and Unreasonable Behaviours by Complainants

15.1 The CCG is committed to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. Unfortunately, in a minority of cases, individuals pursue their complaints in a way which can impede the investigation of their complaint, can have significant resource issues for the CCG or can have a significant impact on the wellbeing of CCG staff.

15.2 The following Complainant behaviours are never acceptable:

- Harassing or being personally abusive or aggressive, either verbally or in writing, towards staff dealing with their complaint.
- Threatening or using actual physical violence or intimidating behaviour towards staff at any time.
- Being abusive or showing any kind of discrimination.
- Using unacceptable language in a manner which is clearly excessive and/or aggressive (whilst taking into account that some people do use swear words as part of their everyday conversation).

15.3 The following Complainant behaviours may also be deemed unreasonable by the CCG:

- Repeatedly not identifying the precise issues to be investigated, despite reasonable efforts of CCG staff and, where appropriate, advocacy services.
- Changing the substance of a complaint or continually raising new issues or seeking to prolong contact by continually raising further concerns or questions upon receipt of a response or whilst the investigation is taking place.
- Raising the same or similar issues repeatedly, despite having received a full response to all the issues that have been raised, when the complaints process has been properly implemented and exhausted.
- Repeatedly insisting on the complaint being dealt with in ways which are incompatible with this policy and NHS Complaints Regulations.
- Repeatedly displaying unreasonable demands and failing to accept that these may be unreasonable, such as demanding staff

dismissal or setting “penalties” if demands are not met by the CCG, or refusing to accept the validity of documentation (e.g. medical notes, etc.).

- Having excessive contact with the CCG; placing unreasonable demands on staff members.

15.4 In the event of these behaviours applying, the CCG will act in accordance with its procedure for Management of Unacceptable Behaviour. If a Complainant’s communication has been reviewed and is deemed to be unreasonable for any of the reasons listed above; in the first instance the Complainant will be advised that their communication is deemed unreasonable. If the Complainant is using an advocacy service, they will also be contacted about the issue. This will constitute as a warning as to potential next steps that could be taken, if the Complainant continues to communicate in an unacceptable manner.

15.5 If the Complainant continues to communicate in an unreasonable manner, the CCG may choose to take further steps at this point. The next steps could include, but are not limited to, ceasing future contact with the Complainant either on a temporary or permanent basis, consulting legal representation or involving the police.

15.6 The CCG wants to afford support to all of our population and appreciates that issues concerning healthcare can be very emotive. This will therefore be taken into consideration when reviewing such correspondence, along with consideration of any individual needs of the complainant. The CCG also has a duty of care to its staff, who deserve to be treated with courtesy and respect. The CCG will therefore take the appropriate action, when it is deemed necessary, to support the NHS ‘zero tolerance’ approach towards tackling abuse or aggression towards staff.

## 16 Complaints which are Outside the Scope of this Policy

16.1 There are some complaints which are outside the scope of this policy. These include but are not limited to:

- Complaints regarding the alleged failure to comply with a request under the Freedom of Information Act 2000 or the Data Protection Act 2018. These will need to be made to the Information Commissioners Office and they can be contacted at:

The Information Commissioner’s Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Complaints about behaviour or the conduct of staff, when handling information rights requests, are within scope of this policy.

- Complaints relating to a GP's clinical practice, dental practice, pharmacist services or opticians, which should be directed to NHS England using the following details:

**In Writing:** NHS England, PO Box 16738, Redditch, B97 9PT

**Telephone:** 0300 311 22 33

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

16.2 If a complaint falls outside the scope of this policy, or within the wider categories described in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Customer Services Team will explain this and will provide advice on where the enquiry should be directed.

16.3 A copy of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 is available online or can be requested from the CCG Customer Services Team.

## 17 Parliamentary and Health Service Ombudsman (PHSO)

17.1 Whilst every effort is made to resolve complaints locally, we recognise that there may be times when a person remains unhappy with the outcome. Where all reasonable steps to resolve the issue locally have been exhausted, the next step will be for the complainant to contact the PHSO.

17.2 The PHSO is able to undertake independent investigations into complaints where government departments, a range of other public bodies in the UK and the NHS in England have not acted properly or fairly or have provided a poor service.

17.3 Details for contacting the PHSO, which are included in the Chief Executive's response letter, are:

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

Millbank Tower

Millbank

London

SW1P 4QP

**Telephone:** 0345 015 4033

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

- 17.4 The CCG complies with all requests for information from the PHSO. Once the PHSO has considered a case, they will notify us of their findings and of any recommended actions for implementation.

## 18 Standards and Key Performance Indicators

- 18.1 The CCG is required by law to act in accordance with the NHS Complaints Regulations (2009) and the Care Quality Commission's Fundamental Standard 16 as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- 18.2 The CCG is also committed to handling complaints in accordance with the Patients Association's 'Good Practice Standards for NHS Complaints Handling' (September 2013), namely:
- i. We will provide publicised, accessible complaints information and processes which is easily understood by all those involved in a complaint.
  - ii. We will conduct investigations which are consistent, evidence-based and directed by the Complainant's concerns and responses.
  - iii. We will respond sympathetically to complaints and concerns within appropriate and agreed timeframes.
  - iv. We will involve Complainants as much as they want to be in the complaints process. We will provide support and guidance throughout the complaints process, and at the outset of the complaint, we will ask the Complainant the extent to which they wish to be involved in the complaints process and any actions arising from it.
  - v. We will provide a level of detail in our response appropriate to the seriousness of the complaint.
  - vi. We will identify the causes of complaints and take action to prevent recurrences.
  - vii. We will use lessons learnt from complaints as a driver for change and improvement.

- viii. We will ensure that the care of Complainants is not adversely affected as a result of making a complaint.

## 19 Other Types of Feedback and how these are handled

### 19.1 Compliments

- Compliments received by the CCG will be acknowledged where contact details are provided. The compliment will be shared with the staff member, their manager and where necessary, the service to which it relates.
- Compliments can be made directly to the team or staff involved, or can also be directed to the Customer Services Team.
- An overview of the compliments received is shared with the CCG's Quality Committee, Public and Patient Involvement Forum and Governing Body as part of the reporting processes in place.

### 19.2 General Enquiries

General healthcare related enquiries that can be dealt with at the time or within a few days and do not require formal investigation fall into this category. Examples include:

- o I want to make a complaint but I'm not sure who to contact to take this forward
- o I can't get an appointment.
- o I need to contact a particular individual or service but don't have the details.
- o Does the CCG fund particular treatments/procedures
- o How do I register with a GP

19.2.1 All General Enquiries should be acknowledged within 3 working days. We will aim to resolve enquiries as quickly as possible and the majority within two weeks at most, although there may be exceptions for more complicated or multiple requests for information.

19.2.3 All information will be treated confidentially and details will be retained on file for monitoring and reporting purposes.

19.2.3 Any themes and learning identified through general enquiries will be reported on a regular basis to the Quality Committee, Public and Patient Involvement Forum and Governing Body.

## 20 Audit

20.1 After an enquiry or complaint made directly to the CCG and handled through the Customer Services Team process has been responded to, a feedback survey is sent to canvass feedback on the service received. This will usually four weeks after the case has been closed. This information is included in the quarterly report submitted to the Quality Committee, PPI Forum and Governing Body and is used to inform how the Customer Services Team can improve the handling of patient feedback.

20.2 The learning identified from Complaints is reviewed by the Quality Committee and the Governing Body on a quarterly basis to ensure that issues are addressed and are not repeated.

## 21 Training requirements

21.1 The Customer Services Team is trained in the handling of patient feedback upon their appointment. CCG Staff are made aware of the policy during the induction process.

21.2 All staff members are made aware of their responsibilities in relation to this policy through regular updates, induction training and bespoke training when required.

21.3 A procedural document has also been developed to complement this policy and ensure all CCG colleagues are aware of their role in ensuring that patient feedback is handled appropriately.

21.4 Our healthcare partners are also made aware of this policy and how they should bring any patient feedback to our attention.

## 22 Equality Impact Assessment

22.1 This policy is based on the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

22.2 An Equality Impact Screening Assessment has been undertaken which identified that a full assessment is not required.

22.3 This policy is publically available on the CCG website and copies can be posted or emailed to an individual upon request. In recognition of the diverse culture of the BNSSG area, and to meet our obligations under the Accessible Information Standard, this policy can be made available in a larger font or

alternative colour and in recognition that PDF documents are not generally compatible with screen readers used by people with sight impairments; it can also be made available using an alternative software package for example Microsoft Word.

- 22.4 A leaflet containing the key information can also be provided in braille or an alternative spoken language if required.
- 22.5 A video which describes how to make an enquiry or complaint is available on the CCG website. This includes British Sign Language interpretation and subtitles.
- 22.6 An easy read and child friendly version of this policy will be available on request.

## **23 Implementation and Monitoring Compliance and Effectiveness**

- 23.1 Compliance with the requirements of this policy will be included in the assurance reports produced for the Quality Committee, Public and Patient Involvement Forum and Governing Body.
- 23.2 Quarterly returns (KO41a) are also submitted to the Health and Social Care Information Centre (HSCIC) regarding complaints performance.
- 23.3 To ensure the continued effectiveness of the CCG's process for handling complaints, every formal complaint made directly to and responded by the CCG will be followed up with a feedback form, usually four weeks later. Where necessary, action will be taken to address any shortfalls in service.

An implementation plan is included in Appendix D

## **24 Countering Fraud**

The CCG is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. Therefore, we have given consideration to fraud and corruption that may occur in this area and our responses to these acts during the development of this policy document.

## **25 References, acknowledgements and associated documents**

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, Statutory Instrument, February 2009
- Ombudsman's Principles, (2009) Parliamentary and Health Service Ombudsman.
- NHS Constitution (2008) Department of Health.

- Listening, Responding, Improving: A guide to better customer care, Department of Health, February 2009
- CCG Freedom of Information and Subject Access Request Policy
- Complaints handling in NHS Trusts signed up to the CARE campaign, Patients Association, 2013
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Information Commissioners Office
- NHS England
- Healthwatch

**Websites:**

Parliamentary and Health Service Ombudsman – [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

Care Quality Commission – [www.cqc.org.uk](http://www.cqc.org.uk)

Patients Association – [www.patients-association.org.uk](http://www.patients-association.org.uk)

CCG Policy - <https://bnssgccg.nhs.uk/library/freedom-information-and-subject-access-request-policy/>

Information Commissioners Office - <https://ico.org.uk/>

NHS England - <https://www.england.nhs.uk/>

Healthwatch

<https://healthwatchbristol.co.uk/>

<https://www.healthwatchnorthsomerset.co.uk/>

<https://healthwatchsouthglos.co.uk/>

The Advocacy People – [www.theadvocacypeople.org.uk](http://www.theadvocacypeople.org.uk)

South West Advocacy Network (SWAN) – [www.swanadvocacy.org.uk](http://www.swanadvocacy.org.uk)

## 26 Appendices

### Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table.

Objective	Evidence	Method	Frequency	Responsible	Committee
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<b>Objective</b>	<b>Evidence</b>	<b>Method</b>	<b>Frequency</b>	<b>Responsible</b>	<b>Committee</b>
Complaints are acknowledged in a timely fashion: within three working days	Quarterly complaints data extracted from Datix	Report	Monitored and reported on a quarterly basis.	Customer Services Manager	Governing Body Quality Committee
Complaints will be investigated within timescales agreed with the Complainant	Quarterly complaints data extracted from Datix	Report	Monitored and reported on a quarterly basis.	Customer Services Manager	Governing Body Quality Committee
Complaints will be investigated carefully, comprehensively responses made in line with PHSO's principles. Response letters will explain what action the CCG/organisations are taking to make improvements and avoid recurrence.	Monitor rates of dissatisfaction with complaints responses.	Report	Monitored and reported on a quarterly basis.	Customer Services Manager	Governing Body Quality Committee
Learning from complaints.	Circulate quarterly reporting information, monitor dissatisfaction with responses and ensure investigating teams implement actions	Report	Monitored and reported on a quarterly basis.	Customer Services Manager	Governing Body Quality Committee

Query	Response
What is the main purpose of the document?	This policy explains how Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group will fulfil its statutory obligations for the timely and effective handling and investigation of complaints made by patients and those who care for them.
Who is the target audience of the document? Who is it likely to impact on?	Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
<b>Age</b> (including younger and older people)		√	There is no reason to suppose that the existence of this policy document could have a negative impact in relation to any of these specific characteristics. All patients and their families should have access to the complaints process.  Certain groups may have issues with accessing the policy and the needs of individuals will need to be catered for by the CCG, including through access to interpreters and alternative formats of documents, to facilitate understanding and reading.
<b>Disability</b> (including physical and sensory impairments, learning disabilities, mental health)		√	
<b>Gender reassignment</b>		√	
<b>Pregnancy and maternity</b>		√	
<b>Race</b> (includes ethnicity as well as gypsy travelers)		√	
<b>Religion and belief</b> (includes non-belief)		√	
<b>Sex</b> (male and female)		√	
<b>Sexual Orientation</b> (lesbian, gay, bisexual, other)		√	
<b>Groups at risk of stigma</b> or social exclusion (e.g. offenders, homeless people)		√	
<b>Human Rights</b> (particularly rights to privacy, dignity, liberty and non-degrading treatment)		√	

Will the document create any problems or barriers to any community or group? NO

Will any group be excluded because of this document? NO

Will the document result in discrimination against any group? NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?	√		The policy makes it clear that the CCG's complaints service must be open and accessible to all
Will it help to get rid of discrimination?	√		
Will it help to get rid of harassment?	√		The policy is clear about unacceptable behaviours by complainants towards staff.
Will it promote good relations between people from all groups?	√		Yes, if the policy enables all parties to have a better understanding of their roles and responsibilities when a complaint is made.
Will it promote and protect human rights?	√		Yes, in the sense that basic human rights are based on shared values like dignity, fairness, equality and respect.

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact			
Significant	<b>Some</b>	Very Little	NONE	Significant	Some	Very Little	<b>NONE</b>

Is a full equality impact assessment required?

NO

## **Appendix C – Protocol for supporting Complainants who contact the CCG prolifically or who behave unreasonably**

### **Introduction**

The CCG is committed to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint. However, in a minority of cases, individuals pursue their complaints in a way which can either impede the investigation of their complaint or can have significant resource issues for the CCG.

Examples of prolific/persistent and unreasonable behaviours are set out in the CCG's Complaints, Compliments and General Enquiries Policy.

In these circumstances, the abiding principle which shall apply is that the Complainant needs support from staff to resolve their issues. The Complainant may also have underlying needs which explain their unreasonable behaviour and/or persistence.

The CCG's policy is not to label Complainants as "persistent" or "unreasonable" but to seek to understand the reasons for those behaviours.

### **Guidance for staff**

Staff should always:

- ix. Identify the patient/service user's needs.
- x. Approach all concerns/issues objectively and without making assumptions.
- xi. Identify the key concerns/issues raised.
- xii. Give clear explanations using language that the patient/service user can understand

Possible courses of actions that may help support the Complainant include:

- xiii. Requiring all contact to be made via a nominated member of staff.
- xiv. Placing time limits on telephone conversations and personal contacts.

- xv. Restricting the number of calls, letters or emails that will be taken or made.
- xvi. Limiting the Complainant to one mode of contact e.g. in writing only
- xvii. Requiring contact to be made through a third person, such as an advocate.
- xviii. Requiring any contact takes place in the presence of a witness.
- xix. If necessary, clearly and politely explaining that the CCG will not be entering into further correspondence about matters where the complaints resolution process has already been exhausted.
- xx. Informing the Complainant that future correspondence will be read and placed on file, but not acknowledged. In this case the Complainant should receive a letter from the Chief Executive stating they have responded fully to all points raised and have tried to resolve the complaint, but there is nothing more to add and continuing contact on the matter will serve no useful purpose.

### **Unacceptable behaviours**

Examples of unacceptable behaviours are set out in the CCG's Complaints, Compliment and General Enquiries Policy.



**Bristol, North Somerset  
and South Gloucestershire**  
Clinical Commissioning Group

Appendix D – Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
Staff	Staff aware of the policy and their responsibilities	Covered as part of SOPs training to target groups Communication via HWGNFY and the Voice	VD	June 21	June 21	Attendance by staff at relevant meetings
	Access to Policy	Policy stored on the Hub	VD	June 21	June 21	Comms capacity to upload to Hub