Complaints Policy

Listening, Responding, Improving
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Version Control

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</tr>
</tbody>
</table>
Contents | Page
--- | ---
1 | INTRODUCTION
1.1 | Legislative Context
1.2 | Scope and Purpose
1.2.1 | Complaints outside of scope – exclusions
1.3 | Kingston CCG Obligations
1.4 | Roles and Responsibilities
1.5 | Human Rights Core Values
1.6 | Ensuring fairness and equality in complaints handling
1.7 | Aims and Objectives
1.8 | Definition of a complaint
1.9 | Who can complain
1.10 | Duty of Candour
1.11 | Confidentiality / Consent
2 | LOCAL PROCEDURES
2.1 | Kingston CCG Complaints
2.2 | Non NHS Providers
2.3 | Complaints about or involving another sector of the NHS and / or the local authority
2.3.1 | Complaints received by the local authority
2.3.2 | Complaints received to another sector of the NHS
3 | PERSISTENT COMPLAINANTS
4 | STAFF WHO ARE THE SUBJECT OF COMPLAINTS
5 | SERVICE IMPROVEMENTS, CLINICAL GOVERNANCE AND PERFORMANCE MONITORING
5.1 | Service improvements and clinical governance
5.2 | Performance Monitoring
6 | RETENTION OF RECORDS
7 | POLICY REVIEW
8 | IMPLEMENTATION, AUDIT AND REVIEW OF THE NEW REQUIREMENTS

Appendices
A | Procedure for dealing with complaints which involve another sector of the NHS and/or the Local Authority
B | Complaints Procedure flow chart
C | Procedure for Handling Persistent Complainants
D | Diversity monitoring Form
E | Consent Forms
COMPLAINTS POLICY

1. INTRODUCTION

Kingston Clinical Commissioning Group (CCG) recognise the importance of listening and responding to concerns raised by patients and service users and ensures that appropriate action is taken. The organisation uses the information obtained from complaints to help improve and develop services. Patients and service users are encouraged to express complaints, concerns and views both positive and negative about the treatment and services they receive, in the knowledge that:

- they will be taken seriously
- they will receive a speedy and effective response by a member of staff appropriately qualified and trained to respond
- appropriate action will be taken
- lessons will be learnt and disseminated to staff accordingly
- there will be no adverse effects on their care or that of their families

1.1. Legislative Context


You have the right to:

- have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated;
- discuss the manner in which the complaint is to be handled and to know the period within which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent;
- be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken;
- take your complaint to the independent Parliamentary and Health Service Ombudsman if you are not satisfied with the way your complaint has been dealt with by the NHS;
- make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority; and
- compensation where you have been harmed by negligent treatment.
This policy does not duplicate issues, which are clearly set out in the guidance and legislation, but adapts and supplements these to meet local needs and recent developments in the NHS.

It also aims to meet the principles of good complaints handling laid down by the Parliamentary and Health Service Ombudsman (PHSO).

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

The designated lead for complaints is the Director of Quality & Governance. They will ensure compliance with this procedure and that action is taken in light of the outcome of any investigation.

1.2. Scope and Purpose

This policy is designed to outline the way in which complaints will be handled and sets out the scope of the complaints procedure and principles to be adhered to during the process for handling complaints generated by patients, carers and the general public.

All staff of the CCG are responsible for co-operating with the development and implementation of the Complaints Policy as part of their normal duties and responsibilities. Agency and Interim staff, contractors and sub contractors will be expected to comply with the requirements of the CCG’s Complaints Policy.

The CCG has a duty to ensure that information about the CCG’s complaints processes are available to patients and the public. A copy of the CCG Complaints Policy and Customer Care leaflet is available on our website at the following link: http://www.kingstonccg.nhs.uk/have-your-say/advice-and-complaints.htm

1.2.1 Exclusions - the scope of this policy does not apply to:

- A complaint which is made verbally and resolved to the complainant’s satisfaction by the end of the working day following receipt of the complaint
- Any complaint by third party organisations about contracts placed by Kingston CCG
- A complaint made by another NHS body, Independent Provider, health organisation or Local Authority
- Any complaint by an employee relating to their employment
- A complaint made by an employee about colleagues or managers which will normally be dealt with under the CCG’s Grievance Policy and/or Whistleblowing Policy
• Any complaint which has already been investigated under the complaints regulations
• Any complaint which is being, or has been investigated by the Parliamentary and Health Service Ombudsman
• A complaint arising out of the CCG’s failure to comply with a data subject request under the Data Protection Act 1998 or a request for information under the Freedom of Information Act 2000

Any concerns or complaints about Independent Contractors, (GPs, dental practices, pharmacies or opticians) and specialised commissioning should, wherever possible be directed to the complaints lead for the organisation responsible for delivering that care or to NHS England. If these complaints are received by Kingston CCG, the complainant will be contacted and either signposted to the appropriate lead within the relevant provider or their consent will be sought to pass on their complaint to the appropriate lead. Kingston CCG does not commission these services and therefore cannot investigate complaints relating to them.

From 1 April 2016, Kingston CCG received delegated responsibility from NHS England for commissioning primary care medical services (GP practices) but this does not include complaint management. NHS England remain legally responsible for complaint management but complainants would be encouraged to contact the GP Practice Manager in the first instance wherever possible or appropriate.

1.3. Kingston CCG Obligations

The NHS complaints procedure provides for complaints to initially be dealt with at the source of the complaint.

Kingston CCG has a person designated to deal with complaints, referred to as a Customer Care Officer.

Any complainant who remains dissatisfied with the outcome of the investigation at local level has the right to request an investigation by the Parliamentary Health Service Ombudsman (PHSO). A flow chart showing the complaints procedure is attached at Appendix B.

The responsibility of Kingston CCG in handling complaints is to:

• Investigate complaints raised against Kingston CCG itself and the services it provides at Local Resolution.
• Support and advise Kingston CCG staff and complainants as appropriate in dealing with the issue raised.
• Identify and address any issues, advising complainants of the actions being taken as part of the formal process and that Kingston CCG learns any appropriate lessons.
1.4. **Roles and Responsibilities**

**The Chief Officer**
In accordance with the complaints regulations, the Chief Officer is the designated “responsible person” for ensuring compliance with the arrangements made under the complaints regulations, including ensuring that action is taken if necessary in accordance with the outcome of the complaint.

The Chief Officer can authorise another officer to act on their behalf within the complaints process.

The complaints regulations provide that Kingston CCG must designate a person to be responsible for managing the procedures for handling and considering complaints in accordance with the arrangements made under the complaints regulations. This function is designated to the Business Manager.

The Director of Quality and Governance will have ultimate responsibility for the implementation of the complaints procedure.

**Integrated Governance Committee**
The Integrated Governance Committee will monitor complaints arrangements via submission of quarterly and annual reports.

**Directors**
Directors will ensure that where a complaint relates to an area of their responsibility that it is processed as requested by the Customer Care Officer.

- On receipt of a written complaint from the Customer Care Officer they will identify an Investigating Officer who is suitably independent of the events leading to the complaint.
- Ensure that any staff referred to in the complaint are informed.
- Ensure that the investigation is completed and sent to the Customer Care Officer within the established time limits.
- Ensure that the response addresses all the concerns raised.
- Attend meetings with the complainant, where direct involvement will help resolution of the complaint.
- Ensure an action plan is drawn up (where appropriate) as a result of the complaint.
- Be responsible for the implementation of the action plan.
- Provide a progress report on the action plan when requested.
- Provide the complaints file to the Customer Care Officer on request (e.g. following notification of an investigation by the Parliamentary Health Service Ombudsman).
- Take action on any recommendations arising from an Ombudsman’s report.
Investigating Officer

- Investigate the circumstances of the complaint within the set time scale.
- Retain copies of staff statements, relevant extracts of medical records and any other relevant documentation in the complaints file.
- Attend meetings with the complainant, where direct involvement will help resolution of the complaint.
- Ensure that should there be a delay in completing the investigation, the Customer Care Officer is notified of the reason for the delay and can contact the complainant to ask for an extension of the investigation period.
- Prepare a draft letter of response, integrating responses from other services where appropriate.
- Carry out a risk assessment of the situation and draw up an action plan. This can be done with the Director.

Customer Care Officer

- Maintain a database and acknowledge all formal complaints.
- Contact the complainant and negotiate how the complaint will be investigated, timescales, review date and desired outcomes.
- Obtain consent to disclose information if complainant is not the patient.
- Obtain consent to pass on information to the appropriate authority where the CCG is not the subject of the complaint.
- All complaints relating to clinical issues will be passed to the Director of Quality & Governance and must be reviewed by a clinician.
- Maintain contact with the Investigating Officer to ensure good progress of complaint and on-going support/advice is available.
- Ensure extended investigating periods are negotiated where appropriate.
- Assist with the formulation of the final letter of response from the draft provided by the investigating officer.
- Send the final response to the complainant once signed by the Accountable Officer (or designated deputy), and forward copies to all parties involved in the complaint.
- Maintain a record of all action plans and changes in practice resulting from complaints.
- Obtain a progress report on actions at regular intervals in conjunction with the Governing Body champion.
- Provide all relevant information to the Health Service Ombudsman on request as part of their investigation process.

Kingston CCG staff

Any member of staff receiving verbal concerns should encourage and listen to comments raised; listening in itself may help to resolve the issue as often the complaint is not personal but about systems and processes. If the member of staff
is not able to resolve the complaint in person, they should direct the individual to the Customer Care Officer in the first instance.

All Kingston CCG staff have a duty to read and work within the spirit of Kingston CCG’s Complaints Policy and procedure and to ensure that they keep up to date with all procedural documentation issued by Kingston CCG. Staff must ensure that they are aware of the location of Kingston CCG Complaints Policy and procedure and how to access it. For this purpose, the Complaints Policy is accessible on GPTeamNet (intranet) and website.

Staff have a responsibility to bring to the attention of the document author/Lead Director, any part of the policy that is identified to be no longer relevant or requires revision; staff should not wait until the identified review date of the document to notify of any suggested amendment.

1.5 Human Rights Core Values

Putting human rights at the heart of the way healthcare services are designed and delivered can make for better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy. Complaints should be dealt with in line with these five core values.

1.5.1 Ensuring fairness and equality in complaints handling

Kingston CCG has a commitment to ensure that no person is treated in a less favourable manner than another on grounds of age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion or belief, gender, sexual orientation.

As commissioners we must show that Kingston CCG has due regard for the need to:

- Eliminate unlawful discrimination,
- Advance equality of opportunity and
- Foster good relations

Under the equality regulations, complainants must not be discriminated against because they have made a complaint about any service commissioned / provided by Kingston CCG.

Kingston CCG is committed to dealing with complaints in a non-discriminatory manner. Complainants can seek advice and support on how to make their complaint from the Customer Care Officer.

Kingston CCG supports the use of independent advocacy within the complaints procedure and any complainant wishing to access independent advocacy will be provided with information on how to contact them. The current service is with VoiceAbility, contact details below:
Every effort is made to collect complaint data by protected characteristics to enable a comparison of complaints for equality strands and to note any themes as a result. This in turn enables the CCG to make service changes where appropriate to advance equality opportunities. A copy of the Diversity Monitoring Form is attached at Appendix D.

1.7 Aims and Objectives

The main objective of the procedure is to deal with complaints concerning patients/service users as quickly, appropriately and as close to the source of the problem as possible. This intention is reinforced by the Customer Care Officer who assists people to deal with their enquiries and concerns in an informal way.

This policy aims to achieve:

- feedback on its services from service users and their relatives and/or carers as this is an opportunity for Kingston CCG to learn from complaints, leading to prevention of recurrence. Therefore, steps will be taken to ensure that it is easy to make written comments or complaints about the service provided or received, throughout Kingston CCG.
- Ease of access for complainants by empowering all staff to receive and, where appropriate respond to complaints.
- A rapid, open, fair, conciliatory response which addresses the issues raised by the complainant whilst being fair to staff.
- A high profile for complaints within Kingston CCG.
- A means of providing information to all Kingston CCG staff in order that, where appropriate, services can be improved.
- The expectation that staff will listen to and take expressions of dissatisfaction seriously, including comments and concerns as well as complaints.

1.8 Definition of a complaint

One definition of a complaint is “An expression of dissatisfaction that requires a response”.

Clearly this is an extremely wide definition and it is not intended that every minor concern should warrant a full-scale complaints investigation; on the contrary we should listen to the person and ask how they would like their concern dealt with, whether informal through PALS/Customer Care or formally using the complaints policy.
The spirit of the complaints policy is that all Kingston CCG staff are empowered to resolve minor comments, grumbles and problems immediately and informally or to offer the assistance of PALS/Customer Care.

All issues will be dealt with in a flexible manner, which is appropriate to their nature. Whenever there is a specific statement of intent on the part of the caller / correspondent that they wish their concerns to be dealt with as a complaint, they will be treated as such.

Any caller / correspondent who is dissatisfied with the initial response to a matter which has been dealt with as a problem solving issue, will be advised of their right to pursue the matter further through the complaints procedure.

If Kingston CCG employees have complaints or concerns that relate to other employees these should be raised through existing Human Resources policies and procedures e.g. grievance, whistle blowing or disciplinary procedure.

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<td>The Parliamentary &amp; Health Service Ombudsman (PHSO)</td>
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1.9 **Who can complain?**

In general terms a complaint can be made by:

- Anyone who is receiving or has received NHS treatment or services commissioned or provided by Kingston CCG or
- Any person who is affected by or likely to be affected by an action, omission or decision of Kingston CCG (as a commissioner)

If a person is unable to make a complaint then someone can act on their behalf with their written consent.

A representative may make a complaint on behalf of an eligible person who is not able to make the complaint themselves. This includes where the person:

- Has died
- Is a child
- Is unable by reason of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005 (a) or
- Has requested the representative to act on his/her behalf and provided written consent.

Where the representative makes a complaint on behalf of a child, Kingston CCG:

- Must not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child: and
- If it is not satisfied, must notify the representative in writing and state the reason for its decision.

Where a representative

- Makes a complaint on behalf of a child or a person who lacks capacity within the meaning of the Mental Health Act 2005 and
- Kingston CCG is satisfied that the representative is not conducting the complaint in the best interests of the person, the complaint must not be considered or further considered and the representative must be notified in writing and state the reason for the decision.

Deciding who can complain can often be a complex issue. If staff are unsure they should contact the Customer Care Officer for clarification and advice.

1.10 **Duty of Candour (Being Open)**

**Transparency and Candour**
Kingston CCG recognises its duties of transparency and candour in dealing with complaints, as proposed by the *Francis Enquiry Report*, and recognises the requirement to promote greater openness throughout the organisation.

### 1.11 Confidentiality / Consent

The use of patient information to investigate a complaint is a purpose for which it is not necessary to obtain the patient’s express consent. Care must be taken at all times throughout the Complaints Policy and Procedure, to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint, and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint.

### 2 LOCAL PROCEDURES

#### 2.1 Kingston CCG Complaints

Complaints about Kingston CCG, and the services it provides and commissioners should be dealt with as follows:

All Kingston CCG staff are encouraged, in conjunction with their line manager, and if appropriate, the Customer Care Officer, to deal with concerns and requests for information to which they can provide an immediate response. Details of the concern and the action taken must then be lodged with the Customer Care Officer to be captured/recorded on the DATIX system. This will then help identify trends. If the matter remains unresolved, the person should be informed of the complaints policy and helped to access that procedure. Any formal complaint must be forwarded to the Customer Care Officer.

Any unresolved complaint must be passed to the Customer Care Officer to be logged and acknowledged within three working days of its receipt, no individual member of staff should acknowledge a formal complaint letter personally, (see appendix B for time limits). The Customer Care officer will take reasonable steps to contact the complainant prior to an investigation in order to discuss how the complaint will be handled, clarify what the complaint is and what the hoped for outcome and when the complainant should receive a response. The complainant will be advised in the acknowledgement that support can be provided to them by the Independent Complaint Advocacy Service, along with the contact details.

Complaints can be received via post, email or verbal. Verbal complaints should be written up as a record and this can be provided by Customer Care Officer. The record must then be sent to the complainant with the acknowledgement and an invitation to confirm that it is an accurate representation of their complaint. The complainant will be given 2 weeks to review and return it to the Customer Care Officer. Upon receipt of the signed agreed statement by the Customer Care Officer, the complaints investigation will start.
Normally a complaint should be made within 12 months from the date the incident occurred or within 12 months of the date of discovering the problem. There is discretion for the Customer Service Team to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier and where it is still possible to investigate the facts of the case effectively. Where it is decided not to investigate, the complainant will have the opportunity to approach the Health Service Ombudsman. The Manager will aim to provide the Customer Care Officer with the results of the investigation within 20 working days in order that a response, under the signature of the Chief Officer can be sent to the complainant within 25 working days (or a time agreed with the complainant). Any issues involving clinical judgement will be agreed with the clinician involved.

The response should include an apology wherever possible, an explanation, details of any actions taken to prevent a recurrence of the incident and information about the Parliamentary Health Service Ombudsman. The Manager will record any actions taken as part of this process.

If it is not possible to respond to the complainant within the agreed time scale, the complainant will be contacted and advised of the delay and agree a new response time, which normally should not exceed twenty working days for the date of that conversation/confirmation letter.

A meeting can be offered as part of the resolution process and the Customer Care Officer can arrange some form of dispute resolution to aid this process, including the possible use of a Lay Conciliator/Mediator.

The Customer Care Officer will refer any issues relating to incidents, to the Quality Manager and also alert the Director of Quality & Governance.

The Customer Care Officer will refer any requests for information such as Freedom of Information to the FOI lead.

2.2 Non NHS Providers

Non NHS providers are expected to have local complaints procedures, which are comparable with those operated in the NHS as per the NHS Standard Contract 2016/17, Service Conditions SC16 complaints.

Complaints relating to NHS purchased care provided by a non NHS provider, which are directed to Kingston CCG, will be dealt with in accordance with the procedure set out in 2.1 above. The provider will also have to co-operate in the investigation of any multi-sector complaints in which it was involved (see Appendix A) or any investigation by the CCG when requested by the complainant.
2.3 Complaints about or involving another Sector of the NHS and/or the Local Authority

Complaints may sometimes need to be redirected to another agency within the NHS or to the Local Authority. Also cases can require multi-agency investigations.

2.3.1 Complaints received by the Local Authority

Where a complaint would be handled by the Local Authority the CCG must check with the complainant within 3 working days of receipt whether they wish the details of the local authority complaint to be sent to the local authority which it relates to. If the complainant wants the details to be forwarded, this must be done as soon as reasonably practicable. The complainant must also be notified that this has been done.

The CGG and the local authority have a duty to co-operate with a view to the complainant receiving a co-ordinated response to the complaint. This includes a duty to share relevant information, which is reasonably requested, attend any meeting required in consideration of a complaint, seek to agree which body should take the lead in co-ordinating and responding to the complaint.

Where a complaint would be shared between the CCG and local authority, the authority should be notified within 10 working days.

2.3.2 Complaints received to another sector of the NHS

When a complaint is made about another section of the NHS or a commissioned service and the CCG is asked to investigate, the Customer Care Officer will coordinate this and ensure the complainant receives a response from all parties.

3. PERSISTENT COMPLAINANTS

There are a small number of complainants who, because of the frequency of their contact with the customer care team, hinder consideration of their or other people’s, complaints. Exceptionally, action will be taken to limit their contacts. Details of this process are included in Appendix D.

4. STAFF WHO ARE THE SUBJECT OF COMPLAINTS

The CCG recognises that complaints about staff will be made. It will, as far as possible, resist assigning blame. Staff will be informed of the details of any complaints made against them, have the opportunity to answer the complaint and be kept informed of the progress of the complaint and its outcome by their manager.
The CCG does not expect staff to tolerate any form of abuse from service users or others during complaint management. Staff are not expected to put themselves in situations where they feel they may be at risk when dealing with complaints.

Abuse, harassment or violence of any kind towards members of staff will not be tolerated. Personal contact may be withdrawn from any individual who acts in this way.

Staff will not be expected to undertake home visits or to meet people on their own if they feel themselves to be at risk. Alternative places to meet may be arranged and they may take a colleague with them.

5. **SERVICE IMPROVEMENTS, CLINICAL GOVERNANCE AND PERFORMANCE MONITORING**

5.1 **Service Improvements and Clinical Governance**

Managers should use the issues raised in individual complaints to explore and, where appropriate, initiate service improvements.

If information from complaints and/or evidence from other sources, including that provided by other staff, indicates that patients could be at risk the commissioning manager will have the discretion to discuss the matter confidentially with the Director of Quality and Governance and be guided by them as to the most appropriate action to be taken.

5.2 **Performance Monitoring**

**Reports to Kingston CCG Integrated Governance Committee**

A report setting out anonymised details of complaints lodged against the CCG and local providers, along with independent review activity will be submitted to the Integrated Governance Committee at the end of each quarter. Quarterly reports will specify the number of complaints received, identify the subject matter, summarise the handling of the complaint including the outcome and identify any cases dealt with by the PHSO. Complaints are also a standard agenda item at all the Clinical Quality Review Group meetings with providers.

An annual complaints report will also be produced covering the year April to March and will be presented to Governing Body at their meeting held in public. The Board will support services in making any necessary change as identified following an investigation, to a level it considers reasonable.

**Responsibility for complaints arrangements**

The Chief Officer is the person ultimately accountable for the quality of care within the organisation and is responsible for responding in writing to all complaints. The Director of Quality & Governance will take responsibility for ensuring compliance with the
Complaints Regulations and procedure. The designated member will also be responsible for ensuring action is taken in light of the outcome of any investigation.

Regional and National Returns

The annual complaints report will be copied to NHS England. The Korner (KO41a) returns will be provided quarterly on request to the Department of Health via an online data collection system.

Complaints Monitoring

Complaints will form an integral part of the clinical governance, contract monitoring and performance management processes of the CCG and commissioned services. This will be achieved through the regular review of complaints lodged with the CCG itself, NHS England and the main service providers, thus ensuring that the required quality of service provision is achieved and maintained.

Managers should use the issues raised in individual complaints to explore and, where appropriate, initiate service improvements. Issues arising from complaints, problems and other user feedback should be a standard item for discussion at team meetings.

6 RETENTION OF RECORDS

Complaints files relating to CCG complaints investigations will be held by the organisation for a minimum of 10 years.

7 POLICY REVIEW DATE

This policy will be reviewed every three years or as required following any changes or updates to national guidance.

8 IMPLEMENTATION, AUDIT AND REVIEW AND THE NEW REQUIREMENTS

Staff will be made aware of this policy through communications and staff briefings and team meetings.

This policy will be made available on the CCG website and GPTeamNet.

The responsibility for ensuring local implementation of the policy and the dissemination of appropriate training rests with line managers.

Managers will keep evidence of their compliance with this policy and the requirements; for example notes from team briefings, and record of training.

All new staff will be introduced to the complaints policy as part of their induction and this is the responsibility of the line manager.

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Page 18 of 35
APPENDIX A

PROCEDURE FOR DEALING WITH COMPLAINTS WHICH INVOLVE ANOTHER SECTOR OF THE NHS AND/OR THE LOCAL AUTHORITY

SINGLE SECTOR COMPLAINTS
If a complaint is received which relates to another sector of the NHS or the Local Authority, the following process should be followed.

In this context “receiving officer” relates to the officer receiving the complaint from the complainant, “appropriate officer” relates to the officer who is responsible for ensuring the complaint is investigated.

a) Written complaint

i) The complaint should be acknowledged by the receiving officer, in writing, within three working days of receipt at the CCG by the Customer Care Officer.

ii) The acknowledgement letter should contain details of the individual to whom the complaint has been passed (name, title, organisation, address, tel. no.).

iii) If the complainant/patient’s consent to refer is not implicit in the letter this should be sought before the complaint is forwarded.

iv) The letter of complaint and copy of the acknowledgement should be sent with a covering letter to the appropriate officer within three working days of receipt/consent being received.

v) It should be considered good practice to make a telephone call to the officer to whom the complaint is being sent in order that they are aware a matter is being referred.

vi) Where the receiving officer has any doubts as to the identity of the appropriate investigating officer telephone enquiries should be made to ensure the matter is referred correctly.

b) Oral complaints

Where a complainant is enquiring how to lodge a complaint, the receiving officer should give either:

- Details of the appropriate officer’s name, organisation, address, tel. no.

  Or

- Offer to ask the appropriate officer to contact the complainant. In this case the complainant’s full details, including telephone number, should be taken and passed to the appropriate officer within one working day.
Where the complainant makes a statement of complaint, the receiving officer should offer to pass the details of the complaint to the appropriate officer, either:

- By telephoning within one working day. This should then be confirmed in writing.

Or

- In writing within two working days, setting out the basis for the complaint.

This letter should be copied to the complainant with a covering note confirming details of where the complaint has been sent.

**MULTI-SECTOR COMPLAINTS**

**Complaints involving more than one Health Agency**

Where a complaint spans more than one health agency, discussions should take place between the relevant Customer Care Officers as to whether the issues should be handled separately or as part of a joint response. In the case of a joint response, one officer should be nominated to co-ordinate the investigation and to be the main point of contact for the complainant during the investigation. The complainant should be provided with details of how the investigation will take place and the appropriate NHS timescales should apply.

Joint responses should generally be jointly signed by the respective Accountable Officer / Chief Executives/ GPs.

**Local authority and health**

This section of the procedure covers complaints received by either Kingston Local Authority or a branch of the Kingston health economy (e.g. GP practice), which relate to a service which involves the CCG, either concerning

a) a jointly managed agency, or
b) the services of both agencies.

**The procedure**

a) When a multi-agency complaint is received either an NHS agency or the Local Authority, the Customer Care Officer of the receiving authority will:

- Agree a written statement of the grievance with the complainant if this is not already available.
- Acknowledge the complaint in writing within three working days.
Send a copy to the other agency’s complaints officer within three working days of receipt.

b) Within five working days of receipt of the complaint, the Customer Care Officers should discuss the most effective way forward, ensuring that the complainant and staff are comfortable with the process being adopted. The method of investigation will take into account the NHS complaints procedures and those adopted by the relevant department of the local authority, or other agency.

Examples are:

- Sharing a conciliator.
- Appointing a co-ordinator to oversee and collate all aspects of the complaint investigation.
- Using the “independent person” approach in the case of a complaint linked with Social Services.

- The agreed process, with time scales, should be clearly documented for all concerned and agreement reached on sharing any financial resource implications.

- One of the officers should be nominated to take the lead and be the main point of contact for the complainant during the investigation.

- Once the findings of the investigation are known, relevant senior staff from each organisation involved should:
  - Collectively decide on a course of action as a result of the complaint. One of the main objectives of a complaints investigation is to highlight where services can be improved. Complaints relating to both health and local authority services are likely to identify areas of joint responsibility which need to be discussed and reviewed.
  - Agree the response to accompany the report to the complainant and decide who will sign the letter. It is recommended that in most cases it will be a jointly signed response.

**Appeals process**

The response to the complainant should include details of redress if the complainant remains dissatisfied.

Any redress must take into account the guidance and legislation surrounding both health and local authority complaints procedures.

**Taking forward the recommendations**
Recommendations for service improvements arising from a joint complaint investigation will be agreed by the Governing Body or a sub committee of the Governing Board & the local authority.

The nominated senior manager will decide how the recommendations should be taken forward, by whom and with what overall timescale.

The nominated senior manager will monitor the progress and ensure the recommendations are actioned.

This procedure would take place regardless of any further action being taken by the complainant either through the review process of either complaints procedure or through legal channels.
APPENDIX B

COMPLAINTS PROCEDURE

Locally managed complaints time limits

Complaint received by
Kingston CCG

Customer Care Officer
acknowledges complaint (within
3 working days) and logs on
DATIX

Negotiate an extension if more
time is needed

Customer Care Officer
Passes complaint to Director of
Quality & Governance for decision
on investigator

Investigation starts undertaken
by Manager

Investigation and draft response passed to
Customer Care Officer

Response reviewed and signed off by Chief Officer and sent to complainant
within agreed time limit (25 working days)

COMPLAINANT
Dissatisfied

REQUEST TO Parliamentary Health Service Ombudsman

Unresolved concerns sent to
CCG / Meeting offered

Referred back to
LOCAL RESOLUTION

Request rejected

INVESTIGATION Undertaken by the PHSO
And response sent to Complainant and Kingston CCG with outcome, this could include
an apology, redress, compensation
COMPLAINTS PROCEDURE

Complaint received
Non NHS Provider

If low risk
Risk assessment
If moderate or higher risk

Investigation and response

Consult CCG complaints department for advice

Complainant
Dissatisfied

REQUEST TO Parliamentary Health Service Ombudsman
Screened

Referred back to local resolution
Request rejected

INVESTIGATION Undertaken by the PHSO
Response sent to Complainant and KCCG with outcome, this could include an apology, redress, compensation
Appendix C

Kingston Clinical Commissioning Group

PROCEDURE FOR HANDLING PERSISTENT COMPLAINANTS

1 INTRODUCTION

The CCG encourages users to raise concerns and complaints as this is considered important to listen and learn from these. However on rare occasions a persistent complainant may place undue demands on the service. The difficulty in handling such complaints is placing a strain on time and resources and is causing undue stress for staff who may need support in difficult situations. NHS staff are trained to respond with patience and sympathy to the needs of all complainants but there are times when there is nothing further which can reasonably be done to assist them or to rectify a real or perceived problem. It is also recognised that a persistent complainant should be provided with a response to all their genuine grievances and are given details of independent advocacy.

Therefore, in determining arrangements for handling such complainants, staff are presented with the following key considerations:

- To ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed.
- To appreciate that habitual complainants believe they have grievances which contain some genuine substance.
- To ensure an equitable approach.
- To be able to identify the stage at which a complainant has become habitual.

2 PURPOSE OF THIS POLICY

All complaints handled by the CCG are processed in accordance with NHS complaints procedures. During this process CCG staff inevitably has contact with a small number of complainants who absorb a disproportionate amount of NHS resources in dealing with their complaints. The aim of this policy is to identify situations where the complainant might be considered to be persistent and to suggest ways of responding to these situations which are fair to both staff and complainant.

It is emphasised that this policy should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS complaints procedures, for example through local resolution, conciliation, and involvement of independent advocacy as appropriate. Judgement and discretion must be used in applying the criteria to identify potential habitual complainants and in
deciding the action to be taken in specific cases. This policy should only be implemented in relation to a specific complainant, following careful consideration by, and with the authorisation of, the appropriate Lay member and Chief Officer of the CCG.

3 DEFINITION OF A PERSISTENT COMPLAINANT

Complainants (and/or anyone acting on their behalf) may be deemed to be persistent where previous or current contact with them shows that they meet at least TWO of the following criteria:

Where complainants:

a) Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted.

b) Seek to prolong contact by changing the substance of a complaint or continually raising new issues and questions whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints).

c) Are unwilling to accept documented evidence of treatment given as being factual e.g. drug records, GP records, nursing notes.

d) Deny receipt of an adequate response despite evidence of correspondence specifically answering their questions.

e) Do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.

f) Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of CCG staff and, where appropriate, independent advocacy, to help them specify their concerns, and/or where the concerns identified are not within the remit of the Clinical Commissioning Group to investigate.

g) Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is a ‘trivial’ matter can be subjective and careful judgement must be used in applying this criteria).

h) Have, in the course of addressing a registered complaint, had an excessive number of contacts with the CCG placing unreasonable demands on staff. (A contact may be in person or by telephone, letter or E-mail. Discretion must be used in determining the precise number of “excessive contacts” applicable
under this section using judgement based on the specific circumstances of each individual case).

i) Are known to have recorded meetings or face to face/telephone conversations without the prior knowledge and consent of the other parties involved.

j) Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

k) Have threatened or used actual physical violence towards staff or their families or associates at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication.

l) Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this.) Staff should document all incidents of harassment in line with the Zero Tolerance Procedures, completing an incident form.

4 PROCEDURE FOR DEALING WITH PERSISTENT COMPLAINANTS

a) Check to see if the complainant meets sufficient criteria to be classified as a persistent complainant.

A meeting (this may be virtual) will be convened with a lay officer and to agree the way forward.

Where there is an on-going investigation

b) The nominated senior manager should write to the complainant setting parameters for a code of behaviour and the lines of communication. If these terms are contravened consideration will then be given to implementing other action.

Where the investigation is complete

c) At an appropriate stage, the Chief Officer, should write a letter informing the complainant that:

- they have responded fully to the points raised, and
- have tried to resolve the complaint, and
- there is nothing more that can be added,
therefore, the correspondence is now at an end.

The CCG may wish to state that future letters will be acknowledged but not answered.

d) In extreme cases the CCG should reserve the right to take legal action against the complainant.

5 WITHDRAWING ‘PERSISTENT’ STATUS

Once complainants have been determined as ‘persistent’ there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending ‘persistent’ status and discretion should similarly be used in recommending that this status be withdrawn.
**APPENDIX D**

### DIVERSITY MONITORING FORM

“Diversity monitoring” is the name given to personal information we collect about the people who use our services, our local communities, people who work for us or and those whom we engage with.

Wherever you go, people want to know your business. Your age, gender, sexuality, race, religion, whether you’re disabled... Where does all this information go? Will it make any difference to me? Yes it will!!!!! This information helps us to ensure we are engaging and improving services for all our population, our patients and our workforce.

We really want to make a difference but need your help to do so. Please complete the diversity monitoring form and return it with your booking form.

1. **GENDER**
   - ☐ M
   - ☐ F
   - ☐ Transgender
   - ☐ Prefer not to say

2. **MARITAL STATUS**
   - ☐ Single
   - ☐ Partnered
   - ☐ Married

3. **PREGNANT?**
   - ☐ Yes
   - ☐ No
   - ☐ Partner is pregnant

4. **SEXUALITY**
   - ☐ Heterosexual
   - ☐ Bisexual
   - ☐ Gay
   - ☐ Lesbian
   - ☐ Prefer not to say

5. **AGE GROUP**
   - ☐ 19-25
   - ☐ 26-35
   - ☐ 36-45
   - ☐ 46-55
   - ☐ 56-65
   - ☐ 66+
   - ☐ Prefer not to say

6. **ETHNICITY**

   A. **White**
      - ☐ English/Welsh/Scottish/Northern Irish/British
      - ☐ Irish
      - ☐ Gypsy or Irish Traveller
      - ☐ other White background __________________________

   B. **MIXED/MULTIPLE ETHNIC GROUP**
      - ☐ White and Black Caribbean
      - ☐ White and Black African
      - ☐ White and Asian
      - ☐ other mixed background __________________________

   C. **Chinese/Asian or Asian British**
      - ☐ Indian
      - ☐ Pakistani
      - ☐ Bangladeshi
      - ☐ Chinese
      - ☐ other Asian background __________________________

   D. **Black/African/Caribbean/Black British**
      - ☐ Caribbean
      - ☐ African
      - ☐ other Black/African/Caribbean background __________________________
      - ☐ Prefer not to say

7. **DISABILITY: Disability is defined as a long term mental or physical impairment that**
   - ☐ Yes
   - ☐ No
   - ☐ if yes, in what way?
8. RELIGION OR BELIEF

- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief: ___________________  
  
  □ Prefer not to say

Thank you for taking time to complete this form.

Please email back to leigh.broggi@nhs.net or post to the address above
APPENDIX E

Patient/Complainant Consent Form

I (insert name).........................................................................................

of (insert address)................................................................................

.................................................................................................................give my consent
for information, passed to you in my letter of complaint to be shown to the Practitioner
concerned for comment.

I understand that any information given about myself is limited to that which is relevant to the
investigation of the complaint and is only disclosed to those people who have a need to know
in order to investigate the complaint.

Signature of Patient/Complainant: _________________________________

Date: _________________________________
Patient/Complainant Consent Form

I (insert name)…………………………………………………………………………………………………………………………………………

of (insert address)…………………………………………………………………………………………………………………………………..

give my consent for (insert name of person acting on your behalf)……………………

to act on my behalf in the matter of a complaint made to Kingston Clinical Commissioning Group.

I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint and is only disclosed to those people who have a need to know in order to investigate the complaint.

Signature of Patient/Complainant: ________________________________

Date: __________________________________________

Please return to: NHS Kingston CCG.
Patient/Complainant Consent Form

I (insert name)……………………………………………………………………………………………………

of (insert address)……………………………………………………………………………………………………

give my consent for (insert name of person acting on your behalf)………………………………………

to act on my behalf in the matter of a complaint against Kingston Clinical Commissioning Group.

I understand that any information given about myself is limited to that which is relevant to the investigation of the complaint and is only disclosed to those people who have a need to know in order to investigate the complaint.

Signature of Patient/Complainant: ________________________________

Date: ________________________________

Please return to: NHS Kingston CCG.
TO WHOM IT MAY CONCERN

FORM OF CONSENT

ACCESS TO MEDICAL RECORDS

I hereby give my consent for my medical records to be sent to Leigh Broggi, Customer Care Officer, Kingston Clinical Commissioning Group.

I understand that my records may be made available, in confidence, to anyone appointed by the Clinical Commissioning Group for the purpose of investigating my complaint.

Name:

Signature: .................................

Date: .................................
FORM OF CONSENT

I confirm that (insert name) ................................................................. of

(insert address) .................................................................

have authority to make enquiries on my behalf regarding treatment and care I received at .........................................................

I also confirm that I consent to information being shared with ........................................... by the other healthcare providers involved with my care, in order to address the issues raised in .........................................................

I understand that this information is being obtained for the purposes of an investigation which is being carried out under the NHS Complaints Procedure.

I understand that the hospital has a duty of confidentiality towards patients that by giving this authority the above persons may become aware of information about my personal circumstances, including details of my clinical condition and treatment. I also understand that in order to respond to the enquiries made it is necessary to share information about me with those involved in the investigation.

Signed: ....................................................... Date: ..............................

Print Name: