Complaints and Concerns Policy

“Listening, Learning and Improving – Making Experiences Count”

To make sure the services provided by NHS Fylde and Wyre Clinical Commissioning Group (FWCCG) are accessible, this policy is available on request in a variety of formats including large print, Braille, on audio cassette or computer disk. We can also provide help for British Sign Language users and provide information in languages other than English. Our website is enabled by Browse Aloud technology, which allows easy access for users with special requirements.

FWCCG is committed to Equality and Human Rights and our Equal Opportunities Policy. This Policy will be applied fairly to all, irrespective of gender, marital status, responsibility for children or dependants, gender reassignment, race, nationality, ethnic/national origin, religion, political beliefs, disability, sexual orientation, age, trade union activities or any other factor which could lead to the experience of discrimination. Requests made under this Policy and the outcomes for staff returning from career breaks will be monitored to ensure that all groups of staff are treated fairly.

Policy/Procedure No:
Author: Claire Lewis, Amanda Bate, David Brewin, Carol Hannon
Department: Quality
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Review Date: 01 September 2018
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1.0 Introduction and Purpose

This Policy has been produced in accordance with the legal requirements of Statutory Instrument 2009 No. 309, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. We will act in accordance with the NHS Constitution and in line with the Francis Report (2013) and Clwyd Hart Review (2013) and we will be guided by best practice.

Midlands and Lancashire Commissioning Support Unit (the CSU) manage complaints on our behalf and also offer a Patient Advice and Liaison Service (PALS). We are committed to working with the CSU to provide the best service for patients, their families and carers. The purpose of this document is to set out our approach to complaint handling.

FWCCG place a high priority on the handling of concerns and complaints (the 3 Cs) and we recognise they are a valuable aid to improving services.

The primary objective of this policy is to provide a high quality investigation and resolution of a concern or complaint as quickly as is possible. The aim is to satisfy the complainant that his/her concerns have been addressed, while being fair to staff and the complainant alike. Wherever possible, staff handling complaints will provide ‘on the spot’ resolution of queries and concerns raised by patients and the public.

The CCG is committed to equal opportunity. No patient, or any other person involved in the investigation and resolution of a complaint, will receive unfair treatment on the grounds of age, colour, ethnic or national origins, religious and political beliefs, gender, marital status, sexual orientation or disability or trade union membership. The CCG monitor each complaint within the ‘Insight’ database and there will be a record of whether there is any Equality Impact issue. If so, the CCG will be notified.

All complaints are made in confidence and will not affect the provision of treatment.

2.0 Scope

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 cover both Adult Social Care and all NHS services, including General Practitioners, (GP) Dentists, Pharmacists, Opticians and NHS Health care within the Prison Service. These are known as Responsible Bodies. Responsible Body means a Local Authority, NHS Body, Primary Care Provider or Independent Provider.

Services relating to GPs, dentists, pharmacists, optometrists and prison healthcare providers are commissioned by NHS England Sub Regional teams and so any complaint for these services will be their responsibility and are outside the scope of this policy.

Please note that this policy excludes letters received from Members of Parliament (MPs), which are also outside of the scope of this policy.

Existing or former users of services provided by the Responsible Body may complain. Other people may complain on their behalf where the Responsible Body accepts them as a suitable representative and where they have consent. This includes any person who is affected by or
likely to be affected by the action, omission or decision of the Responsible Body which is the subject of the complaint.

In addition to complaints, comments and concerns NHS FWCCG welcomes all compliments about the NHS services we provide or commission. These will be recorded on the ‘Insight’ database.

2.1 Regulation Considerations

The Responsible Body must involve the complainant at the beginning of the process. Agreement must be reached on how to get the most satisfactory outcome and this will depend on the complainant’s expectations.

All Responsible Bodies have to ensure that information about individual service users and patients is protected, in line with the requirements of the Data Protection Act, Caldicott Principles and the confidentiality policies of each signatory organisation.

The complaints procedure is confidential and protecting Patient Identifiable Data (PID) is a priority, however under certain circumstances such as Child Protection issues, or where there are Children/Adult Safeguarding issues, other responsibilities override this duty. In these circumstances we will follow the guidance in the NHS Confidentiality Code of Practice (Department of Health 2003) and Data Protection, Caldicott and Confidentiality Policy.

Complaints are viewed in the context of safeguarding and Mental Capacity Act implementation. Robust measures are in place to identify if a complaint has any element which would constitutes a potential safeguarding or Mental Capacity Act Implementation issue or concern. Where a complaint involves a potential safeguarding or Mental capacity Act implementation Issue or concern, then the complaint should be reported immediately to the CCG Safeguarding team in order to consult and cross reference with the requirements of the Safeguarding policy. This would ensure any Safeguarding and MCA Issues are appropriately captured and managed.

The complainant must give their consent before information about the complaint is passed between organisations. Wherever possible this should be in written form, but otherwise verbal consent should be recorded and logged. If the complainant does not agree to the complaint being passed to other organisations, the Responsible Body should:

• Seek to resolve any issues or concerns with the complainant regarding the scope and remit of any investigation

• Offer any liaison that could contribute to resolving the matter, remind the complainant of their entitlement to contact the specific organisation or agency directly.

Where someone is receiving a mix of Social and Health care, the Regulations provide for co-operation between the different authorities so that the complainant should only have to deal with one lead body. Where there are two or more NHS bodies providing treatment the complainant should only receive one co-ordinated response.

A complainant can complain directly to the service they are unhappy with, or alternatively to the CCG who commission the service.

When making a complaint, the complainant may expect to:
• Have a complaint dealt with efficiently and have it properly investigated;
• Know the outcome of any investigation into the complaint;
• Take their complaint to the Independent Parliamentary and Health Service
  Ombudsman (PHSO) if they are not satisfied with the way their complaint has been
  handled and with the outcome, (see section 3.5 below);
• Make a claim for Judicial Review if they think they have been directly affected by an
  unlawful act or decision;
• Receive compensation where they have been harmed by negligent treatment.

2.2 The following complaints are not required to be dealt with under these
Regulations:

Some types of complaints fall outside the scope of this policy and procedure. They include:

• ‘Service to service’ complaints where a health organisation or Local Authority
  makes a complaint about another health organisation or local authority.
• A complaint by an employee of a Local Authority or NHS body about any matter
  relating to employment or contractual matters.
• A complaint, which is made orally and is resolved to the complainant’s
  satisfaction, not later than the next working day;
• A concern, the subject matter of which is the same as that of an oral complaint
  that has previously been made, resolved and recorded;
• A matter that has already been investigated under the complaints regulations;
• A complaint, the subject matter of which is being or has been investigated by a
  Local Commissioner under the Local Government Act 1974 or a Health Service
  Commissioner under the 1993 Act;
• A complaint arising out of the alleged failure by a responsible body to comply
  with a request for information under the Freedom of Information Act 2000;
• A matter arising out of an alleged failure to comply with a data subject request
  under the Data Protection Act 1998
• A complaint, which relates to superannuation of persons engaged in health
  service, compensation for loss of service of the Superannuation Act 1972, or to
  the administration of those schemes. (S.I. 2009 No. 309)
• Complaints about privately funded healthcare
• If a complaint is also part of an on-going police investigation or legal action it will
  be discussed with the relevant police authority or legal advisor and only
  continue as a complaint if it does not compromise the police or legal action
• Matters which are being or have been investigated by the Ombudsman
• Concerns raised under the Public Interest Disclosure Act 1998 (whistle blowing)

In these circumstances, we will write to the complainant and explain the reasons for not dealing with the complaint.

2.3 Principles of Handling Comments and Complaints

The CCG is responsible for ensuring that complaints are considered in accordance with the law
and this policy. There are several documents and publications that give us helpful guidance in
how to deal with complaints and concerns.

The Parliamentary and Health Service Ombudsman (PHSO) 2009 guidance setting out
‘Principles of Good Administration, Principles of Good Complaints Handling and
Principles for Remedy.’ These three sets of principles outline the approach to be taken by public bodies when delivering good administration and customer service, and how to respond when things go wrong. They underpin the Ombudsman’s assessment of performance, their vision of good complaint handling and their approach to put things right. The same six themes which apply to each of the three principle documents are:

- Getting it right;
- Being customer focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right; and
- Seeking continuous improvement.

These documents also provide some specific rights for patients. These include:

- Have their complaint acknowledged and properly investigated.
- Discuss how the complaint will be handled and when they can expect a reply.
- To be kept informed of the progress and promptly told the outcome.
- Have access to further redress through the PHSO, the Information Commissioners Office format needs sorting for this bit.... or legal channels including Judicial Review.

The PHSO also issued ‘My Expectations for Raising Concerns and Complaints’ which articulates a user led vision for raising complaints and concerns based around a series of ‘I’ statements across the life cycle of a complaint. For example, when someone is considering making a complaint they should be able to say ‘I felt confident to speak up’ and they would know they had a right to complain, they knew how to complain, they could receive support to complain and their future care would be unaffected. A summary of the ‘I’ statements is below.

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

The ‘Good Practice Standards for NHS Complaints Handling’ published by the Patients Association in September 2013. The standards can be summarised as:

- Openness and transparency, including well publicised and accessible information that is understood by all parties to the complaint.
- A consistent approach, centered on evidence based and complainant led investigations and responses
- A logical and rational approach.
- Provide opportunities to give feedback on the complaints service
- Offer support and guidance throughout the complaint process
• Provide a level of detail which is proportionate to the complaint
• Identify the cause of the complaint and take action to prevent recurrence
• Using lessons learned as to make changes and improvements
• Ensure that ongoing care is not affected by having complained.

The CCG complaints system will enable patients and the public to readily make their own views known, without fear of discrimination and will form part of an integrated process for reporting and handling incidents that ensures that lessons learned are widely disseminated.

The CCGs and the CSU will promote equality of access to making a complaint and will ensure that people from minority and disadvantaged communities are given full and equal access to the Complaints and Concerns Policy and Procedure. We acknowledge that it may be difficult for some people to express their concerns and the CCG and CSU will encourage people to voice their opinions where appropriate. The PALs service will be an important point of contact, or referral, to facilitate this.

The handling of complaints must operate to the principles of the Mental Capacity Act 2005 and the Data Protection Act 1998. Confidential patient information should never be disclosed to a third party unless the patient has given their consent to do so. The CCG and CSU will assume a person has capacity to make their own decisions, and support them to do so. If we assess that a person cannot give consent to investigate a complaint themselves they will seek evidence that the person complaining on the patient’s behalf has the authority to pursue the complaint.

2.4 Roles and Responsibilities

The Accountable Officer has overall responsibility for ensuring compliance with the Regulations and is designated as the ‘Responsible Person.’

The Quality Team at FWCCG are responsible for the delivery of the NHS Complaints Procedures and ensuring that they are delivered in a timely and sensitive manner.

The Customer Care Team in the CSU are responsible for the day to day handling of the process and are also responsible for the co-ordination of information requests from the Parliamentary and Health Service Ombudsman (PHSO).

The Customer Care Team is responsible for providing service users and staff with all appropriate information on the Complaints Procedure.

Designated investigating leads, either from CCG or CSU will be identified and be responsible for undertaking a detailed investigation of each complaint. The investigation will be conducted through the local resolution stage, on behalf of the Accountable Officer

2.5 Litigation and the NHS Complaints Procedure

If a person indicates an intention to commence legal proceedings there is no requirement to cease a complaint investigation. FWCCG would be guided by Legal Advisors.

3.0 Definition of Terms Used and Glossary
• A **complaint** is an expression of dissatisfaction that requires a formal response. It is usually a problem which has not yet been resolved, or which concerns past treatment. It can be made face to face or over the telephone (verbal complaints) or by letter and e-mail (written complaints.)
• A **concern** is a problem which can be dealt with more quickly and informally. This is usually by then of the working day after it is received.
• **Local Resolution** is the investigation and resolution of complaints under the first stage of the NHS complaints procedure. It includes everything we do locally, before a complaint is considered by an Ombudsman.
• A **Serious Incident(SI)** is an incident or near miss occurring on health service premises or in relation to health services provided, resulting in death, serious injury or harm to patients, staff or the public, significant loss or damage to property or the environment, or otherwise likely to be of significant public concern.
• The **Ombudsman** refers to the Parliamentary and Health Service Ombudsman who are the second stage of the NHS complaints procedure. If the CCG cannot resolve a complaint, the complainant has the option to approach the Ombudsman for a review. The Ombudsman will assess if the CCG has acted fairly in the complaint investigation and if the response has adequately addressed the complaint.
• Local **advocacy** services are available to act on a patient’s behalf throughout the complaint process including dealing with the Ombudsman.
• The **Local Authority Social Services and National Health Service Complaints (England) Regulations 2009** is the legislation which provides the framework for managing complaints in the NHS.
• **Insight** is the CCG’s risk management system which is used for the recording and reporting of incident, complaints, PALS, claims and organisational risks.
4.0 Stages in the NHS Complaints Procedure

4.1 Time Limits for making a complaint

A complaint must be made no later than 12 months after the date on which the matter that is the subject of the complaint occurred. Or, if later, the date on which the matter that is the subject of the complaint came to the notice of the complainant, in which case the complainant must lodge the complaint as soon as is reasonably practicable. Concerns may be considered at any time.

The time limit above will not apply if the CSU are satisfied that the complainant had good reasons for not making the complaint within the time limits and it is still possible to investigate the complaint effectively and fairly. (Appendix 1).

4.2 Local Resolution

If a patient, their family or carer has a concern or complaint, any member of staff identified in the scope of this policy can provide information and possibly an early resolution. This may avoid the need to formalise a complaint in some cases. All concerns and complaints may be received in writing, verbally (Appendix 2) or electronically. They must be reported to the Customer Care Team and recorded on the Insight system. CCG staff should use the form at Appendix 2 to record and submit to Customer Care Team.

Under the NHS complaints process, complaints can be made directly to the provider of services or to the commissioner of services,

When a CCG receives a complaint about a service it commissions, they may decide to deal with the complaint or decide that it is more appropriate for the provider to do so. In the latter case, and with the patient’s consent, the complaint will be forwarded to the provider for investigation and details of the outcome will be forwarded to CCG for monitoring purposes.

The Customer Care Team can act as a gateway to Advocacy Access if a client wishes to make a formal complaint.

At all times in the procedure, the complainant will be advised of the availability of Advocacy Access to assist with their complaint.

The Responsible Body receiving the complaint must acknowledge the complaint within three working days and discuss the following with the complainant:

- The manner in which the complaint is to be handled; e.g. written, verbal, face-to-face;
- Consent to share information;
- The period in which the investigation of the complaint is likely to be completed (normally within 40 working days and no later than six months as this may result in referral to the Ombudsman);
- That they will receive a written response signed by the Responsible person within the agreed response period.

This is the Local Resolution process and it is anticipated that most cases will be resolved at this stage. (Appendix 6)
4.3 Risk Assessing the Complaint

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

Step one: deciding how serious the issue is

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

Step two: deciding how likely the issue is to recur

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare</td>
<td>Isolated or ‘one off’ – slight or vague connection to service provision.</td>
</tr>
<tr>
<td>Unlikely</td>
<td>Rare – unusual but may have happened before.</td>
</tr>
<tr>
<td>Possible</td>
<td>Happens from time to time – not frequently or regularly.</td>
</tr>
<tr>
<td>Likely</td>
<td>Will probably occur several times a year.</td>
</tr>
<tr>
<td>Almost certain</td>
<td>Recurring and frequent, predictable.</td>
</tr>
</tbody>
</table>

Step three: categorise the risk
Serious Incidents (SIs) and Complaints

The procedure for investigating SIs is separate from the Complaints procedure and is managed in accordance with the CCGs Serious Incidents Policy. If during the course of investigating an SI, a complaint is also received, the incident procedure will normally take precedence in terms of the investigation. If a complaint investigation reveals the need to take action under the SI procedure the incident procedure will normally take precedence in terms of investigation.

In these circumstances the complainant will be notified of the SI investigation and will be kept updated on the progress by the Customer Care Team. The issues raised in a complaint will not always be exactly the same as those investigated under the SI procedure and a separate and full response to the complaint will be required.

The CCG would endeavour to mobilise a clear plan of action regarding investigation of SI within 24 hours; would make personal contact with client, either by meeting or by telephone and on an organisational level, would immediately brief the Executive. CCG would also mobilise provider of service to take action as above.

4.4 Clinical Review

Where a complaint has a clinical element, it will be reviewed by a suitable clinician, identified by FWCCG.

4.5 The Parliamentary and Health Service Ombudsman

If the complainant remains dissatisfied following receipt of the written response they have the right to ask the Parliamentary and Health Service Ombudsman, (PHSO) to review their complaint. They are independent of the NHS and will advise the complainant in writing of the outcome of their application.

5 Monitoring Compliance with this Policy

In addition to complaints and concerns FWCCG welcomes all compliments about the NHS services provided. Details will be recorded on ‘Insight’ database.

To monitor compliance, accurate records will be kept to provide evidence which can be collated and reported anonymously to the Quality Improvement, Governance and Engagement Committee. This will include evidence of outcomes, trend analysis and resulting changes to service/practice.
With effect from October 2015, complaints data will be triangulated to include ‘soft intelligence’ gathered by Engagement Team. Complaints data is used to review Care Pathways and inform commissioning intentions.

The CCG actively encourages patients, carers and their families to share their experiences of NHS services locally. This information is collated and triangulated with a range of data to monitor themes and trends. As part of our patient experience monitoring we regularly report our data to our various patient forums and quality committees. This includes a ‘You Said’ We Did’ section to enable the CCG to demonstrate how this information has been used to improve the quality of services in Fylde and Wyre, based on the feedback we receive.

5.1 Monitoring of and Learning From Complaints

- The CCG has an obligation to ensure that all complaints are evaluated and changes to procedures or services made as appropriate.

- An anonymised quarterly report will be submitted to the Quality Improvement, Governance and Engagement Committee, giving an analysis of all the identified trends and subsequent actions taken.

- Complaints Service Evaluation: A patient questionnaire relating to the management of the complaint will be sent to the complainant on completion of local Resolution (Appendix 3 and Appendix 4).

- Any lessons learned will be disseminated.

6.0 Publicity

6.1 Each Responsible Body must make information available to the public about its arrangements for dealing with complaints and how further information about those arrangements may be obtained.
7.0 Identifying and managing inappropriate and vexatious complaints and/or complainants

7.1 We recognise that occasionally there may be inappropriate and vexatious complaints and/or complainants. FWCCG has therefore introduced a process to address this. This process should be used as a last resort and only after all other reasonable measures have been taken. The process is designed to protect and support staff that are the subject of inappropriate and/or vexatious complaints.

Complaints and/or complainants may be deemed to be inappropriate or vexatious where current or previous contact with them shows that they have met any of the following criteria:

- If the NHS Complaints Procedure has been fully and properly implemented and exhausted;
- If complainants seek to prolong contact by unreasonably raising further concerns or questions after receiving a response or while the complaint is still at the investigation stage.
- If the complainant is unwilling to accept documented evidence of treatment given as being factual; or if the complainant denies receipt of an adequate response, despite correspondence specifically answering their questions/concerns.
- If the complainant does not clearly identify the precise issues requiring investigation despite reasonable efforts to assist with this and/or the concerns identified are not within the remit of the CCG to investigate. In the latter case, Customer Care team will assist in advising the complainant of the relevant organisation to contact.
- If physical violence, harassment, bullying and/or abusive behaviour has been used or threatened towards staff or their families/associates at any time. All such incidents will be documented and reported, as appropriate, to the Police Force.
- If unreasonable demands or expectations are made, by the complainant, to the CCG.

7.2 Managing inappropriate and vexatious complaints and/or complainants

- In all circumstances complaints will be dealt with in accordance with the Complaints Regulations. However, if complaints and/or complainants have been identified as being inappropriate or vexatious, in accordance with the above criteria, Chief Nurse will decide on appropriate action.

The Customer Care team will implement such action and notify complainants promptly and in writing the reason why they have been classified as inappropriate or vexatious and the action to be taken, including the option of arranging a meeting with the complainant (see Vexatious Policy).

- This notification must be copied promptly for the information of others already involved in the complaint. A record must be kept for future reference, in complaints specific correspondence but never within patient’s clinical records, of the reasons why a complainant has been classified as inappropriate or vexatious.
8.0 References


9.0 Associated Documents

Ombudsman’s Principles, Parliamentary and Health Service Ombudsman 2009.
# APPENDIX 1

## Summary of Time Limits/Performance Targets

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIME ALLOWED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Complaint</td>
<td>A complaint must be made not later than 12 months after the date on which the matter which is the subject of a complaint occurred, or, if later, the date on which the matter which is the subject of a complaint came to the notice of the complainant.</td>
</tr>
<tr>
<td><strong>LOCAL RESOLUTION</strong></td>
<td></td>
</tr>
<tr>
<td>Oral, written or electronic complaint</td>
<td>Acknowledgement issued – 3 working days of receipt.</td>
</tr>
<tr>
<td></td>
<td>Response period – agreed with complainant – not later than 40 working days, unless agreed with complainant.</td>
</tr>
<tr>
<td>Complainant remains dissatisfied</td>
<td>Offer Conciliation</td>
</tr>
<tr>
<td></td>
<td>Contact Parliamentary and Health Service Ombudsman (PHSO)</td>
</tr>
<tr>
<td>Comments and Concerns</td>
<td>All comments and concerns may be written or oral.</td>
</tr>
<tr>
<td></td>
<td>Response to be made within reasonable, timely period of time.</td>
</tr>
</tbody>
</table>

**Glossary of terms:**

- **Compliment** – positive expression of satisfaction with service or treatment provided.
- **Comment** – feedback on service or treatment, to inform commissioners and/or providers.
- **Concern** – expression of dissatisfaction which requires attention but has not been taken to formal complaint level.
Concerns, and Complaints Form

Date ...........................................

Name of Reporting Manager .................................................................................................

Department/Service .................................................................................................................

Telephone Contact ...................................................................................................................

Details of Verbal Complaint

Name of Person ...........................................................................................................................

Address ....................................................................................................................................

...................................................................................................................................................

Telephone Contact ...................................................................................................................

Email Contact .............................................................................................................................

Patient/Relative/Carer/Other (please delete as applicable)

Outline of Issue

................................................................................................................................................

................................................................................................................................................

................................................................................................................................................

................................................................................................................................................

................................................................................................................................................

Action taken, (if any) ....................................................................................................................

................................................................................................................................................

................................................................................................................................................

 Issue Resolved / Further action required by Customer Care Team (delete as appropriate)

Further action required ................................................................................................................

Please forward to:
Customer Care Team, Midlands and Lancashire Commissioning Support Unit, Jubilee House, Lancashire Business Park, Centurion Way, Leyland, PR26 6TR
Dear Patient

I am writing about your recent involvement in the NHS complaints procedure.

We want to provide a high quality service to patients who make a complaint so I am writing to ask whether you will comment on the service you have received. If you are then please complete the enclosed questionnaire and return it in the envelope provided.

If you prefer not to fill in the form but would still like to make a comment you are very welcome to do so. You can do this in writing or by email to:

Customer Care Team
Midlands and Lancashire Commissioning Support Unit
Jubilee House, Lancashire Business Park
Centurion Way
Leyland
PR26 6TR

Email: customer.care@lancashirecsu.nhs.uk

Telephone: 0800 032 24 24.

I do hope that you are able to find time to provide your comments, as your feedback will be very much appreciated.

Yours sincerely

Customer Care

Enc
Patient Questionnaire

1. I felt that information regarding the complaints process was readily available
   □ Yes
   □ No

2. I felt confident to speak up
   □ Yes
   □ No

3. I felt that making my complaint was simple
   □ Yes
   □ No

4. I felt listened to and understood
   □ Yes
   □ No

5. I felt that my complaint made a difference
   □ Yes
   □ No

6. I would feel confident making a complaint in the future
   □ Yes
   □ No

(Optional)

Name:..................................................  Tel: ...........................................

Address..................................................  Mobile ..........................................

..........................................................  Email:...........................................

If you have any further suggestions or comments that might help us to improve the handling of complaints, please outline them:

Additional comments:

Thank you for taking the time to complete this questionnaire.
It would be helpful to us if you would supply the following details about yourself:

THIS INFORMATION WILL BE HELD IN CONFIDENCE AND WILL NOT BE ATTRIBUTED TO ANY INDIVIDUAL.

Please tick the appropriate box.
☐ You are the patient.
☐ You are complaining on behalf of a patient.

What is the patient’s ethnic origin?
• White
  ☐ British
  ☐ Irish
  ☐ Any other white background

• Mixed
  ☐ White and Black Caribbean
  ☐ White and Black African
  ☐ White and Asian
  ☐ Any other mixed group

• Asian or Asian British
  ☐ Indian
  ☐ Pakistani
  ☐ Bangladeshi
  ☐ Any other Asian background

• Black or Black British
  ☐ Caribbean
  ☐ African
  ☐ Any other black background

• Other ethnic Groups
  ☐ Chinese
  ☐ Any other ethnic group

• Not Stated
  ☐ Not stated

Gender Identity:

  ☐ Male

  ☐ Female

  ☐ Transgender

Please return the completed form in the enclosed envelope.
THE CONCILIATION MEETING

INFORMATION FOR BOTH PARTIES

If the complainant remains dissatisfied following receipt of the written response they will be offered a meeting with a senior representative of the CCG, if this has not already taken place. Complainants have the right to accompanied by a friend, relative or advocate.

It is acknowledged that Conciliation meetings with a layperson, appointed by CSU, to act as Conciliator may also be appropriate.
A formal complaint has been received by CCG/CSU either verbal or written (letter/email). (MP Letters are dealt with through a separate procedure)

Complaint to be forwarded IMMEDIATELY by email to Customer Care Team (CCT) using the email address: MLCSU.customerercarelancashire@nhs.net

**Assessment Phase**
CCT assess if complaint is within the scope of service and acknowledge
Advocacy services offered
Consider early or informal resolution – look at whether it can be resolved by the end of the next working day

**Summary of Complaint Phase**
CCT Personal contact to agree a summary of the complaint and desired outcomes
Explanation of process and timescales
Consent sought

**Investigation Phase**
CCT agree with CCG for Provider of service to investigate where applicable
CCT to send to appropriate contact for investigation with agreed timescale and desired outcome
Investigation response of adequate quality received and accepted.
If necessary, independent opinion on clinical comments given will be sought.

**Complaint Response Phase**
Co-ordinated response to complaint drafted by CCT for sign off
Response agreed by senior management and signed and sent out to complainant
Copy of signed response sent to CCT for logging and closure of case.

**‘Lessons Learned’ Phase**
Further actions identified to resolve the individual complaint
Wider service improvements identified and implemented
USEFUL CONTACTS

NHS Fylde and Wyre Clinical Commissioning Group (CCG)
Derby Road
Wesham
Lancashire
PR4 3AL

Tel: 01253 956400
Email: enquiries@fyldeandwyreccg.nhs.uk

First point of contact:
Customer Care Team
Midlands and Lancashire Commissioning Support Unit (CSU)
Jubilee House
Lancashire Business Park,
Centurion Way
Leyland
PR26 6TR

Telephone: 0800 032 24 24
Email: customer.care@lancashirecsu.nhs.uk

Advocacy Access
Telephone: 0345 456 3210
Text Phone: 07886 744 634
Fax: 0300 323 0966
Email: contact@advocacyccess.org.uk

If complaint unresolved:
Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel: 0345 015 4033
Email: phso.enquiries@ombudsman.org.uk

For Independent Contractor complaints:

NHS England
PO Box 16738
Redditch B97 9PT

Tel: 0300 311 22 33 Mon – Fri 8am – 6pm, excluding Bank Holidays
Email: England.contactus@nhs.net

Please note, Customer Care Team are happy to signpost to other useful organisations