NHS
East and North Hertfordshire
Clinical Commissioning Group

Complaints Policy and Procedure

DOCUMENT CONTROL SHEET

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v1.0	August 2015	Rosie Connolly Emma Hollingsworth	Draft – Policy revised in line with recent publications

Implementation Plan:

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Associated Documents	▪ Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. ▪ The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman) 2008. ▪ The Patients Association – How to Make a Complaint (January 2012) ▪ Listening, Improving, Responding – a Guide to Better Patient Care (Department of Health 2009).

	▪ NHS Constitution (Department of Health 2009). ▪ Health and Social Care Act 2012. ▪ Being Open – communicating patient safety incidents with patients and their carers (NPSA, 2009). ▪ The Francis Report ▪ NHS England – Guide to the Good Handling of Complaints for CCG, (May 2013) ▪ Review of the NHS Hospital Complaints System – Putting Patients Back in the Picture (Department of Health, 2013) (The Clwyd Report). ▪ ENHCCG's Adult Safeguarding Policy 2013 ▪ Managing Allegations of Abuse Against Adults who work with Children and Young People 2013 ▪ ENHCCG's Safeguarding Children At Risk & Looked After Children Policy 2015 ▪ ENHCCG's Information Governance Policy 2014 ▪ ENHCCG's Records Management Policy 2015 ▪ ENHCCG's Serious Incident: Reporting and Management Policy 2015
References	▪ See Page 25

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ACRONYMNS

AAC	Augmented and Alternative Communication Aids
CCG	Clinical Commissioning Group
CHC	Continuing Healthcare
CRI	Crime Reduction Initiative
ENHCCG	East and North Hertfordshire Clinical Commissioning Group
EIA	Equality Impact Assessment
IFR	Individual Funding Requests
MPs	Members of Parliament
NHS	National Health Service
NPSA	National Patient Safety Agency
PALS	Patient Advice and Liaison Service
PHSO	Parliamentary and Health Service Ombudsman
PIA	Privacy Impact Assessment
SI	Serious Incident

1.0 Introduction

This policy supersedes the CCG's Complaints Policy and Procedures 2013.

NHS East and North Hertfordshire Clinical Commissioning Group (CCG) is responsible for the local NHS budget and for commissioning healthcare for the patients of East and North Hertfordshire providing a high standard of care and service that is flexible and responsive to the needs of patients and services users.

For the purpose of this policy East and North Hertfordshire Clinical Commissioning Group, will be referred to as "the CCG".

This policy is designed to outline the process for handling complaints generated by patients or their representatives and aims to set out clear guidelines for staff, managers and complainants around how complaints will be managed.

The CCG is committed to providing users, families and members of the public with the opportunity to raise concerns or to complain regarding any services it provides or commissions. This policy complies with the Local Authority Social Services and National Health Services Complaints (England) Regulations which came into effect on 1st April 2009. These regulations were designed to improve the handling of complaints and to bring real benefits for health and social care organisations and for staff working in them. The policy also reflects recommendations contained in the Francis Enquiry Report as well as the corresponding Government response paper.

This policy is consistent with:

- Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.
- The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman) 2008.
- The Patients Association – How to Make a Complaint (January 2012)
- Listening, Improving, Responding – a Guide to Better Patient Care (Department of Health 2009).
- NHS Constitution (Department of Health 2009).
- Health and Social Care Act 2012.
- Being Open – communicating patient safety incidents with patients and their carers (NPSA, 2009).
- The Francis Report – Guide to the Good Handling of Complaints for CCG, (May 2013)

- Review of the NHS Hospital Complaints System – Putting Patients Back in the Picture (Department of Health, 2013) (The Clwyd Report).

The approach to complaints is based upon the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling 2008:

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

This policy also takes into account the recommendations of the Francis Report, including:

- Openness, transparency and candour.
- The importance of data narrative as well as numbers.
- Complaints amounting to serious incidents should trigger an investigation.

The above recommendations and principles are supported by the Duty of Candour which ensures that providers of the NHS Health Services are open and honest with service users when things go wrong with care and treatment, and that they provide them with reasonable support, truthful information and a written apology.

2.0 Purpose

The purpose of this policy is to describe the systems in place to effectively manage all complaints by the organisation in accordance with NHS complaints regulations. It outlines the responsibilities and processes for receiving, handling, investigating and resolving complaints relating to the actions of the CCG, its staff and services.

The policy also includes the process for complaints received relating to commissioned services such as NHS Acute and Foundation Trusts, Mental Health Trust, Community NHS Services, and independent sector providers.

This purpose of this policy is to ensure that the CCG promotes best practice within its complaints management function, and also that it is compliant with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The CCG also adheres to the NHS Constitution including the five rights covering complaints and redress.

This policy applies to all CCG staff members, including Governing Body Members, involved in the CCG's policy-making processes, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier).

3.0 Definitions

3.1 Complaint: A complaint is any expression of dissatisfaction regarding any aspect of service relating to patient care, clinical or non-clinical, relating to attitudes or behaviour, the environment, facilities or systems that requires an organisational response. Complaints can be made verbally, in writing and electronically and are included under this term along with formal complaints raised by Members of Parliament (MPs) on behalf of their constituents.

Complaints are managed to enable patients, service users (or their representatives) to give feedback on the services they have received in as easy a way as possible.

3.2 Issues/concerns: a written or oral expression of dissatisfaction that can be resolved without the need for formal investigation or correspondence.

3.3 Joint Complaint: A formal complaint involving two or more organisations for which a co-ordinated approach is required.

3.4 NHS Complaints Advocacy (POhWER): is the organisation that provides independent help and support for people pursuing an NHS complaint.

3.5 The Parliamentary and Health Service Ombudsman (PHSO): is the organisation that manages the second stage of the NHS complaints procedure.

3.6 Serious Incident (SI): In accordance with the NHS England SI Framework, SI's are events in healthcare where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

3.7 Investigating Officer
The person identified as responsible for handling and investigating an individual complaint.

3.8 Compliments

Positive feedback received, relating to the CCG or one of the CCG's commissioned services.

Any other special terms or abbreviations used in this document are defined as they occur.

3.9 Informal Enquiry (also known as PALS): An informal enquiry (or PALS) is an issue or concern that can be resolved informally without the need for a formal investigation.

4.0 Roles and Responsibilities

4.1 CCG Governing Body

The role of the Governing Body is to ensure it is assured around the quality of commissioned services and holds providers to account in relation to the management of complaints and all associated actions and learning.

4.2 Chief Executive Officer:

The Chief Executive Officer (the responsible person) is ultimately accountable for the quality of care commissioned by the CCG.

The Chief Executive Officer of the CCG, or any other person authorised by the responsible body to act on behalf of the responsible person, is accountable for responding in writing to all complaints whether they have been made verbally, electronically or in writing. The Director of Nursing and Quality has delegated responsibility for complaints management within the CCG.

4.3 CCG Quality Committee:

The role of the committee is to work to ensure that commissioned services are being delivered in a high quality and safe manner, ensuring quality sits at the heart of everything the CCG does.

The committee takes an active role in reviewing and advising on all patient experience issues, and reviewing themes, trends and learning from complaints. The Quality Committee regularly triangulates information from complaints with other intelligence to inform the wider quality agenda.

4.4 Senior Management:

All Directors are responsible for ensuring that the CCG's Complaints Policy and Procedure is implemented across their Directorates and complaints are investigated in accordance with this policy; to ensure satisfactory resolution of complaints, including the implementation of any lessons learned.

Directors, Service Heads and Leads are responsible for disseminating the Complaints Policy and Procedure and ensuring that staffs understand the procedure.

4.5 Quality Team will:

- Be readily accessible to the public and members of staff providing advice on any aspect of complaints resolution;
- Co-ordinate the complaints investigation;
- Be the central point of contact for all provider organisations with regards to complaints;
- Maintain an oversight of investigations and quality assurance of all responses ensuring all areas have been addressed and responses detail appropriate apology, as well as actions taken;
- Ensure robust investigations are undertaken;
- Ensure learning is shared with appropriate services and individual members of the organisation;
- Review themes and trends;
- Facilitate learning across the health system;
- Provide training and advice to staff on complaints handling;
- Ensure all complaints are recorded on DATIX WEB, or an appropriate alternative database, and an electronic complaints file is established and held securely;
- Ensure the complaints files are accessible to the complainant under the Access to Health Records Policy;
- Ensure records management is in line with the Data Protection Act 1998;
- Prepare quarterly reports on performance and issues raised through complaints;
- Prepare an annual report on performance themes and learning for review by the Governing Body;
- Ensure appropriate operating procedures are in place to deliver the Complaints Policy;
- Ensure that actions identified to improve services are implemented within appropriate timescales;
- Ensure recommendations made by the PHSO are carried out and completed.
- Inform all relevant staff within the CCG, such as Contract Leads and Quality Leads, of emerging themes to assist with commissioning decisions and service improvements.
- Constructively use all feedback to learn and improve (See **Appendix E**).
- Be responsible for the production of reports based on the complaints and action plans which will identify trends and highlighted issues for audit. Complaints reports will be made to the CCG Quality Committee on a quarterly basis.

4.6 Safeguarding

All adults and children at risk of abuse and neglect should be able to access public organisations to obtain appropriate interventions which enable them to live a life free from fear, violence and abuse.
During a complaint investigation, it may become apparent that such a vulnerable adult or child at risk may have been abused or may have made allegations of abuse. In these circumstances, it is essential that appropriate pathways are accessed in order that appropriate personnel can intervene to alleviate any distress being experienced and to progress the matter in line with the CCG's Safeguarding Policies and Procedures.

If the CCG Quality Team is made aware that a vulnerable adult or child at risk may have been abused or is experiencing abuse that they will immediately notify the appropriate CCG Safeguarding Lead.

4.7 All CCG Staff

All CCG staff, including temporary and agency staff, are expected to assist the Quality Team to ensure complaints are properly investigated and ensure improvement of services and patient care through learning and development.

All staff are responsible for identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager and attending training/awareness sessions when provided.

5.0 Process and Management

5.1 Who can make a complaint

i. A complaint may be made by;
- A patient or service user
- Any person who is affected by or likely to be affected by the action, omission or decision of the CCG.
- A representative of either of the above in a case when that person –
  - Has died
  - Is a child
  - Is unable by reason of physical or mental capacity to make the complaint themselves
  - Has requested a representative to act on their behalf (a representative may include a parent, guardian, relative, civil partner or friend, and , in these cases consent will be required, see **Appendix C**, example of Consent Form)

ii. In the case of a patient or person affected who has died or who is incapable, the representative must be a relative or other person who, in the opinion of the Quality Team had or has

sufficient interest in their welfare and is a suitable person to act as a representative.

iii. If in any case it appears that a representative does not have sufficient interest in the person's welfare or is unsuitable to act as a representative, the Quality Team will notify the person in writing, stating the reasons why.

iv. In the case of a child or young person aged under the age of 16, the representative must be a parent, guardian or other adult person who has care of the child and where the child is in care of a Local Authority or voluntary organisation, the representative must be a person authorised by the Local Authority or the voluntary organisation.

v. Anonymous complaints will be accepted (e.g. telephone call, letter) but if possible the person should be encouraged to provide their name and other relevant details. If the person is unwilling to provide contact details, the Quality Team will record the complaints and investigate if appropriate and possible.

vi. If a patient is unable to act, for instance due to physical incapacity or lack of capacity within the meaning of the Mental Capacity Act (2005) consent is not required. This will be agreed on an individual basis by the manager responsible for complaints.

5.2 Timescales for making a complaint

i. A complaint must be made no later than 12 months from the date on which the matter occurred, or the matter came to the notice of the complainant.

ii. If there are good reasons for not having made the complaint within the above timeframe and, if it is still possible to investigate the complaint effectively and fairly, the CCG may decide to still consider the complaint.

iii. When a complaint is made outside these limits and the time limits are not waived, the complainant will be informed of their rights to request that the Parliamentary and Health Service Ombudsman (PHSO) to consider their case.

5.3 Framework for dealing with complaints

The guiding principle for good complaints management is that any expression of dissatisfaction about the service provided requires a full and prompt response. The emphasis is on early resolution through an immediate informal response where possible and learning.

5.4 Risk Assessment

Correctly assessing the seriousness of a complaint can assist in ensuring the right action is taken in addition to the complaints process. Determining the level of risk is achieved by assessing both the consequence and likelihood of recurrence. Risk is then

determined by balancing the consequence to the likelihood of recurrence.

The Quality Team will ensure that any 'red flag' complaints are flagged to senior managers within the Nursing and Quality Team, and relevant Leads as required. An example of a red flag complaint is:

- Concerns about the patient's immediate safety and care.
- Concerns that could impact on the safety and care of other patients.
- A complaint that details substantial failings in basic care.
- A complaint where care has been compromised.
- A complaint detailing potential Safeguarding concerns.
- A complaint which could also be a potential Serious Incident.

5.5 First Stage – Local Resolution

A complaint can be made orally, in writing or electronically, if the CCG receives a verbal complaint the member of staff receiving the complaint must make a written record of the complaint and provide a copy to the Quality Team as soon as possible. The Quality Team will acknowledge the complaint within 3 working days of receipt. (**Appendix A** – Complaints Process Flowchart).

Patient confidentiality will be maintained at all times when dealing with complaints. Where required, written consent will be sought from a patient and/or their representative to the sharing of confidential information necessary for an investigation.

There are exceptions where written consent is not required, such as the patient is under 16 years of age. If the patient is deemed not to have mental capacity, in accordance with the Mental Capacity Act 2005, or is deceased, consent will be sought from the patient's next of kin and/or guardian.

Where possible (unless the complaint is anonymised), the Quality Team will contact the complainant to discuss the following issues:

i. The manner in which the complaint is to be handled i.e. written response or meeting.
ii. The period of time in which the investigation is likely to be completed.
iii. Where necessary, consent from the patient to investigate the complaint.
iv. During the complaints process the CCG will keep the complainant informed as far as reasonably practicable as to the progress of the investigation.

v. The complainants desired outcome/s from raising the complaint.

After completing the investigation (within agreed timescale/extension), a written signed response will be sent addressing the complainants concerns. The response will include:

- An explanation of how the concerns raised were investigated.
- The conclusions reached in relation to the complaint, including any remedial action that the CCG considers appropriate.
- Confirmation that the CCG is satisfied any action required as a result of the complaint has been or will be taken.

The formal written response can be in the form of minutes of a meeting held with the complainant where a response has been provided.

If a complainant is dissatisfied with the response, every effort will be made to achieve a satisfactory outcome at local level by:

- Identifying outstanding issues;
- Arranging a Local Resolution Meeting;
- Providing a further written response;
- Providing contact details for the Parliamentary and Health Service Omudsman (PHSO).

The CCG may also consider seeking an external review to assist the complaints investigation where an expert opinion is required. Such a decision will be at the CCG's discretion.

5.6 Second Stage – Handling and Consideration of Complaints referred to the Parliamentary and Health Service Ombudsman (PHSO)

If a complainant remains dissatisfied with the response gained at local resolution stage they can ask the PHSO to review the case.

The PHSO considers complaints made by or on behalf of people who believe there has been an injustice or hardship because an organisation has not acted properly or fairly or has given poor service and not put things right. This service is free for everyone.

Referral to the Ombudsman is the second (and final) stage of the complaints procedure. However, all efforts should be made locally to resolve a complaint before the complainant is directed to the Ombudsman.

An appeal should be made within one year of the incident in question or from the discovery of the effect of the incident. The Ombudsman can be contacted at the following addresses:

The Ombudsman
The Health Service Commissioners Office for England
Millbank Tower
Millbank
London
SW1P 4QP
Tel: 0345 015 4033
E-mail: phso.enquiries@ombudsman.org.uk
Website: www.ombudsman.org.uk

5.7 Assurance regarding completed actions and embedded learning

The CCG will monitor performance in relation to the complaints process and seek assurance learning has been embedded through the following means:

- Informing key CCG Leads of relevant actions and learning.
- Keeping complaint cases open until evidence of completed actions has been obtained.
- Provider Quality Review Meetings: Themes and trends of complaints will be discussed at this forum for commissioner assurance and any further action required.
- Quality Assurance Visits: The CCG will use intelligence from complaints, relating to provider organisations, to inform Quality Assurance Visits and use this opportunity to seek assurance that specific actions have been implemented and embedded within the organisation.
- The Quality Lead and Quality Manager will meet with the provider Patient Experience Teams to review processes and seek assurance in relation to actions and learning.

5.8 Withdrawal of a complaint

Any concern or complaint received by the CCG, either verbally or in writing, can be withdrawn at any stage of the procedure. Any issues against an individual, those complained against will be informed.

Where possible, learning will be shared with the appropriate teams or individuals.

5.9 Process for Specific Complaints

5.9.1 Complaints regarding Individual Funding Requests (IFR) and Continuing Healthcare (CHC)

If a complaint is received about an Individual Funding Request (IFR) or a Continuing Healthcare (CHC) decision, including

Retrospective Reviews, the complainant will be advised that they are entitled to appeal the decision and a copy of the appeals process will be provided if requested. If the complainant still wishes to make a formal complaint this will be investigated under the NHS Complaints Procedure but the complainant must be made aware that only the IFR or CHC Retrospective process will be investigated and not the actual funding or CHC Retrospective decision, which would have been made by the appropriate Panel.

5.9.2 Complaints relating to provider organisations

If a complaint is received relating to a CCG commissioned provider or organisation, the Quality Team will contact the complainant and seek consent for the complaint to be shared with the appropriate provider's complaints team for their investigation and direct response. If required the CCG can request to be copied into the provider's response to ensure all concerns have been addressed and appropriate learning identified.

The CCG may also attend a provider's Local Resolution Meeting, when invited by the provider, to deliver external challenge.

5.9.3 Process for complex complaints that span several NHS organisations

i. Where a complaint is received that spans a number of NHS provider organisations the CCG will seek assurance that there will be a co-ordinated approach to the handling of the complaint across the various parties involved, prior to passing the complaint to the lead organisation. (Please see **Appendix B** - Hertfordshire Joint Protocol for the Handling of Social Care and Healthcare Complaints)

ii. The organisation who will lead in the handling of the complaint will be agreed following discussion with the parties involved. This decision will be made taking into account the organisation that has the greater part in the complaint as well as the complainant's wishes.

iii. Where the complaint is particularly complex or where serious patient safety issues have been identified the CCG may choose to co-ordinate the response or lead in the investigation of the complaint with the complainant's consent, rather than the providers.

iv. In cases where the complaint is in part about care commissioned by NHS England, NHS England is willing to take on the co-ordinator role on behalf of the CCG. Such complaints will be redirected to the relevant complaints manager after the patient permission has been obtained.

5.9.4 Process for handling complaints about non NHS Services

Occasionally complaints are received about services not funded by the NHS, e.g. private treatment. In such cases, wherever possible, the CCG will advise the complainant of the correct agency to contact and will offer to forward the complaint for investigation. Beyond this the CCG will have no further input.

5.10 Complaints that cannot be dealt with under this policy

The following complaints will not be dealt with under the NHS Complaints regulations 2009:

- A complaint made by a local authority, NHS Body, Primary Care Provider or independent provider.
- A complaint made by an employee of a local authority or NHS Body about any matter relating to employment.
- A complaint which is made orally and is resolved to the complainant's satisfaction no later than the next working day after the day on which the complaint was made.
- A complaint which is the same as a complaint that has previously been made and resolved.
- A complaint which has previously been investigated under the 2004, 2006 or 2009 regulations.
- A complaint arising out of the alleged failure by the organisation to comply with a request for information under the Freedom of Information Act 2000.
- Complaints (England) Regulations 2009 also does not allow for a second investigation by the commissioner if the provider has already investigated and responded to a complaint. However, at the request of the complainant, a CCG may offer to help broker a resolution where it appears that more can be done by the provider to resolve the complaint. It is acceptable for a CCG to take this approach so long as they are clear to the complainant that the complainant retains the right to go to the Health Service Ombudsman and that the CCG's support is not a formal part of the complaints process.

5.10.1 Claims and Legal Action

In the event of a complainant's initial communication being via a solicitor's letter, the inference should not be that the complainant has decided to seek redress through the courts. The complaints procedure can continue even if the complainant indicates an intention to take, or does indeed take legal actions and makes a claim against the CCG. Advice must be sought from the Quality Team and the Director of Nursing and Quality.

Where a possible clinical negligence claim is intimated before a complaint has been resolved the Quality Team will consider whether by dealing with the complaint it might prejudice the

potential defence of the claim. Where it is thought that dealing with the complaint might prejudice the legal action, resolution of the complaint will be deferred until legal action is concluded.

The Quality Team must inform the complainant why the complaint process has been suspended. In those circumstances where following an investigation under the complaints procedure there is a prime facia case of clinical negligence, a full explanation will be provided and if appropriate, an apology offered to the complainants. The Quality Team will inform the Governance Team so they may notify the NHS Litigation Authority.

Paperwork relating to the complaints investigation can be used in a court of law.

5.11 Complainants and Staff

5.11.1. Guidance and Support for Members of the Public

i. The Quality Team have published information on how to make a complaint on the CCG's website:
www.enhertsccg.nhs.uk

Patients, relatives, representatives and carers can contact the Quality Team for advice on how to make a complaint with the appropriate organisation and provide advice and guidance on the complaints procedure.

Contact details:
Quality Team
NHS East and North Hertfordshire Clinical Commissioning Group
Charter House
2nd Floor
Parkway
Welwyn Garden City
Hertfordshire
AL8 6JL
Tel: 01707 369 697
E-mail: enhccg.quality@nhs.net

ii. Complaints are sometimes very distressing and the process of complaining can seem difficult. Often people find that it helps to talk through their concerns and get support with the complaints process, from someone knowledgeable, empathetic and independent. This is where the NHS Complaints Advocacy Service can help.

Complainants will be informed of this service as part of the formal acknowledgement letter.

Contact details:
NHS Complaints Advocacy
POhWER
PO Box 14043
B6 9BL
Tel: 0300 456 2370
E-mail: pohwer.pohwer@net
Website: www.pohwer.net/our-services/nhs/complaints-advocacy

5.11.2 Confidentiality/consent

Care will be taken at all times throughout the complaints procedure to ensure that any information disclosed about the patient/service user is confined to that which is relevant to the investigation of the complaint. Information will only be disclosed to people who have a demonstrable need to know it for the purpose of investigating the complaint or ensuring that the complaints process is followed.

There may be very rare occasions that, when for the sake of the patient's safety, it is necessary to breach confidentiality. This action would only be taken if the complainant, the patient or any other person is at risk of harm. Any such action will be taken with advice and authorisation from the Director of Nursing and Quality.

In transferring complaints between agencies (including the PHSO) confidentiality will be maintained at all times. Every effort will be made to obtain the patient/service user (or their representative's) consent before sharing confidential information with another body or organisation. Consent will be obtained in writing or where this is not possible the CCG will seek further advice from the Caldicott Guardian.

5.11.3 Unreasonable and persistent complainants

It is recognised that there are times when there is nothing further that can reasonably be done to rectify a real or perceived problem.

Unreasonably persistent, serial, or habitual complainants are those complainants who, because of the frequency or nature of their contacts with the CCG, hinder the consideration of their or other people's complaints.

The CCG realise it is important that such complainants may have a genuine grievances that should be properly investigated.

Before deciding that someone is an unreasonable persistent complainant, the CCG must be satisfied that:

- The complaint is being or has been investigated properly;
- Any decision reached on the complaint is the right one;
- Communications with the complainant have been adequate; and
- The complainant is not now providing any significant new information that might affect the CCG's view on the complaint.

Further clarification of vexatious/habitual complaints can be found in **Appendix F**.

5.11.4 Discriminatory Complaints

These are complaints made against an individual because of their racial background, gender, marital status, race, ethnic origin, colour, nationality, national origin, disability, sexuality, religion or age. Some will be easily identifiable from the outset; others may come to light during the complaints process.

At an early stage the Quality Team will endeavour to identify any complaints which amount to harassment and ensure that the subject of the complaint is not put through the process of an investigation. Any complaints made purely on the basis of race will be considered to be harassment and will not be tolerated.

The Quality Team will discuss any possible discriminatory complaints with an Executive Director and/or Service Lead and determine whether the complaint should be progressed through the complaints process.

If the decision is taken not to progress the matter through the complaints process, the complainant will be notified in writing that the complaint will not be progressed and informed that harassment against any member of staff will not be tolerated.

The CCG will offer and arrange support to the employee who is the subject of the complaint.

Any complaints couched in discriminatory language that raise legitimate issues about clinical practice, procedures and communication, will be investigated using the complaints system, without prejudice to the outcome of the investigation.

Where a complaint is investigated that is couched in discriminatory language the complainant will be advised that discriminatory language will not be tolerated. The employee will also be offered support.

5.11.5 Support for staff

Members of staff named in the complaint, either personally or by role, should be informed of the complaint by their manager. Staff

should be fully supported by their line manager and consulted during the investigation. The investigation should be full, fair and timely.

The following sources of support are available to staff:

- Line Manager
- Directorate Manager
- Quality Team
- Occupational Health
- Professional Bodies

Staff will be informed of the details of any complaint made against them. They will be involved in the investigation of the complaint, will have the opportunity to respond to the issues raised and will 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.

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.

5.12 Transparency and Candour

The CCG recognises it's 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.

The CCG will use the intelligence gained from complaints information (individual complaints received and provider annual complaints reports) to develop a greater awareness of services commissioned and where these may not meet quality standards.

The Quality Committee with delegated responsibility from the Governing Body will receive quarterly complaints reports produced by the CCG as part of governance and performance reporting. The reports will identify any trends and patterns arising from complaints, and any subsequent action taken as a result of lessons learned.

An annual report produced by the CCG will be prepared for the governing body on the handling and consideration of complaints, outlining actions, monitoring compliance and outcomes.

6.0 Reporting and Governance

6.1 Monitoring and Audit

The CCG's philosophy for the management of complaints is to recognise their positive value through the effective monitoring of complaints. In applying these principles and sharing the learning we can all effect change.

6.2 Ensuring the Policy is Accessible to All

The CCG is committed to ensuring that the guidance in this policy is accessible to all. This means that, as required, additional support will be provided to help ensure that the information in this policy can be understood and its guidance followed. This support includes (but is not limited to):

- The provision of the policy and any associated documents in alternative formats.
- Enabling individuals to have an advocate or interpreter involved for support with communication.
- Making reasonable adjustments, in discussion with individuals or their representatives, to procedures where these are necessary to ensure their accessibility.

All staff involved in the implementation of this policy will need to proactively consider the additional actions that might be required to ensure that individual needs can be met as far as is practicably possible. Ensuring accurate and appropriate communication will help to reduce communication errors and the effective and fair handling of complaints.

Actions to improve communication could include:

- Using easy read, Braille, pictures and symbols, or other formats when explaining information.
- Providing a translator for people for whom English is not their first language.
- Providing information using picture communication symbols.
- Supplying correspondence and leaflets in alternative languages and formats, including easy read.
- Ensuring the client can access advocacy if needed.
- Providing telephone advice and support using alternative languages and formats.
- Using an Induction Loop when communicating with clients with hearing loss.

6.3 Training

Managers and staff referred to within the Policy are responsible for ensuring they and their staff, are adequately trained to carry out the roles and responsibilities described.

The Quality Team will provide training within the CCG and provide advice to providers as required.

6.4 Equality and Diversity

Every complainant will be treated fairly and equally regardless of age, disability, race, culture, nationality, gender, sexual orientation and faith.

The patient/complainant will not receive less help, will not have things made difficult for them and nor have the quality of their care compromised as a result of their complaint.

For people who require language or signed interpreting this will be made available throughout the complaints process.

An Equality and Diversity form is attached as **Appendix D**, Ethnicity Monitoring Form.

6.5 Review

The policy and subsequent amendments will be approved and ratified by the CCG Quality Committee as the designated body of the CCG Board. The Policy will be reviewed in September 2017.

The Policy Owner is responsible for monitoring compliance with the process and the effectiveness of actions taken, overseen by the CCG Quality Committee.

6.6 Records Management

Complaints records will be stored in accordance with the NHS Records Management Code of Practice; Parts 1 and 2 and must be kept separate from a patient's medical records. Complaints files relating to CCG complaints investigations will be held by the organisation for a minimum of 10 years.

Electronic records will be stored within a secure database managed by and accessible only to the Quality Team. Any hard copy (paper) records will be kept securely locked and accessible only to the Quality Team.

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

References

The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 No. 309. Office of Public Sector Information. Available at: www.opsi.gov.uk

The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman) 2008. Available at: www.ombudsman.org.uk

The Patients Association – How to make a complaint. Available at: www.patients-association.org.uk

Listening, Improving, Responding – A Guide to Better Patient Care (Department of Health 2009). Available at: www.dh.gov.uk/publications

The NHS Constitution for England (Department of Health 2009). Available at: www.dh.gov.uk/publications

Health and Social Care Act 2012. Available at: www.legislation.gov.uk

Being Open – communicating patient safety incidents with patients and their carers (NPSA, 2009). Available at: www.npsa.nhs.uk/beingopen

Review of the NHS Hospital Complaints System – Putting Patients Back in the Picture (Department of Health, 2013) (The Clwyd Report). Available at: www.gov.uk

The Francis Report. Available at: www.midstaffspublicinquiry.com/report

Regulation 20: Duty of Candour, Care Quality Commission. Available at: www.cqc.org.uk

NHS England Serious Incident Framework. Available at: www.england.nhs.uk

Access to Health Records Act 1990. Available at: www.legislation.gov.uk

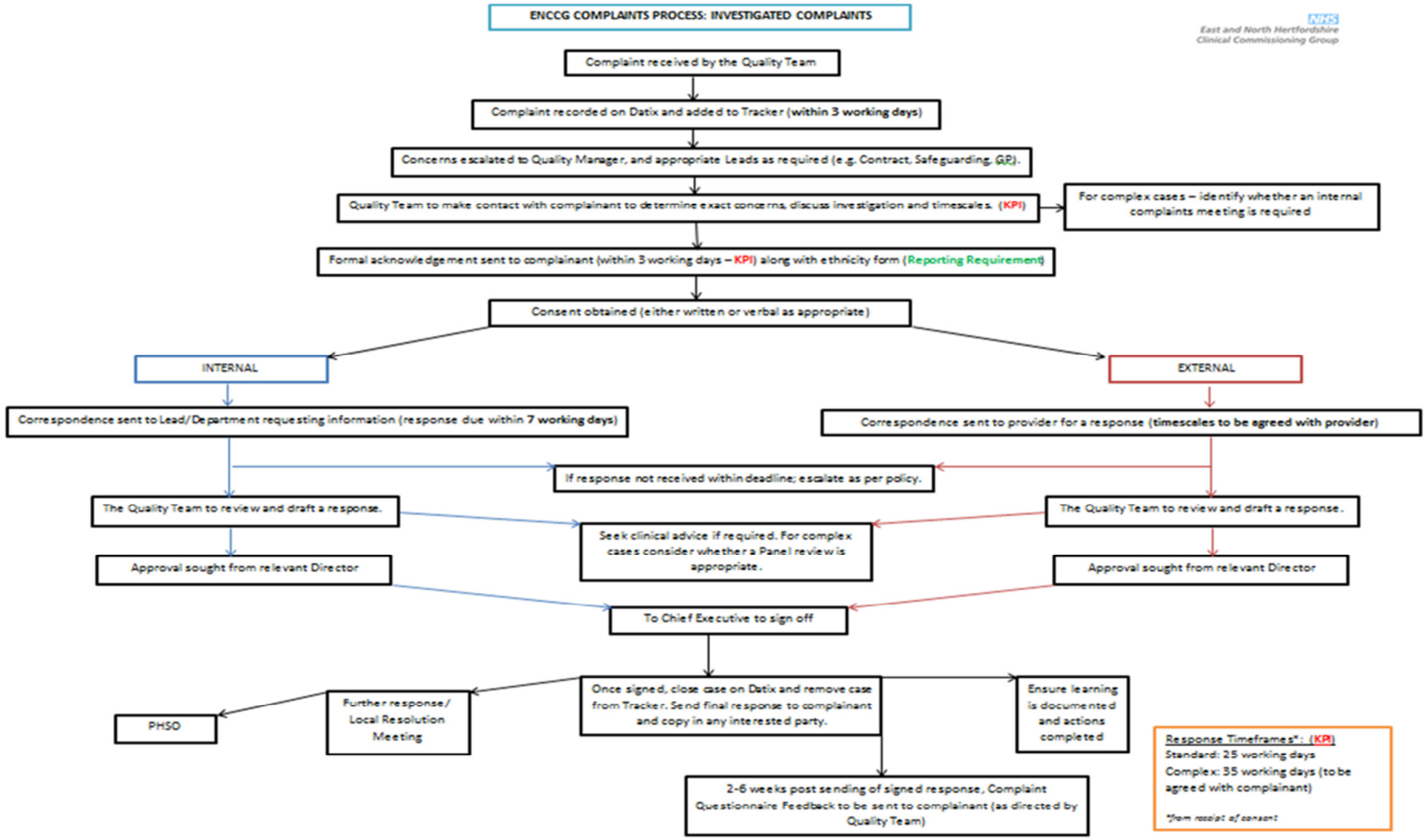
Data Protection Act 1998. Available at: www.legislation.gov.uk or www.gov.uk/data-protection

Mental Health Capacity Act 2005. Available at: www.legislation.gov.uk or www.gov.uk

NHS Complaints Procedure. Available at: www.england.nhs.uk

Freedom of Information Act 2000. Available at: www.gov.uk

APPENDIX A: Complaints Process Flowchart



APPENDIX B: Hertfordshire Joint Protocol for the Handling of Social Care and Hertfordshire Complaints

This Protocol complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Participating Organisations

East & North Hertfordshire NHS Trust

West Herts Hospitals Trust

East & North Herts Clinical Commissioning Group

Herts Valleys Clinical Commissioning Group

NHS England Central Midland

Herts Community NHS Trust

Hertfordshire Urgent Care

Hertfordshire Partnership University NHS Foundation Trust

East of England Ambulance Service Trust

Herts County Council Health and Community Services

POhWER NHS Advocacy Services

POhWER
(Generic)

CRI Spectrum (Herts Drug and Alcohol Services)

NHS Professionals

Hertfordshire Joint Protocol for the Handling of Social Care and Health Care Complaints

1. Introduction

1.1 New complaints handling regulations were implemented in April 2009 and require a single response to a complaint that includes more than one NHS organisation and social care services. Hertfordshire's Joint Protocol provides the framework that sets a standard for communication between all partner organisations providing NHS care. The protocol does not replace the complaints procedures of participating organisations and should be read in conjunction with each organisation's procedures. Although the focus of this protocol is adults services it is also appropriate for services for children across the statutory services (paragraph 4.3)

1.2 This protocol complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and is informed by the Department of Health Best Practice Guidance; *Listening Responding, Improving – a guide to better customer care (February 2009)* the Department of Health Advice Sheet 2 *Joint Working on Complaints* and the 2013 Francis report of the public enquiry into Mid Staffordshire NHS Foundation Trust.

1.3 The protocol is to be followed by staff in all the participating organisations when dealing with complaints that concern the provision of both social care and health care across different organisations.

Note: The joint approach can only proceed with the complainant's agreement. If this is not agreed each organisation will carry out their own investigation.

1.4 Where the complaint concerns the services of a non NHS provider agency and/or independent contractors, these organisations will be encouraged to participate in the joint approach outlined in this protocol.

2. The purpose of the protocol

2.1 This protocol brings participating organisations together to provide a unified, and effective complaints service for people who may be dealing with a number of health and social care organisations.

2.2 The protocol provides a framework for collaboration throughout 'Local Resolution' to ensure:

- people have the means to complain and to express concerns regardless of age, gender, culture, ethnic origin or ability and the process for doing so (when the complaint involves more than one organisation) remains consistent and easy to use.

- a person centred approach to complaints planning **and** the person complaining receives a single, co-ordinated response

- regular and effective communication between responsible complaints managers and service complaints leads in participating organisations and between responsible complaints managers, service 'leads' and the person complaining

- the complaints are assessed /triaged to determine the level of investigation required including possible use of other procedures, for example, *Safeguarding* procedures *(*adults, children and young people)

- learning points arising from complaints covering more than one organisation are identified and addressed by each organisation

3. Role of the complaints managers

3.1 The designated complaints manager(s) in each participating organisation is responsible for managing the complaints service and for implementing this protocol. Each complaints manager should clarify who deputises if s/he is absent. This will be recorded and updated as necessary. Complaints Managers will hold a list of *Contact Details for Participating Organisations.*

3.2.1 Complaints managers will co-ordinate actions as required, agree who will take the lead role in completing a single, co-ordinated response for the complainant and co-operate fully with each other throughout the process.

3.2.2 If the complaints managers are unable to reach agreement about any matter covered by this protocol, they should refer the matter promptly to the responsible senior manager in the organisation(s) for resolution.

3.2.3 Complaints managers are responsible for ensuring that any learning / action points (including any shared learning) for the participating organisation(s) are recorded and reported to the responsible senior operational managers for inclusion in each organisations performance reporting framework.

4. The protocol - how it works in practice

4.1 When a joint approach to a complaint is indicated, a complaints manager will take the lead in co-ordinating the response.

Factors to take into account in identifying the lead organisation include:

- which organisation is the primary focus of the complaint
- which organisation first received the complaint (if the seriousness and number of complaints are about the same for each)
- whether the person complaining expresses a clear preference
- impact on the organisations' governance arrangements
- which organisation is likely to have ongoing contact with the complainant

4.2 For the majority of joint approach complaints the lead organisation will be determined by the organisation which is the primary focus of the complaint.

4.3 Instances will arise when a joint approach will involve Children's services, social care and health services across Hertfordshire. For example, when complaints arise concerning services to disabled young people in transition.

The requirement of the Children's Act is for the complaints procedure to have three clearly defined stages. Therefore when a complaint is being considered that crosses both pieces of legislation careful consideration should be paid and a decision must be reached as to who the lead organisation should be. It may be that separate responses to the complaint will have to be made by Children's services, social care and health services, but wherever possible a joint response should be made.

Liaison between the health provider/commissioner and the local council should remain coordinated by the relevant complaints team.

4.4 **Role of the complaints lead -** the lead complaints handler will co-ordinate the response as follows:

- Ensure the complaint has been acknowledged within **three working days** and, if not already obtained, seek consent for the sharing of information for the complaint investigation.

- In some instances the complainant will have written to or copied their letter to other participating organisation about their complaint. Organisations that have been copied into letters would not normally acknowledge receipt of the letter.

- When a joint approach is indicated, notify the complaints manager(s) involved and agree the basis for a co-ordinated response. Ensure

that the complaint is assessed and an approach to resolution / appropriate level of investigation, with timescales agreed with the complainant.

- If the complaint is complex and/or involves a number of organisations the lead partner should consider the need for a meeting with the secondary partners/ responsible managers to agree the action/complaint plan. Such a meeting will have priority and should facilitate, not delay the investigation.

  Note: consider a conference call to avoid delay.

- Contact the complainant and/or their advocate/representative to agree the approach including timescales and what the complainant wants to happen as a result of making their complaint, in line with the organisation's policies. Check knowledge of / access to local advocacy agencies able to assist the complainant (POhWER ICAS, MIND etc.).

- Collate the outcome of each partner organisation's investigation, draft final response and, if necessary, seek approval from all the agencies involved prior to 'signing off' as agreed. A deadline for this must be specified within timescales. If there is to be a delay advise the complainant and discuss the option of separate responses,

Note: When contextual changes have been made, it is essential that the final response is agreed by the lead partner and all the secondary partners before it is sent. Complaints managers will facilitate this. Organisations must take responsibility to do this in a timely manner.

- Ensure that participating organisations remain responsive to options for achieving speedy and effective resolution, for example, by arranging a complaints resolution meeting.

- The response will carry the lead organisation's 'logo' and will make it clear which organisation has contributed to each part of the response by providing a clear account of what has taken place, the decision making process, the findings and learning for each organisation.

- The complainant will be given the option to discuss the response with the relevant organisations for further local resolution

- The complainant must be advised of their right to refer their complaint to the responsible Ombudsman

4.5 Role of the complaints managers in the secondary organisations:

- Co-operate fully in completing a single, co-ordinated response

- Maintain contact with the lead organisation to advise on progress and agree draft final response prepared by lead partner, if needed.

5. Timescales

5.1 Timescales will be agreed between participating organisations and the complainant.

5.2 Secondary organisations will record the reason for any variation to their own organisation's timescales. All organisations need to communicate with each other if the investigation cannot be completed within the agreed timescale.

5.4 Where extensions are required, the responsible organisation will communicate with the complainant and agree a revised timescale with them. Extensions to timescale should not be the norm.

Note: Where there is an unreasonable delay from any participating organisation, the lead organisation will consider sending a partial response. The organisation(s) responsible for the delay will apologise in the subsequent response.

6. What happens if the complainant is not satisfied with the joint response?

6.1 If the person complaining is not fully satisfied with the first response, the lead organisation will review the complaint response with the complainant taking care to check what aspects of the complaint(s) are resolved /not resolved and what the complainant wants to happen as the next step and inform the secondary organisations.

6.2 An organisation may withdraw from the joint process at this point if the complaints concerning that organisation are resolved. In turn, this may require a review as to which organisation now acts as the lead partner in completing a review of the complaint.

6.3 Participating organisations will need to consider options for further work within Local Resolution or whether Local Resolution should now be concluded. Practice may differ between organisations as to how far Local Resolution will be extended to include further review/investigation. This should be taken into account when completing the joint response (see section 4)

6.4 The responsible Ombudsman may also check the thoroughness of the first response and may invite the participating organisations to consider further options for resolution.

6.5 In the event of the participating organisations being unable to agree the resolution of a complaint, or unable to agree a way forward in expediting resolution, the matter will be referred to the responsible senior managers in each organisation.

7. The Protocol – principles for handling complaints

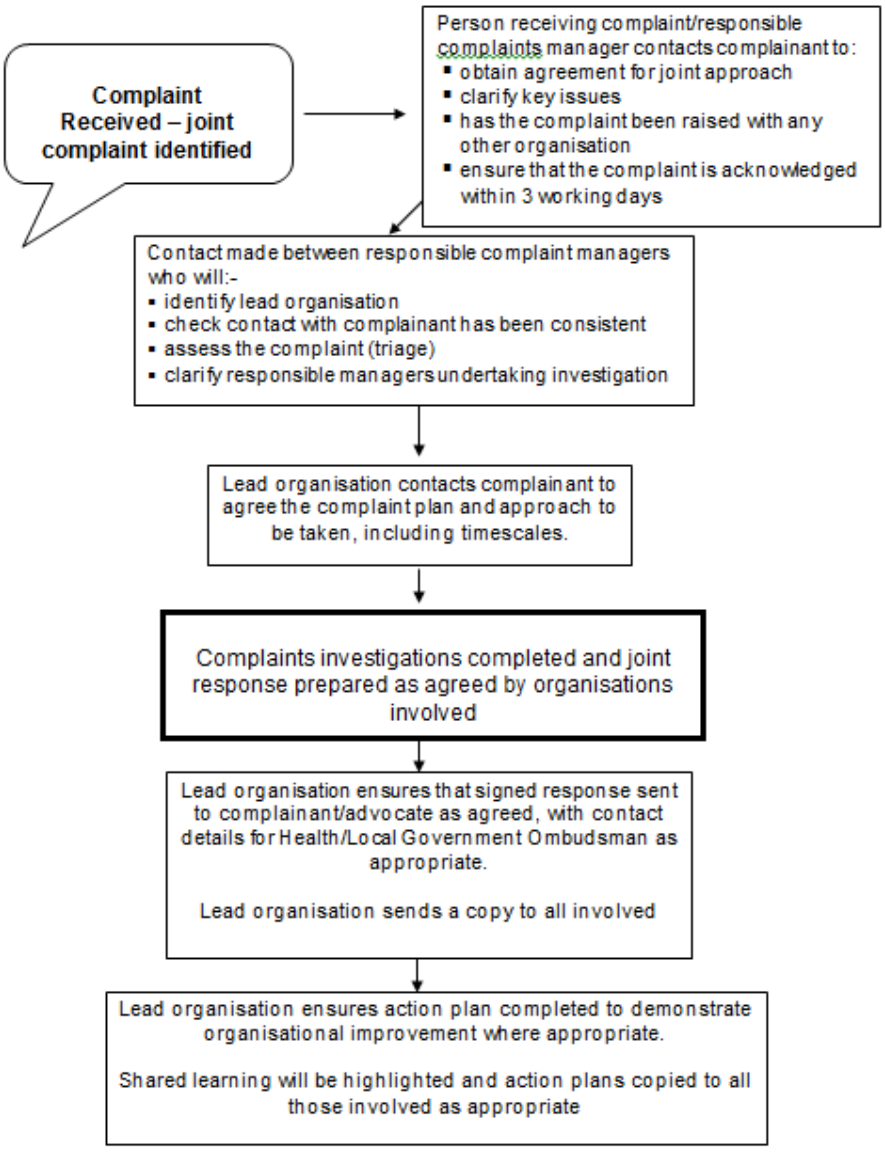
7.1 Feedback from people using our services and their carers tells us about the quality and effectiveness of the services we provide and the services we commission. Our ability to *listen*, *respond* and *improve* is a hallmark of good customer care.

7.2 The Health Service Ombudsman and Local Government Ombudsman) have devised a set of principles as a guide to public bodies in putting things right speedily and effectively and these are embodied in local publications. The principles are:

- Getting it Right
- Being Customer Focused
- Being Open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

7.3 Organisations should also share best practice and guidance in all aspects of good customer care, communicating effectively, writing response letters

Flow Chart for Handling of Joint Approach Complaints



APPENDIX C: Consent Form

NHS
East and North Hertfordshire
Clinical Commissioning Group

Complaint Ref No: ENHCCG/reference

Patient Experience
Charter House
Parkway
Welwyn Garden City
Hertfordshire
AL8 6JL

Email: enhccg.quality@nhs.net

PATIENT CONSENT FORM (*please write in capitals*)

Full Name of Patient.....

Date of Birth.....

Address .....

.....

.....

.....

Telephone
Number.....Email.....

I hereby authorise East and North Hertfordshire Clinical Commissioning Group (ENCCG) to investigate my complaint relating to <<<NAME OF ORGANISATION>>>>>

I understand that this may necessitate the divulging of personal information, medical notes and records of my treatment, which may also include information from any third party. I hereby consent to that disclosure and for that information to be shared with my parents.

Please sign below

Signature of Patient.....

Date.....

APPENDIX D: Equality and Diversity Form

NHS
East and North Hertfordshire
Clinical Commissioning Group

Ethnicity Monitoring Form

East and North Hertfordshire Clinical Commissioning Group (ENHCCG) endeavours to ensure that all its patients receive the highest possible standard of care. To help us to ensure that all areas of society are able to access care and assistance we would be grateful if you could please complete the below form and return it to ENHCCG in the pre-paid envelope provided.

The information you provide will be kept strictly confidential and anonymous.

1. Personal Details

Are you? MALE ☐ FEMALE ☐

Age: 16-35 ☐ 36-50 ☐ 51-65 ☐
66-80 ☐ 80+ ☐ PREFER NOT TO SAY ☐

For the purpose of this complaint, are you the:

Relative/Carer ☐ Patient ☐ Other ☐

2. Do you consider yourself to have a disability?

YES ☐ NO ☐ PREFER NOT TO SAY ☐

If YES, please can you advise which disability you consider yourself to have? Please tick all that apply;

Hearing impairment	☐
Mental ill health	☐
Visual impairment	☐
Mobility	☐
Manual dexterity	☐
Progressive conditions	☐
Learning difficulties	☐
Facial disfigurement	☐
Speech impairment	☐
Other	☐
Prefer not to say	☐

3. To which of the following groups do you consider you belong?

A WHITE	B MIXED	C ASIAN or ASIAN BRITISH
☐ British	☐ White and Black Caribbean	☐ Indian
☐ Irish	☐ White and Black African	☐ Pakistani
☐ Any other White background	☐ White and Asian	☐ Bangladeshi
☐ Gypsy or Irish Traveller	☐ Other Mixed	☐ Other Asian
D BLACK OR BLACK BRITISH	**E OTHER ETHNICITY**	**F OTHER OPTIONS**
☐ Black Caribbean	☐ Chinese	☐ Don't Know
☐ Black African	☐ Other Ethnic Category	☐ Prefer Not To Say
☐ Other Black		

Thank you for your time.

APPENDIX E: Complaints Feedback Form

NHS
East and North Hertfordshire
Clinical Commissioning Group

Complaints Handling Questionnaire: ***MONTH***

East and North Hertfordshire Clinical Commissioning Group (ENHCCG) recognises the importance of good complaints handling within the NHS and endeavours to respond to all concerns and enquiries to the highest standard. In order to monitor the service we provide and to identify ways in which we could improve, we would be grateful if you could please complete the below questionnaire and return it to ENHCCG in the pre-paid envelope provided.

1. ENHCCG want to make sure people are confident in raising concerns and know who to contact. Where did you find out how to complain?

ENHCCG Website □
A voluntary or advocacy group □
Staff member □
Other (please specify) □

_____

2. What method of contact did you use to make your complaint?

Telephone □
E-mail □
Letter □
Via ENHCCG website □
In Person □
Other (please specify) □

_____

3. We want to ensure that people have confidence in the complaints process and feel their concerns have been listened to.

Did you find making the complaint easy? YES □ NO □

Were the people you complained to helpful? YES □ NO □

Were you contacted at the beginning of the process to discuss your concerns in more detail? YES □ NO □

Were you given a single point of contact? YES □ NO □

Were you advised of the NHS Complaints Advocacy Service and given their contact details? YES □ NO □

Was the complaints process explained to you? YES □ NO □

Were you informed of the timescales in which your complaint would be responded to? YES □ NO □

4. Were you kept updated during the course of the investigation?

YES □ NO □

P.T.O

5. How did you feel at the outcome of your complaint investigation?

Did you receive a response to your complaint in the timescale agreed? YES □ NO □

Did you feel all of your concerns had been addressed within the response? YES □ NO □

Were you given details about what to do if you were unhappy with the response? YES □ NO □

6. Overall how did you feel your complaint was handled?

With regards to the outcome of your complaint, were you;

VERY SATISFIED □ MAINLY SATISFIED □ DISSATISFIED □

Did you consider your complaint was;

WORTHWHILE (*likely to have helped others to avoid a similar experience*) □

USEFUL (*I learnt information that I was not aware of*) □

POINTLESS (*Nothing was achieved*) □

Did you feel you were listened to? YES □ NO □

Did you feel your opinions were valued? YES □ NO □

7. Any further comments – do you have any feedback or suggestions regarding our service?

_____
_____
_____
_____
_____
_____
_____
_____
_____

APPENDIX F: Vexatious/Habitual Complaints

There are exceptional circumstances where the CCG can reasonably do nothing further to rectify a real or perceived problem from a complainant.

Complainants (and/or anyone acting on their behalf) may be deemed to be vexatious or habitual complainants where previous or current contact with them shows that they meet one or more of the following criteria;

- Persist in pursuing a complaint where the complaints procedure has been fully and properly implemented and exhausted;
- Changed the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions (care must be taken not to discard new issues which are significantly different from the original complaint);
- Continue to pursue a complaint with the CCG after appropriate consent has been sought to forward the complaint to the provider for investigation;
- Are unwilling to accept documented evidence of treatment given as being factual (i.e. records) or deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed;
- Do not clearly identify the precise issue which they wish to be investigated, despite reasonable efforts and/or where concerns identified are not within the remit of the CCG to investigate;
- Focus on a matter to an extent which is out of proportion to its significance and continues to focus on this point (it is recognised that this can be subjective and careful judgements must be used);
- Have in the course of addressing a complaint had an excessive number of contacts with the organisation placing unreasonable demands on staff (this can be by telephone, fax, email, letter or in person and discretion must be taken in determining “excessive”);
- Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties;
- Displayed 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);
- Used inappropriate verbal or written language against members of staff

The following procedures will be used in exceptional circumstances and as a last resort, after all reasonable measures have been taken via the complaints procedure:

Stage 1

The CCG employees should refer the complainant to the Quality Team. The Quality Team will take action specifically targeted to try and help the complainant and staff involved, depending on the behaviour the complainant is displaying. This could include;

- Explaining the complaints process;
- Informing a limit to the number of and duration of telephone conversations, emails and written letters;
- Where hand written correspondence is unclear, the complaint will be acknowledged and the opportunity provided to contact the Quality Team to discuss the concerns. If this option is not taken the correspondence will be returned and the complainant signposted to the NHS Complaints Advocacy, POhWER;
- Use of recorded delivery postage;
- Seeking help from the NHS Complaints Advocacy, POhWER, to contact and liaise with the complainant where appropriate;
- The Quality Team identified as the sole organisational contact point for the complainant;
- Informing the complainant that written communication will be the only communication between the CCG and the complainant;
- The Quality Team will contact all staff likely to receive contact from the complainant, advising them of action decided upon and provide a suitable script which staff should read to the complainant (and repeat up to 3 times) in the event of the complainant contacting them before calls are terminated. This will be regularly reviewed.

Stage 2

If Stage 1 does not have the desired effect and the situation deteriorates, then one or more of the following may be taken;

- The Quality Team will write to the complainant informing them why their behaviour is preventing any possible resolution of the complaint, and include an “agreement” setting out a code of behaviour for both parties listing grounds on which the complaint will be dealt with and which it will not;
- The Quality Team will write to the complainant informing them that the points raised have been fully responded to and that to continue to contact on this matter would serve no useful purpose. The letter will include advice on contacting the Parliamentary Health Service Ombudsman (PHSO);
- The Quality Team will escalate the case to an Executive Director and agree a suitable course of action, which will be communicated to the complainant in writing;
- If the action above does not have the desired effect, the Quality Team will compile a report for the Chief Executive Officer detailing the issues and sequence of events. The Chief Executive Officer will then write to the complainant informing them of the CCG’s actions.

Once a complainant has been deemed as vexatious or habitual, the status will be withdrawn at a later date if, for example, the complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate. Discretion should be used in removing the status.

If it becomes apparent through the course of investigating a complaint that staff have been subjected to inappropriate personal verbal or written abusive comments the complainant will be advised that this is unacceptable and will not be tolerated with any further communications the person may have with the CCG. Staff will be encouraged to report any such incidents to their Line Manager.

APPENDIX G: Equality Impact Assessment

1. Policy	EIA Completion Details
Title: Complaints Policy and Procedure ☐ **Proposed** ☒ **Existing** **Date of Completion:** September 2015 **Review Date:** September 2017	**Names & Titles of staff involved in completing the EIA:** Emma Hollingsworth, Quality Lead Rosie Connolly, Quality Manager

2. Details of the Policy. Who is likely to be affected by this policy?		
☒ **Staff**	☒ **Patients**	☒ **Public**

3. Impact on Groups with Protected Characteristics	Probable impact on group?			High, Medium or Low	Please explain your answer
	Positive	Adverse	None		
Age	☐	☐	☒		
Being married or in a civil partnership	☐	☐	☒		
Disability (inc. learning difficulties, physical disability, sensory impairment)	☐	☐	☒		
Having just had a baby or being pregnant	☐	☐	☒		
Race, (inc. ethnicity, nationality, language)	☐	☐	☒		
Religion or belief	☐	☐	☒		
Sex (inc. being a transsexual person)	☐	☐	☒		
Sexual Orientation	☐	☐	☒		
Other:	☐	☐	☒		
No impact on any of the groups above.	**Please explain and provide evidence**				

4. Which equality legislative Act applies to the policy?	
☒ **Human Rights Act 1998** ☒ **Equality Act 2010** ☐ **Health & Safety Regulations**	☐ **Mental Health Act 1983** ☐ **Mental Capacity Act 2005**

5. How could the identified adverse effects be minimised or eradicated?
N/A

6. How is the effect of the policy on different Impact Groups going to be monitored?
Via the CCG's complaints process

APPENDIX H: Privacy Impact Assessment

1. Policy	PIA Completion Details
Title: Complaints Policy and Procedure ☐ **Proposed** ☒ **Existing** **Date of Completion:** September 2015 **Review Date:** September 2017	**Names & Titles of staff involved in completing the PIA:** Emma Hollingsworth, Quality Lead Rosie Connolly, Quality Manager

2. Details of the Policy. Who is likely to be affected by this policy?			
☒ **Staff** ☒ **Patients** ☒ **Public**			
	Yes	**No**	**Please explain your answers**
Technology **Does the policy apply new or additional information technologies that have the potential for privacy intrusion?** **(*Example: use of smartcards*)**	☐	☒	
Identity **By adhering to the policy content does it involve the use or re-use of existing identifiers, intrusive identification or authentication?** **(*Example: digital signatures, presentation of identity documents, biometrics etc.)***	☒	☐	Investigation of complaints requires PID data at some level to appropriate people involved
By adhering to the policy content is there a risk of denying anonymity and de-identification or converting previously anonymous or de-identified data into identifiable formats?	☒	☐	
Multiple Organisations **Does the policy affect multiple organisations?** **(*Example: joint working initiatives with other government departments or private sector organisations*)**	☒	☐	Multiple organisations can be involved in one complaint
Data **By adhering to the policy is there likelihood that the data handling processes are changed?** ***(Example: this would include a more intensive processing of data than that which was originally expected)***	☐	☒	
If Yes to any of the above have the risks been assessed, can they be evidenced, has the policy content and its implications been understood and approved by the department?	As above		