Reporting and Management Policy for Compliments, Comments, Concerns and Complaints (The 4cs)

October 2020

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Name of Policy:	Reporting and Management Policy for Compliments, Comments, Concerns and Complaints (The 4Cs)
Date Issued:	18.11.20
Date to be reviewed:	October 2022

Policy Title:	Reporting and Management Policy for Compliments, Comments, Concerns and Complaints (The 4c's)	
Supersedes: (Please List)	Reporting and Management Policy for Compliments, Comments, Concerns and Complaints (The 4c's) September 2017	
Description of Amendment(s):	2 year refresh of policy	
This policy will impact on:	All staff and members of the public.	
Policy Area:		
Version No:	1.1	
Author:	Colin Hurst, Engagement Manager Patients and the Public Tracie Hailstone, Patient Experience Officer	
Effective Date:	TBC	
Review Date:	TBC	
Equality Impact Assessment Date:		
APPROVAL RECORD	Board Approval	**Date:**
Consultation:	Quality and performance committee	15.12.2020

CONTENTS

1.0 SUMMARY

- NHS Hull Clinical Commissioning Group (CCG) welcomes all feedback about the quality of the health services in Hull.
- Hull CCG will actively promote the channels by which patients and the public can make their views known about the services we commission, and will ensure that the process is inclusive and accessible.
- Hull CCG approach to handling feedback is outcome focused and seeks to resolve problems as early and quickly as possible, in the first instance.
- All staff have a part to play in the resolution of problems for patients and members of the public and are empowered to do so.
- Hull CCG is committed to learning from compliments, comments, concerns and complaints (4Cs); to improve the quality of services and to contribute to continuous improvement of patient safety, clinical effectiveness and patient experience.
- Hull CCG is committed to recognising and acknowledging excellent service provided by staff. Positive feedback from patients and members of the public will be shared with staff.
- Complaints will be handled in a way that is open, transparent, fair and proportionate.
- Appropriate and proportionate remedies will be made in line with the Parliamentary and Health Service Ombudsman principles.
- Compliments, comments, concerns and complaints are recorded on a data management system. This is an end to end record of the issues raised, local investigation, learning, action plan and response.
- Staff and managers contribute openly, honestly and fully with investigations into complaints and concerns. They can be assured that complaint resolution is not to apportion of blame but to determine what happened, with subsequent actions being taken to improve service delivery.

2.0 INTRODUCTION

NHS Hull Clinical Commissioning Group (CCG) is committed to working in partnership with patients, the public and other key stakeholders for the improvement of health across the local community.

The purpose of this document is to provide a framework for NHS Hull CCG complaints policy in meeting the requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The policy describes how NHS Hull CCG manages, responds to and learns from compliments, comments, concerns and complaints made about services and the way in which they are commissioned.

The policy includes the fundamental requirements of good complaints and concerns handling used by NHS Hull CCG to deliver arrangements in an easily accessible, equitable, sensitive and open manner. It also takes account of the principles laid out in PHSO's "Working together to investigate health and social care complaints 2016"

and the NHS Constitution. As well as national principles and policies NHS Hull CCG adheres to the "Complaints Pledges" developed and agreed by the Hull and East Riding of Yorkshire health care economy in November 2014; in response to the Francis Report.

NHS Hull CCG is committed to high quality care for all as a core principal of our vision and purpose. This includes the provision for any user of health services, their family, carers, or members of the public; with the opportunity to seek advice, raise concerns or make a complaint, about any of the services it commissions, or policies and procedures it has developed and implemented.

NHS Hull CCG recognises that staff work very hard to get it right first time. However, there may be occasions when people will be dissatisfied with the service received, or decisions made, and wish to make a complaint or raise a concern.

NHS Hull CCG will endeavour to respond as quickly and effectively as possible to resolve complaints and respond to enquiries, and to use the information to improve the quality of patient services.

The complaints system incorporates the Parliamentary and Health Service Ombudsman Principles of Good Complaints Handling (2009):

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

The policy is informed by the NHS Constitution that includes a number of recommendations relating to patient rights. Patients have the right to:

- Have their complaint acknowledged and properly investigated
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response will be sent
- To be kept informed of the progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken on
- Take a complaint to the independent Parliamentary and Health Service Ombudsman if not satisfied with the way the NHS has dealt with the complaint
- Make a claim for judicial review if the patient thinks that they have been directly affected by an unlawful act or decision of an NHS body; and
- Receive compensation if the patient has been harmed by medical negligence

3.0 SCOPE

This policy applies to the handling of questions, compliments, comments, concerns and complaints relating to the business of NHS Hull Clinical Commissioning Group, and the commissioning decisions it makes.

As set out in the NHS Constitution, a patient has the right to complain via the

commissioner of the health service or the provider of that service. In instances where the patient chooses to complain to NHS Hull CCG as the commissioner, Hull CCG will work closely with the provider of service and monitor the complaint investigation.

NHS Hull CCG Patient Relations Service supports primary care (GPs, dentists, pharmacists and optometrists), however formal complaints regarding these services are managed by NHS England; Hull CCG will support people in this process where appropriate.

Compliments, comments, concerns and complaints can be made by any person who is affected by, is likely to be affected by or is aware of, either through direct experience or observation, an action, omission or decision of NHS Hull CCG. All staff have a responsibility to ensure that they are aware of the contents of this policy and have undertaken training as appropriate.

4.0 DEFINITIONS

Definition of compliments, comments, concerns and complaints (the 4Cs)

Compliment
A compliment is an expression of satisfaction made by a patient, their family member or a member of the public regarding a service provided or commissioned by NHS Hull CCG, or the specific behaviour of a member of staff employed by NHS Hull CCG or a provider service.

Compliments can be made to any member of staff. They will be passed to a member of the Patient Relations Team who will acknowledge the compliment and record the compliment on the appropriate system.

The Patient Relations Team will identify the team to which the compliment relates to and will provide the Head of Service with the details in order that any individuals can be identified and the compliment passed on.

Comments
A comment is feedback from a patient, or their family member or a member of the public giving a view on a service provided or commissioned by NHS Hull CCG which has not been proactively sought or solicited, and to which they do not require a response.

Comments can be made to any member of staff; the information will be passed to a member of the Patient Relations Team who will record the comment on the appropriate system.

Comments will be passed to a senior manager for information and consideration.

Concerns
Concerns are informal expressions of dissatisfaction made by a patient, or their representative regarding a service provided or commissioned by NHS Hull CCG, or the specific behaviour of a member of staff.

Concerns should be directed to the Patient Relations Team in order that patients or family member can be provided an opportunity to have the concerns resolved in timely manner and the insight can be learnt from and recorded on the appropriate system.

Complaints
Complaints are formal expressions of dissatisfaction made by a patient, or their representative regarding a service provided or commissioned by NHS Hull CCG, or the specific behaviour of a member of staff.

Where a person specifically states they wish the matter to be dealt with as a formal complaint at the outset, or where the complaint or concern raises issues for the CCG which are significant and are likely to present moderate or high risk to the organisation, this must be dealt with as a complaint. Any member of staff receiving such a complaint must pass this to the Patient Relations Team for them to process formally and record on the appropriate system.

Enquiries
An enquiry is a request for information or assistance.

Enquires can be made to any member of staff; the information will be passed to a member of the Patient Relations Team who will assist and record the enquiry on the appropriate system.

NHS Hull CCG values and encourages early resolution which focuses on outcomes and aims to resolve as many complaints and concerns as early as possible. This is also what many people raising concerns and complaints value too.

5.0 POLICY PURPOSE AND AIMS

NHS Hull CCG will treat complaints seriously and ensure that complaints, concerns and issues raised by patients, their representatives or members of the public are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be explained to the complainant by the investigating organisation.

The main aims of the policy are:

- To provide easily accessible clear and easy to understand procedures for managing complaints

- To provide a consistent approach to the management and investigation of complaints
- To sympathetically respond to complaints and concerns in appropriate timeframes
- To provide opportunities for people to offer feedback on the quality of service provided
- To provide staff and members of the public with support and guidance throughout the complaints process
- To identify the causes of complaints and to take action to prevent recurrences
- To use “lessons learnt” as a driver for change and improvement
- To ensure that the care of complainants is not adversely affected as a result of making a complaint
- To assist in promoting an open, honest and transparent organisational culture
- To ensure that NHS Hull CCG meets its legal obligations
- To act as a key tool in ensuring the good reputation of NHS Hull CCG

5.1 Being Open With Patients and Relatives

NHS Hull CCG is committed to improving communication with patients and carers. When things go wrong, it is essential that the relevant parties are kept fully informed and feel supported. The being open approach underpins the local resolution stage of the complaints process.

We are committed to openness and transparency, which was enshrined in the “Duty of Candour” recommended by Government after the Mid Staffordshire NHS Foundation Trust Public Inquiry. Following the Francis report the health care economy of Hull and the East Riding of Yorkshire developed and agreed a unified approach to Duty of Candour.

Being open involves:

- Apologising and explaining what happened to patients and or their carers
- Conducting a thorough investigation into the complaint and reassuring patients and/or their carers that lessons will be learned to prevent reoccurrence
- Providing support for the patient, relative or carer to cope with the physical and psychological consequences of what happened and ensures communication is open, honest, and occurs as soon as possible after a complaint is received.

NHS Hull CCG will also ensure that the actions taken as a result of complaints are published regularly if appropriate.

This policy will be placed on the CCG website and will be shared with staff.

6. IMPACT ANALYSIS

6.1 Equality

An equality impact assessment has been undertaken and highlighted some variation in behaviours of groups of people with protected characteristics. NHS Hull CCG is committed to ensuring that patients, whose first language is not English, or those with a sensory impairment, or learning disability, receive the information they need and are able to communicate appropriately with healthcare professionals. All information in relation to the complaints process is available in alternative languages and formats upon request.

In the People's Panel Survey in September 2013 BME respondents reported that they were discouraged from making a compliant this was significantly more likely than white British respondents. Particular effort will be made when promoting the Patient Relations Service to BME communities and those that are easily overlooked. NHS Hull CCG will work with staff and provider organisations to change perception of complaints, to enable a more supportive approach.

The People's Panel findings also highlighted variation in age and gender of those giving feedback, how they give feedback and how effective they feel making compliments, comments, concerns or complaints is. NHS Hull CCG will make every effort to overcome barriers and support people in giving feedback; the CCG will revisit the issues discussed in future panel questionnaires.

Every complainant is dealt with as an individual and spoken with to agree their preferred outcome and how we will maintain contact. Adjustments are made on an individual basis.

We seek views of people making compliments, comments, concerns and complaints at the end of the process for their input on whether the complaints process was followed to their satisfaction. An equality and diversity monitoring form accompanies the survey which is completed voluntarily.

A copy of the completed Equality Impact Analysis can be found; in appendix 4 on page 26 on our website where it is published alongside this Policy. NHS Hull CCG will support complainants and their families and ensure patients healthcare is not affected in any way when a complaint has been made.

6.2 Bribery Act 2010

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf.

If you require assistance in determining the implications of the Bribery Act please contact the Local Counter Fraud Specialist (LCFS) on telephone number 01482 866800 / 07872 988939, email nikki.cooper@audit-one.co.uk or nikki.cooper1@nhs.net (secure). In the absence of the LCFS please contact the AuditOne Fraud hotline – 0191 441 5936, email – counterfraud@auditone.co.uk or ntawnt.counterfraud@nhs.net (secure).

Due consideration has been given to the Bribery Act 2010 in the development of this policy (or review, as appropriate) of this policy document and no specific risks were identified.

7. NHS CONSTITUTION

The policy is informed by the NHS Constitution that describes patient rights. Patients have the right to:

- Have their complaint acknowledged and properly investigated
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response will be sent
- To be kept informed of the progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken on
- Take a complaint to the independent Parliamentary and Health Service Ombudsman if not satisfied with the way the NHS has dealt with the complaint
- Make a claim for judicial review if the patient thinks that they have been directly affected by an unlawful act or decision of an NHS body; and
- Receive compensation if the patient has been harmed by medical negligence

8. ROLES / RESPONSIBILITIES / DUTIES

The Accountable Officer for the CCG has ultimate responsible for ensuring that NHS Hull CCG has an agreed process for the management of patient complaints in accordance with the Department of Health complaints regulations in relation to CCG functions and ensures lessons are learned from complaints and where appropriate the learning is shared with the wider healthcare community.

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The Director of Nursing and Quality has day to day responsibility for complaints management and investigation and regular review, ensuring themes, trends and learning are managed through internal quality meetings and externally through the contracts monitoring process.

NHS Hull CCG will delegate authority to other teams or organisations where there are contractual and/or governance arrangements in place with a clear line of accountability from the delegate back to the CCG, to investigate and manage complaints, with the requirement to report to the CCG as per contractual or governance arrangements.

Investigating managers will be responsible for the management of the complaints investigation in line with NHS Hull CCG's Complaints Procedure.

All staff are responsible for being aware of their obligations with regard to complaints as outlined in NHS Hull CCG's complaints procedure.

9. WHO CAN MAKE A COMPLAINT?

Any person, who is affected by, is likely to be affected by or is aware of an action, omission or decision of NHS Hull CCG, or a service commissioned by Hull CCG for the purposes of delivering health care to NHS users, with appropriate consent.

A complaint or concern may be made by a person acting on behalf of a patient in any case where that person:

- Is a child; in the case of a child, the representative must be a parent, guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or the voluntary organisation, is making the complaint in the best interests of the child.
- In situations where a patient or person affected has died, the representative must be a relative or other person, who had sufficient interest in their welfare, and is a suitable person to act as a representative.
- Has physical or mental incapacity; In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the representative must be a relative or other person, who has sufficient interest in their welfare and is a suitable person to act as a representative
- Has given consent to a third party acting on their behalf; In the case of a third party pursuing a complaint on behalf of the "affected" person we will request the following information:
    - Name and address of the person making the complaint;
    - Name and either date of birth or address of the affected person; and
    - Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf. This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the affected person
- Or has delegated authority to do so, for example in the form of Power of Attorney for health matters.
- Is an MP acting on behalf of and by instruction from a constituent.

Carer's Rights

Carers can make a complaint on behalf of the person they care for where the person is a child, has asked the carer to act on their behalf, or is not capable of making the complaint themselves. The CCG has the discretion to decide whether the carer is suitable to act as a representative in the individual's best interests.

If a complaint or concern is an allegation or suspicion of abuse, for example sexual abuse, physical neglect or abuse, or financial abuse, advice should be sort immediately from Hull CCG's designated safeguarding leads, or appropriate alternative if the issue is with that individual, it should immediately be investigated

following appropriate safeguarding or serious incident policies and procedures.

The current Hull CCG Safeguarding Children and Adults policy can be found here

In a situation where a person discloses physical or sexual abuse, or criminal or financial misconduct, it must be reported using appropriate policies and procedures even if the person does not want to make a complaint.

Any allegations of fraud or financial misconduct should be referred to the National Fraud reporting line; details should NOT be taken by the Patient Relations Team. Full details of the methods for reporting are on their Website: https://cfa.nhs.uk/reportfraud

10. HOW TO MAKE A COMPLAINT

Where it is appropriate, complaints and concerns should be resolved on the spot or quickly by front line staff or the service provider. This is called local resolution. If the complainant has concerns and local resolution fails to achieve a satisfactory outcome, the complainant then has the right to raise a formal complaint with either the service provider or the commissioner of the service. Should you need to contact NHS Hull CCG, contact details can be found in Appendix 1 on page 21.

A complaint or concern can be received by traditional mail, email, telephone or social media. If a compliment, comment, concern or complaint is made via social media the person will be encouraged to contact the Patient Relations Team with additional information to improve the efficiency and efficacy of the contact, and enable appropriate level of investigation.

11. TIMESCALES FOR MAKING A COMPLAINT

Complaints can be made twelve months from the date on which the matter that is the subject of the complaint came to the notice of the complainant.

If there are good reasons for not having made the complaint within the above time frame and, if it is still possible to investigate the complaint effectively and fairly, NHS Hull CCG may decide to still consider the complaint, for example, longer periods of complaint timescales may apply to specific clinical areas.

12. CONFIDENTIALITY

Complaints will be handled in the strictest confidence in accordance with NHS Hull CCG's Confidentiality Policy, and will be kept separately from patient medical records. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it.

There may be circumstances in which a safeguarding referral to adult social care or children's social care is considered. This may be in the best interests of the complainant, the complainant's child or for the protection, safety or wellbeing of a child or adult at risk. In these circumstances consultation with the designated professionals or named GPs for safeguarding children or adults must take place.

Suitable arrangements must be in place for the handling of patient identifiable data, to meet compliance with the Data Protection Act, General Data Protection Regulation and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality. The Caldicott Report set out a number of general principles that health and social care organisations should use when reviewing its use of patient or client information

Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the case should be dealt with under appropriate disciplinary procedures.

Arrangements should be backed up by clear information-sharing protocols, defining how information will be shared and for what purpose, the process and contractual arrangements in place, what each party will do to ensure compliance with protocols and legal obligations, and the penalties for noncompliance.

13. CONSENT

There is an expectation that when capturing consent for the use and sharing of information, that the patient has made an informed decision and clearly understands the processing and potential sharing of their information. Staff must also understand the expectations of confidentiality that the information is provided under.

Information will not be disclosed to third parties unless the complainant or appropriate authorised party who has provided the information has given consent to the disclosure of that information.

However, it is recognised that there may be circumstances in which information disclosure is in the best interests for the patient, or the protection, safety or wellbeing of a child or an adult with care and support needs who may be suffering or at risk of neglect and abuse. In these circumstances it should be escalated as necessary in line with safeguarding policies and procedures.

14. INVESTIGATION AND ORGANISATIONAL RESPONSE

NHS Hull CCG will investigate a complaint in a manner appropriate to resolve it as efficiently as possible, proportionate to the seriousness of the complaint.

All complaints will be acknowledged no later than three working days after the day the complaint is received (either by telephone, email or letter) and an offer will be made, as appropriate, to discuss with the complainant the following:

- An action plan for handling the complaint
- Timescales for responding
- The complainant's expectations and desired outcome
- Information in relation to the provider of independent advocacy services in their area e.g. the Independent Complaints Advocacy Service
- Consent for NHS Hull CCG to pass the complaint to the service provider (as appropriate)

- Consent for NHS Hull CCG staff to handle the response provided by the service provider

The complainant can expect that:
- They will be kept up to date with the progress of the investigation
- Their complaint will be investigated and they will receive a response
- Action will be taken to prevent a recurrence
- They will be kept informed of any learning

Where the complaint involves more than one NHS or social care body, NHS Hull CCG will adhere to the duty to cooperate contained in the legislation. Where complaints involve more than one body, discussions will take place about the most appropriate body to take the lead in coordinating the complaint investigation and response, and communication with the complainant.

Where NHS Hull CCG receives a complaint involving several bodies, permission will be sought from the complainant before sharing or forwarding a complaint to another body. Consent will need to be obtained to forward the complaint to any provider.

As soon as it is reasonably possible after completing the investigation, and within the timescale agreed with the complainant, NHS Hull CCG will send a formal response in writing to the complainant which will be signed by the Chief Officer or delegated deputy.

The response will include:
- An explanation of how the complaint has been considered
- An apology, if appropriate
- An explanation based on facts
- Whether the complaint in full or in part is upheld
- The conclusions reached in relation to the complaint including any remedial action that the organisation considers to be appropriate
- Confirmation that the organisation is satisfied any action has been or will be actioned

Where possible, NHS Hull CCG will respond to people about any lessons learnt.

A key consideration is to make arrangements flexible; treating each case according to its individual nature with a focus on satisfactory outcomes, organisational learning and those lessons should lead to service improvement.

If the complainant does not accept the offer to discuss the complaint, the Patient Relations Team will determine the response period and notify the complainant in writing.

Timescales for a response
Although the timescales for investigation and response will be agreed with the complainant, NHS Hull CCG endeavours to complete the process with 20 working days, the same response time for MP correspondence. In complex cases, or case where the issues span other organisations, it may not be possible to fully investigate and respond within this timescale. If it becomes apparent that this target

or the agreed timescale cannot be met, a revised timescale will be agreed with the complainant and confirmed in writing.

15. REFERRALS TO THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

If a complainant remains dissatisfied with the handling of the complaint by NHS Hull CCG, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case. The PHSO may investigate a complaint where, for example:

- The complainant is not satisfied with the result of the investigation undertaken by NHS Hull CCG.
- The complainant is not happy with the response from NHS Hull CCG and does not feel that their concerns have been resolved.
- NHS Hull CCG has decided not to investigate a complaint on the grounds that it was not made within the required time limit.

NHS Hull CCG will provide information on how to contact the PHSO when issuing the formal written response.

When informed that a complainant has approached the PHSO, NHS Hull CCG will cooperate fully with the PHSO and provide all information that has been requested in relation with the complaint investigation.

The relevant director will be informed that a request for investigation has been made so that the staff involved can be informed.

NHS Hull CCG can also refer a complaint to the Parliamentary Health Service Ombudsman for a final decision.

16.0 PERSISTENT AND UNREASONABLE COMPLAINANTS

NHS staff are trained to respond with patience and sympathy to the needs of all contacts. However, there may be occasions when there is nothing further which can reasonably be done to assist the complainant, or rectify a real, or perceived, problem. In these cases the complainant will be signposted to the Parliamentary and Health Service Ombudsman (PHSO).

In determining arrangements for handling such contacts, staff are required to consider the following:

- An individual has raised a concern and all appropriate support and advice has been offered, including the opportunity to raise a formal complaint.
- A formal complaint has been managed correctly according to procedure.
- No material element of the complaint has been overlooked, or inadequately addressed.
- Appreciate that unreasonable persistent contacts may have issues which contain some genuine substance.

In all situations, the need to ensure an equitable approach is crucial. (Please refer to Appendix 2 on page 22 for information in relation to the management of unreasonable persistent complaints)

16.2 Dealing with Difficult Telephone Calls

If a caller starts to become agitated and you cannot calm them it is best to ask if they would like to speak to a manager. Staff should not feel threatened or intimidated by rude and or abusive behaviour and language. Should staff receive a telephone call from any person who is rude and or abusive in any way they should take the following action:

- Warn the caller that unless they are prepared to speak in a different way, the call will be terminated
- If the caller continues to use inappropriate language, warn them that you are about to terminate the call
- If the caller continues to use inappropriate language, terminate the call
- Report the call to the manager or senior staff member on duty and complete an incident form.

Should the caller phone back, remain polite if they are no longer being rude or abusive, assist them or redirect the call as usual, however, if the caller continues to use threatening or inappropriate language, repeat the guidance above The NHS complaints regulations and accompanying guidance to regulation 3 states that:

'At all times NHS staff should treat patients, carers and visitors politely and with respect. However violence, racial, sexual or verbal harassment should not be tolerated. Neither will NHS staff be expected to tolerate language that is of a personal, abusive or threatening nature'.

16.2 Dealing with Violence & Aggression

For the purposes of this policy, Aggression is defined using the NHS SMS (2003) non-physical assault definition:

'The use of inappropriate words or behaviour causing distress and/or constituting harassment'
– Non-Physical Assault Definition

Both Violence and Aggression are unacceptable and will not be tolerated. All incidents reported by staff will be investigated and fully supported by the CCG. Dependent upon the circumstances, in an incident involving Aggression, the following course of action could be pursued in conjunction with any other course of action, but always in consultation with Senior Management. Any and all action must be fully and factually documented, noted on patient records (electronic or otherwise) and the incident logged on the on incident reporting system. For guidance on violent and aggressive behaviour please see Appendix 3 on page 25

17. ORGANISATION LEARNING

Complaint handling is not limited to providing an individual remedy to the complainant. All feedback and lessons learnt from complaints will contribute to service improvement.

To achieve this NHS Hull CCG will:

- Ensure the learning is identified through the complaint investigations.
- Actively capture learning from complaints from all commissioned services, to gather themes and interpret the findings to monitor the quality of commissioned

services and to inform the contracting and commissioning decisions, through the appropriate governance mechanisms.
- Monitor progression of action plans.
- Ensure learning is shared internally and externally and is appropriately recorded and published.
- Review how complaints and in particular multi-agency complaints are managed and seek improvements in process from the perspective of the patient or their advocate. This can be done in a multitude of ways from MDT meeting, and meetings with patients, families and advocates. Patient experiences are also shared widely both within the organisation and with providers to ensure that lessons learnt are acted upon to improve patient experience.

Regular reporting of complaints themes and trends will be supplied to Hull CCG by each provider through the contract monitoring process. This information will inform the CCG of the quality of services and where improvements are required which may be addressed through the commissioning process.

Complaint information will be proactively considered as part of all service re-design projects to ensure patient feedback is routinely used to improve services and inform commissioning intentions.

Provider complaints which give rise to serious concerns will be escalated to the Director of Nursing and Quality and will be immediately raised with the provider. Consideration will also be given to raising the complaint with the Care Quality Commission (CQC) as part of the strengthened CQC inspection process either through direct contact with the CQC or through established Quality Surveillance Group process.

NHS Hull CCG Patient Relations Team will be responsible for reporting compliments, comments, concerns and complaints intelligence to the Senior Leadership Team on a weekly basis. A bi-annual, more in depth, report will be made to the Quality and Performance Committee. The report will contain the following information:
- Data relating to activity including the number and type of contacts received
- The outcome of formal complaints i.e. the number of complaints upheld
- Compliance with timescales
- Details and nature of complaints
- Learning outcomes, action plans and confirmation of implementation.

To support reporting of the above, key performance indicators (KPI) have been developed, which will assist in providing assurance that a robust and proper system is in place for investigating complaints and that such systems are being complied with.

A summary of the Patient Relations Service activity will also be reported in NHS Hull CCG's annual report.

The impact of compliments, comments, concerns and complaints will be published, where appropriate, periodically on NHS Hull CCG's website.

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 one NHS organisation about another NHS organisation
- A complaint made by an employee about any matter relating to their employment
- A complaint, the subject matter of which has previously been investigated under these or previous Regulations
- A complaint made by a primary care provider which relates to the exercise of its functions by an NHS body or to the contract or arrangements under which it provides primary care services
- A complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day
- A complaint made by an independent provider, NHS Trust or an Foundation Trust about any matter relating to arrangements made by an NHS body with that independent provider or NHS Foundation trust
- A complaint which is being or has been investigated by the Ombudsman
- A complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000
- A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes

In the event of a complaint where a person has stated that they intend to take legal action, consideration will be given to whether the complaint can be investigated without prejudicing the outcome of any legal action.

18. RECORD RETENTION

Keeping clear and accurate records of patient relations contacts is important. All patient relations contact records including complaints records should be retained for a period of ten years.

In line with the General Data Protection Regulations, if a person wishes to be "forgotten" prior to this, their contact details will be removed following advice that this may affect our ability to deal with related issues in the future; the anonymised issue will remain filed (digitally or otherwise) until the ten year period has passed.

19. IMPLEMENTATION

This policy will be placed on NHS Hull CCG's website and portal and will be shared with staff through staff meetings and via email communication.

NHS Hull CCG will ensure all staff are trained in managing contacts with the public, identification and understanding of complaints and where staff are leading investigations into complaints, their role, as an investigator.

19. TRAINING AND AWARENESS

The CCG will ensure that all staff involved with the complaints process have relevant training at the appropriate level.

20. MONITORING AND EFFECTIVESNESS

The effectiveness of this Policy will be monitored by the Quality and Performance Committee through the biannual patient relations report.

21. POLICY REVIEW

This Policy will be reviewed within 1 year from the date of implementation.

22. REFERENCES

- Listening, Responding and Improving – A Guide to Better Customer Care(2009)
- Principles of good complaints handling. Parliamentary and Health Service
- Ombudsman (2008)
- Principles for remedy. Parliamentary and Health Service Ombudsman (2007)
- Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary February 2013
- The Local Authority Social Services and National Health Service
- Complaints (England) Regulations 2009
- NHS England Complaints Policy
- NHS England Guide to good handling of complaints for CCGs May 2013
- Working together to investigate health and social care complaints Parliamentary and Health Service Ombudsman (2016)

23. ASSOCIATED DOCUMENTATION

- Data Protection Technical Guidance Note: Disclosures to Members of Parliament carrying out constituency casework.
- Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order 2002. S.I.2002 No. 2905
- NHS Constitution updated 2015
- NHS Hull Clinical Commissioning Group Confidentiality Policy
- NHS Hull Clinical Commissioning Group Data Protection Policy
- NHS Hull Clinical Commissioning Group Incident Management Policy
- NHS Hull Clinical Commissioning Group Safeguarding Policy
- NHS Hull Clinical Commissioning Group Whistleblowing policy
- NHS Hull Clinical Commissioning Group Risk Management Strategy
- NHS Hull Clinical Commissioning Group Equality & Diversity Policy

APPENDICES

APPENDIX 1:

CONTACT DETAILS FOR NHS HULL CCG PATIENT RELATION SERVICE

Patient Relations
Freepost Plus RTGL-RGEB-JABG
NHS Hull Clinical Commissioning Group
2nd Floor, Wilberforce Court
Alfred Gelder Street
Hull
HU1 1UY

Tel: 01482 335409
Email: HullCCG.pals@nhs.net
Website: www.hullccg.nhs.uk
Facebook: www.facebook.com/NHSHullCCG/
Twitter: @NHSHullCCG

APPENDIX 2:

GUIDANCE FOR DEALING WITH PERSISTENT AND UNREASONABLE COMPLAINANTS

Introduction

This guidance covers all contacts, enquiries and complainants. It is intended for use as a last resort and after all reasonable measures have been taken to try and resolve a complaint within NHS Hull Clinical Commissioning Group Complaints Policy.

Persistent complainants may have genuine issues and it is therefore important to ensure that this process is fair and the complainant's interests have been taken into consideration.

Purpose of guidance

To assist officers to identify when a person is persistent or unreasonable, setting out the action to be taken.

Definition of persistent and unreasonable complainants

There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:

- Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services e.g. Independent Advocacy Service (ICAS) could assist to help them specify their complaint
- Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice
- Continue to focus on a "trivial" matter to an extent that it is out of proportion to its significance. It is recognised that defining "trivial" is subjective and careful judgment must be applied and recorded
- Change the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately
- Consume a disproportionate amount of time and resources
- Threaten or use actual physical violence towards staff
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails)
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual
- Make excessive telephone calls or send excessive numbers of emails or letters to staff

Actions prior to designating a complainant as unreasonable or persistent

It is important to ensure that the details of a complaint are not lost because of the presentation of that complaint. There are a number of considerations to bear in mind when considering imposing restrictions upon a complainant.

Ensuring the complainants case is being, or has been dealt with appropriately, and that reasonable actions will follow, or have followed, the final response

- Confidence that the complainant has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable or persistent
- Checking that new or significant concerns are not being raised, that require consideration as a separate case
- Applying criteria with care, fairness and due consideration for the client's circumstances – bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the complainant's lifestyle, quality of life or life expectancy
- Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff
- Ensuring that the complainant has been advised of the existence of the policy and has been warned about, and given a chance to amend their behaviour
- Consideration should also be given as to whether any further action can be taken prior to designating the complainant unreasonable or persistent.

This might include:

- Raising the issue with a director with no previous involvement, in order to give an independent view
- Where no meeting with staff has been held, consider offering this at a local level as a means to dispel misunderstandings (only appropriate where risks have been assessed)
- Where multiple departments are being contacted by the complainant, consider a strategy to agree a cross-departmental approach
- Consider whether the assistance of an advocate may be helpful
- Consider the use of ground rules for continuing contact with the complainant.

Ground rules may include:

- Time limits on telephone conversations and contacts
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service
- Requiring contact to be made with a named member of staff and agreeing when this should be
- Requiring contact via a third party e.g. advocate
- Limiting the complainant to one mode of contact
- Informing the complainant of a reasonable timescale to respond to correspondence
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged
- Advising that the organisation does not deal with calls or correspondence that is abusive, threatening or contains allegations that lack substantive evidence. Request

that the complainant provides an acceptable version of the correspondence or make contact with a third party to continue communication with the organisation
- Ask the complainant to enter into an agreement about their conduct
- Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed
- Adopting a “zero tolerance” policy. This could include a standard communication line, for example: “The NHS operates a zero tolerance policy, and safety of staff is paramount at all times. Staff have a right to care for others without fear of being attacked either physically or verbally”

Process for managing unreasonable or persistent behaviour

Where a complainant has been identified as unreasonable or persistent, the decision to declare them as such is made jointly by the Director of Nursing and Quality and the Associate Director of Corporate Affairs. The Director of Nursing and Quality will write to the complainant, informing them that either:

- Their complaint is being investigated and a response will be prepared and issued as soon as possible within the timescales agreed
- That repeated calls regarding the complaint in question are not acceptable and will be terminated, or;
- Their complaint has been responded to as fully as possible and there is nothing to be added
- That any further correspondence will not be acknowledged

All appropriate staff should be informed of the decision so that there is a consistent and coordinated approach across the organisation.

If the declared complainant raises any new issues then they should be dealt with in the usual way.

Review of the persistent status should take place annually.

Urgent or extreme cases of unreasonable or persistent behaviour

In urgent or extreme cases, adopt safeguarding and zero tolerance policies and procedures. Discuss the case with the appropriate director to develop an action plan that may include the use of emergency services in some circumstances. In these circumstances, carry out a review of the case at the first opportunity after the event.

Record keeping

Ensure that adequate records are kept of all contact with unreasonable and persistent complainants. Consideration should be given as to whether the organisation should take further action, such as reporting the matter to the police, taking legal action, or using the risk management or health and safety procedures to follow up such an event in respect of the impact upon staff.

APPENDIX 3:

GENERAL GUIDANCE FOR THE MANAGEMENT OF PEOPLE EXHIBITING VIOLENT AND AGGRESSIVE BEHAVIOUR

Introduction

Experience shows that often violence is minor and in the majority of cases skilled action can resolve the incident quickly and satisfactorily without serious confrontation.

The distress, which is associated with physical and mental illness often, reveals itself in fear, turmoil and agitation in people. A mood of suspicion and irritability may escalate into apparent hostility, which is a symptom of the underlying desperation felt by the individual, and usually does not lead to aggressive behaviour, provided the response is not antagonistic.

Some of the factors, which may indicate that aggressive behaviour might occur, include:

The person(s) may:

- Be noisy, abusive or impulsive.
- Appear to be having disturbed relationships.
- Appear to be deluded or hallucinated.

Causative factors include:

- Drug dependency
- Alcoholism
- Alcohol consumption
- Metabolic disturbance dementia
- Cerebral lesions
- Mania
- Depression
- Suicidal tendencies

Knowledge and understanding of a particular person may reveal signs of impending violence or aggression. It may be known that the person has a history of violence or aggressive behaviour. Staff may be aware of emotional instability, anxiety, frustration or hostile feelings in a person. There may be environmental factors or a conflict between people.

Prevention of violence and dealing with aggressive verbal abuse.

Aggression should not be confused with healthy self-assertion. Too tight a control on an individual or a group of people may provoke aggression. Treat the person as a responsible adult, even if they are not behaving as one. Aggression is more likely if people are uncertain of what is happening, or what is expected of them.

Should a relative/patient/service user direct verbal anger it is important for the member of staff to appear outwardly calm and respond in an empathetic, sensitive manner. Above all, do not be defensive or respond angrily. Alleviate patient's/service user's/relatives' fear by offering explanations of their illness, condition, treatment, etc. in terms which they can comprehend. Avoid the use of medical 'jargon' where possible.

APPENDIX 4:

HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	Reporting and Management Policy for Compliments, Comments, Concerns and Complaints (The 4c's)
Date of Analysis:	Reviewed Thursday 24th September 2020 Original Tuesday 11th September 2018
Completed by: **(Name and Department)**	Tracie Hailstone – Patient Experience Officer
What are the aims and intended effects of this policy, project or function?	This policy describes the systems in place to effectively manage compliments, comments, concerns and complaints in accordance with NHS regulations. It outlines the responsibilities and processes for receiving, handling, investigating and resolving compliments, comments, concerns and complaints and how the organisation learns from them.
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	None
Please list any other policies that are related to or referred to as part of this analysis	None
Who will the policy, project or function affect?	Staff, patients carer's and the public
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	The development of this policy has been informed by the Putting Patients First Event held in July 2014 in response to the Francis Report which had discussion sessions relating to patients, the public and staff experiences of complaints. People's Panel September 2013 findings. And the experiences of the Patients relations Team in delivering the service for the past 14 months. Additional engagement to be undertaken with Quality and Performance Committee, Senior Leadership Team and Staff for comment and discussion.

Promoting Inclusivity and Hull CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives: 1. Ensure patients and public have improved access to information and minimise communications barriers 2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job 3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve 4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs	The Patient Relations Service supports all those who would like to give feedback, formally or informally. As the commissioner Hull CCG often supports those who have experienced barriers or communication breakdown with providers, with a view to resolve and learn from the incidents reported. The Patient Relations Service gives people the oppourtnity to communicate in the way they prefer and has links to appropriate services, and resources to support those with particular communication needs including those where english is not their first language.

Equality Data	
Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *'Equality Groups'.* Examples of *Equality Data* include: (this list is not definitive) 1: Recruitment data, e.g. applications compared to the population profile, application success rates	Yes [X] No [ ] The People's Panel is a partnership between; Hull City Council and NHS Hull Clinical Commissioning Group it has a member of approximately 5000 people, and surveys the members 4 times a year about NHS and Council issues and services. The result published in September 2013 looked at complaints and the gap between expectation and experience.

2: Complaints by groups who share / represent protected characteristics 4: Grievances or decisions upheld and dismissed by protected characteristic group 5: Insight gained through engagement	It found the following significant variations in the responses from some protected groups. Below is a summary of the pertinent findings. 1. Females were significantly more likely to have made a formal complaint or had a poor experience than males. Males were significantly more likely to have filled in a feedback form than females. 2. Females were significantly more likely than males to have said they didn't take action because they didn't know how too, it was too complicated, or that they didn't think anything would change. 3. Younger respondents were more likely to have raised a concern whereas older respondents, particularly those aged 65+, were significantly more likely to have given a compliment. 4. Those aged 34 and under were significantly more likely to have not taken action because they didn't know how to, they were concerned future care would be negatively affected, they didn't think they would be taken seriously, or that they didn't think anything would change. 5. BME respondents were significantly more likely than white British respondents to have been discouraged by staff from taking action

Assessing Impact				
Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups? (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)				
Protected Characteristic:	**Neutral Impact:**	**Positive Impact:**	**Negative Impact:**	**Evidence of impact and, if applicable, justification where a *Genuine Determining Reason*[1] exists (see footnote below – seek further advice in this case)**
Gender		X		1 and 2 (see above) Evidence in 1 & 2 above indicates poorer access and experience based on gender. The mitigating actions of this EqIA in the implementation of this policy should have a positive impact
Age		X		3 and 4 (see above). There are no age criteria for making complaints. Where the complainant in a child, they will be supported by an adult representative (defined in Section 9 of this policy). Evidence in 3 & 4 above indicates poorer access and experience based on age. The mitigating actions of this EqIA in the implementation of this policy should have a positive impact
Race / ethnicity / nationality		X		5 (see above) People whose first language is not English may require support to making a compliment, comment, concern or complaint; or require information and correspondence in a format that is appropriate for their circumstances. Evidence in 5 above indicates poorer access

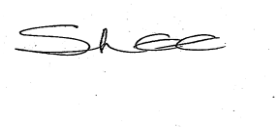
1. [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

				and experience for BAME people. The mitigating actions of this EqIA in the implementation of this policy should have a positive impact.
Disability		X		People with a physical or learning disability may require support in making a compliment, comment, concern or complaint; or require information and correspondence in a format that is appropriate for their circumstances. The policy requires staff to make adjustments based on an individual's needs, which should have led to a positive impact in access and experience.
Religion or Belief	X			No evidence of impact (to be explored through ongoing engagement identified in this EqAI action plan)
Sexual Orientation	X			No evidence of impact (to be explored through ongoing engagement identified in this EqAI action plan)
Pregnancy and Maternity	X			No evidence of impact (to be explored through ongoing engagement identified in this EqAI action plan)
Transgender / Gender reassignment	X			No evidence of impact (to be explored through ongoing engagement identified in this EqAI action plan)
Marriage or civil partnership	X			No evidence of impact (to be explored through ongoing engagement identified in this EqAI action plan)

Action Planning:				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?				
Identified Risk:	**Recommended Actions:**	**Responsible Lead:**	**Completion Date:**	**Review Date:**
Females are significantly more	Ensure that multiple routes to make a compliment,	Tracie Hailstone	Commenced in Sept 2019	Sept 2021

likely to make a formal complaint or had a poor experience than males. Males were significantly more likely to have filled in a feedback form than females.	comment, concern or complaint are available, in particular using comment cards or feedback forms.			
Females were significantly more likely than males to have said they didn't take action because they didn't know how too, it was too complicated, or that they didn't think anything would change. Those aged 34 and under were significantly more likely to have not taken action because they didn't know how to, they were concerned future care would be negatively affected, they didn't think they would be taken seriously, or that they didn't think anything would change.	Ensure that the process for making compliments, comments, concerns or complaints is as simple as possible. Include new technology methods for making compliments, comments, concerns or complaints. E.g. Via social media and SMS text messaging Regularly publish examples of how compliments, comments, concerns and complaints have influence decision making and service change. The "contact us" section of the website which includes details of making a compliant should include examples of decision making and service change resulting from compliments, comments, concerns and complaints.	Tracie Hailstone Hull CCG Communications team Rob Thompson/Tracie Hailstone Rob Thompson/Tracie Hailstone	Commenced Sept 2019 Commenced Sept 2019	 Sept 2021 Sept 2021 Sept 2021
BME respondents were significantly more likely than white British respondents to have been discouraged by staff from taking action.	Undertake more detailed work with the BME community to fully understand barriers and issues to raising concerns. Promote patient relations service with BME community Work with staff and provider organisations to change perception of	Christine Ebeltoft All	Ongoing Ongoing	Sept 2021 Sep 2022

	complaints, to enable a more supportive approach			
	Proactive promotion of the Patient Relations Service	All	Ongoing	Sep 2022
Staff may not have the skills or information immediately available to support someone requiring an adjustment (e.g. an interpreter or information available in a different format)	Regular learning to review responses to access requests. All staff to have access to information about interpretation services & / or a point of contact with a member of the Communications and Engagement Team who can support with this.			
	Further engagement work will be completed as part of the CCG's ongoing planned body of work and will inform the next iteration of this policy and EqIA. E,g, survey planned in partnership with Hull City Council	Colin Hurst	Tbc	Sept 2022

Sign-off
All policy EIAs must be signed off by Sue Lee, Associate Director of Communications and Engagement
I agree with this assessment / action plan
If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:
Signed: 
Date: 18.11.20