

CCG Concerns, Complaints, Comments and Compliments Policy

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Target audience:	All CCG Employees, the public

Summary

NHS Leeds CCG is firmly committed to continuously improving the quality of services it provides or commissions by understanding the experiences of people accessing those services. Commissioned services are those that are paid for by the CCG but provided by other organisations such as hospitals, community care and any other providers. The CCG understands that in order to continue to make improvements, it is essential to encourage, value, engage with and learn from all types of feedback. Therefore the CCG takes a proactive approach to handling complaints, concerns, comments and compliments as a genuine means to improving the experiences of patients and the quality of its services.

This policy incorporates the CCG's obligations in the NHS Constitution and the Health and Social Care Act and responds to a number of key reports, guidelines and legislations which relate to the handling of complaints.

This policy ensures that feedback is always:

- Actively encouraged and that people know how to give feedback and make a complaint
- Taken seriously and responded to their feedback and complaint promptly
- Investigated thoroughly and proportionately to the seriousness of the complaint
- Utilised as an opportunity to learn and improve

The CCG will:

- Ensure that this policy promotes a consistent and fair process for managing feedback and handling complaints
- Ensure that it is easy for people to give feedback, and that the complaints process is accessible for all
- Implement systems for monitoring, reporting and sharing information regarding feedback and complaints across the CCG, including lessons learned.

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1 Introduction

NHS Leeds CCG is committed to providing service users, their family members, carers or members of the public with the opportunity to seek advice, raise concerns, compliments and formal complaints about the CCG and its services. The CCG has adopted a person centred approach to ensure that issues are dealt with in a way which empowers service users to make choices about how their concerns are handled and in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The CCG approach is structured around the 'My Expectations' report, published by the Parliamentary and Health Service Ombudsman, Local Government Ombudsman and Healthwatch. This report sets out a best practice framework to support a positive experience for people raising concerns and complaints in five steps, also known as 'I statements' (Appendix A):

- **Considering a complaint:** ensuring people are given information about how to complain, that they will be supported to do so and care will not be compromised.
- **Making a complaint:** ensuring all staff can help, and that making a complaint is easy and convenient.
- **Staying informed:** keeping people up to date and making the response personal.
- **Receiving outcomes:** resolving complaints and achieving an appropriate outcome.
- **Reflecting on the experience:** ensuring complaints are handled fairly and consistently, and that people understand how their feedback has helped to improve services.

2 Definition

The CCG recognises and records feedback activity under the following categories:

- **Comments:** Comments may be made either verbally or in writing to any member of staff within the CCG. These may be general comments or opinions regarding NHS services, or may be specific to a particular service or area of care. Comments may offer observations or suggestions regarding services.
- **Concerns:** An issue raised in writing, or verbally, identifying issues about a service and/ or area of commissioning.
- **Complaints:** A complaint is an expression of dissatisfaction about any aspect of the CCG and its commissioned services requiring a response.
- **Compliments:** The CCG recognises that compliments are also a valuable source of feedback. Positive feedback received regarding services can provide an opportunity to acknowledge improvements and successes, to recognise good practise and to apply this across other areas.

3 Purpose

The purpose of this document is to outline the CCG's complaints policy to ensure that the CCG meets its statutory obligations under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. This policy aims to ensure the following:

- To provide a clear, simple and easy to understand process for managing complaints which is fair and impartial, widely publicised and accessible to all
- To ensure complainants and staff are provided with the necessary guidance and support
- The causes of complaints and lessons learned are identified and utilised to improve services and prevent recurrence
- Complaints are managed promptly and efficiently, and answers or explanations are provided quickly and within established time limits, in accordance with the Complaint Process Flowchart (Appendix B)
- Complainants are treated courteously and sympathetically and care is not adversely affected as a result of having made a complaint.

4 Scope

This policy applies to all complaints, comments, concerns and compliments received by the CCG and must be followed by all staff employed by the CCG, including those employed as part of a temporary or honorary contract, agency/bank staff, students and volunteers or any other person that is acting on behalf of the CCG. Providers of CCG commissioned services must ensure that they have robust policies and procedures in place to support patients, carers and their families.

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 complainants have the choice of making a complaint to either the provider or the commissioner of services, but not both.

5 Exceptions

In accordance with the NHS Complaints regulations 2009 the following complaints will not be dealt with under this policy:

- 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 which has been investigated by a Health Service Commissioner under the 1993 Act
- 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

Where a complaint is not to be investigated under the NHS Complaints Regulations 2009, where possible the complainant will be signposted appropriately to progress their concern.

Complaints should be submitted to the CCG no later than 12 months after the subject of the complaint matter occurred or realising that there was something to complain about. This is at the discretion of the Head of Clinical Governance in accordance with the CCG Chief Executive and can be extended in exceptional circumstances. A decision not to extend beyond this period will be confirmed in writing with an explanation.

6 Duties and Responsibilities

Accountable Officer

The Chief Executive has overall responsibility for the complaints process and for ensuring compliance with current regulation. The Chief Executive is also responsible for approving and signing all complaint response letters or appointing an appropriate deputy.

Directors/managers

CCG Directors and managers are responsible for investigating formal complaints about their services/area of work within an agreed timescale and for ensuring that staff actively engage in the complaints process and supporting investigations when required. Line managers are required to support their staff during the complaints process.

Staff

All staff have a responsibility to report feedback in accordance with this policy and have a duty to their patients, employer and fellow colleagues to co-operate fully with an investigation to ensure the most appropriate outcome.

Staff should actively encourage all individuals to feed back their experiences, including raising concerns and complaints where appropriate, to support the

continuous improvement to services and to inform the CCG commissioning intentions.

The Complaints Team (Clinical Governance Team)

The Complaints Team is responsible for ensuring the CCG has a robust system and process in place to ensure effective complaints management which is in line with national legislation. The team will support the investigation process and liaise with other staff members to provide appropriate advice around complaints and concerns when required.

The Complaints Team has responsibility for administering and managing all complaints centrally, acknowledging all complaints within the statutory 3 working days and is responsible for all aspects of the complaints process.

The team is responsible for ensuring that the Complaints Policy and associated procedures are followed and that complaints are actioned in line with this document. The team will also ensure that the policy and procedures are regularly reviewed and updated.

Advonet

Advonet offer an independent advocacy service within Leeds to support and provide advice to patients, carers and their families when making a complaint about NHS services. Information about this service will be provided to all complainants that contact the CCG.

Leeds City Wide Complaints Group

The statutory organisations in Leeds, that undertake investigations of concerns and complaints about local health and social care services, together with Advonet Leeds and Healthwatch Leeds, work together to reduce duplication and to improve and learn from the experience of people raising a complaint or concern and to develop good practice. The group consists of:

- NHS Leeds and York Partnership Foundation Trust
- NHS Leeds Teaching Hospital Trust
- NHS Leeds Community Healthcare Trust
- Leeds City Council
- Healthwatch Leeds
- Advonet
- NHS Leeds Clinical Commissioning Group

The group provides learning, expertise and sharing of good practice, identifying information and processes that can be improved through joint work and learning together.

7 Process and Procedures for Handling Complaints – Local Resolution

In line with the NHS Complaints Regulations 2009 complainants should be offered a choice of raising their concerns, or making a formal complaint to either the service provider directly, or the commissioner. All avenues must be explored to resolve issues at local level, including a review of the complaint, if the complainant is not initially happy with the outcome.

A complaint can be made orally, in writing or electronically. If a verbal complaint is received the staff member should establish whether it is a matter that they or a colleague can respond to immediately. If the verbal complaint is able to be resolved to the complainant's satisfaction within one working day then this will not be recorded as a formal complaint but the complaints team must still be notified so that the concern can be documented. If a verbal complaint is a formal complaint then the member of staff receiving the complaint must make a written record of the complaint and provide a copy to the complaints team as soon as possible.

All staff must ensure that complaints are sent to the complaints team as soon as they are received. All complaints, comments, concerns and compliments can be sent to:

Email: Leeds.complaints@nhs.net

Address: CCG Complaints Team
NHS Leeds CCG
FREEPOST RTEG-JRZR-CLZG
Suites 2-4 WIRA House
Ring Road West Park
Leeds
LS16 6EB

Telephone: 0113 8435490

All contacts will be acknowledged within 3 working days of receipt. Following receipt, the complaints team, in discussion with the complainant, will agree:

- The manner in which the complaint is to be handled, including an offer to meet the patient if appropriate;
- The timescale for providing a response;
- The desired outcomes from raising their complaint.

Should the complainant wish to meet with the complaints team to discuss the contents of their complaint this will be arranged. All meetings are to be held on CCG premises with one service manager and one member of the complaints team present. This meeting will be documented and a copy of this shared with the complainant.

If the content of a complaint highlights serious concerns which meet the criteria of an incident, the complaint will be investigated under the CCG Incident Management Policy and Guidance and the complainant informed. If a safeguarding concern is identified, then advice will be sought from the CCG Head of Safeguarding with a view to ensuring the safety and best interests of the patient.

Where a complainant indicates they intend to take legal action, the matter should be referred to the Head of Corporate Governance and Risk, to ensure due consideration and collaboration with relevant individuals. If there is no indication that a complaint investigation will prejudice any legal proceedings, the complaint will be registered and dealt with through the complaints process. In some circumstances it may be appropriate to cease action under the complaints procedure. This is consistent with national guidance.

Unreasonable complaints

The CCG recognises that it is the right of every individual to pursue a complaint. However, on occasions, staff may consider that a complaint is unreasonable e.g. the complainant raises the same issues repeatedly despite having received a comprehensive response, or the complainant becomes aggressive, threatening, abusive or violent towards those involved in the complaints process. If it is considered that a complainant is becoming unreasonable, the member of staff should refer this to the Head of Clinical Governance who will manage the situation in accordance with the Unreasonable Complaints Procedure (appendix C) and the Acceptable Standards of Behaviour Policy.

Confidentiality

Feedback and complaints will be handled in the strictest confidence at all times and in accordance with the CCGs information governance policies. Where it is necessary to seek input from organisations external to the CCG, written consent from the patient should be obtained prior to sharing any information. If consent cannot be determined, following multiple attempts, the complaint will be closed.

Information will only be disclosed to those individuals who are investigating the complaint or have been asked to provide a statement directly in relation to the contents of the complaint. Information will not be disclosed to patients or complainants unless the person has given written explicit consent to the disclosure of that information. In the case of a complaint raised by a third party (e.g. family member, carer, MP, representative) including those regarding a patient who has died or who lacks capacity, the representative must be a relative or other person who had or has a sufficient interest in the patient's welfare and is a suitable person to act as representative. If a complainant is the parent or guardian of a child under the age of 18 (to whom the complaint relates) the staff member must be satisfied that there are reasonable grounds for the complaint being made by the representative instead of

the child. Every case should be considered on an individual basis before a response is provided, and where possible evidence, such as identification or legal documents, will be required.

There may be instances where the investigation of a complaint reveals further information of a particularly sensitive nature that the complainant could feel uncomfortable being disclosed to third parties. Where explicit consent to reveal such information is not already present, complaints made by representatives, including MPs, may require the CCG to gain written consent from the patient prior to sharing confidential or personal information.

There are some instances where the CCG is required to disclose patient information without consent to the appropriate body e.g. safeguarding, police or a senior person involved in providing their health care. This must be conducted in accordance with current data protection legislation and may involve:

- cases where the law requires disclosure of information which will be:
 - if the health and/or welfare of a child or young person is at risk.
 - if the complainant admits to committing a serious crime.
- an individual who may be put at significant risk or their life threatened.

Prior to any disclosure where consent has not been provided the CCG Caldicott Guardian must be consulted and recorded within the Caldicott Log (held by the Caldicott Guardian). Following disclosure a written explanation to the person involved must be provided. Information governance advice may be sought from the CCG Information Governance specialist.

Under the General Data Protection Regulation (GDPR) individuals have the right to complain to the Information Commissioner's Office if they feel their rights under the regulation have been infringed. Further information on individual's rights can be found in the CCG [Privacy notice](#).

8 Investigation and Response

The CCG will investigate a complaint in a manner appropriate to resolve it as quickly and efficiently as possible after receiving the complaint. The complaint must be carried out by someone not directly involved in the events leading to the complaint. The complaints team will keep the complainant informed throughout the investigation process, as far as reasonably practicable, informing the complainant of any delays.

Where a complaint involves more than one organisation it will be agreed at the beginning of the process which organisation will manage and coordinate the

complaint. This is usually the organisation that has the majority of issues, or the highest risk issues. The lead organisation will coordinate a single comprehensive investigation and response to the complaint, as set out in the Complaints Inter-Agency Protocol and the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The CCG has contracts in place with multiple providers and under the 2009 Regulations a patient can choose to approach either the provider or the commissioner to make a complaint. If a complaint received by the CCG concerns a commissioned service the complaints team, in discussion with the complainant, will decide who the most appropriate body is to handle the complaint. It is not possible to raise the same complaint with the service provider as well as the commissioning organisation.

Following the completion of the investigation and within the timescales agreed with the complainant, the complaints team will send a formal response in writing to the complainant, signed by the Chief Executive, which will include:

- An explanation of how the complaint was considered
- Honest explanations based on facts and where it is clear that there has been a mistake or failure in procedures, this should be clearly stated and an apology given, in line with duty of candour
- The conclusions reached including any remedial action that the organisation considers to be appropriate
- Clearly demonstrate how the complaint and findings have improved services or led to changes
- Invitation for the complainant to contact the complaints team if they have any outstanding concerns
- The complainants right to ask the Parliamentary and Health Service Ombudsman to review their complaint if they are dissatisfied with the CCG's response
- Following a response being offered, the CCG will actively seek feedback from complainants regarding their experience of making a complaint, which will be recorded and used to inform future policy and process change.

Support to staff

All statements, letters, phone calls and actions taken in an investigation must be documented and kept in the complaint file. Members of staff that are named within a complaint should be informed of the complaint by their line manager. Staff should be fully supported by their line manager and consulted during the investigation. The investigation must be full, fair and timely and focussed on resolving complaints rather

than apportioning blame. The CCG actively promotes positive attitudes towards dealing with complaints.

9 Final Stage: Independent Review

If a complainant remains dissatisfied with the response gained at a local resolution stage they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case. The PHSO may review a complaint where:

- A complainant is not satisfied with the result of the investigation undertaken by the CCG
- The complainant is not satisfied with the response and does not believe the CCG has resolved their concerns
- The CCG has decided not to investigate a complaint on the grounds that it was not made within the required time limit

Complainants must have complained to the CCG or service provider involved before contacting the PHSO. The PHSO require that a complaint is referred within a year after the day on which the complainant first identified the issue, unless the PHSO considers that it is reasonable to review the complaint outside of this timescale.

Upon request, the complaints team will provide copies of all records and correspondence relating to the complaint and co-operate fully with the PHSO, informing the Head of Clinical Governance that a request has been received.

If a complaint is upheld by the PHSO, the complaints team will co-ordinate any points of action required, in collaboration with either the relevant Director or Head of Service to ensure that actions are completed and a response is provided within the set deadline established by the PHSO.

10 Ensuring Learning

Learning from complaints is critical to the delivery of safe and effective services within the CCG. Each complaint is an opportunity to improve services and must be used as an opportunity for learning and improvement.

The complaints team will record the conclusion, lessons learned and agreed actions for each comment, concern or complaint and the area it relates to prior to closing the complaint file. This ensures any themes or emerging trends can be identified.

Themes and trends for complaints are regularly reviewed within the CCG via quarterly reports to the CCG Quality & Performance Committee. These themes and trends, in a non-identifiable format, are also shared with relevant provider organisations as well as the Leeds City-Wide complaints forum.

Compliments received within the CCG are used to inform good practice which can be applied to other areas to support service development.

11 Reporting Requirements

The complaints team will produce quarterly reports and an annual report on patient experience. These will provide an overview of the numbers and types of feedback received across the CCG, including information relating to the theme/subject of the complaint, and the service area to which the complaint relates. This enables any emerging themes and trends to be identified, and appropriately escalated. Details of formal complaints are also reported within the CCG annual report.

On a quarterly basis information relating to complaints, including equality data, is provided to the Health and Social Care Information Centre (HSCIC) in line with national requirements.

The CCG receives and reviews regular complaints reports from the providers of its commissioned services. These are reviewed at the Clinical Quality Review Group meetings in conjunction with the provider and data is triangulated to provide a detailed understanding of patient experience across Leeds.

12 Compliments

The complaints team maintain a record of all letters of praise and compliments received. Compliments about healthcare services, or a specific individual received within the CCG are shared with the relevant organisation, team, or individual and are included within regular reports. Compliments are an effective source for informing service improvement and for sharing best practice.

13 Implementation and Training

The CCG will ensure that all staff are aware of this policy and the supporting procedures and have access to the associated documents. To support staff the complaints process forms part of the CCG induction programme and on-going training is available.

14 Monitoring Compliance and Effectiveness

The complaint process will be monitored by the complaints team to review the effectiveness of the process as well as how information about complaints is being used to improve services. The complaints team will ensure:

- This policy and relevant processes remain in line with current legislation and guidance, and continue to reflect models of best practise

- The policy remains up to date and continues to represent the practise of staff dealing with concerns, comments, complaints and feedback. Any changes to the process should be reflected within the policy.
- The policy continues to place the patient first and that feedback and suggestions from complainants regarding the complaints process are used to inform and continually improve the process.

15 Equality Impact Assessment (EIA)

All NHS organisations are required to record the demographic data of complainants. The collection of such data is valuable in understanding fair and equal access to health care across ethnic groups. There is no obligation on patients or staff members to respond to questions relating to their demographic details, however, the reasons for collecting this data are fully explained.

This policy has been assessed to ensure consideration has been given to the actual or potential impacts on staff, certain communities or population groups. Appropriate action has been taken to mitigate or eliminate the negative impacts and maximise the positive impacts and the implementation plans are appropriate and proportionate.

The equality impact assessment for this policy can be found below. The CCG will monitor any themes and trends to identify, understand and address complaints linked to a particular location, staff group or individual with an Equality Act 2010 “protected characteristic” (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).

Equality Impact Assessment

<p>Title of policy</p>	<p>CCG Concerns Complaints, Comments and Compliments Policy</p>
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Names and roles of people completing the assessment	Joanna Howard, Head of Clinical Governance Sharon Moore, Senior Equality and Engagement Manager	
Date assessment started/completed	4 th June 209	21 st June 2019
1. Outline		
Give a brief summary of the policy	The CCG is committed to continuously improving the quality of services it provides or commissions by understanding the experiences of people accessing those services. The CCG understands that in order to continue to make improvements, it is essential to encourage, value, engage with and learn from all types of feedback. This policy outlines the CCG's approach to handling complaints, concerns, comments and compliments as a genuine means to improving the experiences of patients and the quality of its services.	
What outcomes do you want to achieve	Ensure patients, service users and all staff are aware of the process when raising a complaint, concern, comment or compliment.	
2. Evidence, data or research		
Give details of evidence, data or research used to inform the analysis of impact	The policy has been written in conjunction with current legislation.	
3.Consultation, engagement		
Give details of all consultation and engagement activities used to inform the analysis of impact	This policy has been shared with a number of staff including patient representatives, Healthwatch Leeds and the Equality Manager.	
4. Analysis of impact		
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good		

relations			
Are there any likely impacts? Are any groups going to be affected differently? Please describe		Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	Yes	Positive	The policy could have a potentially positive impact as the characteristics of complainants along with the nature of their complaint are monitored. Trends that emerge can be fed into the CCG governance arrangements for addressing this. There is currently no information that indicates that this document will disadvantage or have a negative impact on any groups if implemented and operated in a manner that is laid within this document .We have had not received any feedback or concerns.
Carers	Yes	Positive	
Disability	Yes	Positive	
Sex	Yes	Positive	
Race	Yes	Positive	
Religion or belief	Yes	Positive	
Sexual orientation	Yes	Positive	
Gender reassignment	Yes	Positive	
Pregnancy and maternity	Yes	Positive	
Other relevant group	Yes	Positive	
If any negative/positive		No anticipated negative impacts on any equality	

impacts were identified are they valid, legal and/or justifiable? Please detail.	group have been identified. The policy is applicable to all patients and service users. The policy makes all reasonable provision to ensure equality of access to the complaints procedure. There are no statements, conditions or requirements that disadvantage any particular group of people with one or more protected characteristic.		
5. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions	All service users will be asked to complete an equality monitoring form when contacting the service. These will be reviewed and reported on within the complaints annual report, allowing the CCG to identify any trends and develop appropriate action(s) to be taken.		
Lead Officer	Joanna Howard	Review date:	21 June 2019
6. Sign off			
Lead Officer	Joanna Howard, Head of Clinical Governance		
Director	Jo Harding	Date approved:	24 June 2019

16. Associated Documentation

This policy is linked to, but not limited to, the following CCG policies and strategies:

- The CCG Unreasonable Complaints Procedure
- The CCG Acceptable Standards of Behaviour Policy and Procedure
- The CCG Incident Policy and Guidance
- Health and Safety Policies
- Claims management policy
- Whistleblowing Policy
- Records Management Policy
- Safeguarding Children and Adults at Risk Policy
- CCG Information Governance Policy
- CCG Anti-Fraud, Corruption and Bribery Policy

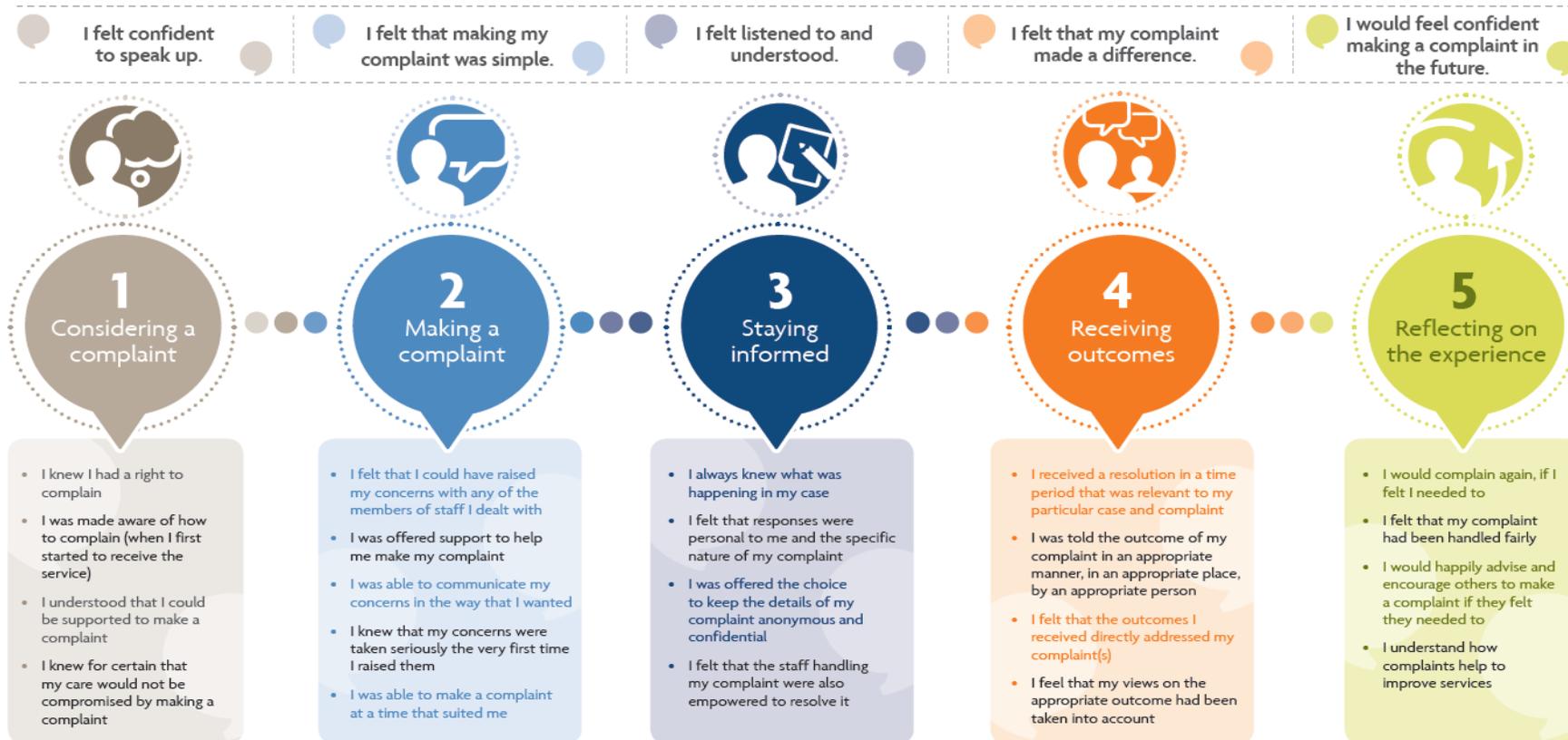
This policy and procedure takes into account:

- The House of Commons Health Committee report – ‘Complaints and Raising Concerns’

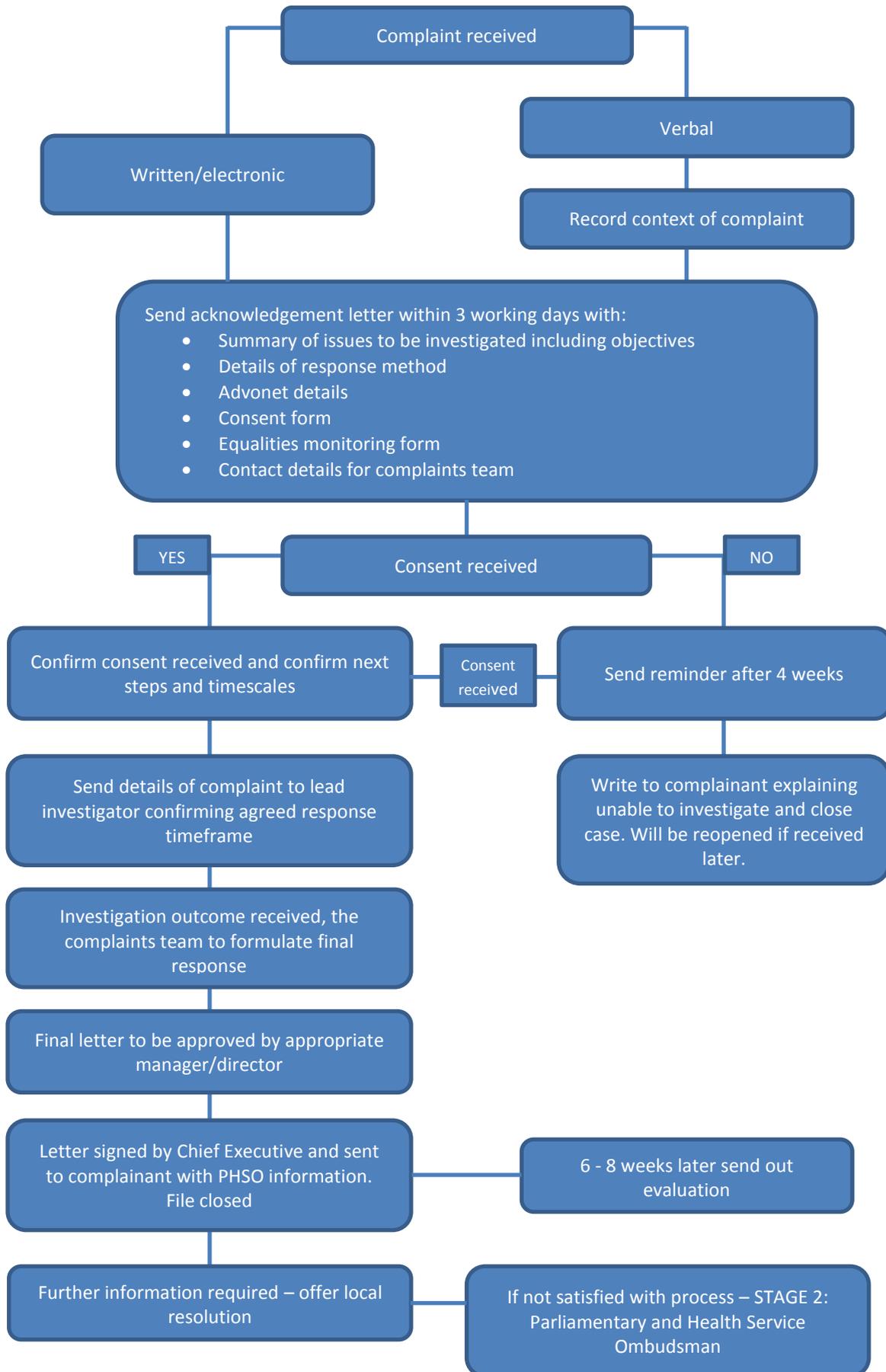
- The Care Quality Commission report – ‘Complaints Matter’
- The Parliamentary and Health Service Ombudsman (PHSO), the Local Government Ombudsman (LGO) and Healthwatch England’s joint report – ‘My Expectations (for raising concerns and complaints)’.
- The Local Authority, Social Services and National Health Service Complaints (England) Regulations (2009)
- NHS Constitution updated March 2013
- Listening, Responding and Improving – A Guide to Better Customer Care (2009)
- Principles of good administration. Parliamentary and Health Service Ombudsman (2009)
- Principles of good complaints handling. Parliamentary and Health Service Ombudsman (2008)
- Principles for remedy. Parliamentary and Health Service Ombudsman (2007)
- NHS Serious Incident Framework 2015

Appendix A:

A user-led vision for raising concerns and complaints



Appendix B: Complaints Process Flow Chart



Appendix C: Unreasonable Complaints Behaviour Procedure

1. Managing Persistent or Unreasonable Complaint Behaviour

- 1.1 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 the CCG Complaints Policy. Persistent contact may be as a result of individuals having genuine issues and it is therefore important to ensure that this process is fair and the complainant's interests have been taken into consideration. This guidance should only be implemented by NHS Leeds Clinical Commissioning Group following advice from the Head of Clinical Governance.
- 1.2 Occasionally staff are presented with persistent or unreasonable behaviour from complainants. Complaints staff and investigating managers are trained to respond with patience and sympathy to complainants, but it is recognised that there are times when there is nothing further that can reasonably be done to rectify a real or perceived problem.
- 1.3 Leeds CCG Patient Experience Team (complaints team) must first ensure that NHS Leeds CCG Complaints Policy has been fully implemented and that no element of the complaint has been overlooked or not properly addressed.
- 1.4 If Leeds CCG recognises that the complainant may be persistent or unreasonable, this concern would be discussed initially with the Head of Clinical Governance. This should only be a last resort after all reasonable measures have been taken to try and resolve the complaint. It is good practice to make clear to a complainant the ways in which his or her behaviour is unacceptable, and the likely consequences of refusal to amend it, before referring the matter to the Head of Clinical Governance. If all reasonable measures have been taken, the individual case will be discussed to identify how the complaint should be managed.

2. Definition of persistent and unreasonable complaints

- 2.1 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 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.

Appendix C: Unreasonable Complaints Behaviour Procedure

- 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.

3. Actions prior to designating a persons' contact as unreasonable or persistent

3.1 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. These may include:

- Ensuring the persons' case(s) is being, or has been dealt with appropriately, and reasonable actions will follow, or have followed the final response.
- Confidence that the person 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 requires consideration as a separate case.
- Applying criteria with care, fairness and due consideration for the individual'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.

3.2 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.

3.3 Consideration should also be given as to whether any further action can be taken prior to designating the persons' contact as unreasonable or persistent. This might include:

Appendix C: Unreasonable Complaints Behaviour Procedure

- Raising the issue with an Executive 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.

3.4 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

3.5 The CCG operates a Zero Tolerance Policy in line with national guidance. All individual(s) that demonstrate verbal abuse, aggression or threaten physical abuse are informed of this:

“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”.

4. Process for managing unreasonable or persistent behaviour

4.1 Where a persons' contact has been identified as unreasonable or persistent, the decision to declare them as such is made by the Head of Clinical Governance.

4.2 The Head of Clinical Governance will write to the complainant, informing them that either:

Appendix C: Unreasonable Complaints Behaviour Procedure

- 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 full as possible and there is nothing to be added.
- That any further correspondence will not be acknowledged.

4.3 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.

4.4 Review of the persistent status should take place at six monthly intervals.

5. Urgent or extreme cases of unreasonable or persistent behaviour

5.1 In urgent or extreme cases, the zero tolerance approach and the CCG Acceptable Standards of Behaviour Policy and Procedure will be applied. This will be discussed with the Director responsible for Health and Safety and may require escalation to the emergency services. In these circumstances, carry out a review of the case at the first opportunity after the event.

6. Record Keeping

6.1 Ensure that adequate records are kept of all contact with unreasonable and persistent contact.

6.2 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.

7. Withdrawing persistent or unreasonable status

7.1 Staff should have used discretion in recommending unreasonable status and discretion should similarly be used in recommending this status be withdrawn.