

Policy for Dealing with Complaints

Version:	V4.1	
Summary:	The purpose of this policy is to provide a framework to ensure complaints are resolved promptly and effectively. It will set out the requirements of the procedure, the support that will be offered to colleagues and complainants alike, the roles of those involved together with the lines of accountability.	
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Name of originator/author:	Nigel Grimshaw	
Executive Director	Julie Clennell, Director of Nursing, AHPs and Quality	
Name of responsible committee:	Patient Carer & Experience Group	
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1 Introduction

Most comments received from patients show that they appreciate the treatment and care they receive. Where complaints do arise they should be dealt with promptly and in a manner which is fair to both complainants and colleagues.

Locala encourages early resolution of complaints, involving colleagues who are in direct contact with patients, supported by a complaints mechanism, to undertake where necessary detailed investigation and conciliation. **Where possible all complaints should be dealt with locally at service level by colleagues caring for the patient.** It is important that all colleagues are able to offer reassurance and to respond to matters of concern raised with them by patients, their relatives or carers.

This policy supports the principle that lessons from complaints are learned and that the learning should positively influence the way services are delivered in the future.

This procedure is set within the context of the National Health Service (Complaints) Regulations 2004 and incorporates further amendments and regulations since that date as set out in the Reference section.

2 Purpose

The purpose of this policy is to provide a framework to ensure complaints are resolved promptly and effectively. It will set out the requirements of the procedure, the support that will be offered to colleagues and complainants alike, the roles of those involved together with the lines of accountability.

3 Target Population

These procedures are intended for all Locala colleagues, including those on temporary contracts as well as bank colleagues and students.

4 Explanation of Terms

Complaint: An expression of dissatisfaction about services and or facilities, however made, by an existing or former service user (or their representative) or by any person affected by or likely to be affected by the action, omission, or decision of the organisation, requiring a response.

On making contact with Locala, this policy outlines the methods complainants may choose to resolve their dissatisfaction or have their concerns investigated (see Section 6, Complaints Management).

5 Duties

5.1 Individual colleague's responsibility

One of the main objectives of the complaints procedure is to resolve complaints and grievances as quickly as possible. Any colleague receiving a complaint should attempt to seek solutions to the complaints brought to their attention. Locala encourages colleagues to do this, as informal resolution at an operational level is regarded as the best way of dealing with most cases. If the complaint cannot be investigated adequately or the necessary reassurances given, the complaint should be referred to a more senior colleague or the Customer Liaison Team.

5.2 Manager's responsibility

It is the responsibility of all line managers to ensure that they and the people they manage are conversant with this policy and its contents.

Managers are also responsible for attempting local resolution and for supporting their teams to provide local resolution where appropriate.

5.3 Customer Liaison Team's Responsibility

- Ensure that procedures are in place so that all complaints are responded to effectively, fully, and in a timely way.
- Ensure efficient and effective maintenance of complaint records.
- Report to the Head of Quality and Patient Safety any risk and adverse incidents identified by complaints.
- Provide appropriate training regarding the complaints procedure and ensure advice is available from the Customer Liaison Team.
- Provide an analysis of the complaints performance and trends for Quality Committee as required.

5.4 Identified Lead Investigator

The identified Lead Investigator within a service will be responsible for investigating the complaint and providing the Customer Liaison Team with the outcome and answers to the questions raised. This includes co-ordinating any statements in relation to the complaint, and ensuring that the investigation and improvement plans are completed in the agreed timescale and reviewed to demonstrate lessons learned and identification of risk.

5.5 Responsible Committee

It is the responsibility of the Patient and Carer Experience Group to monitor this policy and for the Policy Ratification Group to ratify all corporate procedures.

5.6 Chief Executive

The Chief Executive (or nominated deputy) will respond in writing to all complaints where a written response is requested and will ensure that all complaints are responded to effectively, appropriately and within the agreed time scales.

The Chief Executive is ultimately accountable for the implementation of this policy.

6 Complaints Management

6.1 Who can make a complaint?

Complaints are received via many sources and complainants can be existing or former patients using Locala's facilities and services or any person who is affected by or likely to be affected by the action omission or decision of the service provider which is the subject of the complaint.

Complaints may be made on behalf of existing or former patients or service users, by a representative acting on behalf of a patient or person where that patient or person:

- has died
- is a child
- is unable by reason of physical or mental incapacity to make the complaint themselves
- has requested the representative to act.

Where a complaint is made by a representative, the Customer Liaison Team must first establish consent for the representative to act. A representative can include;

- Next of kin
- A relative/carer
- Friend
- Member of Parliament (MP)
- Care Quality Commission (CQC)
- Healthwatch or Independent Advocacy

In the case of a patient who has died or who is lacking capacity, the representative must be a relative or other person who can demonstrate they had sufficient interest in his or her welfare or is suitable to act as a representative.

In the case of a child the representative must be a parent, guardian or other adult person who has care of the child, and 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 voluntary organisation.

6.2 A complaint cannot be considered if it is:

- a complaint by a responsible body
- a complaint by an employee about any matter relating to that employment
- a complaint about a service provided by another provider or organisation (Locala may make an exception where a complaint relates to a sub-contractor or partner agency)
- a complaint which is made orally and is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made
- a complaint the subject matter of which is the same as that of a complaint that has previously been made and resolved
- a complaint arising out of the alleged failure by a responsible body to comply with a request for information under Freedom of Information Act 2000 and
- 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, etc.) of the superannuation Act 1972, or to the administration of those schemes.

Where it is decided that a complaint cannot be considered, or consider it further, the complainant should be notified in writing of the reason for the decision as soon as reasonably practicable.

Where a complaint is part of, or is connected with, another complaint which can be considered, nothing prevents that other complaint being handled in accordance with this policy.

6.3 Timescale for making a complaint

Normally a complaint should be made within twelve months from the incident that caused the problem or within twelve months of the date of discovery of the problem, although the Customer Liaison Team has discretion to extend these time limits using the following criteria:

The complainant had good reasons for not making the complaint within that period, for example;

- The matter had not been brought to the complainant's attention previously
- Bereavement
- Undergone trauma in the 12 month period which prevented the complainant coming forward
- Or notwithstanding the time elapsed, it is still possible to investigate the complaint effectively and efficiently

Where a complainant requires access to medical records, advice should be sought from the Resolution Team. Please refer to Procedure for Handling Access Requests for a Health Record.

6.4 Joint complaints

If the complaint requires investigation with the involvement of another NHS organisation then consent must be obtained from the patient or next of kin (if patient deceased or unable to consent) prior to commencement of the investigation. An investigation must only commence without prior consent if it is in the best interests of the patient, for example, a patient has claimed they have suffered harm whilst in the care of Locala or there is potential for a further patient safety incident to occur.

The Complaints Manager will agree, with the other organisations, who will be responsible for investigating and responding to the complainant. It is the lead organisation's responsibility to ensure the draft response is agreed by all concerned prior to sending the final response to the complainant.

6.5 Role of the Ombudsman

The Parliamentary Health Service Ombudsman and the Local Government & Social Care Ombudsman consider complaints made by, or on behalf of, people who have suffered an injustice or hardship because of unsatisfactory treatment or service by the NHS or Local Authorities or by private health and social care providers who have provided NHS or Local Authority funded treatment to the individual.

Both Ombudsmen are independent of the NHS, Local Authorities and Government.

The Ombudsman can consider complaints made:

- by a patient (client)
- by a member of the patient's family or their spouse or partner or
- by someone acting on the patient's behalf who is authorised to do so.

The Ombudsman can consider complaints about:

- unsatisfactory care or treatment, including the exercise of clinical judgement
- failure to provide a service that ought to have been provided and
- poor administration, which might include poor complaint handling, rudeness, misleading advice, refusal to provide information to which an individual is entitled or clerical error.

The Ombudsman cannot consider complaints about:

- private care not funded by the NHS or Local Authority
- Personnel matters such as recruitment, pay or discipline
- a refusal to access medical records, which are for the Information Commissioner
- contractual disputes between NHS bodies and their suppliers or

- matters about which legal action has already been taken or about which the individual intends to take legal action.

Once a complaint is made, the Ombudsman will consider whether an investigation is likely to achieve anything worthwhile for the individual making the complaint.

The Ombudsman will not usually investigate complaints where:

- the body or practitioner has done all that could reasonably be expected to put things right
- the complaint is about the content or adequacy of legislation
- it is made to them more than twelve months after the individual making the complaint became aware of the matters complained about, although delay in resolving a complaint within the internal NHS procedure would not normally mean that such a complaint would be “timed-barred” and
- the individual making the complaint disagrees with a decision which was properly made by a body or practitioner and provides no evidence that the decision was taken improperly.

Anyone wishing to complain to the Ombudsman must normally have put their complaint first to the organisation or practitioner concerned. However, the Ombudsman has the power to consider complaints that have not been put to the relevant body and/or where complaints procedure has not been exhausted where he considers that, in the circumstances of the particular case, it is not reasonable to expect this.

The main stages at which complaints are likely to be made to the Ombudsman are where:

- the responsible body or practitioner has refused to investigate a complaint for whatever reason
- an individual is dissatisfied with attempts at local resolution of their complaint

Upon receipt of a complaint the Ombudsman will first check that it is a complaint they has the legal power to consider. They will then assess whether the complaint should be referred back for further action to the relevant NHS body or NHS practitioner.

Where they determine that the complaint is one they can investigate and where referral for further action by the body complained about is not appropriate, they will call for all the papers and other relevant information. Bodies or individuals under investigation must, in law, provide any evidence requested by the Ombudsman and must otherwise assist with the investigation in any way.

The appointment of a designated officer within relevant bodies responsible for each complaint is also expected to ensure effective liaison during the investigation.

Upon completion of an investigation the Ombudsman may uphold the complaint in full or in part or they may not uphold the complaint at all. In any case, they will set out their findings and the reasons for those findings in his report. Where the complaint is at least partially upheld, they may make recommendations for appropriate redress, which might include an apology, an explanation, improvements to practices and systems or, where appropriate, financial redress. They also have the power to refer individual clinicians to regulatory bodies in the interests of patient safety where they considers this is appropriate.

The Ombudsman expect their recommendations to be implemented and will contact the relevant provider to find out how this has been achieved.

6.5.1 Preventing the intervention of the Ombudsman

The Ombudsman will expect that:

- individuals making complaints are always treated with respect and are not penalised for making a complaint
- organisations and practitioners will explain clearly to the individual making a complaint the way in which their complaint will be handled and will ensure that the individual is aware of the appropriate advice, advocacy and support services available to them
- individuals are given clear and specific reasons, which are based on the evidence, for any decision taken on their complaint and that those decisions address all of the concerns raised by the complainant and
- organisations and practitioners will ensure that individuals making complaints are given accurate information about the role of the Ombudsman and are aware of their right to complain to them should they remain dissatisfied with the outcome of their complaint.

6.6 Process for ensuring patients, their relatives and carers are not treated differently as a result of raising a concern or complaint

The arrangements for the handling and consideration of complaints must ensure that they are;

- dealt with efficiently
- properly investigated
- treated with respect and courtesy
- receive a timely and appropriate response

Complainants must receive, so far as it is reasonable practical

- Assistance to enable them to understand the procedure in relation to complaints; or
- Advice on where they may obtain such assistance

- Updates on the progress of the complaint if the Customer Liaison Team are informed of any delays which will affect the response time agreed with the complainant
- Updates on the outcome of the investigation of their complaint; and
- Where action is taken if necessary in the light of the outcome of a complaint.

Complainants should not benefit from complaining by way of receiving earlier treatment or appointments, unless their clinical condition indicates it is necessary, nor should they be discriminated against.

Complaints can be made by anyone who has the consent of the patient concerned. It is the responsibility of staff at all levels to assure themselves this consent has been given. In the case of written complaints such consent will, in most cases, need to be obtained in writing. Where a patient has died, advice should be sought from the Customer Liaison Team.

Any complaints made by solicitors on a patient's behalf, whether written or oral, must be referred to the Customer Liaison Team who will take a view on whether the Complaints Procedure can be invoked or whether the complaint constitutes a claim for negligence where referral to Locala's Resolution Team is appropriate.

If complaints involve more than one organisation a joint protocol for handling such complaints should be followed (see section 6.3).

All complaints/concerns must be treated confidentially and without discrimination, therefore a complaints file is maintained separately within the Organisation. Clinical records should not reflect or include details of complaints. Colleagues accessing records as part of an investigation may wish to record they have been in the record for legitimate reasons and it is recommended the following phrase is used in such circumstances – "Record accessed following contact with Customer Liaison Team"

If a person who has a visual or hearing impairment or their first language is not English wishes to make a complaint, arrangements will be made to support him or her in making the complaint.

Complainants who become vexatious or unreasonably persistent will be managed through the Vexatious Complainants Policy. However, Locala will ensure that these complainants are not penalised as a result of raising a concern or complaint.

Locala will ensure that information about how to complain is available together with details of the Complaints Procedure and the sources of help available such as the Independent Complaint Advocacy Service (ICAS) is widely known.

6.7 Audio and/or video recordings made by a complainant, relative, carer or next of kin

Occasions may arise when the service user themselves wishes to make an audio recording of a meeting with health professionals.

Restrictions will not be placed on service users wishing to record notes of a meeting with a health professionals about their care provided that:

- any recording is done openly and honestly
- the recording process itself does not interfere with the meeting process itself
- the complainant is reminded of the confidential nature of the recording and that it is their responsibility to keep it secure
- that the recording and the contents of the communication is for personal use only and cannot be made available to a third party without the express prior consent of those persons recorded
- it is understood by the service user that failure to abide by the above conditions could result in legal action being sought by the Organisation (by way of an injunction) together with a financial claim for any damages and substantial legal costs that may follow as a result.

6.8 Violent or aggressive behaviour

Violent or aggressive behaviour towards Locala colleagues will not be tolerated. If required, the Zero Tolerance procedures described in Appendix C (Flowchart Risk Assessment for Abusive Patients) of the “Violence and Aggression Policy” should be followed.

6.9 Mechanism for sharing learning from complaints

Mechanisms for sharing learning from complaint investigations are as follows:

Service to develop action plans to implement recommended changes if there are lessons to be learned. Action plans to be reviewed until completed.

Sharing of examples of lessons learned via Patient and Carer Experience Group, Quality Committee, Safety Summit and Business Unit reports.

Any additional lessons learned identified at Quality Committee or Patient and Carer Experience Group to be similarly shared.

6.10 Patient and Carer Experience Group

The Patient and Carer Experience Group is a mechanism within Locala to provide an appropriate level of challenge and support to provide assurance that investigations are:

- sufficiently robust and proportionate to the scale and complexity of the complaint
- make it clear whether complaints are upheld or not
- to consider themes and trends to identify any lessons learned to be shared across the organisation
- to make any quality recommendations for relevant Business Unit.

6.11 Identification of themes and identification of risk within the organisation

The Patient and Carer Experience Group will also bring together patient experience feedback (for example Friends & Family Test, compliments and patient surveys) to identify emerging themes and trends to allow identification of risk within the organisation. Emerging trends from this meeting are subject to risk assessment and actions to mitigate the risks.

This ensures an aggregated approach to identification of risks within the organisation. Actions and control measures arising from these risk assessments are monitored by the Patient Experience Group or other appropriate forum as per Locala governance procedures.

6.12 Complaints Process

Comments. The Customer Liaison Team will collect and log comments from patients and their representatives regarding services. Comments are suggestions or feedback to improve services, generally not requiring an investigation or response. Comments will be passed to the relevant service for consideration.

Patient Advice and Liaison Service (PALS) – The Customer Liaison Team will offer assistance to individuals experiencing difficulty in resolving a concern, which is not complicated and which can be resolved quickly with appropriate intervention. PALS enquiries should be able to be resolved within 48 hours.

Complaints can be received from different sources, for example email, website, telephone or letter. All complaints should be acknowledged within 3 working days and therefore any complaints received by services that cannot be resolved locally should be promptly directed to the Customer Liaison Team.

If any PALS, concern or complaint is received and it is considered at any point that moderate harm has been caused or there has been a clinical incident, then the incident reporting policy should be followed.

All complainants should be provided with an explanation of the complaints process and the method engaged by Locala to resolve their concern/complaint. A flowchart of the process is shown at **Appendix A**.

Concerns – for example informal problems that cannot be resolved in 48 hours, support offered to third party investigations or where parties do not seek a formal response. This includes issues raised where, following investigation, complainants receive feedback from services via verbal or face to face meeting with service managers or senior clinicians.

Complaints – Issues raised where, following investigation, the complainant will receive a written response from the Chief Executive.

Once the complainant has decided how they wish to proceed, the complaint is triaged by the Quality Team before being forwarded to the Lead Investigator for investigation. Details of the complaint are recorded using a standard template.

To prevent delays in beginning the investigation, where the complainant cannot be contacted then the decision will be made for a Chief Executive written response until this can be verified by the complainant.

Investigations of concerns should mirror the timescales for Chief Executive responses. However, there is no set time period for the arrangement of any meeting, as this should be arranged at a mutually agreeable time, usually after an investigation. Following any meeting the summary notes (not verbatim) should be circulated for approval and then forwarded to the complainant, in a timely manner.

All complaints requiring a Chief Executive response should be acknowledged within 3 working days and will be triaged by the Complaints Manager and Head of Quality and Patient Safety and the criteria for a 48 hour call considered. A Lead Investigator will be assigned and an investigation plan developed including timescales and a summary of the key questions that need answering.

Depending on the complexity of the complaint, a timescale of either 25 or 40 days will be allocated for a response. In exceptional circumstances where the complaint is categorised as a Serious Incident or an internal concise investigation is required, then a 60 days response timescale will be allocated in line with the incident policy.

If additional concerns are raised during an investigation relating to the same service or issue, then consideration may be given to including the new concerns within the remit of the original investigation and extending the timescale accordingly.

Complainants should be informed if it is identified that previously advised timescales will not be met and kept up to date with the progress of investigations.

The Lead Investigator is to return the results of their investigation to the Customer Liaison Team, using the report format shown at **Appendix B**, together with details of any lessons learned and actions necessary.

The Customer Liaison Team will remind investigating managers 2 days before the investigation is due. Should the investigation report not be received, Customer Liaison will remind the investigator the day after it is due. If the report is still not received a reminder is escalated to the investigators line manager after 2 days and to the Strategic Lead after a further 2 days.

The Customer Liaison Team will draft a response letter (**Appendix C**) for quality review by the Head of Quality and Patient Safety prior to Chief Executive signature.

Further contact. Any individual may feel they have not had an adequate response to their enquiry, concern or complaint. In such cases it should be discussed with individuals as to what is required to resolve any outstanding issues. Options include reinvestigating all or part of the issues, a meeting with senior colleagues or a further written response. Timescales should be agreed with the complainant following discussion with the Lead Investigator. An acknowledgement of the investigation into the outstanding issues should be sent to the complainant within three working days.

Where an issue has been dealt with as a PALS or Concern, the complainant may have the option to escalate their issue (for example an unresolved PALS enquiry may result in a formal complaint).

Where a complainant has made contact following a Chief Executive's response and remains dissatisfied with the outcome, they can take their complaint to the Parliamentary Health Service Ombudsman or the Local Government and Social Care Ombudsman.

All progress and documentation regarding investigations of any type should be recorded and held on Datix.

7 Habitual and Vexatious Complaints

7.1 Definition of a Habitual or Vexatious Complainant

Complainants and/or anyone acting on their behalf, may be deemed to be habitual or vexatious complainants where previous or current contact with them shows that they meet TWO OR MORE of the following criteria:

Where complainants -

- Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted.
- Change the substance of a complaint, or continually raise new issues, or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues which are significantly different from the original

complaint. These might need to be addressed as separate complaints).

- Are unwilling to accept documented evidence of treatment given as being factual, eg drug records, clinical records manual or electronic. Deny receipt of an adequate response in spite of correspondence specifically answering their questions or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Do not clearly identify the precise issues which they wish to be investigated, despite reasonable efforts of Locala colleagues and, where appropriate, ICAS to help them specify their concerns, and/or where the concerns identified are not within the remit of Locala to investigate.
- Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what a 'trivial' matter is can be subjective and careful judgement must be used in applying this criteria).
- Have threatened or used actual physical violence towards colleagues or their families or associates at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. (All such incidents should be documented).
- Have in the course of addressing a complaint, had an excessive number of contacts with Locala placing unreasonable demands on colleagues. (A contact may be in person, by telephone, letter or email. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgement based on the specific circumstances of each individual case).
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards colleagues dealing with their complaint or their families or associates. (Colleagues must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. All incidents of harassment to be documented).
- Are known to have electronically recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.
- Display unreasonable demands or patient/complainant expectations and fail to accept that these may be unreasonable (eg insist on

responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

7.2 Options for dealing with Habitual or Vexatious Complainants

Where complainants have been identified as habitual or vexatious in accordance with the above criteria, the Chief Executive (or appropriate deputy) will determine what action to take. The Chief Executive (or deputy) will implement such action and will notify the complainants in writing of the reasons why they have been classified as habitual or vexatious complainants and the action to be taken. This notification may be copied for the information of others already involved in the complaint, eg practitioners, conciliator, ICAS, Member of Parliament. A record must be kept for future reference of the reasons why a complainant has been classified as habitual or vexatious.

The Chief Executive (or nominated deputy) may decide to deal with complaints in one or more of the following ways:

- Try to resolve matters, before invoking this procedure, by drawing up a signed "agreement" with the complainant (and if appropriate involving the relevant practitioner in a two-way agreement) which sets out a code of behaviour for the parties involved if Locala are to continue processing the complaint. If these terms are contravened consideration would then be given to implementing other action as indicated in this section.
- Once it is clear that complainants meet any one of the criteria above, it may be appropriate to inform them in writing that they may be classified as habitual or vexatious complainants, providing them with a copy of this procedure, and advise them to take account of the criteria in any further dealings with Locala. In some cases it may be appropriate, at this point, to suggest that complainants seek advice in processing their complaint, eg ICAS.
- Decline contact with the complainants either in person, by telephone, by email, by letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact by liaising through a third party. (If colleagues are to withdraw from a telephone conversation with a complainant it may be helpful for them to have an agreed statement available to read if the complainant continues to contact by telephone).
- Notify the complainant in writing that the Chief Executive has responded fully to the points raised and has tried to resolve the complaint but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.

- Inform the complainant that in extreme circumstances Locala reserves the right to pass unreasonable or vexatious complaints to the Locala's solicitors.
- Temporarily suspend all contact with the complainants or investigation of a complaint whilst seeking legal advice or guidance from relevant agencies.

7.3 Withdrawing 'Habitual or Vexatious' status

Once complainants have been determined as 'habitual or vexatious' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate.

Colleagues should previously have used discretion in recommending 'habitual or vexatious' status at the outset and discretion should similarly be used in recommending that this status be withdrawn when appropriate. Where this appears to be the case, discussions will be held with the Chief Executive or (or deputy). Subject to their approval, normal contact with the complainants and application of NHS complaints procedures will then be resumed.

8 Equality Impact Assessment

Locala Community Partnerships aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment Tool (Appendix D) provides evidence of analysis undertaken to establish whether its policies and practices would further, or had furthered, the aims set out in the section 149 (1) of the [Equality Act 2010].

9 Consultation Process

This procedure has been circulated within Locala Community Partnerships.

10 Dissemination and Implementation

10.1 Dissemination

The Quality Team will arrange for Sharepoint to be updated with any new version of this policy following ratification and communicated to colleagues throughout Locala.

Information will be available to the public via other media forms including website and written information.

10.2 Competence / Training

Workshop training on the complaints policy and use of Datix is available to any colleague and will be provided quarterly by the Quality Team.

11 Monitoring Compliance with the Document.

11.1 Process for Monitoring Compliance

The policy will be monitored through reports to the following Committees and Groups;

- Patient Experience Group (written report)
- Quality Committee (written report)
- Scrutiny Management Group (Scorecard performance reporting)

11.2 Key Performance Indicators

The Performance Scorecard KPI is for 100% of complaints to be responded to within agreed timescale.

12 References

Listening Acting Improving. Guidance Implementing the NHS Complaints Procedure, March 1996.

An Organisation with a Memory, DOH, June 2000.

The Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order 2002.

Guidance to Support the Implementation of NHS (Complaints) Regulations 2004. 30th July 2004.

NPSA 'Being Open'.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

A Guide to Better Customer Care – Listening, Responding, Improving – DOH March 2009. Spotlight on Complaints – Health Care Commission February 2009

The Francis Report 2010

The Clwyd / Hart Report 2013

The National Health Service (Complaints) Regulations 2004

The Health and Social Care (Community Health and Standards) Act 2003

The NHS (Complaints) amendments 2006

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

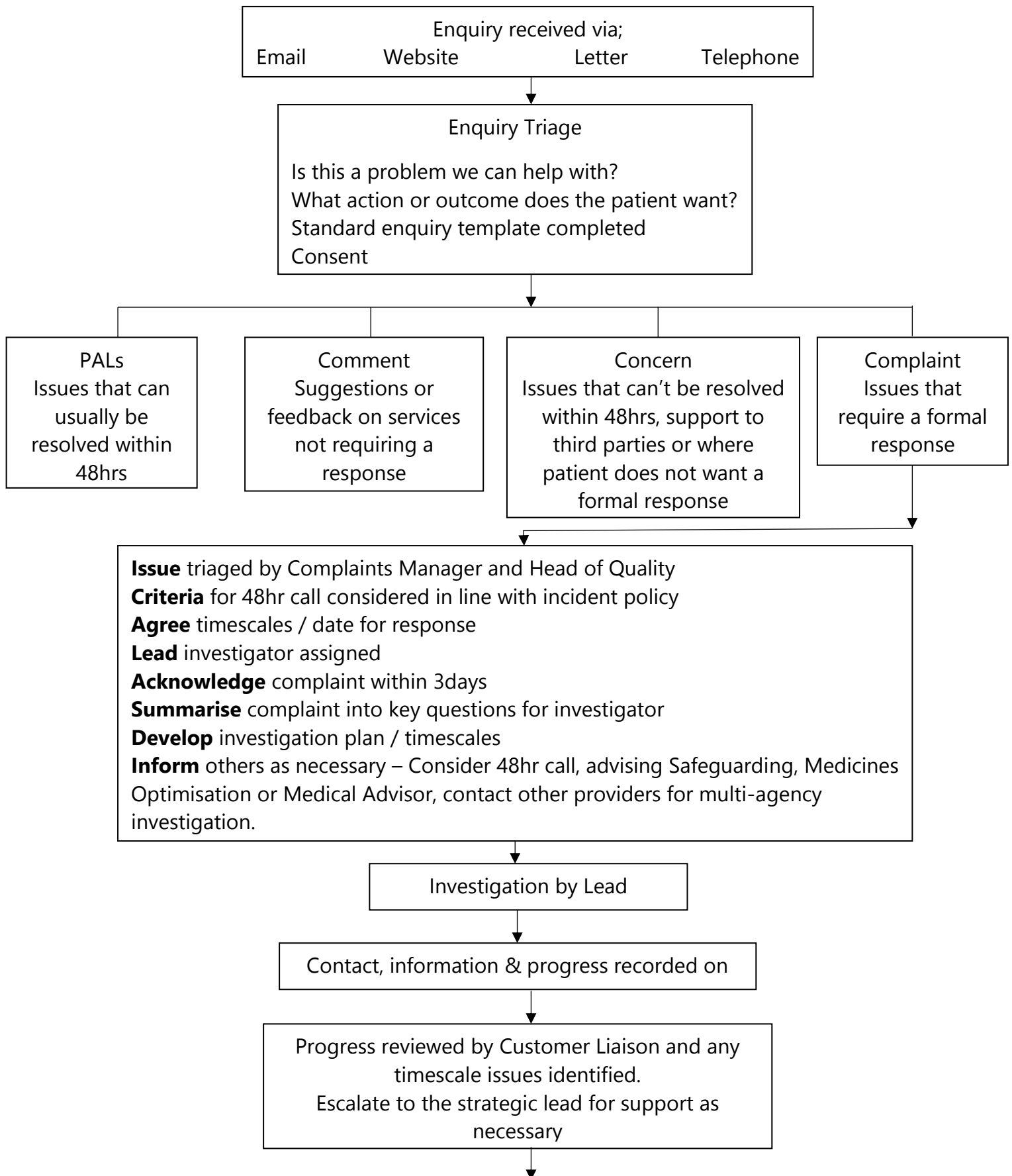
13 Associated Policy Documentation

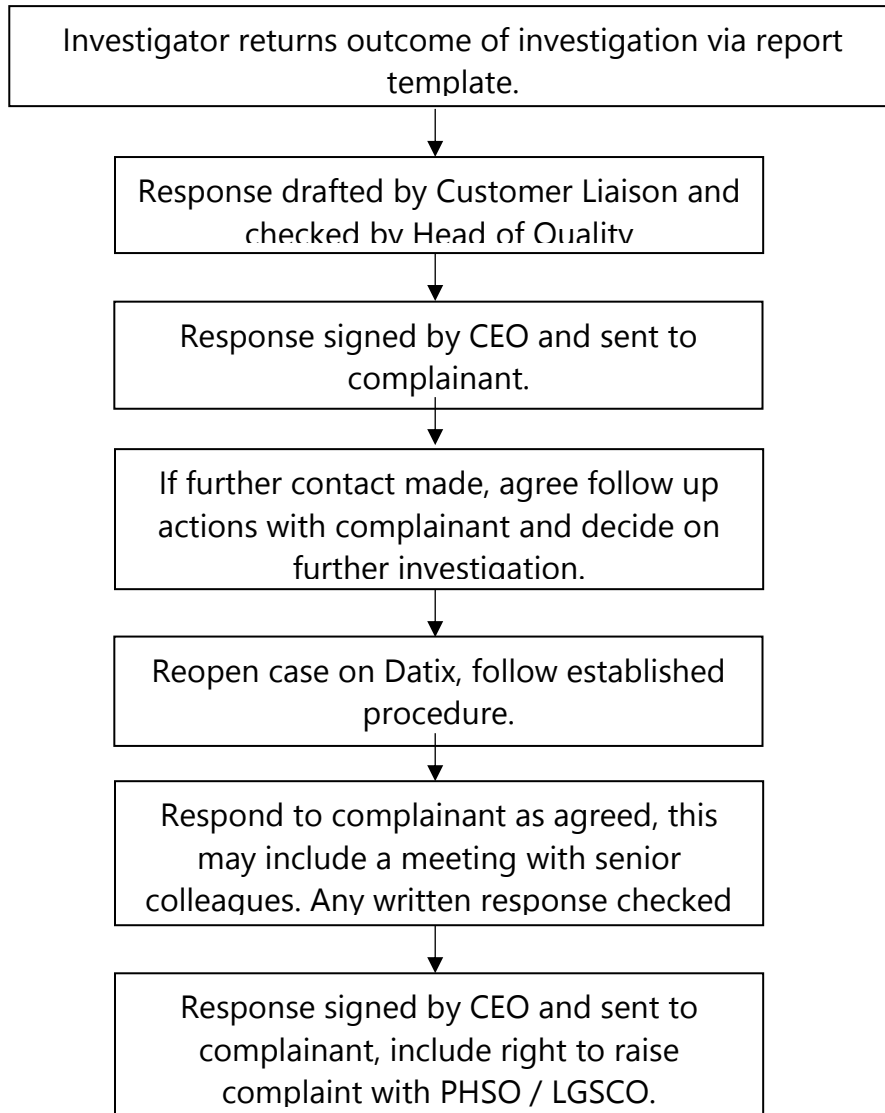
Incident Reporting, Management and Investigation Procedure

Violence and Aggression Policy

Claims Administration Procedure

Appendix A – Complaints Process Flowchart





Appendix B – Complaint Investigation Report

Complaint details	
Datix number:	COM-XXXX
Event date(s):	
Reported date:	
Service(s):	
<p>All aspects of the complaint investigation should be recorded on Datix. Progress and other activity should be recorded in the “Notepad” section of Datix. Documents can be uploaded to the “Document” section of Datix.</p> <p>Activities related to the complaint investigation should not be recorded in the clinical record</p>	
Description of complaint:	
Timescale:	
The completed Investigation Report should be returned to Customer Liaison by DD/MM/YYYY	
Questions to be answered:	
Answers to the questions:	
Methodology:	
How was the investigation undertaken? For example, interviews, statements, review of clinical records, briefings and debriefings, reports and overviews, incident reports, guidelines and protocols	
Learning identified from the complaint:	

What lessons or improvements have been identified?

Action taken as a result of the complaint:

This will include a brief description of how the learning from this incident has been / will be shared across the service and/or Business Unit

Report prepared by:

Name:
Job Title:
Date:

Chronology of Events

This should not merely be a repetition of the healthcare records but take into account all of the evidence obtained as part of the investigation.

Date & Time	Event

Appendix C – Draft CEO Response

(Ref, date, address will be added by Customer Liaison Team)

Dear,

I am writing in response to your complaint received on (input date here) regarding the service/treatment you received / your (relationship) received at the (name of service).

May I take this opportunity of thanking you for your patience in waiting for my response. – only include for out of times/extensions.

May I thank you for taking the time to provide feedback on our service. I am very sorry to hear of your recent experience and following receipt of your complaint, an investigation into your concerns has been undertaken by (include all services involved in investigation here). This has consisted of a review of the clinical care records and further information has been received from the team involved. I can now provide you with a response.

QUESTION

In bold to mirror the question(s)/issues which the complainant wishes a response to and which should reflect the complaint summary. Please number if appropriate.

RESPONSE

Please insert the main body of the response to each question/issue here.

May I thank you for taking the time to contact Locala with your concerns regarding your/your (relationship) care. I would like to assure you Locala takes all concerns raised seriously and I hope you feel we have answered your concerns in a fair and reasonable way, and to your satisfaction. However if there is anything in this letter you do not understand, or feel there are issues remaining, please contact the Customer Liaison Team using any of the contact methods shown above. We will be happy to provide further clarity and also consider any additional points that you may wish to raise. Locala is happy to offer further written responses or the opportunity to meet with senior staff where appropriate, in accordance with your wishes.

Yours sincerely

(Executive signature)

Appendix D - Equality Impact Assessment

The Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by the Equality Act 2010.

Stage 1: Screening

Date of assessment:	11/10/19
Name of person completing the assessment:	Nigel Grimshaw
Job title:	Complaints Manager
Responsible department:	Quality & Patient Safety
Who was involved in the consultation of this document?	See Appendix D

Please describe the positive and any potential negative impact of the policy on patients or colleagues.

In the case of negative impact, please indicate any measures planned to mitigate against this by completing stage 2.

Protected Characteristic	Positive impact (Yes/No)	Negative impact (Yes/No)
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage & civil partnership	No	No
Pregnancy & maternity	No	No
Race	No	No
Religion	No	No
Sex	No	No
Sexual orientation	No	No

Stage 2: Further details of impact

What is the impact?	Mitigating actions	Monitoring of actions
N/A		

Appendix E – Consultation Process with Key Stakeholders

Stakeholder name and designation	Date feedback requested	Date feedback received	Details of feedback received	Action taken
Head of Quality and Patient Safety	12/08/19	16/08/19	Vexatious Policy reviewed and agreed to merge into Complaints policy	Complaints policy amended to include text from Vexatious policy
Complaints Manager	12/08/19	23/08/19	Vexatious Policy reviewed and agreed to merge into Complaints policy	As above. Also reviewed Calderdale CCG policy as part of review
Quality Assurance Officer	16/08/19	23/08/19	Agreed text to be used from Vexatious policy and advice on formatting	As above
Customer Liaison Officer	16/08/19	23/08/19	Agreed text to be taken from Vexatious policy	As above
Complaints Manager, Calderdale CCG	05/08/19	09/08/19	Provided Calderdale CCG policy	
Corporate Policy Overview Group	08/10/19	08/10/19	Comments provided to author on recommended changes	Agreed to put forward for approval at PRG subject to changes being made