



West Cheshire  
Clinical Commissioning Group

# Complaints Policy

Listening, Responding, Improving

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## Complaints Policy

Listening, Responding, Improving

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**Polish**

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**Punjabi**

اگر اس معلومات سے متعلق آپ کے سوالات ہیں یا آپ کی کوئی رائے ہے یا آپ اس کا اپنی زبان میں ترجمہ کروانا چاہتے ہیں تو براہ کرم ہمیں 01244 650368 پر ٹیلی فون کریں۔ اپنی زبان کا نام اپنے ٹیلی فون نمبر کے ساتھ تین بار کہیں۔ ہم ٹیلی فون مترجم کے ذریعہ آپ کو ٹیلی فون کروانے کا انتظام کریں گے۔

**Urdu**

## **CONTENTS**

### **Page**

<b>1</b>	Introduction and Legislative Context	7
<b>2</b>	How do I make a complaint?	8
<b>3</b>	Our Obligations	12
<b>4</b>	Consent to investigate a complaint	12
<b>5</b>	Learning from Complaints	14
<b>6</b>	Unreasonable Behaviours/Vexatious Complaints	15
<b>7</b>	Guiding Principles	17
<b>8</b>	Flowchart showing show we handle your complaint	19
<b>9</b>	Appeals Process	21
<b>10</b>	Equality Analysis Impact Assessment	22

# COMPLAINTS POLICY

## INTRODUCTION

1. West Cheshire Clinical Commissioning Group (CCG) recognises the importance of listening and responding to concerns raised by patients and service users and ensures that appropriate action is taken. The organisation uses the information obtained from complaints to help improve and develop services. Patients and service users are encouraged to express complaints, concerns and views, both positive and negative, about the treatment and services they receive, in the knowledge that:
  - They will be taken seriously.
  - They will receive a speedy and effective response by a member of staff appropriately qualified and trained to respond.
  - Appropriate action will be taken.
  - Lessons will be learnt and disseminated to staff accordingly.
  - There will be no adverse effects on their care or that of their families.

## Aims and Objectives

2. The main objective of this policy is to set out how the Clinical Commissioning Group deals with complaints concerning patients and service users as quickly, appropriately and as close to the source of the problem as possible. This intention is reinforced by the CCG's Patient Experience Team, who handle enquiries and aim to resolve peoples' concerns in an informal way.
3. This policy aims to achieve:
  - Feedback on local health and social services from service users and their relatives and/or carers, as this is an opportunity for West Cheshire Clinical Commissioning Group to learn from complaints, leading to prevention of recurrence. Therefore, steps will be taken to ensure that it is as easy as possible to make written comments or complaints about the service provided or received.
  - A rapid, open, fair, conciliatory response which addresses the issues raised by the complainant.
  - A high profile for complaints within West Cheshire CCG.
  - A means of providing information to all West Cheshire Clinical Commissioning Group staff in order that, where appropriate, services can be improved.

## Definition of a Complaint

4. One definition of a complaint is "*An expression of dissatisfaction that requires a response*".

5. Clearly this is an open definition and it is not intended that every minor concern should warrant a full-scale complaints investigation. However, the Clinical Commissioning Group should listen to the person and ask how they would like their concern dealt with, whether informally through the Patient and Liaison Service, or formally using the complaints policy.
6. The spirit of this complaints policy is to have a user led system for raising concerns and complaints. The Clinical commissioning Group want to set out what good outcomes look like from the point of view of the person who has made a complaint.
7. All issues will be dealt with in a flexible manner, which is appropriate to their nature.
8. Sometimes a complaint can be resolved quickly to the complainant's satisfaction.
9. Whenever there is a specific statement of intent on the part of the person that they wish their concerns to be dealt with as a complaint, they will be treated as such.
10. Anybody who is dissatisfied with the initial response to a matter which has been dealt with as a problem solving issue will be advised of their right to pursue the matter further through the complaints procedure.
11. However, it is recognised that unreasonable and unreasonably persistent complainants are those who, because of the frequency of their contacts, hinder the consideration of their own or others complaints. Appendix 2 of this policy sets out our policy for vexatious complaints.

### **How do I make a complaint?**

12. NHS West Cheshire Clinical Commissioning Group has a dedicated team who will handle your complaint. If you would like to submit a formal complaint then you can email the service at [complaints.nhswestcheshireccg@nhs.net](mailto:complaints.nhswestcheshireccg@nhs.net), call 0800 132 996, or write to:

The Patient Experience Manager  
1829 Building  
The Countess of Chester Health Park  
Liverpool Road, Chester CH2 1HJ

13. Complaints can be received via post, email or telephone. Verbal complaints should be written up as a record and this can be undertaken by our Patient Experience Team. The record will then be sent to the complainant with an acknowledgement and an invitation to confirm that it is an accurate representation of the complaint. The complainant or their representative will be asked to review and return it to the Patient Experience Team. Upon receipt of the signed agreed statement, the Patient Experience Team will begin the investigation.



## Advocacy

14. West Cheshire Clinical Commissioning Group supports the use of independent help within the complaints procedure and any complainant wishing to access independent advocacy will be provided with information on how to obtain one. The current service used is Health Watch Cheshire West, who can be contacted in the following manner:  
Freephone Helpline: 0800 801 0389

Email address: [merseysideandcheshire@healthwatchadvocacy.co.uk](mailto:merseysideandcheshire@healthwatchadvocacy.co.uk)

Postal Address: Health Watch Advocacy, The Gateway Conference Centre, 71 London Road, Liverpool, L3 8HY

## Who can complain?

15. In general terms a complaint can be made by:
- Anyone who is receiving, or has received, NHS treatment or services commissioned or provided by West Cheshire CCG.
  - Anyone who is affected by or likely to be affected by, an action, omission or decision of West Cheshire Clinical Commissioning Group (as a commissioner).
16. If a person is unable to make a complaint then someone can act on their behalf.
17. A representative may make a complaint on behalf of an eligible person who is not able to make the complaint themselves. This includes where the person:
- Has died.
  - Is unable by reason of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005.
  - Has requested the representative to act on his or her behalf and provided written consent. Is a child.

(N.B. Where the representative makes a complaint on behalf of a child, West Cheshire CCG:

- Must not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child: and
  - If it is not satisfied, must notify the representative in writing and state the reason for its decision.)
18. Deciding who can complain can often be a complex issue. In the event of any uncertainty then contact should be made with our patient experience team for clarification and advice.

19. Normally a complaint should be made within twelve months from the date the incident occurred, or within twelve months of the date of discovering the problem. There is discretion for the Patient Experience Team to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier, and where it is still possible to investigate the facts of the case effectively. Where it is decided not to investigate, the complainant will have the opportunity to approach the Health Service Ombudsman

## **Legislative Context**

20. To ensure that, as a commissioner of health services, West Cheshire Clinical Commissioning Group manages complaints in accordance with the NHS Complaints Procedure 2009. The full guidelines can be found at <http://www.legislation.gov.uk/ukxi/2009/309/contents/made>
21. The NHS Constitution explains your rights as a patient or service user when it comes to making a complaint (revised 14 October 2015). More details can be found at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/480482/NHS\\_Constitution\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf)
22. You have the right to:
- Have any complaints you make about NHS services acknowledged and to have it properly investigated.
  - Discuss the manner in which the complaint is to be handled, to know how long the investigation is likely to take to be investigated, and when you will get a response.
  - Be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.
  - Take your complaint to the independent Parliamentary and Health Service Ombudsman (PHSO) if you are not satisfied with the way your complaint has been dealt with by the NHS.
23. The policy also aims to meet the principles of good complaints handling laid down by the Parliamentary and Health Service Ombudsman (PHSO):
1. Getting it right
  2. Being customer focused.
  3. Being open and accountable.
  4. Acting fairly and proportionately.
  5. Putting things right.
  6. Seeking continuous improvement.

24. The designated lead for complaints in the Clinical Commissioning Group is the Director of Quality & Safeguarding. They will ensure compliance with this procedure and that action is taken in light of the outcome of any investigation.
25. The Clinical Commissioning Group has a duty to ensure that information about the CCG's complaints processes are available to patients and the public. A copy of the Clinical Commissioning Group Complaints Policy is available on our website at [www.westcheshireccg.nhs.net](http://www.westcheshireccg.nhs.net)

***Exclusions - the scope of this policy does not apply to:***

- A complaint which is made verbally and resolved to the complainant's satisfaction by the end of the working day following receipt of the complaint.
  - Any complaint by third party organisations about contracts placed by West Cheshire CCG.
  - A complaint made by another NHS body, Independent Provider, health organisation or Local Authority.
  - Any complaint by an employee relating to their employment.
  - Any complaint which has already been investigated under the complaints regulations.
  - Any complaint which is being, or has been investigated by the Parliamentary and Health Service Ombudsman.
  - A complaint arising out of the CCG's failure to comply with a data subject request under the Data Protection Act 1998, or a request for information under the Freedom of Information Act 2000.
26. Any concerns or complaints about Independent Contractors, (GPs, dental practices, pharmacies or opticians) and specialised commissioning should, wherever possible, be directed to the complaints lead either directly to the organisation responsible for delivering that care or to NHS England. If these complaints are received by West Cheshire CCG, the complainant will be contacted and either signposted to the appropriate lead within the relevant provider, or their consent will be sought to pass on their complaint to the appropriate lead. West Cheshire Clinical Commissioning Group does not commission these services, and therefore cannot investigate complaints relating to them.
  27. From April 1<sup>st</sup> 2018, West Cheshire Clinical Commissioning Group received delegated responsibility from NHS England for commissioning primary care medical services (GP practices) but this does not include complaint management. NHS England remains legally responsible for managing these complaints. The CCG will encourage complainants to contact the GP Practice Manager in the first instance wherever possible or appropriate.

## **West Cheshire Clinical Commissioning Group Obligations**

28. The NHS complaints procedure provides for complaints to initially be dealt with at the source of the complaint. West Cheshire Clinical Commissioning Group has a patient experience team designated to deal with complaints.
29. Any complainant who remains dissatisfied with the outcome of the investigation at local level has the right to request a review, and if they are still not satisfied, an investigation by the Parliamentary Health Service Ombudsman (PHSO). A flow chart showing the complaints procedure is attached at Appendix 1.
30. The responsibility of West Cheshire Clinical Commissioning Group in handling complaints is to:
  - Investigate complaints raised against West Cheshire Clinical Commissioning Group itself and the services it provides.
  - Support and advise West Cheshire Clinical Commissioning Group staff and complainants as appropriate in dealing with the issue raised.
  - Identify and address any issues, advising complainants of the actions being taken as part of the formal process and that West Cheshire Clinical Commissioning Group learns any appropriate lessons.

## **Consent**

31. In order for a complaint to be taken further, the Clinical Commissioning Group requires written consent from the patient. The reason for this request is to comply with the Data Protection Act 1998 and patient confidentiality guidelines. The main purpose of the Act is to respect and protect the individual's rights, ensuring that any information about the person concerned is not disclosed without their written consent.
32. Care will be taken at all times throughout the Complaints Policy and Procedure, to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint, and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint. The investigation will begin when written consent is received either from the patient or designated third party.

## **Handling your Complaint**

33. All complaints received are logged and acknowledged within three working days of receipt. The Patient Experience Team will take reasonable steps to contact the complainant prior to an investigation in order to discuss how the complaint will be handled; clarify what the complaint is; what outcome the complainant expects; and the timescales involved. At this time the complaint will be allocated to an investigator and to a complaint owner, which is usually a Director in the CCG.

34. Our intention is that complaints are dealt with flexibly; with the aim of achieving the desired outcome if that is possible, as early as possible. A meeting can be offered as part of the resolution process, and the Patient Experience Team can arrange dispute resolution to aid this process.

### **Investigation and Response**

35. The Investigator will aim to provide the Customer Care Officer with the results of the investigation within 20 working days in order that a response, under the signature of the appropriate Director (the complaint owner) can be sent to the complainant within 45 working days. . If it is not possible to respond to the complainant within the agreed time scale, the complainant will be contacted and advised of the delay, and a new response time will be agreed, which normally should not exceed twenty working days from the date of that conversation / confirmation letter.
36. Any issues involving clinical judgement will be agreed with the clinician involved.
37. The response will include an apology wherever possible, a full explanation of the issues and findings, details of any actions taken to prevent a recurrence of the incident and information about the appeals process and the Parliamentary Health Service Ombudsman. The Patient Experience Team will record any actions taken as part of this process.
38. We will ensure there is agreement on which organisation leads the Investigation where multi-agencies are involved. The Investigating Officer will adopt appropriate investigation methodology and scrutinise provider responses.
39. A final response to the complainant is created following analysis of the investigation. This response will always be approved by the complaint owner.

### **Appeals Process**

40. If, after a response has been received, the complainant is not happy with the way it was investigated then they have a right of appeal to the CCG. In this instance the appeal must be submitted within 14 days of receipt of the response, in writing, to the Accountable Officer for the CCG who will inform the Customer Care Officer. The appeal will then be allocated to a different Director in the CCG to the one originally allocated as the complaint owner. This Director will then review how the complaint was investigated, and if they feel that it was not undertaken thoroughly, or information was missed, they will ask for it to be reinvestigated. A letter with the outcome of this review will then be sent to the complainant, who has a right to refer it to the independent Parliamentary and Health Service Ombudsman.

## **LEARNING FROM COMPLAINTS**

41. The aim of complaints investigations is to try to understand what went wrong and what actions, if any, should be taken as a result. Lessons learned from complaints are discussed at senior management level. The purpose of the discussion is to use the information to:
- Ensure any common themes are visible to the Clinical Commissioning Group.
  - Make informed decisions about where service improvements can be made.
  - Monitor progress against any action plans.

## **Service Improvements and Clinical Governance**

42. Managers should use the issues raised in individual complaints to explore and, where appropriate, initiate service improvements.
43. If information from complaints and/or evidence from other sources, including that provided by other staff, indicates that patients could be at risk, the commissioning manager will have the discretion to discuss the matter confidentially with the Director of Quality and Safeguarding, and be guided by them as to the most appropriate action to be taken.

## **POLICY REVIEW DATE**

44. This policy will be reviewed every three years or as required following any changes or updates to national guidance.

## **RETENTION OF RECORDS**

45. Complaints files relating to Clinical Commissioning Group complaints investigations will be held by the organisation for a minimum of 10 years.

## Appendix 1

### Unreasonable Behaviour – Vexatious Complaints

#### ***Definition:***

Unreasonable and unreasonably persistent complainants are those complainants who, because of the frequency or nature of their contacts, hinder the consideration of their own, or others, complaints. The Clinical Commissioning Group trains its' staff and investigating managers 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.

#### ***Process:***

It is important to appreciate that such complainants may have genuine grievances that should be properly investigated. The CCG will first ensure that its Complaints Policy has been fully implemented and that no element of the complaint has been overlooked or not properly addressed. If all reasonable measures have been taken, the Head of Quality Improvement will discuss the matter with the Accountable Officer and reach a decision on how to proceed.

The options to be considered are:

- If the investigation is underway the Accountable Officer may write to the complainant setting parameters for a code of behaviour, and inform the complainant that if these parameters are contravened this may impact on the progress we can make against the action plan.
- If a final response has already been provided, the Accountable Officer will write to the complainant informing them that a full response has been made to their complaint, that correspondence and personal interaction is at an end and reiterate the right of the complainant to contact the Ombudsman.
- Where complaints have been identified as habitual or vexatious, the Accountable Officer will ultimately determine what action to take. The Accountable Officer will implement such action and will notify complainants in writing, of the reasons why their complaint has been classified as habitual or vexatious and the action that will be taken. For completeness, this notification may be copied to any others involved for example a Conciliator. A record will be kept, for future reference, of the reasons why a complaint has been classified as habitual or vexatious. A Lay Advisor may be consulted in order to support the process.

The Clinical Commissioning Group may decide to deal with such complaints in one or more of the following ways:

- Set out in a letter a code of commitment and responsibilities for the parties involved if the Clinical Commissioning Group is to continue processing the complaint. If these terms are contravened, consideration will then be given to implementing other action as indicated below.
- Decline contact with the complainant, either in person, by telephone, by fax, by letter, by e-mail or any combination of these, provided that one form of contact is maintained. This may also mean that only one named Clinical Commissioning Group officer will be nominated to maintain contact (and a named deputy in their absence). The complainant will be notified of this person.
- Notify the complainant, in writing that the Clinical Commissioning Group has responded fully to the points raised and has tried to resolve the complaint but that there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant will be notified that the Clinical Commissioning Group will acknowledge and respond to new complaints in accordance with the Concerns and Complaints Policy. The Clinical Commissioning Group does not intend to provide a response to any letters which are threatening or abusive; or to old issues where a response has already been provided. The complainant will be advised that they are being treated as a habitual or vexatious complainant.
- Inform the complainant that in extreme circumstances the Clinical Commissioning Group reserves the right to seek advice on unreasonable or vexatious complaints from the Clinical Commissioning Groups solicitors.
- Temporarily suspend all contact with the complainant, in connection with the issues relating to the complaint being considered habitual and/or vexatious, while seeking advice or guidance from the appropriate sources.
- Once complaints have been determined as habitual or vexatious, the Clinical Commissioning Group has a mechanism for withdrawing this status at a later date if, for example, a complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal complaints procedure would appear appropriate.

As is the case in originally identifying a complaint as habitual or vexatious; staff will use the same discretion in recommending that this status be withdrawn when appropriate. Where this appears to be the case discussion will be held with the Accountable Officer and subject to their approval, normal contact with the complainant will then be resumed. The Accountable Officer will advise the complainant of this, in writing.



## **Appendix 2: Complaints Policy Guiding Principles**

### **Safeguarding Children and Adults**

Safeguarding is a key element of complaints management and review. It may be necessary to identify if any of the following elements are evident in the information/complaint:

- Safeguarding concerns to the person, to include their ability to manage with daily living.
- Safeguarding concerns regarding the adequacy of care/support being provided to the person.
- Safeguarding concerns regarding the behaviour of a professional to a patient or carer.
- Safeguarding concern regarding the behaviour of the person/complainant to professional staff.
- All complaints staff must have at least Level 2 training in safeguarding to enable them to identify the key safeguarding concerns.

There may be circumstances in which information disclosure is in the best interests of the patient, or the protection, safety or wellbeing of a child or vulnerable adult. In these circumstances, a complaint will be escalated as necessary in line with NHS West Cheshire Safeguarding policies and procedures.

### **Human Rights Core Values**

Putting human rights at the heart of the way healthcare services are designed and delivered can make for better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy. Complaints should be dealt with in line with these five core values.

### **Ensuring fairness and equality in complaints handling**

West Cheshire Clinical Commissioning Group has a commitment to ensure that no person is treated in a less favourable manner than another on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy & maternity, race, religion or belief, gender, sexual orientation.

As commissioners the CCG must show that it has due regard for the need to:

- Eliminate unlawful discrimination,
- Advance equality of opportunity and
- Foster good relations

Under the equality regulations, complainants must not be discriminated against because they have made a complaint about any service commissioned and/or provided by West Cheshire CCG.

West Cheshire Clinical Commissioning Group is committed to dealing with complaints in a non-discriminatory manner. Complainants can seek advice and support on how to make their complaint from the Patient Experience Team.

### **Duty of Candour (Being Open)**

West Cheshire Clinical Commissioning Group recognises its duties of transparency and candour in dealing with complaints, as proposed by the Francis Enquiry Report, and recognises the requirement to promote greater openness throughout the organisation.

### **Performance Monitoring**

A report setting out details of complaints lodged against the Clinical Commissioning Group and local providers will be submitted to the bi-monthly Quality Improvement Committee. Reports will specify the number of complaints received, identify subject matter, and summarise any valid trends. An annual Clinical Commissioning Group Complaints Report will also be produced at the beginning each October, and will subsequently be published on the Clinical Commissioning Group website.

A weekly tracker outlining the progress of each complaint will be produced by the Clinical Commissioning Group Patient Experience team.

### **Regional and National Returns**

The Annual Complaints Report will be copied to NHS England. The Korner (KO41) returns will be provided quarterly on request to the Department of Health via an online data collection system.

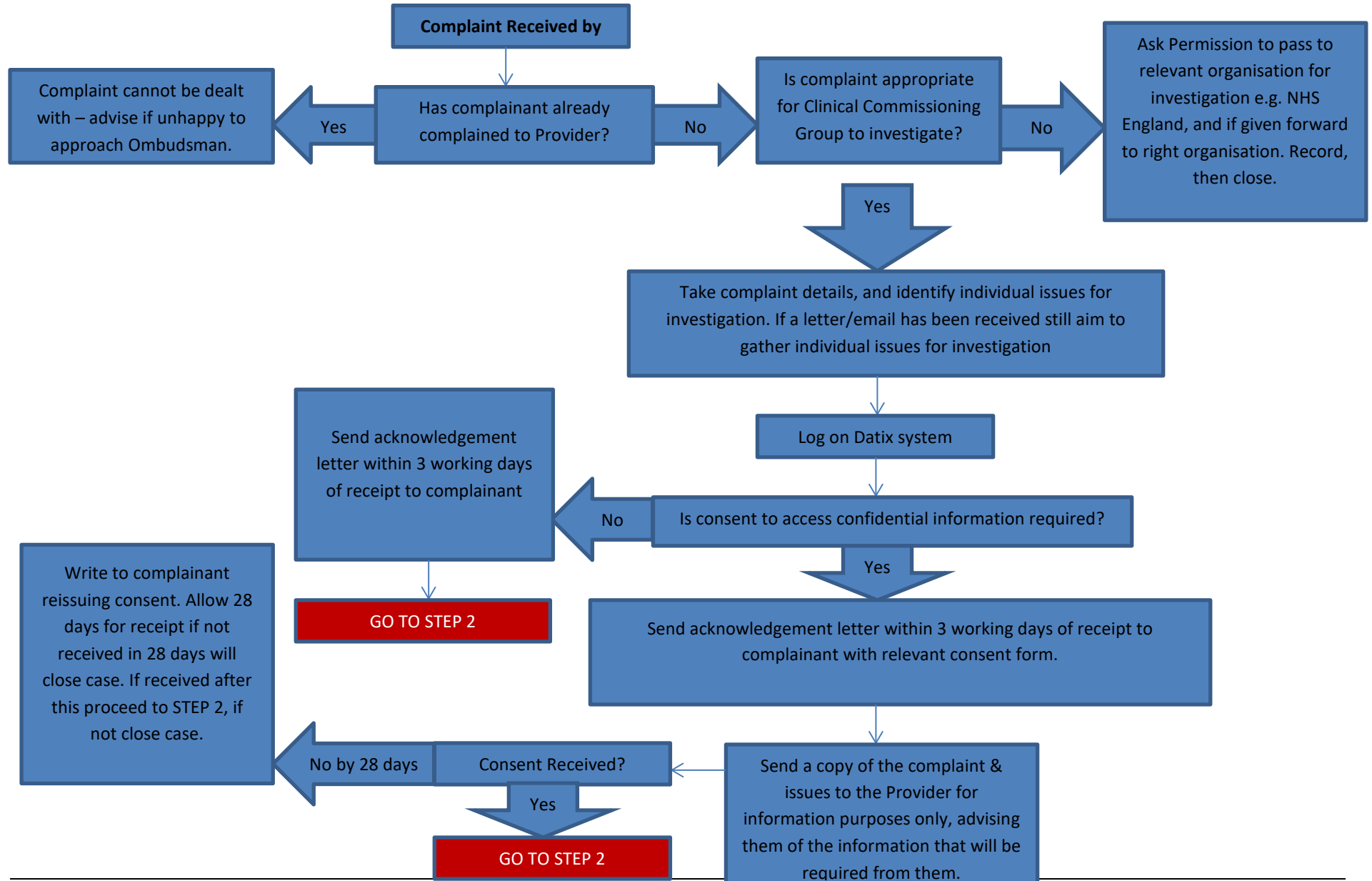
### **Complaints Monitoring**

Complaints form an integral part of clinical governance, contract monitoring and performance management processes of the Clinical Commissioning Group and commissioned services. This will be achieved through the regular review of complaints lodged with the Clinical Commissioning Group itself, NHS England and the main service providers, thus ensuring that the required quality of service provision is achieved and maintained.

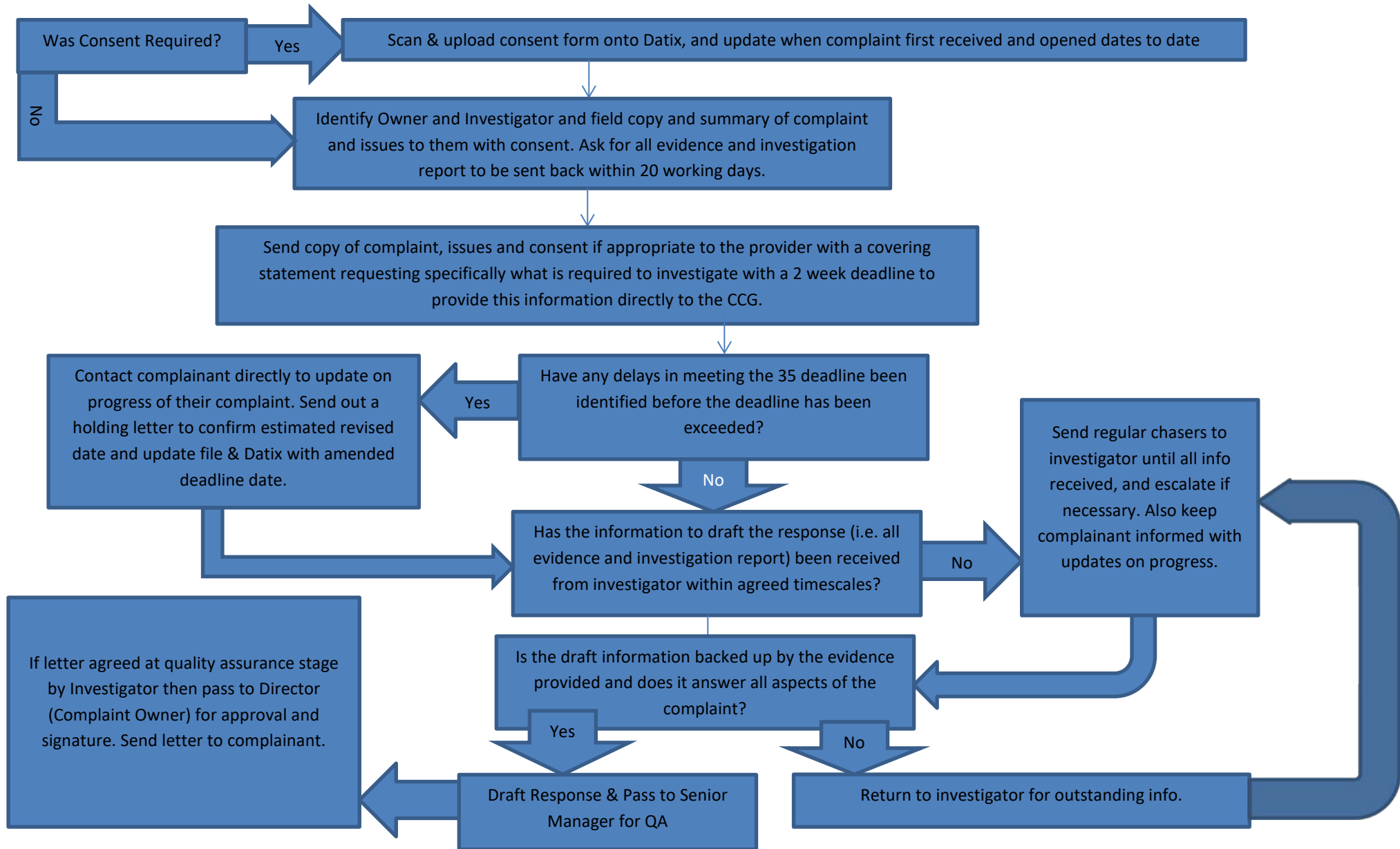
Managers should use the issues raised in individual complaints to explore, and where appropriate, initiate service improvements. Issues arising from complaints, problems and other user feedback should be a standard item for discussion at team meetings.

### Appendix 3

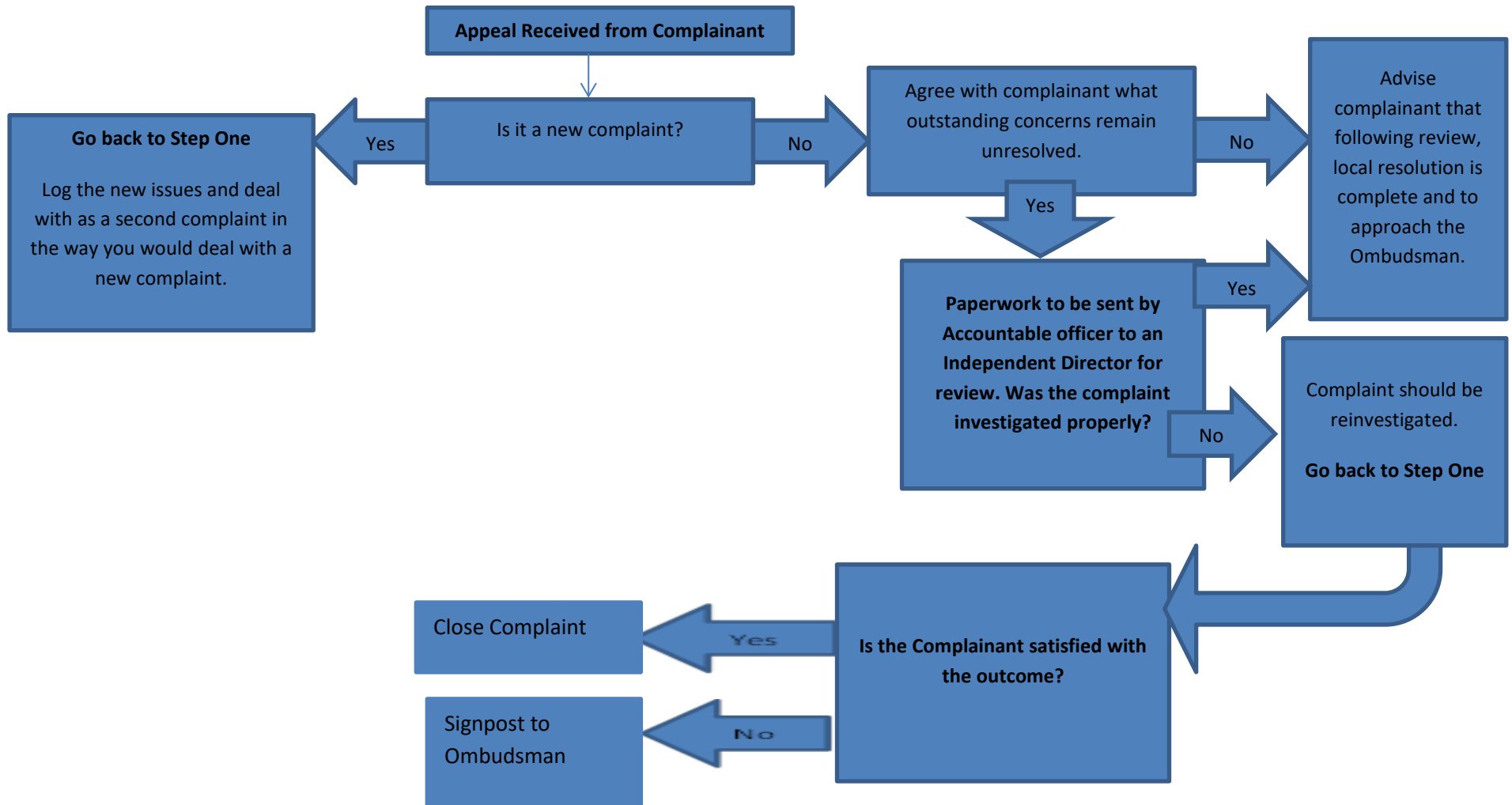
### West Cheshire Clinical Commissioning Group Flowchart for Handling Complaints



**COMPLAINTS - STEP TWO – INVESTIGATION**



**COMPLAINTS - STEP THREE – APPEALS PROCESS**



## Equality Analysis

<b>Stage 1 – Scope of Work</b>	
<b>Piece of work being assessed:</b>	<b>Complaints Policy</b>
<b>Directorate:</b>	Governance/Continuing Health Care/Clinical Commissioning Group
<b>Service area:</b>	Complaints and the Patient Advice and Liaison (PALS) Service
<b>Other partners or stakeholder:</b>	
<b>Name of lead or person:</b>	
<b>Date of assessment:</b>	
<b>Aims of the piece of work</b> (policy / project / framework etc.)	<i>The purpose of this policy is to outline the way in which complaints will be handled, and sets out the scope of the complaints procedure in NHS West Cheshire Clinical Commissioning Group and the steps that will be followed. Complaints may arise when a concern reported to Patient Advice and Liaison Service has not been resolved.</i>

<p><b>Expected outcomes as a result of the piece of work, and how they will be measured:</b></p>	<ul style="list-style-type: none"> <li>• <i>to resolve complaints more effectively by responding more personally and positively to individuals</i></li> <li>• <i>to ensure that opportunities to learn from feedback do not get lost, and enable us to make informed decisions about service improvement</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Number of complaints acknowledged in 3 working days – Performance Target to achieve 100%.</i></li> <li>• <i>Number of complaints responded to within timescale agreed with complainant – Performance Target to achieve 95%.</i></li> <li>• <i>Number of complaints notified by the Ombudsman where further recommendations have been required, in relation to the Complaints Procedure – Performance Target Nil.</i></li> </ul>			
<p><b>Stage 1 – Initial EQA Screening</b></p>					
<p><b>Protected characteristic</b></p>	<p><b>Baseline Data and research</b></p> <p>What national data is available? What local data is available? What information is available relating to this specific area? Number of young people using a service etc. What does it show? Numbers involved (quantitative data); comments from people (qualitative data) Are there any gaps?</p> <p>Include consultation with users if available, comments, feedback from patients, users etc.</p>	<p><b>Impact</b></p> <p>From the analysis of data and research? Is the service being used by all groups the same or one group more than others?</p>	<p>Is the piece of work <b>direct</b> or <b>indirect</b> discrimination</p>	<p><b>If indirect discrimination:</b></p> <p>Indirect discrimination service effects one group more than others but accidentally. what can we do to eliminate indirect discrimination?</p> <p>What reasonable adjustments can be made</p>	<p><b>If direct discrimination:</b></p> <p>People are openly discriminated i.e. no blacks</p> <p>No gypsies,</p> <p>No disabled people.</p>
<p><b>Age</b></p>	<p>The 2011 Census population was 329,608:</p>	<p>No perceived impact</p>		<p>No perceived impact</p>	<p>No perceived impact</p>

	<ul style="list-style-type: none"> <li>o 17.6% (58,135) were aged 0-15 (19.9% in 2011)</li> <li>o 63.8% (210,373) were aged 16-64 (63.7% in 2001)</li> <li>o 18.5% (61,100) were aged 65+ (16.4% in 2001).</li> </ul>				
<b>Disability</b>	<p>Chester 118,210 <b>People who have a long-term illness or disability</b> 16.6%.</p> <p>Ellesmere Port and Neston 81,672 <b>People who have a long-term illness or disability</b> 18.2%.</p> <p>10,650 people received services in the local Authority During 2006 /07</p> <p>8,503.00 80% of the total receiving services with the remaining 20%</p> <p>Comprised 2,147 people receiving residential and nursing services</p> <p>For the community services, 6,168 people, nearly three-quarters of all</p> <p>Service users are those with physical disabilities. Those with a mental</p> <p>Health problem (including dementia) are the next most predominant group, with 1,525 service users, accounting for 17.9% of services this reflects the National picture</p>	<p>May have a significant impact on some people from this diverse group.</p> <p>Importance of relevant awareness training regards potential attitude and behaviour sensitivity impacts on Disability</p>		<p>Yes</p> <p>Assistance to be made available for customers who may have Learning disability/difficulty/ literacy issues.</p>	<p>No perceived impact</p>



<b>Gender Reassignment</b>	<p>Although it is recognised that there are currently no publicly available statistical data on transgender people, the Gender Identity Research and Education Society (GIRES, 2008) suggests that the prevalence of people age 16 and over seeking help for treatment of Gender Dysphoria is 20 per 100,000 and is thought to be increasing by 15% annually. If this was applied to Cheshire West and Chester, this would equate to approximately 50 people in the Borough. The average age for seeking treatment for Gender Dysphoria is 42. In terms of the transgender population, GIRES gives an estimate of 600 per 100,000. If these figures were applied to the Cheshire West and Chester area, there may be around 1,500 trans people in the area</p> <p><a href="http://www.doriconline.org.uk/groupquery.aspx?area=164&amp;GroupID=9">http://www.doriconline.org.uk/groupquery.aspx?area=164&amp;GroupID=9</a></p>	No perceived impact		No perceived impact	No perceived impact
<b>Marriage &amp; Partnership</b>	<p>Marital and civil partnership status classifies an individual according to their legal marital or registered same-sex civil partnership status as at census day, 27 March 2011 in Cheshire West and Chester was 428 (2011 Census Key Statistics)<a href="http://www.doriconline.org.uk/groupquery.aspx?area=164&amp;GroupID=9">http://www.doriconline.org.uk/groupquery.aspx?area=164&amp;GroupID=9</a></p>	No perceived impact		No perceived impact	No perceived impact
<b>Pregnancy &amp; maternity</b>	<p>Cheshire West &amp; Chester</p> <p>All births 3,822</p> <p>Cheshire West and Chester</p>	No perceived impact		No perceived impact	No perceived impact

	<p>Male births 1,965 Female births 1,857</p> <p>26/04/2012 next update 26/04/2013</p> <p>All 3,081</p> <p>Asian 418</p> <p>Black 288</p> <p>White 1,981</p> <p>Mixed, Chinese &amp; any other ethnic group 220 Numbers Not stated 174</p> <p>It is also identified that Gypsy/ Traveller have the Highest mortality rate.</p> <p>Gypsies and Travelers face the most serious disadvantages of all ethnic minority groups. Children have high mortality rates and the lowest educational attainment</p> <p><a href="http://www.ons.gov.uk/ons/index.html">http://www.ons.gov.uk/ons/index.html</a></p> <p><a href="http://www.homeoffice.gov.uk/equalities/equality-government">http://www.homeoffice.gov.uk/equalities/equality-government</a></p>				
<b>Race</b>	<ul style="list-style-type: none"> <li>o 94.7% (312,013) were White British (including Northern Irish) (96.5% in 2001)</li> <li>o 0.7% (2,337) were White Irish</li> <li>o 0.1% (213) were Gypsies or Irish Travellers</li> <li>o 2.0% (6,462) were from other White groups</li> </ul>	May have a significant impact on some people from this diverse group		Yes  Ensure that arrangements are made for people who do not speak or understand	No perceived impact

	<ul style="list-style-type: none"> <li>o 0.9% (3,050) were from mixed / multiple ethnic groups</li> <li>o 1.2% (4,097) were Asian / Asian British (includes Chinese)</li> <li>o 0.3% (908) were Black / African / Caribbean / Black British</li> <li>o 0.2% (528) were from other ethnic groups.</li> </ul> <p>In January 2008, there were 151 caravans belonging to Gypsies and Travellers in Cheshire West and Chester.</p>	Importance of relevant awareness training regards potential attitude and behaviour sensitivity impacts on this group		english	
<b>Religion/Belief</b>	<p>Religion – 70.1% (231,126) of people said they were Christian (80.7% in 2001). 1.1% (3,560) belonged to other major world religions. 22.0% (72,649) stated they had no religion (11.5% in 2001). 6.5% (21,419) chose not to answer this question</p> <p>Christian 231126 - 70.1%</p> <p>Buddhist 776- 0.2 %</p> <p>Hindu 653 0.2 %</p> <p>Jewish 653 0.2 %</p> <p>Muslim 1686 - 0.5%</p> <p>Sikh195 -0.1%</p> <p>Other religion 854 -0.3%</p>	No perceived impact		No perceived impact	No perceived impact

	No religion 72649 -22% Religion not stated 21419 - 6.5 %				
<b>Sexual Orientation</b>	There are inherent problems in estimating the number of gay, lesbian and bisexual people resident within the Cheshire West and Chester population. However, the Family Planning Association estimates that the proportion of both men and women who have ever had a same sex partner to be 5.4% of men and 4.9% of women  If the proportions reported in the Family Planning Association survey are applied to the Cheshire West and Chester adult population, there would be around 13,900 men and women who have ever had a same-sex partner within the local population.  (DORIC Population Summary Information Gay, Lesbian And Bisexuals In Cheshire West And Chester 2012)	No perceived impact		No perceived impact	No perceived impact
<b>Sex</b>	Western Cheshire has a population of around 260,000 people. Local Authority Area 329608  Males 160586 - 48.7% Females 169022- 51.3%	No perceived impact		No perceived impact	No perceived impact

**Stage 1 – Initial EQA Action Plan**

Having undertaken the equality analysis, please complete the following action plan detailing how you will tackle and mitigate issues resulting from the findings of the Initial Screening:

Equality Strand	Issue – Initially identified	What information do I need and how will I get it? Consultation, Focus group, Survey, Research etc.	Timescale	Lead
Sex				
Race				
Disability				
Sexual Orientation				
Age				
Religion/Belief				
Marriage & Partnership				
Gender Reassignment				
Pregnancy & maternity				