

Complaints Policy

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Author:	Amita Shah, Complaints Manager
Accountable Director (owner):	Kay Matthews, Chief Operating Officer

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Complaints Policy

Barnet 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.

1. Introduction

1.1 Barnet Clinical Commissioning Group (CCG) was statutorily established on 1 April 2013 as a result of the Health and Social Care Act 2012. Until this point, the CCG was operating in shadow form alongside Barnet Primary Care Trust, which ceased to exist on 31 March 2013.

1.2 This document sets out ways in which Barnet CCG will encourage feedback from patients, families, carers, guardians and members of the public and respond to comments, concerns and complaints in respect of the services it commissions.

1.3 It is our legal duty to have a full and comprehensive complaints procedure in place for our local population.

2. Policy Framework

2.1 Barnet CCG is committed to providing patients, families, carers, guardians and members of the public with the opportunity to raise concerns or to complain regarding any services it commissions and to use the information received to improve services.

2.2 Legislative Context: To ensure that Barnet CCG, as a commissioner of health services, manages complaints in accordance with the Local Authority Social Services and NHS Complaints Procedure 2009 at <http://www.legislation.gov.uk/ukxi/2009/309/contents/made>

Patients may consult The NHS Constitution¹, which explains their rights as a patient, or service user when it comes to making a complaint.

They have the right to:

- Have their complaint dealt with efficiently, and properly investigated
- Know the outcome of any investigation into their complaint
- Take their complaint to the independent Parliamentary and Health Service Ombudsman (PHSO) if they are not satisfied with the way the NHS has dealt with their complaint. The PHSO is an independent body established to promote improvements in health care through the assessment of performance of those who provide services.
- Make a claim for judicial review if they think they have been directly affected by an unlawful act or decision of an NHS body, and
- Receive compensation if they have been harmed.

This policy is also consistent with Listening, Improving, Responding - a Guide to Better Patient Care (Department of Health 2009) and aims to meet good practice in complaint handling as set out in the Ombudsman's Principles of Good Complaint Handling.

The Ombudsman may be contacted as follows:

In writing to

Millbank Tower,

Millbank,

London,

SW1P 4QP.

By phone on 0345 015 4033

By e-mail at phso.enquiries@ombudsman.org.uk

Further information about the Ombudsman is available at www.ombudsman.org.uk

2.3 Barnet CCG assures all patients, families, carers, guardians and members of the public that it has effective procedures in place to ensure that:

- Concerns will be listened to and assistance and advice will be provided on the process which the organisation will follow
- All complaints will be treated seriously
- All complaints will be properly investigated in an unbiased, open and transparent manner
- Complainants will receive a timely response with the outcome of the investigation, together with any actions taken in light of the complaint.

2.4 Barnet CCG will ensure that the complaints process is as widely publicised as possible so that people are aware of how to make a formal complaint, should they wish to do so. It may be accessed on the Barnet CCG website in the "Listening to You" section where they may also get in touch with information requests and compliments: www.barnetccg.nhs.uk/Listening-to-you/comments-complaints-compliments.htm Complaints, concerns and compliments should be directed to the generic inbox email : BARCCG.Quality@nhs.net

¹ <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

3. Aims of this Policy

3.1 This policy aims to provide:

- Ease of access for complainants by empowering all staff to receive and, where appropriate, respond to complaints
- A rapid, open, fair, conciliatory approach to complaints which meets the needs of the complainant whilst being fair to staff
- A 'one-stop shop' approach to complaints that relate to more than one organisation, with unified handling of complaints across health and social care boundaries where possible
- A means of identifying and managing persistent complainants
- A basis for good complaints handling - and responding within agreed timescales
- A means of providing information to senior managers and the CCG's Quality and Performance Committee so that learning can take place, policies can be changed, services can be improved and complainants can be reassured that their complaint has made a difference

3.2 Definition of a complaint:

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

Clearly, this is an extremely wide definition and it is not intended that every minor concern should warrant a full-scale complaints investigation; on the contrary we should listen to the person and ask how they would like their concern dealt with. The spirit of the complaints policy is that all Barnet CCG staff are empowered to resolve problems immediately. All issues will be dealt with in a flexible manner, which is appropriate to their nature. Whenever there is a specific statement of intent on the part of the caller / correspondent that they wish their concerns to be dealt with as a formal complaint, they will be treated as such.

Any caller / correspondent 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.

Barnet CCG welcomes feedback on its services from service users and their relatives and / or carers as this is an opportunity for the organisation to learn lessons, leading to the prevention or recurrence of incidents and complaints. Steps will be taken to ensure that it is easy to make written concerns or complaints about the service, throughout the organisation.

The complaints process flow charts, setting out how complaints will be handled by Barnet CCG, can be found in Appendices 1 and 2: *Flow chart showing CSU complaints process on pages 20/21.*

4. Complaints Procedure for Barnet Clinical Commissioning Group

This procedure applies to complaints about the work of Barnet CCG as a commissioning organisation; comments or complaints about a GP, dentist, pharmacist or optician, that cannot be resolved locally with the practice manager, must be referred to NHS England at england.contactus@nhs.net Telephone: 0300 311 22 33

Any comment or complaint about a hospital, mental health or community trust should be referred to them directly.

Any queries, questions or comments about Barnet CCG, can be made using the form below and we will respond as quickly as possible.

Contact details for comments, concerns, complaints and queries:

<http://www.barnetccg.nhs.uk/feedback.htm> Telephone: 020 3688 2299

Address: Barnet Clinical Commissioning Group, Ground Floor, Building 2, North London Business Park, Oakleigh Road South, London, N11 1NP

NHS Barnet Health Services Contact Details

Trust:	Contact Details:
Barnet & Chase Farm Hospital	Phone: 020 8216 4924 Email: RF-TR.BCFComplaints@nhs.net
Barnet Adult Social Care and Health	Phone: 020 8359 4299 Mobile: 07747 868966 Fax: 0870 889 5476 Email: adultsocialservices@barnet.gov.uk
Barnet, Enfield & Haringey Mental Health Trust	Phone: 020 8702 3839 / 3840 Email: complaints@beh-mht.nhs.uk
Central London Community Healthcare (Barnet Provider)	Phone: 0800 368 0412 or 020 7798 1435 Email: clchcomplaints@nhs.net
Royal Free Hampstead NHS Trust	Phone: 020 8375 1961 or 020 7472 6667 Email: rff.complaints@nhs.net
Royal National Orthopaedic Hospital	Phone: 020 8909 5717/5439/5471 Email: Rnoh.complaints@nhs.net
University College London Hospital (UCLH)	Phone: 020 3447 7413 Email: complaints.officer@uclh.nhs.uk
Whittington Health (Whittington Hospital, Islington & Haringey Provider Services)	Phone: 020 7288 5969 Email: whh-tr.whitthealthpals@nhs.net
<p>Primary Care, including GP complaints: Complaints, comments or compliments about a doctor (GP), dentist, pharmacy or optician should be directed to the practice in the first instance. NHS England is responsible for purchasing primary care services such as GPs, dentists, pharmacists, optical services and some specialised services, and should be contacted when making a complaint about any of these services.</p>	<p>NHS England Address: P.O Box 16738 Redditch, B97 9PT</p> <p>Phone: 0300 3112233</p>

Barnet CCG can be contacted if the complainant feels uncomfortable in contacting the practice manager directly.	Email: england.contactus@nhs.net
<p>London Independent Health Complaints Advocacy Service (IHCAS)</p> 	<p>London IHCAS Advocacy Hub Address: POhWER, Hertlands House Primett Road, Stevenage Hertfordshire, SG1 3EE</p> <p>Web: LondonIHCAS@pohwer.net Phone: 0203 553 5960 (local rate) Email pohwer@pohwer.net</p>

4. Scope of the Policy

4.1 This policy covers all complaints received by Barnet CCG

- Relating to a policy, service or care it commissions, or
- Complaints that are received by another health or social care organisation which relate to a policy, service or funding commissioners by Barnet CCG.

4.2 Complaints may be received verbally over the telephone or during a face-to-face meeting, in writing, or email. Barnet CCG does not require complaints to be necessarily made in writing.

4.3 Exclusions:

Barnet CCG will not investigate complaints if they are made:

- By health organisations or local authorities against other health organisations or local authorities
- From staff about employment, contractual or pension issues
- Where disciplinary action is being taken against a member of staff, the two procedures that are separate and can run alongside each other, however, if it was found that this may prejudice the disciplinary process then the complaint will be closed and the complainant informed that the matter is now being investigated under Human Resources processes rather than complaints process. Although the complaints handling arrangements operate alongside the disciplinary arrangements, the two processes will remain separate
- That have already been investigated under the current or previous complaints regulations
- Where legal action is being taken or the police are involved, if progressing the complaint will prejudice subsequent legal or judicial action
- Which are being, or have been, investigated by a Local Commissioner under the Local Government Act 1974, or the Health Service Commissioner under the 1993 Act Arising from the alleged failure to comply with a data subject request under the Data Protection Act 1998
- Arising from an alleged failure to comply with a request for information under the Freedom of Information Act 2000.

4.4 All feedback on issues mentioned above may provide opportunities for organisational learning and service improvement and will be captured on an internal database managed by the Quality Assurance Manager. Quarterly reports will be submitted to the Quality and Performance Committee.

5. How to make a complaint

5.1 A complaint can be made by any person who has received, or is receiving, NHS treatment or services, or any person who has been affected by an action or decision of the CCG.

5.2 A complaint can also be made by a representative acting on another person's behalf, if that person:

- Has requested the representative to act on their behalf and gives signed consent
- Is a child, not competent to make decisions under the Fraser Competency Framework (used to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge)
- If the young person has given consent for treatment and was deemed competent to do so, then could legitimately complain about the specific treatment.
- Has died

5.3 If a complaint is made by a representative, consent will be required so that a full investigation can be made. In the case of an individual being unable to provide consent (for example, due to physical or mental capacity or in the case of a Gillick non-competent minor), their legal guardian, parent or other verified appropriate representative will be accepted to act on their behalf if they have Power of Attorney for Health and Welfare or are a Court appointed Deputy. The CCG will need to see a copy of the Power of Attorney and ensure it is been registered with the Office of the Public Guardian

5.4 If a parent or guardian complains on behalf of their son or daughter and that person is aged sixteen years or older, then their consent will be sought. Complaints made on behalf of children under the age of sixteen will be considered on an individual basis and according to the nature and subject of the complaint before consent is requested.

5.5 If the patient has died, then the person making the complaint must have had sufficient interest in the person's welfare to make the complaint. If not then the person making the complaint will be notified in writing stating the reasons for this decision.

5.6 If a Member of Parliament (MP) makes a complaint on behalf of a constituent, it will be considered that the MP has obtained consent prior to contacting Barnet CCG (in line with requirements of the Data Protection Act 1998 processing of Sensitive Personal Data – Elective Representatives Order 2002). However, conditions mentioned in 5.2 and 5.3 above would still apply and it is good practice to obtain consent where this will not unduly delay a response.

6. Definitions used in this policy

6.1 The NHS Complaints Regulations (2009) make it clear that a complaint can be made relating to any matter reasonably connected with the exercise of the functions of an NHS body or the exercise of social services functions by a Local Authority. This deliberately allows for complaints about a very wide range of issues relating either to the provision of services or the commissioning or policy decisions of an NHS organisation.

6.2 The NHS Executive has suggested that one definition of a complaint is '*An expression of dissatisfaction that requires a response*'. This is a wide definition and it is not intended that every minor concern should warrant a full-scale complaints investigation. The spirit of the

complaints procedure is that front line staff are empowered to resolve minor comments and problems immediately and informally or to offer the assistance of the complaints team. Barnet CCG will therefore seek to distinguish between requests for assistance in resolving a perceived problem and an actual complaint.

6.3 Whenever there is a specific statement of intent on the part of the caller / correspondent that they wish their concerns to be dealt with as a complaint, they will be treated as such.

6.4 Any caller / correspondent who is dissatisfied with an immediate response to a matter which has been dealt with informally and not as a complaint will be advised of their right to pursue the matter further through the formal complaints procedure.

7. Roles and responsibilities

7.1 The Chief Operating Officer (COO) has overall responsibility for complaints handling issues, as stated in Section 4 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009. The Director of Quality and Clinical Services, or their deputy, will also decide whether a complainant meets the definition of a persistent or habitual complainant (Appendix 4).

7.2 Operational management of the complaints procedure will be undertaken centrally by the Barnet CCG's complaints team. The Director of Quality and Clinical Services is the executive complaints lead within the CCG. A flow chart detailing the complaints process within Barnet CCG can be found in Appendix 1.

7.3 The COO, or their nominated deputy in their absence, will review and agree response letters. The COO relies on directors, senior managers and the complaints team to ensure investigation reports and responses are accurate, timely, fair and comprehensive.

7.4 The complaints team will maintain an up-to-date database of all formal complaints and provide annual complaints data for Barnet CCG.

7.5 The complaints team is responsible for maintaining a record of all action plans and changes in practice resulting from complaints and obtaining progress reports on actions at regular intervals.

7.6 The complaints team is responsible for providing information to the Parliamentary and Health Services Ombudsman and NHS regulatory bodies and ensuring actions arising from investigations are monitored, delivered and reported to the Quality and Performance Committee.

7.7 The complaints team is responsible for providing the Quality and Performance Committee with regular reports about the number and type of concerns and complaints made about Barnet CCG and any other matters reasonably connected with the exercise of their functions.

7.8 The complaints team is responsible for co-ordinating any complaints relating to Barnet CCG and, where appropriate, co-ordinating joint complaints where there is a commissioning element within the complaint; in doing so, providing a single integrated complaint response. In such cases the complaints team will liaise with other organisation's complaints managers and agree who will take the lead in co-ordinating investigations and sending out the final response.

7.9 This policy applies to all members of staff working for Barnet CCG. It also applies to all staff working for the NEL CSU on behalf of Barnet CCG, as set out in the service level agreement.

7.10 Barnet CCG managers are responsible for any immediate response to a concern relating to their area of responsibility which they receive directly. Should a concern be resolved, they will ensure a record of the issue and actions taken is logged. If the complaint cannot be resolved within an agreed timeframe, they will inform a member of the complaints team and, where relevant, help identify an investigating officer.

7.11 Barnet CCG managers will ensure that any member of staff who is the subject of a complaint relating to their area of responsibility, and any subsequent investigation, is informed and offered appropriate, timely support; this may include, where appropriate, referral to Occupational Health Services.

7.12 As part of the complaints investigation, managers will liaise with the complaints team to ensure that the investigation is completed within the agreed timescale and sent to the complaints team for record keeping. Managers are responsible for writing draft complaint responses and ensuring these are in plain English and address all the concerns raised. They are also responsible for attending meetings with the complainant, when requested.

7.13 Barnet CCG managers are responsible for the implementation of any action plan arising from a complaint relating to their area of responsibility and for providing a progress report when requested.

7.14 Barnet CCG managers are responsible for delivering and reporting on any recommendations arising from an Ombudsman's report relating to their area of responsibility and reporting progress to the complaints team.

7.15 Barnet CCG staff who are appointed to the role of an investigating officer are required to investigate the subject of the complaint and provide a fair, accurate, comprehensive report of their investigation in plain English within the agreed timescale.

7.16 All staff working for Barnet CCG who come into contact with patients and the public are responsible for knowing how to contact the complaints team and for responding to expressions of dissatisfaction about a policy, service or commissioning decision by Barnet CCG.

8. Barnet CCG complaints procedure

8.1 It is recognised that a number of people raising concerns do not wish to make a formal complaint, but require a swift and effective resolution of their issues. If it is unclear whether the issue is a complaint or not, the person who has raised the issue should be asked.

8.2 It is the responsibility of all staff who receive a concern to attempt to resolve it at the point of contact. In most cases, it is still essential that consent is obtained from the patient for the purposes of sharing personal information with a third party.

8.3 Where the complainant accepts the response as being satisfactory and appropriate, and where that response is communicated within the next working day, there will be no requirement for further action. If the complainant is not satisfied with the response, they have the right to make a formal complaint.

8.4 It is important that all complaints resolved informally are logged so that trends can be identified and learning can take place.

8.5 Complaints regulations state that an NHS or social care complaint must be made within 12 months from the date on which a matter occurred, or the matter came to the notice of the complainant. However, there is discretion 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 properly investigate the facts of the case. An example of this may be where a complainant has been too unwell or unaware of the issues of complaint. Any complaints received should be directed to the complaints team for advice and management, who will make the decision as to whether 'out of time' complaints should be accepted and investigated.

8.6 All staff will advise complainants of the support available to them in making their complaint. Staff should advise complainants, at the earliest appropriate opportunity, of the support offered by the Independent Health Complaints Advocacy Service (POhWER) in all the processes of the NHS Complaints Procedure:

Email: LondonIHCAS@pohwer.net

8.7 Any complaint will be passed to the complaints team and logged.

All complaints will be formally acknowledged within two working days of its receipt by the complaints team and Complainant will be informed that we will respond within 25 working days

8.8 All complaints received by Barnet CCG are risk rated. See Appendix 3

8.9 Occasionally complaints give rise for concern about the immediate welfare or safety of the complainant or another person connected to the complainant. Contacts of this nature will be immediately prioritised for same day action and the complainant will be contacted and advised to contact their GP and/or NHS 111 for advice. Alternatively, the Director of Quality and Clinical Services will be asked for advice as to immediate next steps.

8.10 Sometimes complainants state they are going to commit, or feel like committing, suicide. This should always be taken seriously. Suicidal callers will be encouraged to seek help from their GP or (if they already have one) their mental health team. They can also be advised to go to A&E as they can access mental health help there. NHS 111 can advise over the phone. Details of the Barnet Crisis line (0208 702 4040) or Samaritans can also be given (Phone: 116 123). All cases should be fully documented.

8.11 If staff are concerned about a caller, they will speak to a senior manager who will consider informing relevant professionals so that the matter is recorded for the future or in order to obtain immediate help for the patient. In particular, it may be appropriate to inform the caller's GP practice. If possible, the patient's agreement to this course of action should be obtained. However, there may be cases where the patient is not willing to authorise any contact but staff assess that the situation is so serious that they do need to contact a third party. Before contacting anyone outside the CCG Quality team, it must be remembered that breaking the patient's confidentiality in this way is only justified when there is perceived to be a danger to the patient or someone else. In these cases, staff MUST consult the Caldicott Guardian for the CCG or, in their absence, the Deputy Caldicott Guardian.

The Caldicott Guardian at Barnet CCG is the Director of Quality and Clinical Services and can be contacted via jenny.goodridge2@nhs.net. The Deputy Caldicott Guardian is the Deputy Director of Quality and Clinical Services and can be contacted via swolf@nhs.net.

Any action taken without the patient's express permission must be considered very carefully and be in proportion to the assessed risk to the caller. All such cases should be recorded with full details of all contacts and action taken.

8.12 A written account of any oral complaint about the CCG specifically, and the complaints case management plan will be sent to the complainant with an acknowledgement and request that they confirm that they are satisfied with the content.

8.13 If it is not possible to respond to the complainant within the agreed timescale, the complainant will be contacted at the agreed review date to agree a new response time, which normally should not exceed twenty working days from the date of that conversation/confirmation letter.

8.14 Responses will be written in plain English, free of jargon, and provide an apology as appropriate. All responses will contain a clear statement as to which aspects of the complaint have been upheld, or not, with an explanation as to what took place. Details will be given of what actions have been, or will be, taken to prevent a recurrence of the incident. Information about the Parliamentary and Health Services Ombudsman and the NHS Independent Complaints Advocacy Service will also be given. All responses will include the contact details of a named person who will discuss the complaint and the response letter with the complainant, if required.

8.15 A meeting can be offered as part of the resolution process. The complaints team can also arrange dispute resolution to aid this process, including the possible use of a Lay Conciliator/Mediator. Interpreting will be offered for any meeting where this would aid communication and complainants will be informed that they are welcome to bring a friend and/or advocate to any meeting if they wish.

8.16 The complaints team will refer any relevant claims issues to relevant staff to forewarn the claims process where there is an explicitly stated intention to take legal action.

8.17 Where a complainant indicates they will be contacting the media as a result of their complaint/issue, or where the complaints team feels there is a potential significant reputational risk relating to the complaint, the communications team will be informed of the complaint/issue as soon as possible and certainly within 2 working days.

8.18 Complaints received about other NHS services will be directed to the relevant Trust or provider service complaints manager/s for investigation and response when appropriate consent is obtained.

8.19 Complaints will be handled in strict confidence at all times. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it. Information will not be disclosed to patients or complainants unless the person who has provided the information has given written consent to disclosure.

8.20 On rare occasions, a habitual or persistent complainant may place undue demands on the service. Appendix 4 sets out the process for managing habitual/persistent complainants.

9. Learning and Responding

9.1 Every opportunity will be taken by Barnet CCG to learn from complaints and to use the insight and experience of complainants to resolve the complaint or issue and ensure it does not recur.

9.2 Where actions have been identified, following the investigation of a complaint, these will be shared with the service manager for the service concerned. The service manager is responsible for developing an action plan with a timeframe for implementation.

9.3 Compliments are as important to the organisation as complaints and should be seen as a means of learning how things have gone well. Information on Compliments, concerns and complaints will be reported to the Quality and Performance Committee, please see appendix 2 for the flowchart.

9.4 The CCG recognises the importance of raising concerns, and will ensure that matters are dealt with quickly so that the issue does not progress to a formal complaint.

9.5 Using the 'four Cs', the CCG will use any **C**omments, **C**ompliments, **C**oncerns and **C**omplaints received to:

- Identify what is working well through compliment trends - share good practice
- Help identify potential service problems through trends in concerns raised - early warning system
- Highlight potential system failure and or human error - identify need for improvement
- Provide the information required to review services and procedures effectively - respond to requests for patient experience data for service reviews/evaluations

9.6 Listening to feedback, the CCG can discover new ideas to help improve the way in which things are done. This is increasingly important for the CCG, which is expected to evidence how we use feedback to improve care.

10. Reporting of complaints and their outcome

10.1 Reports will be produced by the complaints team for consideration by the CCG's Quality and Performance Committee. Reports will identify the number of complaints received, performance indicators with regard to responses, issues raised and lessons learnt together with highlighting any emerging trends.

10.2 An annual report on complaints will be produced by the complaints team and received by the Quality and Performance Committee.

10.3 The outcomes of complaints will be communicated as follows:

- Complainants will receive an individual response to their complaint, as per the timeframes set out in section 8.9 of the complaints policy
- Healthwatch Barnet listens to residents' comments and experiences of health and social care services and liaises with health and local authority services to help make sure the views of local people are heard. Healthwatch are a member of the CCG's Quality and Performance Committee and provide information regarding patient experience to the

Committee. The CCG provides feedback to Healthwatch about actions that have been taken, to allow them to inform the local population through their networks and local committees where appropriate.

Healthwatch also supports residents with health and social care enquiries and provides information on services.

For information and advice:

For general information about Barnet Healthwatch telephone 020 8364 8400 ext. 218

Email: info@healthwatchbarnet.co.uk

- The CCG will publish the annual complaints report on the website which will show the types of complaints received each year and the actions taken to improve services and make changes.
- The CCG will use its communications channels such as the website, newsletters, and patient meetings to update patients and the voluntary sector on the outcomes of complaints.

11. Monitoring and Assurance

11.1 Barnet CCG will monitor the effectiveness of the complaints process and how information is being used to improve services.

- Quarterly reports will be provided to the Quality and Performance Committee.
- Monthly performance reports will be presented to the senior management team regarding compliance with the timescales.
- Information from complaints will be used to inform decisions, where appropriate
- The responsibility for ensuring local implementation of the policy and the dissemination of appropriate training rests with the Quality and Clinical Services Team.
- Managers will keep evidence of their compliance with this policy and the requirements; for example notes from team briefings, and record of training.

12. Publicity

Leaflets about the service will be sent to patients, carers and relevant stakeholders including:

- Complaints managers working for Barnet Adult Social Services Departments
- Councillors and Members of Parliament whose constituencies lie within the Barnet borough
- The relevant Community Barnet and Healthwatch organisations
- The local Independent Complaints Advocacy Service (ICAS) provider
- Voluntary and Community organisations in Barnet.

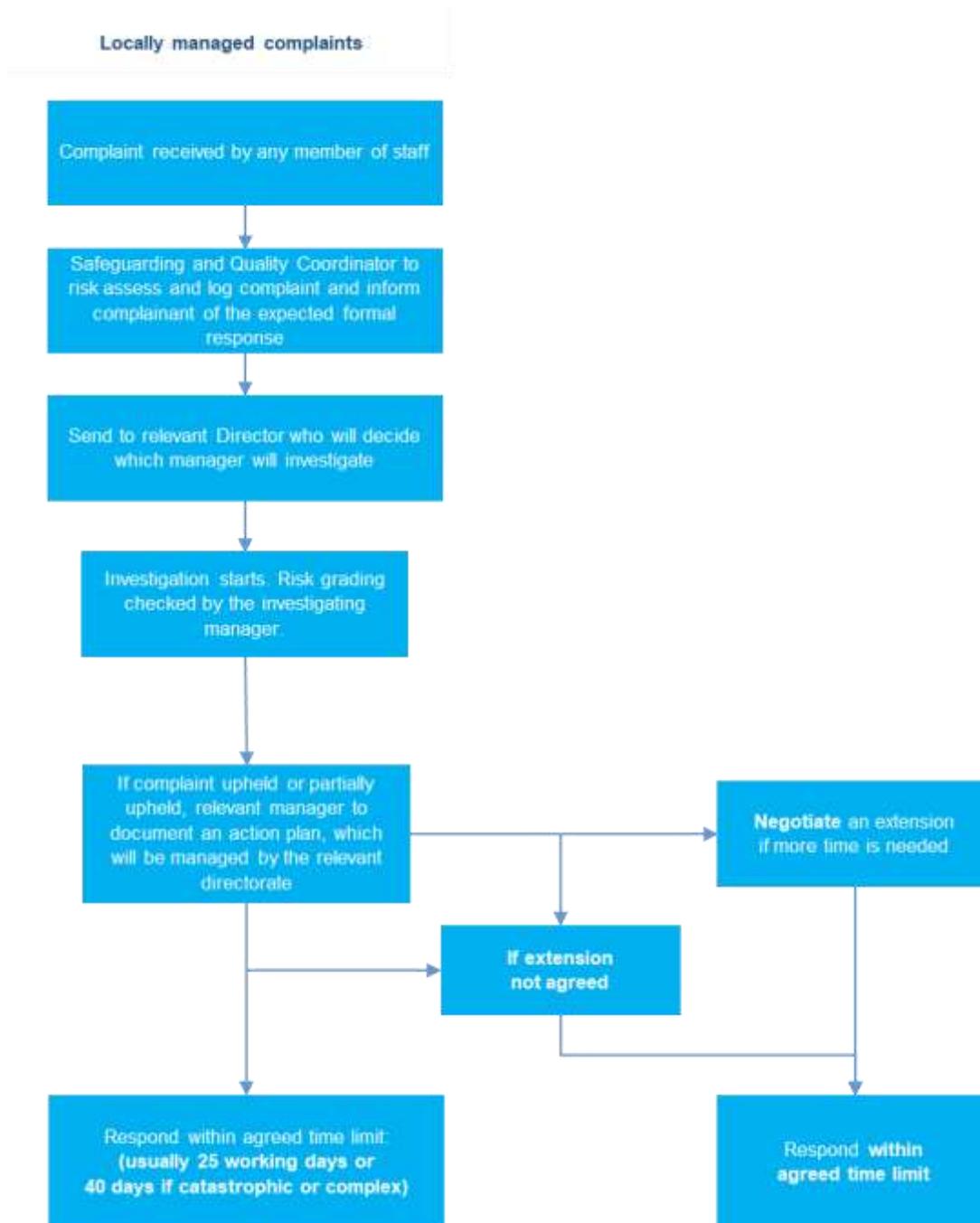
13. Communications

14.1 The Complaints Policy and Procedure will be made available to staff on the Intranet and hard copies made available from the CCG office. The policy will also be made available on the external website for members of the public and made available when requested.

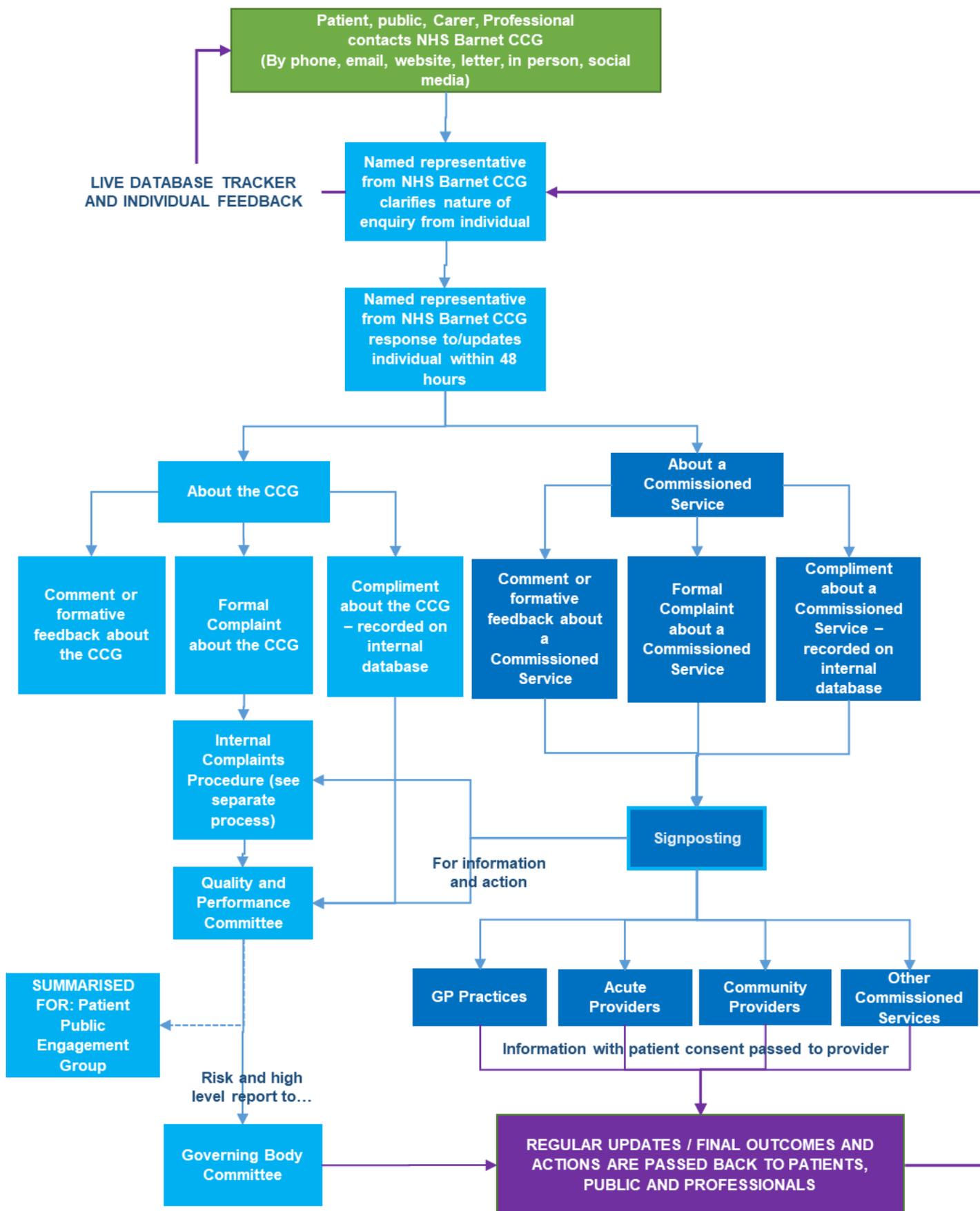
14.2 Staff will be made aware of this policy through communications and staff briefings and team meetings.

14.3 All new staff will be introduced to the complaints policy as part of their induction and this is the responsibility of the line manager.

Appendix 1



Appendix 2



Appendix 3: Risk matrix

Step 1 – calculate the impact/consequence of the risk.

When calculating the impact choose the most appropriate domain for the identified risk from the left hand side of the table then work along the columns in the same row to assess the severity of the risk on the scale of 1 to 5 (at the top of the column) to determine the impact score.

	1	2	3	4	5
Domains	Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)
Human Resources/organisational development/staffing/competence	Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2)	Multiple complaints/independent review	Gross failure of patient safety if findings not acted on
		Local resolution	Local resolution (with potential to go to independent review)		Low performance rating
		Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards
		Minor implications for patient safety if unresolved	Major patient safety implications if findings are not acted on		
		Reduced performance rating if unresolved			
	Short term low staffing level that temporarily reduces service quality (<1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff
			Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	On-going unsafe staffing levels or competence

	1	2	3	4	5
Domains	Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)
			Low staff morale	Loss of key staff	Loss of several key staff
			Poor staff attendance for mandatory/key training	Very low staff morale	No staff attending mandatory training/key training on an on-going basis
				No staff attending mandatory/key training	
Statutory duty/inspections	No or minimal impact on breach of guidance/statutory duty	Breach of statutory legislation	Single breach in statutory duty	Enforcement actions	Multiple breaches in statutory duty
		Reduced performance rating if unresolved	Challenging external recommendations/improvement notice	Multiple breaches in statutory duty	Prosecution
				Improvement notices	Complete systems change required
				Low performance rating	Zero performance rating
				Critical report	Severely critical report
Adverse publicity reputation	Rumours	Local media coverage	Local media coverage	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)
		Short term reduction in public confidence	Long term reduction in public confidence		
	Potential for public concern	Elements of public expectation not being met			Total loss of public confidence
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget	5-10 per cent over project budget	Non-compliance with national 10-25 per cent over project budget	Incident leading >25 per cent over project budget

	1	2	3	4	5
Domains	Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)
		Schedule slippage	Schedule slippage	Schedule slippage	Schedule slippage
				Key objectives not met	Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1- 0.25 percentage of budget	Loss of 0.25 – 0.5 percentage of budget	Uncertain delivery of key objective Loss of 0.5 – 1.0 percentage of budget	Non delivery of key objective Loss of >1 percentage of budget
		Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and 1 million	Failure to meet specification/slippage
				Purchasers failing to pay on time	Loss of contract/payment by results Claim(s) >£1 million
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment
Safety of patients, staff or public (physical or psychological harm)	Minimal injury requiring no/minimal intervention or treatment	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention	Major injury leading to long-term incapacity/disability	Incident leading to death
	No time off work	Requiring time off work for >3 days	Requiring time off work for 4-14 days	Requiring time of work for >14 days	Multiple permanent injuries or irreversible health effects

	1	2	3	4	5
Domains	Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)
		Increase in length of hospital stay by 1-3 days	Increase in length of hospital stay by 4-15 days	Increase in length of hospital stay by >15 days	An event which impacts on a large number of patients
			RIDDOR/agency reportable incident	Mismanagement of patient care with long-term effects	
			An event which impacts on a small number of patients		
Quality/Complaints/Audit	Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal	Treatment or service has significantly reduced effectiveness	Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment/service
	Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2) complaint	Multiple complaints/independent review	Gross failure of patient safety if findings not acted on
		Local resolution	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry
		Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards

Step 2 – calculate how likely the risk is to happen (likelihood)

Now work out the likelihood score. Look at the frequency and probability columns and identify which best describe how often you think the risk is likely to occur. Now make a note of the corresponding ‘risk score’ (1-5 in the right hand column)

1	2	3	4	5
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Rare	Unlikely	Possible	Likely	Almost certain
This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur possibly frequently

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score. The following tables define the impact and likelihood scoring options and the resulting score:

		IMPACT				
		1 Minor	2 Moderate/ Low	3 Serious	4 Major	5 Fatal/ Catastrophic
LIKELIHOOD	1 Rare	1	2	3	4	5
	2 Unlikely	2	4	6	8	10
	3 Moderate/Possible	3	6	9	12	15
	4 Likely	4	8	12	16	20
	5 Almost Certain	5	10	15	20	25

Risk Score	Category
1-3	Low risk (green)
4-6	Moderate risk (yellow)
8-12	High risk (orange)
15-25	Extreme risk (red)

Appendix 4: Habitual / persistent complainants

The CCG encourages users to raise concerns and complaints. However, on rare occasions, a habitual or persistent complainant may place undue demands on the service. It is emphasised that this section of the policy should be used as a last resort and after all reasonable measures have been taken to try to resolve complaint using the NHS complaints procedures.

Complainants (and / or anyone acting on their behalf) may be deemed to be habitual / persistent where contact within the last 12 months shows that they meet **at least** two of the following criteria:

- Persist in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted
- Seek to prolong contact by changing the substance of a complaint or continually raising new issues and questions 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 e.g. drug records, GP records, nursing notes
- Deny receipt of an adequate response despite evidence of correspondence specifically answering their questions
- 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 staff and, where appropriate, independent advocacy, to help them specify their concerns, and/or where the concerns identified are not within the remit of Barnet CCG
- Focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. However, what is considered 'trivial' is a subjective judgement and great care will be used when applying this criterion, particularly towards people who may have mental health issues
- Have, in the course of addressing a registered complaint, had an excessive number of contacts with Barnet CCG or the CSU complaints team placing unreasonable demands on staff. A contact may be in person, by telephone, letter, E-mail or fax. Care will be taken in determining 'excessive contacts' as this is a subjective judgement
- Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice)
- Have threatened or used actual physical violence towards staff 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
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint or their families or associates. (Staff will recognise that some complainants may be mentally ill and some will act out of character at times of stress, anxiety or distress and will make reasonable allowances for this.) Staff will document all incidents of harassment in line with the Zero Tolerance Procedures, completing an incident form

- Complainants that meet the definition of habitual / persistent, as deemed by the Director of Quality and Clinical Services, will be sent a formal letter or email setting out the ways in which the complainant can use the complaints service, behaviour that is and is not acceptable and how to communicate with the complaints team. The letter will also set out the time period that the complainant will be considered habitual / persistent and when the procedure will be reviewed and the complainant will be reassessed. If there is concern that the complainant will not be able to understand the first or second letters/emails a follow up phone call will be made by the CCG Complaints team and a meeting will be offered to provide a verbal explanation
- The term complainant includes anyone acting on behalf of a complainant or who contacts Barnet CCG about a complaint.

8.1 Options for dealing with “Habitual or Persistent” complainants

The CCG is obliged to protect staff and will not tolerate violence, physical or verbal abuse. If a complainant is abusive or threatening, it is reasonable to limit communication to written communication with one or more designated person(s). It is not reasonable to refuse to accept or respond to communications about a complaint until it is clear that all practical possibilities of resolution have been exhausted.

- Where complainants have been identified as habitual or persistent, in accordance with the above criteria, the Director of Quality and Clinical Services will determine what action to take
- The CCG will try to resolve the matter before invoking this procedure, by drawing up a signed agreement with the complainant (and if appropriate involving the relevant staff in a two-way agreement), which sets out a code of behaviour for the parties involved if the CCG is to continue processing the complaint. If the agreed terms are contravened, consideration would then be given to implementing other actions as indicated below.
- Once it is clear that complainants meet any of the criteria above, it may be appropriate to inform them in writing that they may be classified as habitual or persistent complainants, copy this procedure to them, and advise them to take account of the criteria in any further dealings with the CCG. In some cases, it may be appropriate, at this point, to copy this notification to others involved in the complaint and to suggest that the complainant seeks advice in processing their complaint, e.g. through advocacy
- Decline contact with the complainant in person, by telephone, by email, by letter or any combination of these, provided that one form of contact is maintained. Alternatively, restrict contact to liaison through a third party. If staff are to withdraw from a telephone conversation with a complainant it will be helpful for them to have an agreed statement to be used at such times
- Notify the complainant in writing that the CCG 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 should also be notified that the correspondence is at an end and that further letters received (on the same issue) will be kept on file but will not be acknowledged or answered
- Inform the complainant that, in extreme circumstances, the CCG reserves the right to pass unreasonable or persistent complaint files to the CCG’s solicitors

- Temporarily suspend all contact with the complainant, or investigation of a complaint, whilst seeking legal advice or guidance from the CCG's solicitors, Department of Health or other relevant agency.
- The Director of Quality and Clinical Services (or appropriate deputy) will implement the agreed action, and will notify complainants in writing of the reasons why they have been classified as habitual or persistent complainants and of the action to be taken. This notification may be copied to others already involved in the complaint e.g. staff, POhWER or an MP.
- A record must be kept for future reference of the reasons why a complainant has been classified as habitual or persistent.

