



**Great Yarmouth
and Waveney**
Clinical Commissioning Group

Complaints and PALS Handling Policy and Procedure

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1. Introduction

This policy applies to the procedure for managing complaints and Patient Advice and Liaison Service (PALS) contacts received by NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG).

This policy has been written in accordance with **Local Authority Social Services and National Health Service Complaints (England) Regulations 2009** which came into force on 1 April 2009.

If a person is unhappy about any matter reasonably connected with GYWCCG's functions, in particular the commissioning of healthcare or other services under an NHS contract, they are entitled to make a complaint, have it considered, and receive a response. Some matters **cannot** be dealt with under this policy, these are:

- A complaint made by one NHS organisation about another NHS organisation;
- A complaint made by an employee about any matter relating to their employment or contract of employment;
- A complaint regarding a GP surgery, dentist, pharmacy or optician, (see section 3.4);
- A complaint which is being, or has been, investigated by the Parliamentary Health Service Ombudsman;
- A complaint about which the complainant has stated in writing that legal proceedings are intended.

This policy is not the means for dealing with significant financial compensation, or for dealing with staff grievances and issues. Staff grievances and issues should be investigated via the disciplinary policy and procedure.

Complaints about GYWCCG and its functions will be managed through the Complaints and PALS Team, operating within the organisation's Quality and Safety Team.

2. Policy statement

GYWCCG is committed to continuously improving the quality of care and the services it commissions. We aim to ensure the satisfactions of our customers and users. We openly encourage the views, comments and suggestions of patients and/or their representatives. It is also recognised that staff have the right to make a complaint to senior managers on the behalf of, or in the interests of, a patient.

Competent handling of complaints can assist in improving the quality of care by listening to the voice of services users. It is strongly recognised that this information is invaluable to the organisation in identifying areas of good practice and areas which can be improved.

Feedback from service users provides a learning opportunity for the organisation and is an important mechanism for monitoring the quality of services commissioned. It is therefore important that GYWCCG has a consistent and orderly process for handling complaints and

makes positive use of the information gained to avoid similar occurrences and to generally improve services.

GYWCCG aims to manage complaints by the procedure of local resolution, which should be open, honest, fair, flexible and conciliatory. The main aim of this policy and procedure is to provide the fullest opportunity for investigation and resolution of the complaint, as quickly and as sensible in the circumstances as possible and to identify and act upon lessons learned.

This policy will be published on GYWCCG's website:

www.greatyarmouthandwaveneyccg.nhs.uk and can be made available in different formats upon request.

The commitment of GYWCCG is that persons who complain, about GYWCCG or about the services that GYWCCG commission, will not face prejudice or discrimination from GYWCCG or its staff as a consequence. Patients and their representatives should always be reassured that making a complaint will in no way affect their eligibility for, or the nature of, current or future treatment.

3. Complaints

3.1 What is a complaint?

A complaint is a verbal or written expression of concern or dissatisfaction about a matter relative to GYWCCG's functions or decisions, which requires a response and/or redress.

3.2 Who can complain?

A complaint can be made by any person who has received NHS care, treatment or other health related services commissioned by GYWCCG and is dissatisfied with the care or treatment they have received or of the commissioning decisions made by GYWCCG. These persons may include:

- Individual/Patient
- Patient representative
e.g. a member of staff, a family member, a friend, an MP, or an agency working on behalf of the patient. Note: If a complaint is being made by a third party GYWCCG must ensure that the complaint is made with the consent of the patient or the appropriate authority.
- On behalf of another person
In the case of a person who has passed away or a person who is unable by reason of physical and mental incapacity to make a complaint themselves, their representative must either be a relative, or another person who, in the opinion of the Chief Nurse has or has had "sufficient interest" in the person's welfare and is a suitable person to act on their behalf.

- The CCG must be satisfied that the representative is conducting the complaint in the best interest of the person on whose behalf the complaint is being made. The CCG manages its business mindful of the statutory principles contained in the Mental Health Capacity Act 2005, revised 2007, detailed in appendix 1.
- **Young People**
Young People are very important to us as at GYWCCG and we welcome their comments and feedback. We have a dedicated section ‘Youth Health Matter’s” on our website and this can be accessed via <http://www.greatyarmouthandwaveneyccg.nhs.uk/>
Young people can also contact our PALS and Complaints Team who will be happy to talk about any questions or concerns raised.
- **Children**
In the case of a child, the representative must be a parent, legal guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be an authorised person identified by the local authority or voluntary organisation, and must be making the complaint in the best interests of the child.

3.3 What should a complaint contain, and not contain?

It is helpful to GYWCCG that the complainant specifies the background to the complaint including relevant dates, times and names; where possible. Any grievances or questions that the complainant wishes to be addressed should be clearly noted along with what outcomes the complainant hopes to achieve.

GYWCCG may reject any complaint that contains offensive or foul language or which expresses unwarranted personal abuse of staff. It is not helpful for complaints to be phrased in a sarcastic manner, and efforts at humour and irony in this context may be ill judged. Persistent or repeated complaints or complaints accompanied by aggressive or abusive behaviour will represent an abuse of the complaints procedure and will be excluded. Further information is detailed in section 8 of this policy.

3.4 Independent Contractor Complaints

GYWCCG does not commission services provided by dentists, pharmacists or opticians. GYWCCG holds delegated responsibility for commissioning Primary Medical Services (General Practice) however the responsibility for performance management of GPs remains a function of NHS England. Complaints or concerns relating to these providers should not be raised with GYWCCG. GP surgeries, dentists, pharmacies and opticians have their own complaints procedures to follow, or alternatively a complaint or concern can be escalated to NHS England, by:

- Telephone: 0300 311 22 33
- Email: england.contactus@nhs.net
- Letter: NHS England, PO Box 16738, Redditch, B97 9PT

3.5 Time limit for making a complaint

A complaint can be made within 12 months of the date the event(s) concerned occurred or within 12 months from the date on which the matter came to the notice of the complainant.

The Complaints and PALS Team has the discretion to extend this time limit if there are good reasons for the complaint not having been made within the above timeframe, and if it is still possible to investigate the complaint effectively and fairly.

3.6 Confidentiality

All complaints will be handled in the strictest confidence. Care will be taken to ensure that information is only disclosed to those who have a demonstrable need to have access to it.

GYWCCG has suitable and robust arrangements in place for the handling of patient identifiable data, to meet compliance with the Data Protection Act and other legal obligations such as the Human Rights Act 1998, and the common law duty of confidentiality.

Confidentiality will be maintained in such a way that only staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the case will be managed according to GYWCCG's Disciplinary Policy.

4. PALS (Patient Advice and Liaison Service)

PALS provide a confidential advice and support service, aiming to help resolve any queries or concerns people have about the care GYWCCG provides.

The Complaints and PALS Team work closely within the wider Quality and Safety Team to ensure a seamless approach when resolving concerns. The individual raising a concern, or potential complaint, can approach the PALS Team directly to discuss their issue by:

- Telephone: 01502 719567 (Mon-Fri, 9am-4pm)
- Email: GYWCCG.PALS@nhs.net
- Letter: PALS Team, NHS Great Yarmouth and Waveney CCG, Beccles House, 1 Common Lane North, Beccles, Suffolk, NR34 9BN.

PALS is not part of the formal complaints procedure. Where it is possible, we aim to resolve all PALS enquiries within 24 hours.

If the enquirer wants NHS Service Information, for example a new GP Practice or dentist, they are advised to use NHS Choices to help: <http://www.nhs.uk/Service-Search>.

5. Advocacy services

The NHS Complaints Advocacy Service is dedicated to helping people understand what their options are and how to get the best resolution when making a complaint. The service is free, confidential and operates independently from the NHS.

5.1 POhWER - Norfolk Residents

POhWER provides an advocacy service in Norfolk and can be contacted by:

- Telephone: 0300 456 2370
- Email: pohwer@pohwer.net
- Letter: PO Box 14043, Birmingham, B6 9BL

5.2 VoiceAbility - Suffolk Residents

VoiceAbility runs a specific service within Suffolk and can be contacted by:

- Telephone: 01473 857631(Mon-Fri 9am-5pm)
- Email: tvspartnership@voiceability.org

Letter: VoiceAbility, Total Voice Suffolk, Ipswich Road, Stowmarket, Suffolk, IP14 1BE.

6. Complaints handling procedure

6.1 Local resolution

Local Resolution is the first stage of the complaints procedure and aims to resolve complaints quickly and as close to the source of the complaint as possible. Therefore, complaints should be made initially to the provider organisation. Local Resolution enables concerns to be raised immediately by speaking to a member of staff who may be able to resolve concerns without the need to make a more formal complaint.

6.2 Making a formal complaint

If Local Resolution does not resolve matters and the complainant wishes to continue with their complaint they can do this verbally or in writing to GYWCCG, by:

- Telephone: 01502 719567
- Email: GYWCCG.Complaints@nhs.uk
- Letter: Complaints and PALS Team, NHS Great Yarmouth and Waveney CCG, Beccles House, 1 Common Lane North, Beccles, Suffolk, NR34 9BN.

The complaint will be date stamped and recorded as being made on the date on which it is received by the Complaints and PALS Team.

6.3 Complaints in writing

A copy of the complaint will be passed to the Chief Nurse to review and the appropriate senior manager to investigate.

The written complaint will be acknowledged. The content and main issues will be summarised in the response to ensure that GYWCCG fully understands the complaint.

6.4 Verbal complaints

When a verbal enquiry or complaint is made to a member of the Complaints and PALS Team, a letter of acknowledgement will be sent to the complainant accompanied by the written file note with a request that the complainant contacts the Complaints and PALS Team to advise if anything has been missed. This will ensure that all aspects of the complaint or enquiry have been thoroughly understood.

6.5 Acknowledgement and record of complaint

A member of GYWCCG's Complaints and PALS Team will send the complainant a written acknowledgement of the complaint within 3 working days of the date on which the complaint was received. This acknowledgement will include:

- A summary of the issues raised within the complaint
- Information with regard to anticipated timescales for response
- If necessary, a consent form to be signed and returned by the patient, if they are not the person who has identified the concerns to be investigated. A stamped, addressed envelope for the return of the form(s);
- Information in relation to the PohWER and VoiceAbility advocacy services
- Information about obtaining a leaflet, letter or other information in another language or in large print.

Where the complaint involves services or care provided by another organisation, for example a hospital or care home which is commissioned by GYWCCG, it will be necessary for a consent form to be signed giving the complainants consent to share the complaint and relevant documents with provider organisations. The complainant will also be required to confirm that they are in agreement for any response from another organisation to be copied to GYWCCG.

A member of the Complaints and PALS Team will liaise with the Complaints Team of the other organisation to ensure that all aspects of the complaint are appropriately investigated and responded to.

6.6 Investigation

The Complaints and PALS Team will manage the investigation of a complaint in a manner appropriate to resolve it as efficiently as possible, proportionate to the seriousness of the

complaint. This may also involve requesting relevant provider organisations to investigate and provide GYWCCG with their response.

The Complaints and PALS Team will offer to the complainant, as appropriate, the opportunity to discuss:

- The complaint or issue in further detail;
- An action plan for handling the complaint;
- The complainant's expectations and desired outcomes.

The Complaints and PALS team aim to complete the investigation and provide a written response within 45 working days from either the date the complaint was received by GYWCCG or from, where required, the receipt of appropriate signed consent.. However, if a complaint involves another provider or organisation their timescales for a response may differ to that of GYWCCG, the complainant will be advised in their acknowledgment letter that the response may take longer than the 45 working days

The complainant can expect that:

- Their complaint will be thoroughly investigated and actions will be taken to prevent a reoccurrence;
- They will be informed of any learning.
- They will be kept up to date with progress by way of a holding letter when it is not possible to complete investigations and response within 45 working days;

6.7 Response

The complainant should receive a full written response from the Chief Officer of GYWCCG within 45 working days of receipt. If this is not possible then a letter will be sent to the complainant explaining the reason, and an anticipated response date will be advised.

Copies of the response will be sent to the manager(s) who undertook the investigation. The response will include:

- An explanation of the complaint and how this has been considered and investigated;
- A factual explanation of findings following investigation;
- An apology, where appropriate.
- The conclusions reached and lessons learnt in relation to the complaint including any remedial actions that GYWCCG considers appropriate;
- Confirmation that GYWCCG is satisfied that any required action has been, or will be, applied;

Responses will be specific to each individual case and focus on providing satisfactory outcomes, organisational and system learning. Lessons learnt will lead to service and quality improvement.

If the complainant is not happy with the Chief Officer's response, they are encouraged to contact the Complaints and PALS Team at GYWCCG in the first instance, but also have the option of asking the Health Service Ombudsman to review their complaint, see section 7 below.

7. Role of the Parliamentary Health Service Ombudsman

The Health Service Ombudsman is completely independent from the NHS and of the government, and derives its powers from the Health Service Commissioners Act 1993. The Health Service Ombudsman is the final arbiter in the complaints process where it has not been possible to resolve concerns locally.

The complainant should contact the Health Service Ombudsman and ask for an independent review only when local efforts to resolve the complaint have been concluded.

The Ombudsman can be contacted using their online complaints form, <http://www.ombudsman.org.uk/make-a-complaint> or by Telephone: 0345 0154033 08.30am to 05.30pm Monday to Friday

These contact details will be provided in the Chief Officer's final response letter. The complainant is advised to contact the Health Service Ombudsman as soon as possible after the response letter has been received, if they wish to request a review. GYWCCG will fully cooperate with any investigation undertaken by the Health Service Ombudsman.

8. Unreasonable and/or persistent complaints

Repetitive complaints are an increasing problem for staff, reflecting a pattern experienced throughout the NHS. The difficulty in handling such complaints can place a strain on time and resources and cause undue stress for staff that may need support in difficult situations. The PALS and Complaints Team are trained to respond in a professional and helpful manner to the needs of all complainants; however there are times where nothing further can reasonably be done to assist the complainant or rectify a perceived problem.

The decision to categorise a person as an 'unreasonable and/or persistent' complainant will follow discussion between the Chief Officer, and Chief Nurse. The Chief Officer may decide that no further communication will be accepted from the complainant, and the complainant will be informed of this. It should be emphasised that if the complainant raises any new issues then they should be dealt with in the usual way.

Complainants may be deemed to be 'unreasonable and/or persistent' where previous or current contact with them shows that they meet two or more of the following criteria:

- Continuing to pursue a complaint where GYWCCG's complaint procedure has been fully and properly implemented and exhausted;

- Change the substance of the complaints, continually raising new issues or seeking to prolong contact by repeatedly raising further concerns or questions upon receipt of a response whilst the complaint is being addressed;
- Unclear identification of the precise issues to be investigated, despite reasonable efforts by GYWCCG and its staff to help specify concerns;
- Having in the course of pursuing their concerns had an excessive number of contacts with the GYWCCG by telephone, letter or email. A record of all contacts will be kept by GYWCCG to demonstrate the 'excessive' nature;
- Display unreasonable and/or persistent demands or expectations and fail to accept these may be **unreasonable**, for example insistent requests for immediate senior management responses when they are not available and this has been explained;
- Have threatened or used actual physical violence. All such cases will be documented on an Incident Form in accordance with GYWCCG's Incident Policy in case of further action;
- Have harassed or been personally aggressive on more than one occasion towards staff dealing with them. All such cases will be documented on an Incident Form in accordance with GYWCCG's Incident Policy in case of further action.

GYWCCG will give consideration to whether further action should be taken, such as reporting the matter to the Police, taking legal advice and action, or using the risk management or health and safety procedures to follow up such an event in respect of the impact upon staff.

Adequate records will be kept of all contact with unreasonable and/or persistent complainants.

Appendix 2 sets out the management of dealing with unreasonable and/or persistent complainants in further detail.

9. Roles and responsibilities

The National Health Service Complaints Regulations 2009 includes statutory responsibilities for senior management.

9.1 Chief Officer

- Overall accountability for ensuring that GYWCCG's Complaints Policy and Procedure meets the statutory requirements as set out in the regulations.
- Responsible for approving and signing complaints response letters.

9.2 Deputy Chief Officer

- In the absence of the Chief Officer the Deputy Chief Officer will undertake the roles and responsibilities of the Chief Officer.

9.3 Chief Nurse

- Oversee GYWCCG's arrangements for complaints and PALS handling.
- Ensure information from complaints is reported into appropriate clinical quality and risk committees and forums to enable organisation review and learning.

- Responsible for signing PALS communications

9.4 Managers

- All managers within GYWCCG are responsible for ensuring that complaints and queries are dealt with sensitively, effectively and efficiently.

9.5 GYWCCG Staff

- All staff are responsible for responding to complaints within their area of practice. Complaints might be received directly by individual staff or the via the Complaints and PALS team.
- The detail of the response will be provided by the specific individual and the Complaints and PALS team will review the response to ensure that it is fit for purpose and answers all of the points raised by the complainant. It is advisable that in the event of complex complaints the individual directors have sight of the response for the team prior to submission to the Quality & Safety Team.
- If staff have concerns that they feel need to be addressed, information on Raising Concerns can be found Z:\Key Documents\B REPOSITORY\Corporate\STAFF ACCESS

9.6 Other Providers/CSU

- For services commissioned by GYWCCG from other Providers/CSU; it is the responsibility of the provider of the service/CSU to provide a response to the Complaints & PALS team within a given timeframe. The Complaints & PALS team will contact the relevant staff/team asking them to provide a response. Every effort will be made by GYWCCG Complaints and PALS team to collate and review responses within the organisation' stated response times. Where this is not possible the complainant will be updated by letter on progress and of anticipated timeframes for completion of the investigation.

9.7 Complaints and PALS Team

- Facilitation of the receipt investigation and resolution of complaints and concerns.
- Recording the details of the complaints, outcomes and learning.
- Being the point of contact for all complainants, potential complainants and enquirers.

Copies of the standard acknowledgment, holding and final response letters can be found at Appendix 3.

10. Reporting mechanism & structure

GYWCCG will provide evidence to demonstrate how feedback is used for learning, and to improve healthcare services. All complaints will be recorded within the organisation's complaints database and files. Documentation will be retained for a period of ten years.

An annual Complaints Report will be produced for the Quality, Finance and Performance Committee and the GYWCCG's Governing Body which will detail the following:

- The number of complaints received
- The number of working days to acknowledge
- The number of working days to respond and if over 45 working days the reason
- Confirmation that a holding letter/s was sent if it was expected the response would be over 45 working days.
- The issues and key themes identified.
- The lessons learnt.
- The outcome of the complaints closed, whether upheld, partially upheld or not upheld
- The number of complaints that have been escalated to the Parliamentary Health Service Ombudsman.

A bi monthly report will be included in the Quality, Activity and Performance Report for the Quality, Finance and Performance Committee where members can request to view specific closed complaints to assure the committee that any lessons learnt are implemented and adhered to.

11. Monitoring

Compliance with this policy and procedure will be monitored by the Chief Nurse, together with independent reviews by both Internal and External Audit on a periodic basis. This will ensure that any changes or reforms to NHS Complaints Regulations, Department of Health guidance, legislation or in house policies and procedures, which impact on the handling of complaints, are accounted for within the policy.

12. NHS Litigation Authority

The NHS LA supports mediation as a means of resolving disputes fairly. Its new mediation service has been designed to support patients, families and NHS staff in working together towards a solution which may go further than just financial compensation and avoids the need to go to court.

From July 2014 the NHS LA has offered mediation, in all suitable cases involving a fatality or elderly care. The service includes access to an independent and accredited mediator, selected from a panel drawn from a wide range of backgrounds.

During mediation, the mediator will explore the case between the parties in order to help and support them in reaching an agreement. Once a way forward has been agreed, a written, binding agreement is drawn up.

If agreement is not reached on the day, the matter may be settled shortly afterwards once there has been time to reflect upon what has been heard.

13. How a complainant can pursue a claim

The NHS Choices website provides details of a free service for patients to get advice on how to pursue a legal claim against a NHS Organisation. Details can be found at <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/otheroptions.aspx>

If a complainant wishes to access legal services then they should write directly to the Chief Officer of GYWCCG. GYWCCG will liaise with the NHS Litigation Authority (NHSLA) and forward any claims.

The NHSLA does not offer advice to individual complainants, however details can be found at <http://www.nhsla.com/Claims/Pages/Home.aspx>

14. Equality Impact Assessment

An initial assessment of the potential impact of this policy in relation to the nine protected characteristics of the Equality Act 2010 has been carried out.

The intention of the Equality Impact Assessment is to eliminate unlawful discrimination, advance equality of opportunity and to adopt good relations as stated in the legislation.

Appendix 1 – Mental Capacity Act 2005, revised 2007

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves, and everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with the legislation.

The Mental Capacity Act confirms in legislation that:

- It should be assumed that an adult, aged 16 years or over, has full legal capacity to make decisions for themselves, unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made;
- People must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process, and be protected from harm;
- Any decision made on the behalf of a person who lacks capacity will be made in their best interests.

The Mental Capacity Act sets out some core principles and methods for making decisions and carrying out actions in relation to personal welfare, healthcare and financial matters affecting people who may lack capacity to make specific decisions about these issues for themselves.

The **five statutory principles**, contained in Section 1 of the Mental Capacity Act, are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise one.
4. An act done or decision made, on behalf of a person who lacks capacity must be done, or made in their best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Appendix 2 – Management of unreasonable and/or persistent complaints

Actions prior to designating a complainant as unreasonable and/or persistent

It is important to ensure that the details of the complaint are not lost because of the presentation of that complaint.

There are a number of factors that GYWCCG will take into account when considering imposing restrictions upon a complainant. These may include:

- Ensuring that the complainant's case is being, or has been, dealt with appropriately, and that reasonable actions will follow, or have followed, the final response;
- Confidence that the complainant has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable and/or persistent;
- Checking that new or significant concerns are not being raised, that require consideration as a separate case;
- Applying criteria with care, fairness and due consideration for the client's circumstances – taking into account that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant or sudden changes to the complainant's lifestyle, quality of life, or life expectancy;
- Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff;
- Ensuring that the complainant has been advised of the existence of this policy and have been warned about, and given the chance to amend their behaviour.

GYWCCG will also give consideration as to whether any further action can be taken prior to designating the complainant unreasonable and/or persistent, and this may include:

- Raising the issue with a Director with no previous involvement, in order to give an independent view;

- Considering a strategy to agree a cross-departmental approach where multiple departments are being contacted;
- Considering whether the assistance of an advocate may be helpful;
- Considering the use of ground rules for continuing contact with the complainant;

Ground rules may include:

- Time limits on telephone conversations and contacts;
- Restricting the number of calls that will be taken or agreeing a timetable for contacting GYWCCG;
- Requiring contact to be made with a names member of staff and agreeing when this should be;
- Requiring contact via a third party, e.g. an advocate;
- Limiting the complainant to one mode of contact;
- Informing the complainant of a reasonable timescale to respond to correspondence;
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged;
- Advising that GYWCCG does not deal with calls or correspondence that is abusive, threatening or contain allegations that lack substantive evidence;
- Asking the complainant to enter an agreement about their conduct;
- Advising the complainant that irrelevant documentation will be returned in the first instance, and in extreme future cases may be destroyed;
- Adopting a 'zero tolerance' policy. This may include a standard communication line, for example, *"NHS Great Yarmouth & Waveney CCG operates a zero tolerance policy, and safety of staff is paramount at all times. Staff have a right to care for others without fear of being attacked either physically or verbally."*

Process for managing unreasonable and/or persistent complaints

Where a complainant has been identified as unreasonable and/or persistent, the decision to declare them as such is made by the Chief Nurse.

The Chief Nurse will write to the complainant, informing that that either:

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

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

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

Review of the complainant's status of being unreasonable and/or persistent will take place as required.

Urgent or extreme cases of unreasonable and/or persistent behaviour

In urgent or extreme cases, GYWCCG may adopt safeguarding and zero tolerance policies and procedures. The case will be reviewed by the Chief Nurse and an action plan will be developed, including the use of emergency services, in appropriate circumstances.

Appendix 3 – Copies of complaint letters

Acknowledgment letter

Your Ref:

Our Ref:

PRIVATE & CONFIDENTIAL

Name
Street
Town
County
Postcode

Beccles House
1 Common Lane North
Beccles
Suffolk
NR34 9BN

Switchboard Tel: 01502 719567

Direct Tel: 01502 719567

Web: www.greatyarmouthandwaveneyccg.nhs.uk

Email: GYWCCG.complaints@nhs.net

Dear

Complaint re:

I am writing to acknowledge receipt of your telephone call/letter/email dated I am sorry to learn of your concerns/experiences regarding.....

From the information you provided during our conversation/ in your correspondence, I understand your concerns are as follows:

As we agreed, in the first instance I propose to

I would be grateful if you could contact me by..... if there are any significant issues I have missed.

It is our policy to fully investigate and formulate a response for final signing by our Chief Officer within 45 working days of receiving the complaint. However some enquiries are more complex than others thus requiring more time. If we are unable to meet the target response date, we will write to you again with an update of our investigation and advise you of a revised timeframe for the response to your complaint.

Free help and advice is also available from the NHS Complaints Advocacy Service who provide an independent and confidential advocacy service to support people with their NHS complaint. Their contact details are as follows:

Norfolk: POhWER
PO Box 14043
Birmingham, B6 9BL

Tel: 0300 456 2370

Email: pohwer@pohwer.net

Or, delete as appropriate

Suffolk: VoiceAbility
Total Voice Suffolk,
Ipswich Road,
Stowmarket, Suffolk, IP14 1BE
Tel: 01473 857631(Mon-Fri 9am-5pm)

Text phone: 0786 002 2939.

Email: nhscomplaints@voiceability.org

If you have any queries at any time please do not hesitate to contact me or the Complaints and PALS Team.

If you would like a copy of this letter or any other communication in another format such as Braille, large print, audio or in another language please let us know.

Yours sincerely

Holding letter

Your Ref:

Our Ref:



Name
Street
Town
County
Postcode

Beccles House
1 Common Lane North
Beccles
Suffolk
NR34 9BN

Switchboard Tel: 01502 719500

Direct Tel: 01502 719567

Web: www.greatyarmouthandwaveneyccg.nhs.uk

Email: GYWCCG.complaints@nhs.net

Dear

Complaint re:

I write further to our letter dated with regards to your complaint.

I sincerely apologise for the delay in responding to you. However, I can assure you that we are continuing to investigate the concerns you have raised and a response will be with you (provide target date for response).

In the meantime if you have any queries at any time please do not hesitate to contact us.

Yours sincerely,

Final response letter

Your Ref:

Our Ref:



PRIVATE & CONFIDENTIAL

Name & address

Beccles House
1 Common Lane North
Beccles
Suffolk
NR34 9BN

Switchboard Tel: 01502 719500

Direct Tel: 01502 719567

Website: www.greatyarmouthandwaveneyccg.nhs.uk

Email: GYWCCG.complaints@nhs.net

Dear

Complaint re:

I am writing in response to your letter/e-mail/telephone call dated..... regarding I was sorry to learn of your concerns about..... and can now advise you of the response that has been received fromwho provide this service. I am sorry that you have had cause to complain and apologise for the delay in responding to you.

If you require any further information please do not hesitate to contact me. (for MP's) and remove wording below.

RESPONSE -

If you have any further queries please do not hesitate to contact our PALS and Complaints team in the first instance, whose contact details are as above.

If you are dissatisfied with how we have dealt with your complaint, and would like to take the matter further, you can contact the Parliamentary and Health Service Ombudsman who make final decisions on unresolved complaints about the NHS in England. It is an independent service which is free for everyone to use.

To take your complaint to the Ombudsman, visit <http://www.ombudsman.org.uk/make-a-complaint> or call 0345 015 4033. (8.30am to 5.30pm Monday to Friday)

Yours sincerely

Chief Officer