

## **Policy and Procedure for the Recording and Management of Compliments, Comments and Complaints**

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## 1. Introduction

NHS South West Lincolnshire Clinical Commissioning Group (CCG) is committed to providing the public, patients and carers with the opportunity to provide feedback, including compliments, comments and complaints about any services it commissions. The views and experiences of our patients are an essential part in driving our service improvement and commissioning high quality services.

Our approach is to listen, respond and improve services for the local population and we are committed to providing a simple and easy way for service users, their relatives and carers to share their views and opinions about the services that are commissioned on their behalf. This policy sets out how complaints are dealt with effectively and efficiently and ensures individuals are treated with respect throughout this process.

## 2. Purpose

This policy outlines how the CCG manages both compliments and complaints in an open, transparent, timely and constructive manner and how we learn and improve services from the findings.

We aim to:

- Ensure that a full, open and honest response is provided to all complainants
- Satisfy the complainant that their concerns have been listened to and provide an apology and / or an explanation, as appropriate
- Manage all complaints thoroughly and impartially
- Support staff through the process of managing a complaint to assist in the local resolution process

The policy sets out the how the CCG manages complaints in relation to providers. It explains the responsibilities that the CCG is required to meet for governance and performance management.

Set out in Appendix one is the procedure that all CCG staff must follow for managing compliments, comments and complaints made to the CCG. This will ensure satisfactory management of individual complaints and enable the CCG is able to learn.

## 3. Policy statement

### 3.1. Complaints handled by the CCG

The CCG will handle complaints in accordance with the Ombudsman's principles for good complaints handling, which are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

### **3.2. Culture and approach**

The culture and approach within the CCG is to foster a positive attitude towards handling complaints. This will include training for members of the team to guarantee that everyone is capable and confident in receiving a complaint made to the CCG and to ensure that all complaints are treated in a non-judgemental way.

We are committed to handling complaints in a professional manner and we will ensure:

- that all complaints are taken seriously
- that a complainant is reassured that raising a complaint will not compromise future relationships between the complainant and the CCG
- complaints are handled in a timely way and with sensitivity, confidentiality and fairness
- that complainants and staff are kept informed of progress throughout any complaint investigation
- that all complainants will receive an open, honest and compassionate response.

### **3.3. Expectations of providers**

The CCG expects providers to promote a culture which listens to and learns from patients, and encourages patient feedback.

The CCG will expect that providers:

- have accessible complaints systems in place making it easy for all patients, carers and other representatives to give feedback and raise complaints
- have robust complaints handling procedures that are compliant with The Local Authority Social Services and National Health Service Complaint (England) Regulations 2009 and that take account of relevant complaints handling guidance that is issued, including that listed in section 5, below.
- take responsibility for complaints at the highest level
- have robust processes in place for ensuring that lessons are learned from complaints, resulting in service improvements.

In relation to CCG management of complaints we require all providers to:

- Apply a rigorous approach to reviewing and responding to individual complaints
- Provide a timely response to the CCG
- Share lessons learnt and actions taken or agreed.

The CCG expects all complaints to be handled respectfully and efficiently regardless of individual protected characteristics as outlined in the Equality Act 2015.

## **4. Scope**

The compliments, comments and complaints policy and procedure applies to members of staff who are directly employed by NHS South West Lincolnshire CCG and for whom the CCG has legal responsibility. The policy also sets out the CCG's expectations for Commissioning Support Units (CSUs) and providers who provide services on behalf of the CCG.

## 5. Legislation and Guidance

The following legislation and guidance has been taken into consideration in the development of this policy and procedure:

- Local Authority Social Services & National Health Service Complaints (England) Regulations 2009
- The Principles of Good Complaint Handling (Parliamentary and Health Service Ombudsman, 2008)
- The NHS Constitution
- Human Rights Act

### 5.1. Links to other policies

The procedures outlined in this policy should be read in conjunction with the following CCG policies, procedures and legislation:

- CCG Incident Policy
- Data Protection Policy
- Freedom of Information Policy
- Staff Disciplinary Policy
- Safeguarding Adults Procedures
- Safeguarding Children Procedure
- Serious Incident Policy
- Access to Health Records Policy

## 6. Governance and responsibilities

### 6.1. Complaints handled by the CCG

| <b>Responsibilities</b> |  |
|-------------------------|--|
| Governing Body          | Seek assurance that complaints are handled effectively and appropriate actions are taken as a result of complaints.<br>Receive and monitor quarterly reports on compliments and complaints received and complaints handling  |
| Chief Officer           | Responsible to Governing body to ensure that the complaints procedure is effective and followed.<br>Ensuring compliance with The Local Authority Social Services and National Health Service Complaint (England) Regulations 2009<br>Ensuring that action is taken if necessary in the light of the outcome of a complaint   |
| Executive Nurse         | The Executive Nurse has delegated responsibility for the strategic and operational application of Complaints management<br><br><u>The Executive Nurse will implement systems for ensuring that:</u><br><br>Complainants are treated with respect and courtesy, are dealt with efficiently and receive a timely and appropriate response<br><br>The CCG collaborates with other responsible bodies to provide a joint single response when practicable to do so. Within this process, to establish who is the lead organisation responsible for co-ordinating the complaints response, and liaise with key stakeholders and the |

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|                    | <p>complainant to ensure that all parties are aware of the proposed investigation and response approach</p> <p>Through contract monitoring and clinical governance, providers are aware of their obligation to have a complaints procedure in place for Local Resolution which reflect the NHS procedures</p> <p>Complainants are told the outcome of the review into their complaint and to ensure that complainants who are dissatisfied with local resolution are advised of their right to pursue the matter further through the complaints procedure</p> <p>Complainants receive, as far as is reasonably practicable, assistance to enable them to understand the procedures in relation to complaints, or advice on where they may receive such assistance</p> <p>If necessary, take action in the light of the outcome of the complaint:</p> <p>The CCG co-operates with any investigation carried out by the Parliamentary and Health Service Ombudsman (PHSO)</p>  |
| Clinical directors | Providing clinical input into complaints investigations, where required.   |
| Complaints Team    | <p>Responsible for managing the procedures for handling and considering complaints in accordance with The Local Authority Social Services and National Health Service Complaint (England) Regulations 2009 and with this policy.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>Acknowledging and facilitating the investigation of complaints</li> <li>Liaising with and supporting complainants</li> <li>Liaising with complaints teams in other organisations</li> <li>Identifying concerns relating to safeguarding, equality and diversity, fraud, information governance and serious incidents and ensuring that these concerns are considered under the appropriate CCG policies and procedures</li> <li>Providing training on complaints handling</li> <li>Providing advice and support to staff regarding complaints</li> <li>Oversee complaints until their completion. Following the instigation of all appropriate action to secure local resolution, co-ordinate the completion of the final Chief Officer response outlining the investigation approach and investigation findings</li> <li>Monitor performance against the complaints policy / regulations</li> </ul> |
| All Staff          | <p>All staff have a duty to ensure learning from complaints is reflected in their work. All staff must adhere to the CCG Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments; NHS Confidentiality code and Practice; and the Data Protection Act when dealing with complaints. Should members of staff have complaints or concerns, these should be discussed in the first instance with their immediate Line Manager who will attempt local resolution, unless the complaint is about the Line Manager in which case it should be raised with a member of the Governing Body. If the member of staff still feels that the concern is unresolved or that it is of such a serious nature that this route is not acceptable, then they should raise their concern via the Whistle blowing Policy or, if necessary, the Grievance Procedure.</p>   |

## **6.2. Management of providers**

Through its assurance and governance processes the Governing Body is responsible for ensuring that providers have appropriate complaints handling practices.

Provider's performance in relation to complaints handling will be managed primarily through existing contract monitoring arrangements.

Quality managers negotiate appropriate contractual quality indicators for complaints handling and will monitor compliance against these indicators.

Where providers are non-compliant, contract and quality managers will take necessary action. If an issue is unable to be resolved it can be escalated to the providers Quality Review Meeting and if necessary to the contract account managers and raised at the provider's contract review meetings.

Providers will report to the CCG on a monthly, quarterly or annual basis. Providers will be advised in advance of when this information is required if it is out of their existing internal reporting schedules.

The CCG may receive and use information from other agencies and organisations, such as Healthwatch, where this is relevant to the performance management of the provider in relation to complaints handling.

Aggregated data on provider complaints and complaints handling, drawing attention to any exceptions, is reported quarterly to the CCG's Quality Assurance Committee and monthly to Governing Body.

The Parliamentary and Health Service Ombudsman notifies the CCG of any recommendations in makes to providers. The CCG monitors compliance with any such

## **7. Training**

All CCG staff will be expected to be aware of the compliments, comments and complaints procedure and the process of how complaints are made. Relevant training and guidance on how to record a compliment, comment or complaint will be available through the complaints team.

New starters will be provided with training on complaints handling as part of the induction programme.

## **8. Publicity**

8.1. The effective implementation of this policy and procedure will support openness and transparency in decision making.

The CCG will:

- ensure all staff and stakeholders have access to a copy of this policy and procedure via the CCG's website
- communicate to staff any relevant action to be taken in respect of complaints issues
- raise and sustain awareness of the importance of effective complaints management

- 8.2. The CCG will ensure that accessible information explaining how to provide feedback to the CCG, including raising complaints, is available on the CCG's website and through other publicity materials.
- 8.3. It is important to remember that complainants may be unable to read or write, may not have English as their first language or may suffer from disabilities which make formal written complaints difficult to make. The CCG has access to interpretation/translation services and other services for those unable to put their complaint into writing. The complaints manager will help complainants to make oral complaints, either by phone or in person, and will provide information about advocacy services that can assist complainants.

## **9. Review**

The policy and procedure will be reviewed every three years, and in accordance with the following as required:

- Legislatives changes
- Good practice guidelines
- Case law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

## **10. APPENDIX ONE**

### **Procedure for handling compliments, comments and complaints made to the CCG**

#### **11. Compliments & Comments**

The CCG also receives comments and compliments, as well as receiving complaints, which praises the good practice within the CCG. Colleagues who receive compliments or comments should report these to the complaints manager. They will be formally recorded and the complaints manager will ensure that staff and their line manager are made aware of any compliments received about them.

There is no statutory duty to record compliments/ comments, however, the CCG values the positive feedback it receives about staff and services and these feed in to the report that is taken to the Governing Body.

#### **12. What is a complaint?**

The definition of a complaint that the CCG uses is 'an expression of dissatisfaction, grievance and/or injustice requiring a response'. It is our intention that this policy should be used in the event of a formal complaint or circumstances that warrant a wider review which has been made through patients or users of services; it is not for resolution of contractual or staff grievances. It is important that members of staff at the CCG are able to recognise when a person is making an enquiry, asking for advice or making a constructive suggestion / criticism. These can be dealt with by the member of staff with whom it has been raised and ideally should be resolved quickly.

The formal complaints team at South West Lincolnshire CCG will seek to distinguish between requests for assistance in resolving an issue and a formal complaint. All issues will be dealt with in a flexible manner, which is appropriate to their nature and the complaints will be dealt with strictly in accordance with the NHS Complaints Procedure.

For example, formal complaints may be expressed about:

- Commissioning decision taken
- Something which is against the choice or wishes of the patient
- The way treatment, service or care has been provided to a patient
- Discrimination against a patient
- How a service has been managed
- Lack of a particular service
- Manner, attitude or other behaviour of staff

The above examples are intended to give an overview of the definition of a complaint and as such not exhaustive.

#### **13. How can a complaint be made?**

A complaint can be made orally (by telephone or in person) or in writing (by email or letter). A complaint can be made to the complaints manager or to any member of staff at the CCG.

## **14. What should staff do when they receive a complaint?**

The following applies to CCG staff and to CSUs that provide services on behalf of the CCG.

### **14.1. Verbal complaint**

When a patient or service user raises concerns or an issue they are having, it needs to be resolved quickly and, where possible, by a local member of staff. If we are able to resolve their issues or answer the query that has been raised then it does not need to be raised as a formal complaint. This does mean that within 24 hours the complainant needs to be satisfied that we have resolved that issue. These concerns do need to be recorded on Complaints Form 1 (see appendix 2 for form), sent to the complaints team and the details entered on to the secure spreadsheet and these will help enable service improvement.

Consideration should be given to the seriousness of all verbal complaints and whether further action is required. Even if we have satisfied the complainant and the issue has resolved the CCG may wish to investigate this more or take further action, particularly, if the complaint relates to an event that had serious or potentially serious consequences; or if the event is likely to reoccur unless changes are made. In this instance, a summary of the complaint and the action that has been taken should be emailed to the complaints manager, using the investigation and action plan template (appendix 2) within 2 working days.

For verbal complaints that cannot be resolved within one working day, a summary of the complaint and the complainant's contact details should be provided to the complaints manager as soon as possible and no later than two working days after the day on which the complaint was first raised.

### **14.2. Written complaint**

14.2.1. Written complaints should be forwarded to the complaints manager on the day of receipt. To ensure that complaints are dealt with quickly complaints should be forwarded by nhs.net email or by hand.

14.2.2. As part of normal business staff deal with enquiries and concerns from the public and should be empowered to do so. An individual may raise a number of queries and concerns in writing, particularly by email, during the course of a period of care. These can often be responded to directly by the staff involved and it is not always necessary or effective to refer these into the formal complaints procedure. However, staff should ensure that patients and their representatives are aware of their right to make a formal complaint if they are dissatisfied.

14.2.3. Where an individual raises ongoing queries and concerns that staff are unable to resolve the complaints manager should be consulted for a decision as to whether concerns should be responded to through the formal complaints procedure. This decision will take into account the wishes of the individual raising the concerns, the nature and seriousness of the concerns, and whether an investigation is required.

Upon receipt, complaints should be initially evaluated and risk rated by the staff member using the Risk Assessment tool (Appendix 3). Where significant risk (defined as an incident which attracts an outcome grading of moderate, major or catastrophic, or is one that is otherwise categorised as a "red" incident), the incident should be notified to the appropriate member of the complaints team and as necessary to the Clinical Risk Management and/ or Safeguarding team in line with the incident reporting and serious incident reporting policy. Such contact should be clearly documented within the complaints file. Additionally, if there

are indications that the complaint may give rise to a potential claim, it should be highlighted to the Executive Nurse and the Patient Safety Manager of the hosted Quality Team.

Should information from complaints and/or evidence from other sources, including that provided by staff, indicate that service users could be at high or extreme risk, the Complaints Manager will discuss the matter confidentially with the Chief Officer or Executive Nurse, and be guided by them about the most appropriate action.

This could include:

- the matter being referred to
- the disciplinary procedures
- a professional body
- an independent enquiry into a serious incident
- the police
- the fraud officer
- Safeguarding process

The Complaints Manager will draw up a management plan identifying an appropriate investigation approach reflecting the level of risk associated with the complaint.

## 15. What complaints does the CCG handle?

The CCG handles complaints about:

- the conduct of CCG staff
- services that CCG provides
- services provided by a CSU on behalf of CCG
- services commissioned by CCG

In accordance with regulations, complaints **not** required to be dealt with in accordance with the NHS complaints procedure include those:

- made by a responsible body
- made by an employee about any matter relating to employment
- under investigation, or already investigated, under these or previous relevant regulations or complaints procedures
- arising out of the alleged failure to comply with a request for information under the Freedom of Information Act 2000

If a complaint is received about an Independent Funding Request (IFR) decision, the complainant will be advised that they are entitled to appeal this decision and they will be directed to the IFR Team. If the complainant still wishes to make a formal complaint regarding the way in which the IFR process has been delivered, this will be managed in line with the complaint guidance.

Complaints about GPs, Dentists, Optometrists and Pharmacists are not dealt with by the CCG; the complainant should initially approach the Practice Manager to discuss your concerns directly with them. Alternatively, the complainant may wish to contact NHS England Customer Contact Centre; the contact details are:

**By post to:** NHS England  
PO Box 16738  
Redditch  
B97 9PT

**By email to:** [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

Please state: '**For the attention of the complaints team**' in the subject line.

**By telephone: 0300 311 22 33** (Monday to Friday 8am to 6pm, excluding English Bank Holidays)

## **16. Who can make a complaint**

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, omission or decision of the CCG.

### **16.1. Complaints made by a representative**

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

- Has requested the representative to act on their behalf
- Is unable to make the complaint themselves because of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005
- Is a child
- Has died

The patient will receive the written response unless we are receipt of written consent enabling the response to be shared with their representative.

### **16.2. Consent**

Formal consent will be required to progress all complaints. We will need a consent form (Appendix 4) completing. This can be done by the individual patient, their carer, relative or other representative.

Carers, relatives and other representatives can make a complaint on behalf of a person if that person has given consent for them to do so.

If the complaint is being made on behalf of the patient, and consent is required, this should be requested within 3 working days. If we do not receive written consent, the response can be supplied to the complainant's representative but should not include any personal details relating to the patient of which the complainant is not already aware.

If consent is not received and a decision is made not to progress the complaint or provide a response to the complainant, the reasons for this will be clearly documented in the complaint file.

## **17. Confidentiality**

We are required to maintain confidentiality throughout the complaints procedure and therefore all complaints should be treated in the strictest confidence. Complaint records will be kept separate from the service user's health records, subject to the need to record information which is strictly relevant to the patient's health care.

Complaints records are subject to the Data Protection Act (1998) and must be treated with the same rules of confidentiality as normal service users' records and would be open to disclosure in legal proceedings. Patient identification should be anonymised and therefore protected in reports submitted to committees such as the Governing Body.

## **18. Complaints outside the scope of this procedure**

Complaints of the following kind would not be managed by the CCG:

- Complaints from a local authority, NHS body, primary care provider or any body that provides health care in England under arrangements made with an NHS body.
- Complaints from employees or potential employees relating to their employment, or staff grievances. These are usually considered under the Grievance Policy and Procedure or Whistleblowing Policy.
- A complaint arising out of the CCG's alleged 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.
- Staff disciplinary procedures. It is understood that a response to a complaint may identify matters that should appropriately be dealt with through disciplinary procedures. These issues will be investigated and dealt with separately from the complaint. When responding to the complaint the CCG will need to carefully balance obligations relating to confidentiality of staff with reassuring the complainant. The CCG will seek to provide an open and honest response that acknowledges and apologises for shortcomings and reassures the complainant that we have robust procedures for dealing with disciplinary matters, although the details of this are usually confidential.

## **19. Investigation of complaints relating to services provided by a commissioning support unit (CSU) on behalf of the CCG**

In this case the CSU will be asked to investigate the complaint within a timeframe stipulated by the complaints manager (usually 10 working days).

The complaints manager will validate the quality of the investigation and action plan, ensuring that all aspects of the complaint are answered and that where possible actions have been identified to tackle any failings. Depending on the subject matter and seriousness of the complaint, input may be sought from the CCG's quality, commissioning and contracting managers or partner agencies. The complaints manager and the CCG's executive nurse or accountable officer will review the complaint and confirm whether the investigation undertaken and the actions identified are appropriate. If necessary the complaint will be returned to the CSU for further investigation.

## **20. Investigation of complaints relating to services commissioned by the CCG and provided by another organisation**

In this case the complaints team will decide whether it is appropriate for the provider to handle the complaint directly or whether the CCG should handle the complaint.

Each complaint will be considered in its entirety and factors such as the subject matter, severity of the complaint, contractual breaches, pre-existing concerns relating to the provider or similar complaints, will be taken into account. Where the CCG considers it appropriate for the provider to handle the complaint directly, the complaints manager will seek the complainant's consent to forward the complaint to the relevant body for review and response. In the event that the complaint includes potential safeguarding concerns or a potential serious incident, that CCG will seek a copy of the provider's response for review by the quality managers.

Where the CCG decides to handle the complaint, or where the complainant refuses to grant consent for the complaint to be redirected to the provider, the complaints manager will ask the provider to review the complaint and provide the CCG with the outcome of their investigation.

## 21. Complex complaints

Complaints that concern more than one organisation have been termed 'Complex Complaints'. A complex complaint is defined as:

- More than one NHS organisation
- One or more NHS bodies and a local authority organisation, whether or not it arises out of a partnership agreement
- An NHS organisation and a primary care provider
- Any combination of the above

The CCG has a duty to co-operate and will work with other organisations to ensure that the complainant receives one response that addresses their concerns across all the professional boundaries concerned. In these instances, the organisations involved need to ensure that they have the necessary consent in place to support information sharing and that an efficient and timely response is provided through the appointment of one organisation to take the lead in communicating with the complainant. In the event of a dispute as to who leads a complaint investigation the CCG Chief Officer/ Executive Nurse will make the final decision.

## 22. Time limits

For verbal complaints that cannot be resolved within 24 hours, the contact details of the complainant and a summary of the complaint should be provided to the complaints manager as soon as possible and no later than two working days after the day on which the complaint was first raised.

Complainants are encouraged to raise their complaint as soon as possible after becoming aware of the problem and no later than 12 months after the event or 12 months after discovering the problem. There are occasions where the complainant may not be able to raise a complaint within this time period, in this instance, the complaints will be passed through to the complaints manager.

If more than 12 months have passed, the complaint will be managed, if this is still possible, in an effective and fair manner and if there is a reasonable prospect of resolving and/or learning from the complaint. The complaints manager together with the relevant service lead will make a decision on individual cases.

## 23. Acknowledgement of complaints

The Complaints Manager will acknowledge receipt of a formal complaint within **three working days**. This will offer the opportunity for the complainant to discuss their concerns and will explained the way in which their complaint will be handled.

The acknowledgement will also include information for the complainant on the CCG's Complaints procedure; the Patient Advice Liaison Service (PALS) and the Advocacy Service, POHWER and a copy of the complaint. A copy of this letter will be shared with the appropriate Service Manager.

If the complainant does not take up the offer of a discussion the complaints manager will inform them in writing of the timeframe within which the CCG expects to be able to respond to their complaint. This will usually be 25 working days. In some circumstances, such as when a complaint involves other organisations or requires a particularly complex investigation, a longer timeframe may be required.

## **24. Complaints meetings**

Should a complainant wish to meet with the Complaints Manager or a member of the CCG Governing Body to discuss their complaint this can be arranged if appropriate to do so. Notes will be taken at all meetings and a copy of these sent to all those involved to confirm accuracy before recording the document in the complaint file.

The use of tape recorders and other recording devices will only be permitted if all parties agree to it. If parties do agree, it must be agreed and clearly documented what the recording will be used for and who will retain responsibility for it.

A response should be made to the complainant within 25 days unless a different timeframe has been agreed at the start of the complaints process.

If it becomes unlikely that we will not be able to respond positively within this timeframe, the complaints manager will keep the complainant informed of the reason for the delay and try to negotiate a revised timeframe for responding that is suitable for both the complainant, the provider (where applicable) and the CCG.

## **25. The Response**

### **25.1. Response method**

The complainant can choose whether they receive their response in writing or provided verbally which can be verbally over the phone or face-to-face in a meeting. Where a verbal response is preferred, a written response will also be produced in advance of the verbal response being given. The written response will be made available to the complainant if desired, or kept on file for audit purposes. For cases in which a verbal response is provided via a meeting, the complaints manager will facilitate the meeting and keep associated records.

### **25.2. Response content**

The response will include:

- an explanation of how the complaint has been considered
- the conclusions reached in relation to the complaint
- confirmation as to whether the CCG is satisfied that appropriate action has been taken as a result of the complaint
- information about how the complainant can refer their complaint to the Parliamentary and Health Service Ombudsman, if they remain dissatisfied
- If the complaint relates to a provider, the CCG's response may include a copy of the provider's response

When the response is approved, the complaints manager will send a copy to the complainant, the investigating officer and any other organisations involved in the complaint.

## **26. Actions and lesson learned**

Members of staff who have actions assigned to them as a result of a complaint should advise the complaints manager when actions are completed. In the event of a delay in an action being completed the complaints managers must be informed with the reason for the delay.

The complaints manager will maintain records and track the completion of action plans.

Non-completion of actions will be reported on quarterly basis to the accountable officer and to Governing Body.

## **27. The Parliamentary and Health Service Ombudsman**

If the complainant is dissatisfied with the CCG's response to the complaint, they can contact The Parliamentary and Health Service Ombudsman. The Ombudsman will only consider a complaint if this has first tried to be resolved. The Ombudsman may investigate a complaint if:

- the complainant is not satisfied with the outcome of the investigation/does not feel their concerns have been resolved
- the complaint has not been investigated on the grounds that it was not made within the required time limit

The CCG will cooperate fully with any investigations conducted by the Parliamentary and Health Service Ombudsman and the complaints manager will ensure that the CCG complies with requests for information. The accountable officer and service leads will ensure that recommendations made by the Ombudsman are followed and used as a learning tool for future complaints handling.

The complaints manager will ensure that completion of actions raised by the Ombudsman together with their recommendations are tracked, and that non-completion of actions is escalated to the accountable officer.

## **28. Unreasonably persistent complainants**

Unreasonably persistent complainants and the difficulty in handling such complainants place a strain on time and resources and causes unacceptable stress for staff that may need support in difficult situations. NHS staff are trained to respond with patience and understanding to the needs of all complainants, but there are times when there is nothing further that can reasonably be done to assist them or to rectify a real or perceived problem.

These complaints are often difficult to manage, time-consuming and sometimes difficult to conclude. It is important to have a consistent approach for identifying and establishing a persistent complainant and for handling the complaint.

The following criteria are offered as guidance for establishing a persistent or serial complainant:

- the complainant has been personally abusive or aggressive towards staff / practitioner who is dealing with the complaint
- is unwilling to accept documented evidence as being factual
- insists that they have not had an adequate response to their complaint despite the large volume of correspondence which has specifically addressed their complaints
- complainant constantly raises new issues which did not appear in the original complaint
- correspondence in order to keep the complaint going
- complaint/story changes as time goes on

Where any staff member is subject to aggressive/abusive behaviour, an IR1 Form should be completed and the matter escalated to the security management service for advice/future management.

If a member of staff believes that a complainant is persistent or serial then they should contact the Complaints Manager for advice. The CCG has guidance for dealing with persistent or serial complainants which are set out below. The action set out in this guidance should only be taken by the Complaints Manager, having first sought advice from the Chief Officer/ Executive Nurse.

**THESE STEPS SHOULD ONLY BE USED AS A LAST RESORT AND AFTER ALL REASONABLE MEASURES HAVE BEEN TAKEN TO TRY TO RESOLVE A COMPLAINT FOLLOWING THE NHS COMPLAINTS PROCEDURE.**

Having established a complainant is persistent and every effort has been made to respond in good faith, the Accountable Officer/ Executive Nurse will write to the complainant, stating that:

- A full response has been given to all the issues raised in the complaint
- The Organisation has tried to resolve the complaint and there is nothing further that can be done. Therefore the correspondence will end.
- Further letters will be acknowledged but no further investigation undertaken
- Advise the complainant that they have the right to refer their complaint to independent review.

It is also recognised that a persistent complainant should be protected in ensuring that staff respond to all genuine grievances. Therefore, in determining arrangements for handling such complaints, the CCG will adopt the following key considerations:

- To ensure that the complaints procedure has been correctly implemented as far as possible and that no material element of a complaint is overlooked or inadequately addressed
- To appreciate that even habitual complainants may have grievances, which contain some genuine substance
- To ensure an equitable approach
- To be able to identify the stage at which a complainant has become habitual

Once complainants have been determined as 'habitual' there needs to be a mechanism for withdrawing this status at a later date if, for example, complainants subsequently demonstrate a more reasonable approach or if they submit a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending 'habitual' status and discretion should similarly be used in recommending that this status be withdrawn.

## **29. Disciplinary, litigation and criminal procedures**

Clarification should be sought from the Complaints Manager regarding the management of complaints where legal action and criminal or disciplinary procedures are contemplated pending confirmation of national approach.

## **30. Discriminatory complaints**

These are complaints made against an individual because of their racial background, gender, marital status, race, ethnic origin, colour, nationality, national origin, disability, sexuality, religion or age. Some will be easily identifiable from the outset; others may come to light during the complaints process.

At an early stage, the Complaints Manager with the assistance of CCG staff will endeavour to identify any complaint that amounts to harassment and ensure that the employee/practitioner concerned is not put through the process of an investigation. Any complaint made purely on the basis of race will be considered to be harassment and will not be tolerated.

The Complaints manager will discuss any possible discriminatory complaints with the Chief Officer and CCG Equality Champion to determine whether the complaint should be progressed through the complaints process.

If the decision is taken not to progress the matter through the complaints process, the complainant will be notified in writing that the complaint will not be progressed and informed that harassment against the member of staff will not be tolerated. Support will be offered to the employee/service provider who is the subject of the complaint.

Any complaints couched in discriminatory language that raise legitimate issues about clinical practice, procedure and communication, will be investigated using the complaints procedure, without prejudice to the outcome of the investigation.

Where a complaint is investigated that is expressed in discriminatory language, the complainant will be advised that discriminatory language will not be tolerated. The employee/service provider will also be offered support.

### **31. Reporting and monitoring**

The complaints manager will maintain accurate records of complaints and will provide quarterly and annual reports to Governing Body detailing:

- Performance against complaints handling targets of acknowledging complaints within two working days and responding within 25 working days
- Proportion of complaints upheld and partially upheld
- Themes and trends
- Actions taken as a result of complaints, and updates on any actions that have not been completed in the timeframe specified in the action plan.
- The number of complaints referred to the Ombudsman and the outcome of Ombudsman investigations

The complaints manager will prepare the annual return for the Department of Health.

Monitoring of individual case management will be undertaken utilising the Complainant evaluation form. (Appendix 5)

### **32. Equality and diversity monitoring**

An equality and diversity monitoring form will be included and sent to the complainant alongside the acknowledgement of the complaint. Six monthly reporting of equality and diversity data for complaints will be sent to the CCG Quality and Patient Experience Committee to ensure that the provision of services is equitable to all communities.

### **33. Sources of support for service users, relatives and carers**

If service users, their relatives and carers have concerns or need advice which does not constitute a complaint they can contact PALS (Patient Advice and Liaison Service) which is a confidential service set up to:

- Advise and support service users, their relatives and carers
- Provide information on NHS services
- Listen to concerns, suggestions or queries
- Resolve problems quickly on behalf of the enquirer

PALS provides a service responsible for providing support and information to service users, relatives and carers and staff in order to solve problems at the earliest possible opportunity and may help to prevent matters going unnecessarily through the NHS Complaints Procedure. The service does not handle complaints, but acts as a contact point to enable

independent guidance for patients, and can often direct them to the appropriate organisation or member of staff best placed to deal with the concerns raised.

PALS will inform the CCG of the outcome of all contacts to facilitate the improvement of services. PALS contact details are:

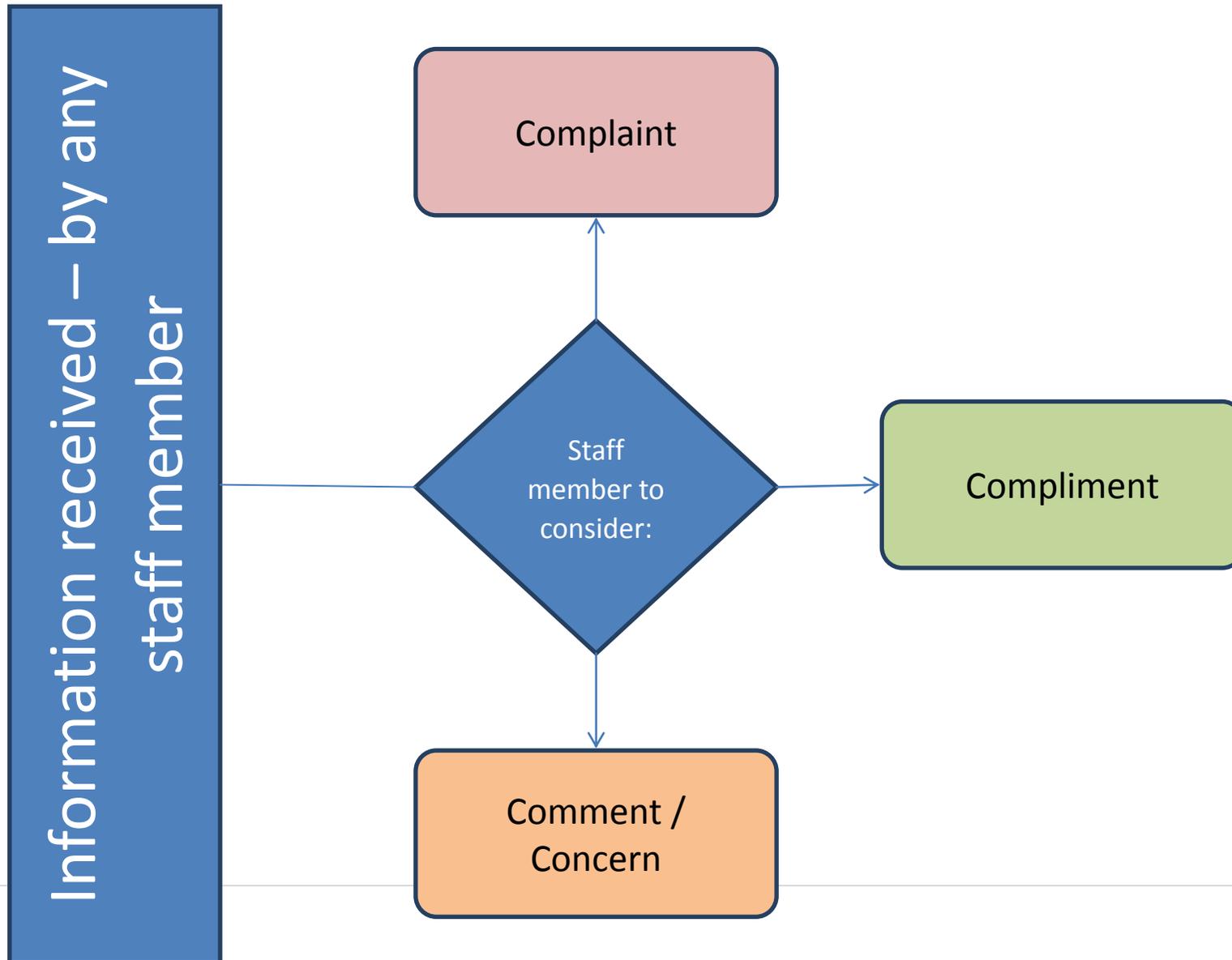
Telephone: 0845 602 4384

Email address: [info@lincspals.nhs.uk](mailto:info@lincspals.nhs.uk)

### **34. Media**

All enquiries from the media should be referred to the Communications Team. Confidentiality must be maintained in any dealing with the media.

PROCESS FOR DEALING WITH COMPLIMENTS, CONCERNS AND COMPLAINTS



# Compliment

CC  
G

Record details on  
Form 1

Submit Form 1 to  
complaints team at  
SWLCCG.Complaints.nhs.net

## KEY

Internal Process

Internal Documents

Correspondence  
with individual

Correspondence  
with Provider

Co  
m  
plai  
nt  
s  
Te  
a  
m

Record compliment on  
log / spreadsheet

Advise manager and / or staff  
member that we have  
received a compliment

Compliment reported to  
SMT

Decide if  
further  
response is  
required

No

Compliment  
included in half  
yearly Complaints  
Service report

Close

Yes

Letter / email

Do  
cu  
m  
en  
ts

# Complaint

CCG

Record details on Form 1

Submit Form 1 to complaints team at SWLCCG.Complaints.nhs.net

**KEY**

- Internal Process
- Internal Documents
- Correspondence with individual
- Correspondence with Provider

Complaints Team

Review, appropriate to be managed

Record on spreadsheet

Acknowledge, clarify concern and seek consent

Receive consent

Share letter / concern /complaint with relevant provider

Response not received

Chase provider and

Record on spread sheet

Obtain response from provider. Does it address all the issues?

Confirm receipt with provider

Draft final response for complainant – sign-off by

Doesn't answer all queries  
 a) Identify outstanding issues  
 b) Agree completed issues  
 c) Request further information form provider

Documents

Letter 2

Letter 3  
include a response date – usually 10 days

Letter 4  
Inform complainant of expected response timeframe

Local Resolution meeting can be offered

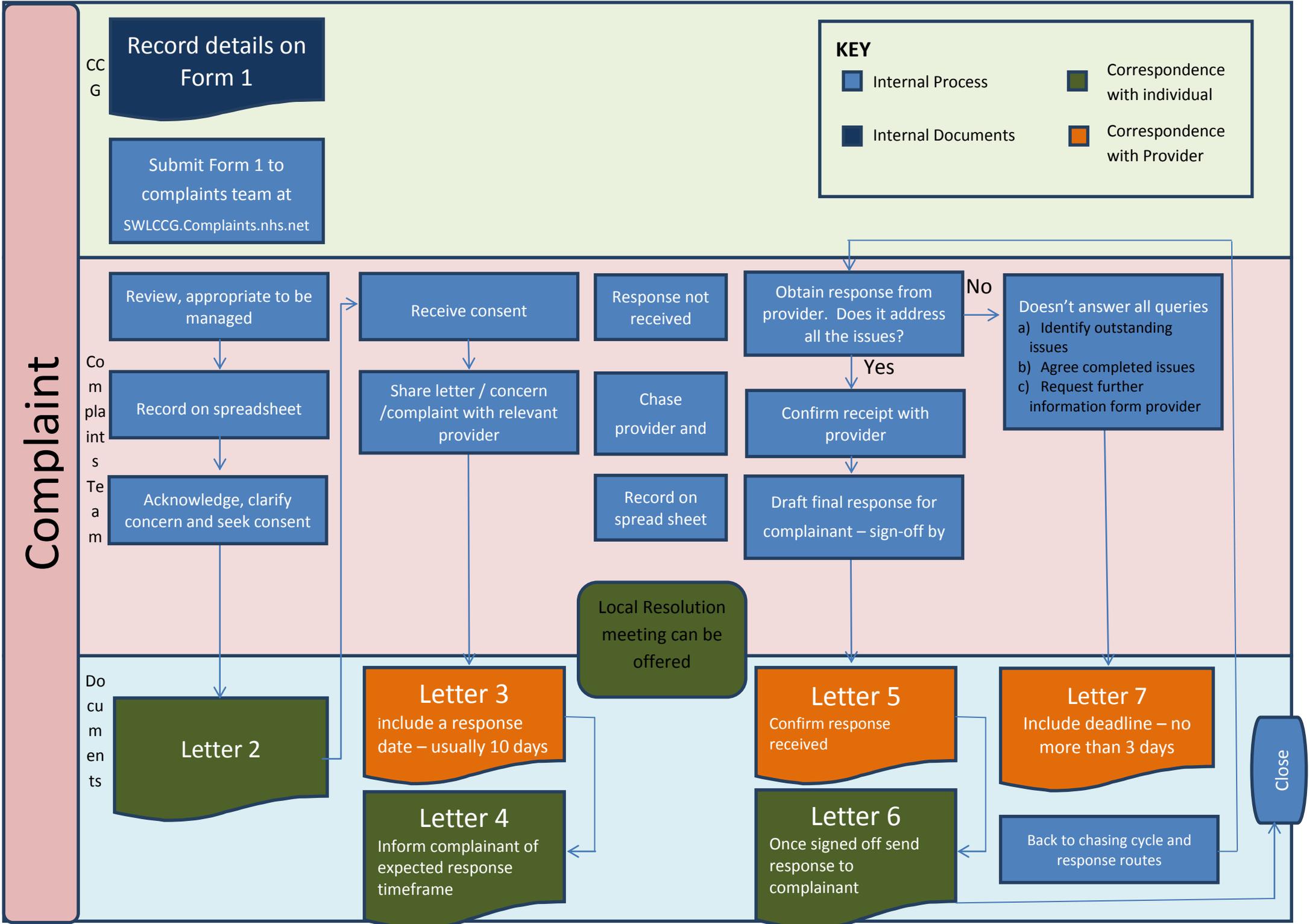
Letter 5  
Confirm response received

Letter 6  
Once signed off send response to complainant

Letter 7  
Include deadline – no more than 3 days

Back to chasing cycle and response routes

Close



# Concern

CCG

Record details on Form 1

Consider if further action is required

No

If routine low level concern / able to manager follow existing process

Yes

If requires escalation then submit Form 1 to complaints team at SWLCCG.Complaints.nhs.net

If routine or standard concern Form 1 to be submitted to complaints team within 10 days

Complaints Team

Clarify complain and identify if appropriate for CCG management

Follow complaint process

Documents

**KEY**

|  |  |
|--|--|
|  Internal Process   |  Correspondence with individual |
|  Internal Documents |  Correspondence with Provider   |

Form 1

Close

## APPENDIX 2 (FORM 1)

RECORD OF:

COMPLIMENT     CONCERN     COMPLAINT

|   |                             |
|---|-----------------------------|
| <b>Information taken by:</b>  | Click here to enter text.   |
| <b>Date recorded :</b>  | Click here to enter a date. |
| <b>Date received by complaints team:</b>  | Click here to enter a date. |
| <b>Name of person raising the compliment, concern or complainant:</b>   | Click here to enter text.   |
| <b>Full postal address:</b>   | Click here to enter text.   |
| <b>Telephone number:</b><br>(Including mobile number)   | Click here to enter text.   |
| <b>Name and contact details of patient:</b><br>(if different from complainant)  | Click here to enter text.   |
| <b>Service area to which the compliment, concern or complaint relates:</b>  | Click here to enter text.   |
| <b>Where and when the incident happened:</b>  | Click here to enter text.   |
| <b>Details of the complaint:</b><br>Click here to enter text.   |                             |
| <b>Have you been able to resolve the complaint within one working day of receiving the verbal complaint?    Yes <input type="checkbox"/> No <input type="checkbox"/></b>  |                             |
| <b>If yes, what action was taken to resolve the complaint?</b><br><br>Click here to enter text.   |                             |
| <b>If NO, please forward to the Complaints Team within one working day and advise the complainant a member of the Complaints Team will contact them to discuss management of their complaint.</b><br><br>Complaints team email : <a href="mailto:SWLCCG.complaints@nhs.net">SWLCCG.complaints@nhs.net</a> |                             |
| <b>Please alert the team to the email as NHS.net is not accessible from mobile devices.</b>   |                             |

**Management plan for concern or complaint:**  
(To be agreed between Complaints Team /Complainant)  
[Click here to enter text.](#)

I confirm that this is an accurate reflection of the concerns raised and the management plan / actions taken or agreed.

Signature .....

Name (Please print) [Click here to enter text.](#)

Please return this complaints form to:

Executive Nurse & Quality Lead (Complaints Management)  
South West Lincolnshire CCG  
NHS South West Lincolnshire CCG  
South Kesteven District Council Offices  
St Peters Hill  
Grantham  
NG31 6PZ

## APPENDIX 3 - Risk Assessment Matrix

| Risk matrix – likelihood  |   |
|---|---|
| <p>How entrenched is the problem? – Examine frequency of specific events or time period of more general concern<br/>           Can it be repaired? – The complexity/spread of the problem needs to be recognised &amp; acknowledged by the individual &amp;/or organisation, along with both the readiness and ability to change.<br/>           Might issues inhibit change (i.e. health, context of practice, resources, systems etc.)?</p> |   |
| Likelihood  | Description rating  |
| Almost Certain  | Will undoubtedly happen/recur, possibly frequently. Expected to occur at least daily. Probability >50%  |
| Likely  | Will probably happen / recur, but it's not a persistent concern. Expected to occur at least weekly. Probability 10-50%.   |
| Possible  | Might happen or recur occasionally. Or expected to occur at least monthly. Probability 1-10%  |
| Unlikely  | Do not expect this event to happen/recur but it is possible that it might do so. Expected to occur at least annually. Probability 0.1-1%  |
| Rare  | This will probably never happen/recur. Or not expected to occur for years. Probability <1%  |
| Risk matrix – Severity  |   |
| <p>Has there been actual harm and if so what is the degree of harm and permanency?<br/>           What is the potential impact on patient confidence in the service, in terms of spread and degree?<br/>           What is the cost to the person involved and/or the service provided?<br/>           What is the effect on continuity of business?</p>  |   |
| Severity  | Description rating  |
| Extreme/<br>Catastrophic  | Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients and results in permanent injuries or irreversible health effects. Gross failure in patient safety. Inquest/ Ombudsman review. Assisted and supervised change in practice. National media involvement inevitable |
| Major   | Mismanagement of patient care with long-term effects. Increase in length of hospital stay or time off work of >14 days. Major injury leading to long-term incapacity/disability. Significant risk to patient safety if unresolved. Multiple complaints and will require external review. National media involvement likely                                  |
| Moderate  | Moderate injury requiring professional intervention with an increase in length of hospital stay or time off work of 4-15 days. Injury is RIDDOR reportable. May affect a small group of patients. Results in Tier 2 complaint. May result in an improvement action plan. No residual disability. National media involvement possible.                       |
| Minor   | Minor injury or illness, first aid treatment needed. Results in Tier 1 complaint. Minimal implications for patient safety. No disability but may result in an extension of hospital stay or time off work of 1-3 days. National media involvement unlikely  |
| Insignificant   | Minimal injury requiring no/minimal intervention or treatment and no time off work. May result in an informal complaint   |

| <u>Likelihood</u>  | <u>Severity</u>           |                   |                      |                   |                          |
|--------------------|---------------------------|-------------------|----------------------|-------------------|--------------------------|
|                    | 1<br><i>Insignificant</i> | 2<br><i>Minor</i> | 3<br><i>Moderate</i> | 4<br><i>Major</i> | 5<br><i>Catastrophic</i> |
| 1 – Rare           | 1                         | 2                 | 3                    | 4                 | 5                        |
| 2 - Unlikely       | 2                         | 4                 | 6                    | 8                 | 10                       |
| 3 - Possible       | 3                         | 6                 | 9                    | 12                | 15                       |
| 4 – Likely         | 4                         | 8                 | 12                   | 16                | 20                       |
| 5 - Almost Certain | 5                         | 10                | 15                   | 20                | 25                       |

Risk matrix - severity

|   | 1  | 2   | 3  | 4  | 5   |
|---|--|---|--|--|---|
| Descriptor                                  | Insignificant  | Minor   | Moderate   | Major  | Catastrophic  |
| Injury                                      | Minimal injury requiring no/minimal intervention or treatment.<br><br>No time off work         | Minor injury or illness, requiring minor intervention<br><br>Requiring time off work for <3 | Moderate injury requiring professional intervention<br><br>Requiring time off work for 4-14 days   | Major injury leading to long-term incapacity/disability<br><br>Requiring time off work for >14                                   | Incident leading to death<br><br>Multiple permanent injuries or irreversible health effects   |
| Patient Experience                          | Unsatisfactory patient experience not directly related to patient care                         | Unsatisfactory patient experience - readily resolvable                                      | Mismanagement of patient care - short term effects   | Mismanagement of patient care - long term effects  | Totally unsatisfactory patient outcome or experience  |
| Complaint Cl.Tim Potential                  | Locally resolved complaint   | Justified complaint peripheral to clinical care   | Justified complaint involving lack of appropriate care   | Multiple justified complaints  | Multiple claims or single major claim   |
| Objectives/ Projects                        | Insignificant cost increase/schedule slippage. Barely noticeable reduction in scope or quality | < 5% over budget/schedule slippage. Minor reduction in quality/scope                        | 5 -10% over budget/schedule slippage. Reduction in scope or quality requiring client approval  | 10-25% over budget/schedule slippage. Doesn't meet secondary objectives  | > 25% over budget/schedule slippage. Doesn't meet primary objectives  |
| Service/ Business Interruption              | Loss/interruption > 1 hour   | Loss/interruption > 8 hours   | Loss/interruption > 1 day  | Loss/interruption > 1 week   | Permanent loss of service or facility   |
| Human Resources/ Organisational Development | Short term low staffing level temporarily reduces service quality (< 1 day)                    | On-going low staffing level reduces service quality   | Late delivery of key objective/service due to lack of staff (recruitment, retention or sickness). Minor error due to insufficient training. On-going unsafe staffing level | Uncertain delivery of key objective/ service due to lack of staff. Serious error due to insufficient training                    | Non-delivery of key objective/ service due to lack of staff. Loss of key staff. Very high turnover. Critical error due to insufficient training |
| Financial                                   | Small loss (> C100)  | Loss > £1,000   | Loss > £10,000   | Loss > £100,000  | Loss > £1,000,000   |
| Inspection/ Audit                           | Minor recommendations. Minor non-compliance with standards                                     | Recommendation is given. Non-compliance with standards                                      | Reduced rating. Challenging recommendations. Non-compliance with core standards  | Enforcement Action. Low rating. Critical report. Multiple challenging recommendations . Major non-compliance with core standards | Prosecution. Zero Rating. Severely critical report  |
| Adverse Publicity/ Reputation               | Rumours  | Local Media -short term   | Local Media - long term  | National Media < 3 Days  | National Media > 3 Days. MP Concern (Questions in House)  |

**CONSENT FORM Insert Complaint reference**

St Peters Hill,  
Grantham,  
Lincolnshire,  
NG31 6PZ

**Please tick the appropriate statements**

- I wish NHS South West Lincolnshire CCG to facilitate my complaint
- I have read and agree with/have amended the concerns identified by NHS South West Lincolnshire CCG to be responded to
- I wish my complaint to be passed to the Insert details XX for them to respond to me directly

This form is an authorisation of your consent to the following:

- (A) If you have requested that NHS South West Lincolnshire CCG to facilitate your complaint, you accept we may need to act as an intermediary between the complainant (yourself) and the person/s you are complaining about and contact any relevant parties on your behalf.**

If you have specified that NHS South West Lincolnshire CCG should facilitate your complaint, we may need to contact the organisation/individual who provided the treatment you are complaining about, Insert detail XXXX. We may also need to contact other third parties to answer your complaint fully. This could include the GP, hospital or social services.

**Signing this form gives your authorisation to do this.**

- (B) To allow a named person/s or family member to submit a complaint on your behalf.**  
You are giving signed consent informing that you wish a named person, e.g. spouse, family member or friend to submit a complaint on your behalf. It may be necessary, in order to answer the complaint fully, to refer to your past/present medical history.

**By signing, you are agreeing that your medical information may be shared with your nominated person, if appropriate to do so.**

- (C) Consent to access if necessary, health records in accordance with “releasing health records under the data protection act 1998”.**

In order for the appropriate body to complete their investigation and answer your complaint fully, it may be necessary for them to refer to records pertinent to the complaint, or to provide NHS South West Lincolnshire CCG with details of previous medical history, conversations or appointments. It may be necessary to see past consultations and medical history, which are often relevant to a complaint review.

**By signing this consent form you are giving consent for the release of medical records to NHS South West Lincolnshire CCG**

- (D) You accept that if the appropriate body believes that:**

- a. You might hurt yourself
- b. You are in danger
- c. Your actions could be dangerous to another person

we reserve the right to contact the emergency services, your doctor or other people who need to know. We will also share information about you if a court or judge tells us we must.

***I accept the terms outlined within the NHS South West Lincolnshire CCG Consent form 2014.***

**Patient's details**

|  |  |
|--|--|
| <b>Name:</b><br><br><b>Address:</b><br><br><b>Telephone No:</b><br><br><b>Email address:</b> | Preferred method of contact<br><br><input type="checkbox"/> Letter<br><br><input type="checkbox"/> Email<br><br><input type="checkbox"/> Phone |
|--|--|

Who is the complaint about? (Which organisation/ service)

|  |  |
|--|--|
| <b>Name:</b><br><br><b>Address (if known):</b> |  |
|--|--|

|   |  |
|---|--|
| Details of person making complaint:<br><br><b>Name:</b><br><br><b>Address:</b><br><br><b>Telephone number:</b><br><br><b>Email address:</b> | Preferred method of contact<br><br><input type="checkbox"/> Letter<br><br><input type="checkbox"/> Email<br><br><input type="checkbox"/> Phone |
|---|--|

|  |   |
|--|---|
| Details of Next of Kin (If appropriate):<br><br><b>Name:</b><br><br><b>Address:</b><br><br><b>Telephone number:</b><br><br><b>Email Address:</b> | Preferred method of contact:<br><br><input type="checkbox"/> Letter<br><br><input type="checkbox"/> Email<br><br><input type="checkbox"/> Phone |
|--|---|

**Individual patients' signature of consent**

|  |              |
|--|--------------|
|  | <b>Date:</b> |
|--|--------------|

**Next of Kin/ Carer/ relative or other representatives' signature of consent**

|  |              |
|--|--------------|
|  | <b>Date:</b> |
|--|--------------|

**APPENDIX 5**

**Compliments, Comments and complaints service**

We want you to have the best possible experience when contacting South West Lincolnshire CCG and we would welcome your feedback whilst using this service. Please could you spend a few minutes of your time to tell us what you think of your experience — what you liked and what you think we could improve. This will help us to make changes that will ensure we can offer the best possible experience.

We have based this form on the NHS Friends and Family Test as a way of gathering your feedback, so we can continually review our service. It is based on one simple question:

## "How likely are you to recommend our compliments, comments and complaints service to friends and family if they needed to raise similar issues?"

Please complete the questions below:

### 1. "How likely are you to recommend our compliments, comments and complaints service to friends and family if they needed to raise similar care or issues ?"

*Please circle the appropriate statement below*

Extremely likely      Likely      Neither likely or unlikely      Unlikely      Extremely unlikely      Don't know

#### 1. Did you find the complaints process easy to use?

*Please tick the appropriate box opposite*

Yes   
No

If 'No' please specify why not.....

#### 2. Were you satisfied with the handling of your complaint by the Complaints Team and would you use the complaints process again, if required?

*Please tick the appropriate box opposite*

Yes   
No

If 'No' please explain why:.....

### 3. Is there anything we could have done to improve the way your complaint was handled?

.....

.....

.....

If you'd prefer to give your comments anonymously, then please do so. If you do leave your contact details then we might get in touch, to talk to you about your feedback so we can better understand your views.

*Thank you for taking the time to complete this questionnaire. Please return to:*

Executive Nurse & Quality Lead (Complaints Management)  
NHS South West Lincolnshire CCG  
South Kesteven District Council Offices  
St Peters Hill  
Grantham  
NG31 6PZ

**EQUALITY MONITORING FORM**

*We collect and monitor this information to ensure that we are treating all people fairly and help us identify any barriers that may need to be addressed. Thank you for completing this form.*

**What is your age range?**

- 16 – 19     20 – 29  
 30 – 39     40 – 49  
 50 – 59     60 – 69  
 70 – 79     80+

**Do you consider yourself to have a disability according to the terms given in the DDA?**

- Yes     No     Prefer not to say

**If so please state your disability/ies**

- Hearing impaired  
 Learning Disability  
 Long Term condition  
 Physical impairment  
 Visual and Hearing impairment  
 Visual impairment  
 Wheelchair user  
 Mental Health  
 Any other, please write below

**What do you consider your Ethnicity to be?**

- A Asian or Asian British**
- Bangladeshi  
 Pakistani  
 Indian  
 Any other Asian heritage, please write below

**B Black or Black British**

- African  
 Caribbean  
 Any other Black background, please write below

**C Chinese**

- Chinese

**D Mixed Heritage**

- White & Asian  
 White & Black African  
 White & Black Caribbean

- Any other mixed heritage, please write below \_\_\_\_\_

**E Other Ethnicities**

- Gypsy or Traveller  
 Other ethnic group, please write \_\_\_\_\_

**F White**

- British  
 Irish  
 Any other white heritage, please write below \_\_\_\_\_

**G Not Stated**

- Prefer not to say

**What is your gender?**

- Male     Female     Prefer not to say

**What is your religious identity or belief?**

- Baha'i  
 Buddhist  
 Christian (Including Church of England, Catholic and all other Christian denominations)  
 Hindu  
 Jain  
 Jewish  
 Muslim  
 Sikh  
 None  
 Prefer not to say  
 Any other religion, please write below \_\_\_\_\_

**What is your sexual orientation?**

- Bisexual     Heterosexual  
 Gay Man     Lesbian / Gay Woman  
 Prefer not to say

**Preferred written language?**

**Preferred spoken language?**