

**Complaints Policy**

***(Listening, Responding and Learning from Views and Concerns)***

**Revised February 2021**

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| **Title:** | Complaints Policy | | | |
| **Scope**: Patients  Members of the public  CCG staff | | **Classification:** Policy | | |
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| **Author/Originator:** Lisa Gilbert, Corporate Governance Manager  Sue Jago, Complaints & Corporate Services Officer | | | | |
| **Lead Officer:** Chief Nurse – NHS South Sefton CCG and Southport and Formby CCG | | | | |
| **Authorised by:**  Quality & Performance Committee | | | | **Date:**  January 2021 |
| To be read in conjunction with: Statutory Instrument 2009 No. 309  The Local Authority Social Services and National Health Service Complaints (England), Regulations 2009; NHS England – Guide to Good Handling of Complaints for CCGs; Parliamentary and Health Service Ombudsman’s Principles, February 2009 | | | | |
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**1. INTRODUCTION**

1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 allow the flexibility to adopt a unified two stage complaints procedure across Health and Social Care.

1.2 NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (to be referred to as CCGs here after) are committed to proactively building continuous and meaningful engagement with the public and patients to shape services and improve health. We view complaints as a positive opportunity to learn from and improve the way in which we carry out our functions and improve patient experience.

**2. WHAT OUR COMMITMENT MEANS**

2.1 We are committed to proactively building continuous and meaningful engagement with the public and patients to shape services and improve health.

2.2 We will manage complaints in accordance with our statutory obligations; our stated vision, goals, promises and objectives.

2.3 We will ensure that complaints are managed promptly and efficiently, are properly investigated and that complainants are treated with respect.

2.4 We will comply with the Health Act 2009 and the NHS Constitution and ensure that patients have the right to:

* Independent Complaints Advocacy Service
* have any complaint about NHS services dealt with efficiently and to have it properly investigated;
* know the outcome of any investigation into their complaint;
* take their complaint to the independent Parliamentary and Health Service Ombudsman, if they are not satisfied with the way their complaint has been dealt with by us.

2.5 We will ensure that there are systems in place so that that patients, relatives and carers who complain:

* have suitable, accessible information about how to feedback on the quality of services and raise complaints;
* are treated equally and will not discriminated against because of race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation, age, disability or marital status;
* are assured that we act on any concerns, and where appropriate, make changes and improvements to service delivery and care.

2.6 The above requirements form our obligations on which to ensure good complaint handling, promoted by the Parliamentary and Health Service Ombudsman’s Principles for Remedy in investigating and handling complaints.

**3**. **SCOPE AND PURPOSE OF THE POLICY**

3.1 The purpose of this policy is to outline the way in which complaints will be handled, it does not duplicate issues, which are clearly set out in the guidance and legislation, but adapts and supplements these to meet local needs.

3.2 This policy sets out the scope of the complaints procedure within the CCGs and the steps that will be followed.

3.3 This policy has twin aims:

* ***to resolve complaints more effectively by responding more personally and positively to individuals who are unhappy;***
* ***to ensure that opportunities to learn and improve quality of services and care are not lost***

3.4 The scope of this policy does not apply to, amongst others, any complaint:

* by third party organisations about contracts arranged by the CCGs under their commissioning arrangements;
* made by an employee relating to their employment;
* which is being, or has been investigated, by the Parliamentary and Health Service Ombudsman or a complaint the subject matter of which has previously been investigated under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, or a relevant complaints procedure in relation to a complaint made under such a procedure before 1st April 2009

**4. WHAT IS A COMPLAINT?**

4.1 A complaint is an expression of dissatisfaction. The CCGs utilise the Patient Advice and Liaison Service to resolve verbal concerns by the next working day and to provide advice on how to complain.

**5. WHO CAN COMPLAIN?**

5.1 A concern or a complaint may be raised under this policy by anyone:

(a) who is receiving, or has received, NHS treatment / services which are commissioned by the CCG, including hospital services and community services within the borough of Sefton.

(b) or a relative or friend on behalf of the patient, if they have been given permission to act; and who is affected by or likely to be affected by the action, omission or decision of the responsible body which is the subject of the complaint.

5.2 The main services commissioned by the CCGs include; acute hospital services, community health services, mental health services, specialist women and children’s and cancer services, General Practice, as well as a range of other health services that are provided by independent contractors, such as Renacres Hospital in Ormskirk. People wishing to complain should direct their complaint to the provider in the first instance. However they can complain to the CCGs, as commissioner of these services, under this complaint policy.

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5.3 Since April 2013, NHS England (the NHS Commissioning Board) have been responsible for managing complaints services for complaints regarding independent contractors (pharmacists, dentists and opticians) as NHS England is the statutory body responsible for contracting these services and complaints about these services fall outside of this policy. A copy of NHS England’s complaint policy can be found using the link below:

[https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-jul16.pdf 1](https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-jul16.pdf%201)

**6. TIME LIMIT FOR MAKING A COMPLAINT**

6.1 The time limit for making a complaint is normally within 12 months of the incident. However discretion can be applied to vary this time limit where it is considered appropriate.

**7. MANAGEMENT OF COMPLAINTS**

7.1 Complaints will be managed by the CCGs in accordance with the agreed process in Appendix 1.

7.2 The principles of Being Open and Duty of Candour[[1]](#footnote-1) which encourage truthfulness, timelines and clarity of communications will be observed when investigating, analysing and changing practice as a result of complaints.

**8. RESPONSIBILITIES FOR COMPLAINTS ARRANGEMENTS**

8.1 It is the responsibility of all staff to be receptive to all forms of feedback, including complaints and appreciate that such information is an essential element of good governance.

**8.2** **Chief Officer**

The CCGs Chief Officer is responsible for ensuring compliance with the arrangements made under the Regulations. The Chief Officer (or in their absence, a nominated deputy) will sign all complaint responses and all correspondence.

**8.3 Chief Nurse**

The Chief Officer has delegated responsibility to the CCG’s Chief Nurse/Chief Quality Officer to ensure effective complaints management is in place, that policy and procedures are established and learning and improvement actions are implemented as a result of the complaints learning cycle.

**8.4 Corporate Services Manager**

The Corporate Services Manager will oversee the day to day management of the CCG’s complaints handling. They will ensure information from complaints is reported into the appropriate committees and forums to enable organisational review and learning. In the absence of the Corporate Services Manager, the Corporate Support Officer will act as their deputy. The Complaints and Corporate Services Officer will lead on all CHC (Continuing Health Care) complaints.

* Management of the procedures for handling complaints and concerns.
* Facilitation of the resolution of complaints and concerns.
* Recording details of the complaint on a database, the outcome, and any learning from the complaint.

**8.5 The Complaints Team**

The complaints team provides support and guidance for both patients and service users who require advice, assistance or information. The aim of this team is to provide a speedy resolution to a problem. The CCGs provide an in-house Patient Advice and Liaison Service (PALS) who will work with the Complaints team when a complaint is identified, on the initial response.

**8.6 Complaint Case Manager**

Each complaint will be allocated to a case manager in the complaints team. The case manager will be the single point of contact for the complainant. They are responsible for tracking the progress of the complaint, acting as a conduit between case investigator and complainant and for keeping the complainant informed on the progress of their complaint.

**8.7 Local Lead Investigator/Complaint Responder**

The lead from the service that is being complained about; they will be contractually responsible for responding in line with this policy.

**8.8 All other CCG Staff**

Ultimately, all staff members within the CCGs have responsibilities in relation to complaints. However, certain members of the CCGs have particular specialist functions in this regard. All staff are required to know how to register a complaint so that they can advise complainants, if asked. Training will be provided to all staff.

**9. STAGES IN THE COMPLAINTS PROCEDURE**

**9.1 Local Resolution**

To achieve our first aim which is to resolve complaints more effectively by responding more personally and positively to individuals who are unhappy; we will make every effort to ensure that:

* we try to solve that problem personally and immediately;
* all verbal concerns that cannot be resolved by the next working day are recorded as complaints;
* if the complaint cannot be resolved by the next working day an Individual Complaints Action Plan will be prepared by the Case Manager in conjunction with the person making the complaint;
* complaints are graded using the risk assessment matrix Appendix 2 to ensure the appropriate level of investigation is undertaken;
* all complainants will be asked to give consent to access their records as part of the investigation process, using the form in Appendix 3
* all complainants are offered an opportunity to discuss their complaint and asked what they think needs to happen to resolve it;
* complaints are dealt with flexibly, with the aim of achieving the desired outcome if that is possible, as early as possible;
* timescales for dealing with complaints are as short as realistically possible and complainants are kept informed if they cannot be met.

9.2 To achieve the second aim which is to ensure that opportunities to learn and improve are not lost, we will ensure that:

* all complaints that are resolved immediately are recorded and resolutions shared;
* every complaint is scrutinised so that we understand what went wrong and how we can do better next time;
* the lessons from complaints are discussed at senior management level;
* records are analysed and any common themes are also discussed at senior management level;
* senior managers make decisions about how improvements can be made;
* those decisions are followed through and monitored to make sure they are implemented.

9.3 The CCGs may receive compound or complex complaints which require a higher level of attention than a usual complaint. These are complaints which start with one concern or issue, but raises subsequent concerns and become increasingly complex. This many mean that the timescale of events extends over several months or even years, the number of parties involved in the complaint might increase over time and /or where the essence of the complaint shifts from being a concern about a discrete event/s, to being critical of the complaints management process itself.

9.4 In the case of complex complaints the process in Appendix 1 should still be followed but timescales may need to be regularly revisited and agreed with the complainant. Compound or complex complaints will be escalated to the Chief Nurse for consideration of further action. Options for further action include the appointment of a senior manager (deputy director level or above) to oversee the progress of the complaint investigation, or the establishment of an inter-agency steering group to oversee and manage the complaint investigation. All compound or complex complaints will be reported to the Complaints Oversight Sub Group to scrutinise the process and progress of the investigation

9.5 The expectation that the complainant receives regular updates and communications regarding the progress of the investigation/s into their complaint remains the same. It is the case manager’s role to ensure that the communication is maintained.

**9.6 Health Service Ombudsman**

If the complainant remains dissatisfied with the actions undertaken following the investigation and the response received; they have the right to ask the Health Service Ombudsman to review their complaint. Where a complaint is referred to the Ombudsman any information received as part of their investigation may be used to assess the organisation’s performance. The Health Service Ombudsman is independent of the NHS.

**10. UNREASONABLY PERSISTENT AND UNREASONABLE COMPLAINANT BEHAVIOUR**

10.1 Unreasonable and unreasonably persistent complainants are those complainants who, because of the frequency or nature of their contacts, hinder the consideration of their own, or others, complaints. The CCGs have guidance for dealing with persistent, serial or unreasonable complainants. The guidance is contained in Appendix 5 and should only be implemented following approval from the Chief Officer.

**11. IMPLEMENTATION AND MONITORING**

11.1 Key performance indicators are identified on the Complaints procedure in appendix 1, as data points. These data will be reported to the Joint Quality and Performance Committee (JQPC) and will be scrutinised by the Complaints Oversight Sub Group. Terms of reference for this group are included in Appendix 5.

11.2 Reports will be presented and discussed at the Complaints Oversight Sub Group whose duty will be to provide assurance to the JQPC that complaints management is robust and effective. The Sub Group will do this by:

* Monitoring arrangements for local complaints handling
* Overseeing the implementation of actions following on from complaints
* Considering trends in complaints
* Considering complaints data in relation to patient experience data, quality and safety data and identify any trends to inform the commissioning and improvement of services; and
* Consider within the data above, the numbers of complaints which the CCG considers are upheld to identify what lessons can be learned and the improvements that can be made as a result.
* Providing regular reports to the JQPC regarding complaints.

11.3 The Engagement and Patient Experience Group and the Primary Care Committees in Common will also receive a regular report regarding complaints for information.

11.4 Complainants will be asked to complete an after service evaluation, following the closure of their complaint. This will be anonymised and feedback into the data reporting referred to in 11.1. The questionnaire is under development but a sample is included in Appendix 6.

**12. TRAINING**

12.1 Complaints Training is identified as mandatory and forms part of the Corporate Induction Programme. More in-depth training is provided for managers who investigate and prepare draft responses to complaints*.*

**13. REVIEW AND REVISION ARRANGEMENTS**

13.1 This policy will be reviewed every 5 years or less as a result of a change in legislation, guidance or operating processes.

**14. USEFUL CONTACTS**

**Complaints Team**

**NHS South Sefton CCG and NHS Southport and Formby CCG**

Magdalen House

Trinity Road

Bootle

L20 3NJ

The office opening times are Monday to Friday 9.00am to 5pm

Tel: 0151 317 8456

Email: [southseftonccg.complaints@nhs.net](mailto:southseftonccg.complaints@nhs.net)

Website: [www.southseftonccg.nhs.uk](http://www.southseftonccg.nhs.uk)

Email: [southportandformbyccg.complaints@nhs.net](mailto:southportandformbyccg.complaints@nhs.net)

Website: [www.southportandformbyccg.nhs.uk](http://www.southportandformbyccg.nhs.uk)

**Patient Advice and Liaison Service (PALS)**

The PALS team provides confidential advice, support and information on anything from how to make a complaint, to resolving an issue you might have about any of the services we commission. You can contact the PALS team using either of the following ways:

By Phone - 0800 218 2333 (Monday to Friday, 9am to 5pm, except Bank Holidays)

By Email – [Mlcsu.pals@nhs.net](mailto:Mlcsu.pals@nhs.net)

**Healthwatch Sefton Ltd**

Sefton Council for Voluntary Service (CVS)

3rd Floor, Suite 3B

North Wing

Burlington House

Crosby Road North

Waterloo

L22 0LG

Tel: 0800 206 1304 Freephone

Tel: 0151 920 0726 Ext. 240

Text: 07434810438

Email: [info@healthwatchsefton.co.uk](mailto:info@healthwatchsefton.co.uk)

Website: healthwatchsefton.co.uk

**Parliamentary & Health Service Ombudsman (PHSO)**

Millbank Tower

Millbank

London

SW1P 4QP

Tel: 0345 015 4033

Website:

<http://www.ombudsman.org.uk/make-acomplaint>

Call-back Service: Text ‘Call back’ to 07624 813005

**APPENDIX 1**

**COMPLAINTS FLOW CHART**



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**APPENDIX 3**

**CONSENT FORM**

**Patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime Contact**

**Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NHS No: (If Known)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give consent;

* To investigate our/my issues with all parties concerned. NB: this may mean sharing your comments with those parties involved in your complaint or concern
* Relevant CCG to access any medical records or information that they feel are relevant to the concerns in order to undertake an investigation
* Contact with other clinicians, services or other Health Bodies that may provide advice to assist the investigation into our/my concern.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Patient/Next of Kin/Representative)

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to:** Complaints Team

Relevant Postal Address

**Email to:** Relevant Email Address

**APPENDIX 4**

**Guidance for dealing with unreasonably persistent, or unreasonable complainant behaviour**

This guidance should only be implemented by NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group (CCGs) following approval from the Chief Officer.

Occasionally staff are presented with persistent or unreasonable behaviour from complainants. Complaints staff and investigating managers are trained to respond with patience and sympathy to complainants, but it is recognised that there are times when there is nothing further that can reasonably be done to rectify a real or perceived problem.

**What process should be followed in dealing with persistent or unreasonable complainant behaviour?**

It is important to appreciate that such complainants may have genuine grievances that should be properly investigated. The CCGs Complaints team must first ensure that the CCGs Complaints Policy has been fully implemented and that no element of the complaint has been overlooked or not properly addressed.

If the CCGs recognises that the complainant may be persistent or unreasonable, this concern would be discussed initially with the Chief Nurse. This should only be a last resort after all reasonable measures have been taken to try and resolve the complaint. It is good practice to make clear to a complainant the ways in which his or her behaviour is unacceptable, and the likely consequences of refusal to amend it, before referring the matter to the Chief Officer. If all reasonable measures have been taken, the Chief Nurse will discuss with the Chief Officer and request that a decision is undertaken regarding how the complaint should be managed.

If the investigation is underway, the Chief Officer may write to the complainant setting parameters for a code of behaviour, and inform the complainant that if these parameters are contravened consideration will be made to implement further action.

If the complainant is abusive or threatening, it is reasonable to inform him or her of the requirement to communicate in one way, for example in writing and not by telephone or solely with one designated member of staff.

If the complainant has received a final response and there is no further action to be taken by the CCGs, the Chief Officer will write to the complainant informing them that a full response has been made to their complaint, that correspondence is at an end and reiterate the right of the complainant to contact the Ombudsman.

**Withdrawing persistent or unreasonable status**

Staff should have used discretion in recommending unreasonable status and discretion should similarly be used in recommending this status be withdrawn.

**APPENDIX 5**

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| **NHS South Sefton and NHS Southport and Formby CCG**  **Complaints Oversight Sub-Group**  **Terms of Reference v2.0** |

1. **Introduction**

This operational group will be established as a Sub Group reporting to the Joint Quality and Performance Committee (JQPC) of NHS Southport and Formby CCG and NHS South Sefton CCG (CCGs).

The principal function is to provide scrutiny of the CCGs and commissioned providers’ complaints handling processes and provide assurance to the JQPC that complaints management in the CCGs is robust and effective. **R**

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1. **Membership**

The Core membership will consist of:

* + Chief Nurse (Chair) or Deputy Chief Nurse
  + Primary Care Programme Manager
  + Primary Care Quality Manager
  + Link representative from Engagement and Patient Experience Group
  + Corporate Governance Manager
  + Representation from Locality Managers
  + Representation from Commissioning Managers

Administration Support (TBD)

Other members will be co-opted on as required

The core group will include at least 1 Primary Care Locality Manager and at least 1 Commissioning Manager. Complaint reports and action plans will be reviewed by the Group. Additional members may be co-opted onto the group as necessary.

1. **Attendance**

Members are expected to personally attend a minimum of 75% of meetings held. Members unable to attend should send apologies to the administrator prior to the meeting.

1. **Secretarial arrangements**

The administrator will forward the meeting pack and associated documents to members of the committee no less than 6 working days prior to meeting.

The committee meeting will be formally minuted and report directly into the Joint Quality and Performance Committee.

All salient points will be shared with the provider practice and NHSE.

1. **Quorum**

The meeting will be quorate with a minimum of 3 members of the core group in attendance one of which to be a clinician.

1. **Frequency of meetings**

The Group will be held monthly.

1. **Remit and responsibilities of the group**

**Aims**

* To provide scrutiny of the CCGs and commissioned providers’ complaints handling processes and provide assurance to the JQPC that complaints management in the CCGs is robust and effective
* To review all open complaints for the CCGs, to provide oversight and scrutiny of the CCG adherence in-line with statutory requirements.
* To review and quality assure CCGs internal complaints process prior to submission to the Corporate Governance Manager to ensure that all complaint issues have been addressed and appropriate recommendations and actions put in place.

**Duties of the Group**

* To oversee the complaints handling process of the CCGs and ensure complaints are handled efficiently and effectively.
* To oversee the process of holding providers to account for their responses to complaints and incidents by ensuring they are reported and managed as per local and national policy.

* To receive information regarding all complaints and incidents that occur within general practice involving South Sefton and Southport and Formby CCG residents.
* To receive information regarding all complaints and incidents that occur within the MLCSU Continuing Health Care service involving South Sefton and Southport and Formby CCG residents.
* To review provider practices complaint response timescales, progress of on-going investigations and any breaches identified.
* To receive and scrutinise details of CCGs, primary care or CHC complaints that are failing to meet agreed timescales, and to report overly long waits to the JQPC.
* To review and analyse complaint data together with other intelligence and data sources, in order to identify and inform of any actions that may continuously improve services.
* To identify any key themes or trends identified from the complaints and consider appropriate responses to these.
* To ensure any lessons learned are shared appropriately by provider practices and with relevant regulatory and partner organisations where relevant.
* To review actions arising from complaints made to NHS England and ensure that the CCG receive assurances on actions and escalate any non compliance as appropriate

1. **Reporting Arrangements**

The Complaint Oversight Sub Group will ensure that complaints issues and performance will be reported for information to the Engagement and Patient Experience Sub Group and the Primary Care Commissioning Committee in Common.

The approved minutes of each meeting of the Complaint Oversight Sub Group will be reported to JQPC.

After each meeting the Chair will prepare a key issues and risks report for JQPC

A quarterly report will be submitted to the Joint Operational Group to provide ongoing assurance regarding the performance management of complaints and incidents. The report will also highlight any themes or trends identified including any action taken and also to highlight any concerns in relation to the process.

**APPENDIX 6**

NHS South Sefton and NHS Southport & Formby CCG

Magdalen House

Trinity Road

Bootle

L20 3NJ

Date: As postmark.

Private & Confidential

Dear

With reference to the complaint we recently handled on your behalf I would be grateful if you could spare the time to complete the attached questionnaire and return it in the stamped addressed envelope provided.

It is our intention to provide a high quality service to complainants who make a complaint to the CCG, and try to ensure that complaints are handled satisfactorily. Where they are not we wish to make improvements if shortfalls are highlighted to us.

If you prefer not to fill in the form but would still like to make a comment you are very welcome to do so. You can do this by writing in and using the envelope enclosed or by telephoning 0151 317 8456 and asking for a member of the Complaints Team.

I do hope that you are able to find time to provide your comments, as your feedback will be very much appreciated.

If you would like help translating this information into another language, or you would like this information in Braille, large print or audio format, please call the above telephone number or email: [southseftonccg.complaints@nhs.net](mailto:southseftonccg.complaints@nhs.net) or [southportandformbyccg.complaints@nhs.net](mailto:southportandformbyccg.complaints@nhs.net)

Yours sincerely

Name

**Complaints Team**

**NHS South Sefton and NHS Southport & Formby CCG**

**APPENDIX 6**

**COMPLAINTS SERVICE EVALUATION**

**Patient Questionnaire**

(Please tick appropriate box)

**Management of Complaint**

1. How did you make contact with the complaints team?

□ Telephone

□ Letter

□ Email

□ Fax

□ Visit

2. How helpful did you find the staff involved?

□ Very helpful

□ Fairly

□ Not really

□ Not at all

3. Did you feel comfortable discussing your concerns with the complaints staff?

□ Yes, very much

□ Fairly

□ Not really

□ Not at all

4. Did you feel the complaints staff listened to and understood your concerns?

□ Yes

□ No

If no, please explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Specific Case**

1. Were you satisfied with the outcome of your complaint?

□ Yes

□ No

If no, please explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Did you receive feedback on any actions taken to improve the provision of service as a result of your complaint?

□ Yes

□ No

If no, would you like to receive any feedback?

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If you have any suggestions or comments regarding the service you have received from the complaints team or any comments regarding the NHS complaints procedure, please write them in the space below:

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If you would like a member of the complaints team to contact you regarding any outstanding concerns, please provide contact details in the space below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this questionnaire.

**Please return to:**

The Complaints Team

NHS South Sefton & NHS Southport & Formby CCG

Magdalen House

Trinity Road

Bootle

L20 3NJ

Or if you wish, please email to: [southseftonccg.complaints@nhs.net](mailto:southseftonccg.complaints@nhs.net)

[Southportandformbyccg.complaints@nhs.net](mailto:Southportandformbyccg.complaints@nhs.net)

**APPENDIX 7**

**EQUALITY & DIVERSITY MONITORING FORM**

It would be helpful to us if you would supply the following details about yourself.

**THIS INFORMATION WILL BE HELD IN CONFIDENCE AND WILL NOT BE ATTRIBUTED TO ANY INDIVIDUAL.**

Please tick appropriate box.

Age range:

18-24 25-44 45-54 55-64 65-74 Over 75

You are the patient.

You are complaining on behalf of a patient.

Are you?

Male Female

Do you consider yourself to have a disability? Yes No

If no please continue to next section

Sensory

Impairment Eyesight Hearing

Speech Mental Health Physical

Conditions Impairment

Ability to Lift Long Standing Other

Illness (Please state)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your religion?

Atheism Christianity Islam

Judaism Sikhism Buddhism

Hinduism Jainism Other

I do not wish to disclose my religious belief

Do you consider yourself to be?

Heterosexual/straight Gay or Lesbian Bisexual Other

Please tick the box which best describes your Ethnic Origin:

**White** **Black or British Black**

English/Welsh/Scottish/Northern African

Irish/British

Caribbean

Irish

Any other Black/African/Caribbean

Gypsy or Irish Traveller background

Any other White background

**Mixed or Multiple Ethnic Groups Asian or Asian British**

White and Black Caribbean Indian

White and Black African Pakistani

White and Asian Chinese

Other Mixed/Multiple-Ethnic Any Other Asian

Background Background

**Other Ethnic Group**

Arab Any Other Ethnic Group

**Please return the completed form in the enclosed stamped addressed envelope or via email to** [**southseftonccg.complaints@nhs.net**](mailto:southseftonccg.complaints@nhs.net) **or** [**southportandformbyccg.complaints@nhs.net**](mailto:southportandformbyccg.complaints@nhs.net)

1. <https://www.cqc.org.uk/sites/default/files/Duty-of-Candour-2016-CQC-joint-branded.pdf> [↑](#footnote-ref-1)