

## Interim Complaints Policy



# Interim Complaints

## *Policy & Corporate Procedures*

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### **Introduction**

- 1 The purpose of this document is to provide staff with a framework for the NHS England complaints policy in meeting the requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 2 The policy describes how NHS England manages, responds to and learns from complaints made about its services and the way in which they are commissioned. This is an interim policy to allow time for further consultation and to incorporate any recommendations from wider reviews. A final policy is expected by April 2014.
- 3 The policy includes the fundamental requirements of good complaints and concerns handling used by NHS England to deliver arrangements in an easily accessible, equitable, sensitive and open manner. It also takes account of the principles laid out in Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16 and the NHS Constitution.
- 4 From the 1<sup>st</sup> April 2013, NHS England has provided a National Customer Contact Centre (NCCC) to act as the first point of call for the public for complaints, concerns, general enquiries and Freedom of Information requests about primary care (GPs, dentists, pharmacists and optometrists), offender and military health services, or specialist services.

### **Background**

- 5 NHS England is committed to high quality care for all as a core principal of our vision and purpose. This includes the provision for any user of the organisation, their family, carers, or members of the public, with the opportunity to seek advice, raise concerns or make a complaint, about any of the services it commissions, or policies and procedures it has developed and implemented.
- 6 NHS England recognises that staff work very hard to get it right first time. However, there may be occasions when people will be dissatisfied with the service received, or decisions made, and wish to make a complaint or raise a concern.
- 7 NHS England will endeavor to respond as quickly and effectively as possible to resolve complaints and respond to enquiries, and to use the information to improve the quality of patient services.
- 8 The complaints system incorporates the Parliamentary and Health Service Ombudsman Principles of Good Complaints Handling (2009):

- Getting it right

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

9 The policy is informed by the NHS Constitution that includes a number of recommendations relating to patient rights. Patients have the right to:

- Have their complaint acknowledged and properly investigated
- Discuss the manner in which the complaint is to be handled and know the period in which the complaint response will be sent
- To be kept informed of the progress and to know the outcome including an explanation of the conclusions and confirmation that any action needed has been taken on
- Take the complaint to the independent Parliamentary and Health Service Ombudsman if not satisfied with the way the NHS has dealt with the complaint
- Make a claim for judicial review if the patient thinks that they have been directly affected by an unlawful act or decision of an NHS body; and
- Receive compensation if the patient has been harmed by medical negligence

10 The policy is also informed by:

- Principles of openness, transparency and candour throughout the system
- Patients raising concerns about their care are entitled to have the matter dealt with as a complaint, unless they do not wish it
- Prompt and thorough processing
- Sensitive and accurate communication
- Effective and implemented learning
- Comments or complaints amounting to an adverse or serious untoward incident should trigger an investigation
- The importance of narrative as well as numbers contained within the data

**Policy statement**

11 NHS England will treat complaints seriously and ensure that complaints, concerns and issues raised by patients, relatives and carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be explained to the complainant by the investigating organisation.

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12 The main aims of the policy are:

- To provide easily accessible clear and easy to understand procedures for managing complaints
- To provide a consistent approach to the management and investigation of complaints
- To sympathetically respond to complaints and concerns in appropriate timeframes
- To provide opportunities for people to offer feedback on the quality of service provided
- To provide staff and complainants with support and guidance throughout the complaints process
- To identify the causes of complaints and to take action to prevent recurrences
- To use 'lessons learnt' as a driver for change and improvement
- To ensure that the care of complainants is not adversely affected as a result of making a complaint
- To assist in promoting an open, honest and transparent organisational culture
- To ensure that NHS England meets its legal obligations
- To act as a key tool in ensuring the good reputation of NHS England

**Scope**

13 This policy applies to the handling of complaints or concerns relating to primary care (GPs, dentists, pharmacists and optometrists), offender and military health services or a service directly commissioned by NHS England. For complaints about services other than those commissioned by NHS England, please refer to the complaints service of the provider concerned.

14 Complaints can be made by any person who is affected by, is likely to be affected by or is aware of, either through direct experience or observation, an action, omission or decision of NHS England. All staff have a responsibility to ensure that they are aware of the contents of this policy and have undertaken training as appropriate.

**Complaints that cannot be dealt with under this policy**

15 The following complaints will not be dealt with under the NHS Complaints Regulations 2009:

- A complaint made by one NHS organisation about another NHS organisation
- A complaint made by an employee about any matter relating to their employment

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- A complaint, the subject matter of which has previously been investigated under these or previous Regulations
- A complaint made by a primary care provider which relates to the exercise of its functions by an NHS body or to the contract or arrangements under which it provides primary care services
- A complaint which is made orally and resolved to the complainants satisfaction no later than the next working day
- A complaint made by an independent provider, NHS Trust or an NHS Foundation Trust about any matter relating to arrangements made by an NHS body with that independent provider or NHS foundation trust
- A complaint which is being or has been investigated by the Health Service Commissioner
- A complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000
- A complaint which relates to any scheme established under Section 10 (superannuation of persons engaged in health services) or Section 24 (compensation for loss of office) of the Superannuation Act 1972 or to the administration of those schemes

- 16 In the event of a complaint where a person has stated that they intend to take legal action, consideration will be given to whether the complaint can be investigated without prejudicing the outcome of any legal action.

**Definition of a complaint or concern**

- 17 A complaint is a verbal or written expression of concern or dissatisfaction about an act, omission or decision of NHS England which requires a response and/or redress.

**Who can make a complaint?**

- 18 Any person, who is affected by, is likely to be affected by or is aware of an action, omission or decision of NHS England, or a service commissioned by NHS England for the purposes of delivering health care to NHS users, with appropriate consent.

- 19 A complaint or concern may be made by a person acting on behalf of a patient in any case where that person:

- is a child;

in the case of a child, the representative must be a parent, guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be a person authorised by the local authority or

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the voluntary organisation, and in the opinion of the Senior Customer Contact Care Centre Manager, is making the complaint in the best interests of the child

- has died;

In the case of a patient or person affected who has died, the representative must be a relative or other person, who had sufficient interest in their welfare, and is a suitable person to act as a representative

- has physical or mental incapacity;

In the case of a person who is unable by reason of physical capacity, or lacks capacity within the meaning of the Mental Capacity Act 2005, to make the complaint themselves, the representative must be a relative or other person, who has sufficient interest in their welfare and is a suitable person to act as a representative

- Has given consent to a third party acting on their behalf;

In the case of a third party pursuing a complaint on behalf of the 'affected' person we will request the following information:

- Name and address of the person making the complaint;
- Name and either date of birth or address of the affected person; and
- Contact details of the affected person so that we can contact them for confirmation that they consent to the third party acting on their behalf

This will be documented in the complaint file and confirmation will be issued to both the person making the complaint and the affected person

- Or has delegated authority to do so, for example in the form of Power of Attorney
- Is an MP acting on behalf of and by instruction from a constituent

### **Carers rights**

- 20 Carers can make a complaint on behalf of the person they care for where the person is a child, has asked the carer to act on their behalf, or is not

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capable of making the complaint themselves. The organisation has the discretion to decide whether the carer is suitable to act as a representative in the individual's best interests.

- 21 If the Senior Customer Contact Centre Manager (or equivalent officer in the Area Team) is of the opinion that a representative does or did not have sufficient interest in the person's welfare, is not acting in their best interests or is unsuitable to act as a representative, they will notify that person in writing stating the reasons.
- 22 If a complaint or concern is an allegation or suspicion of abuse, for example sexual abuse, physical neglect or abuse, or financial abuse, it should immediately be investigated following appropriate safeguarding or serious incident policies and procedures.
- 23 In a situation where a person discloses physical or sexual abuse, or criminal or financial misconduct, it must be reported using appropriate policies and procedures even if the person does not want to make a complaint.
- 24 In case involving a vulnerable adults or children, including threat of self-harm and/or harm to others, all officers should implement effective safeguarding policies and practice, referring to the appropriate safeguarding board.
- 25 Any allegations of fraud or financial misconduct should be referred to the National Fraud Reporting line; details should NOT be taken by the complaints team. Full details of the methods for reporting are on their website: <https://www.reportnhsfraud.nhs.uk/>

#### **How to make a complaint**

- 26 If the complainant has concerns relating to primary care (GPs, dentists, pharmacists or optometrists), offender and military health services or a service directly commissioned by NHS England, where it is appropriate the complaint should be made to the service provider first. Alternatively the complaint can be taken to the local Clinical Commissioning Group, or to NHS England: email [england.contactus@nhs.net](mailto:england.contactus@nhs.net) telephone: 0300 311 22 33
- 27 A complaint or concern can be received by white mail (e.g. letters), electronically or by telephone. All contacts made through the National Customer Contact Centre will be documented.
- 28 If the complaint or concern can be resolved quickly by the National Customer Contact Centre, within twenty four hours of it being raised then

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the case will be closed.

### **Timescales for complaints**

- 29 Complaints can be made twelve months from the date on which the event that is the subject of the complaint occurred; or twelve months from the date on which the event that is the subject of the complaint came to the notice of the complainant.
- 30 If there are good reasons for not having made the complaint within the above time frame and, if it is still possible to investigate the complaint effectively, NHS England may decide to still consider the complaint, for example, longer periods of complaint timescales may apply to specific clinical areas.

### **Confidentiality**

- 31 Complaints will be handled in the strictest confidence in accordance with the NHS England Confidentiality Policy, and should be kept separately from patient medical records. Care will be taken that information is only disclosed to those who have a demonstrable need to have access to it.
- 32 Suitable arrangements must be in place for the handling of patient-identifiable data, to meet compliance with the Data Protection Act and other legal obligations such as the Human Rights Act 1998 and the common law duty of confidentiality. The Caldicott Report set out a number of general principles that health and social care organisations should use when reviewing its use of patient or client information.
- 33 Confidentiality will be maintained in such a way that only managers and staff who are leading the investigation know the contents of the case. Anyone disclosing information to others who are not directly involved in the case should be dealt with under disciplinary procedures.
- 34 Arrangements should be backed up by clear information-sharing protocols, defining how information will be shared and for what purpose, the process and contractual arrangements in place, what each party will do to ensure compliance with protocols and legal obligations, and the penalties for non-compliance.

### **Consent**

- 35 There is an expectation that when capturing consent for the use and sharing of information, that the patient has made an informed decision and clearly understands the processing and potential sharing of their information. Staff must also understand the expectations of confidentiality

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- that the information is provided under.
- 36 Information will not be disclosed to third parties unless the complainant or appropriate authorised party who has provided the information has given consent to the disclosure of that information. See Section 17 for arrangements regarding MPs acting on behalf of constituents.
- 37 However, it is recognised that there may be circumstances in which information disclosure is in the best interests for the patient, or the protection, safety or wellbeing of a child. In these circumstances escalate as necessary in line with safeguarding policies and procedures.

### **Investigation and organisational response**

- 38 NHS England will investigate a complaint in a manner appropriate to resolve it as efficiently as possible, proportionate to the seriousness of the complaint.
- 39 The complaint must be acknowledged by the National Customer Contact Centre, within three working days (either by telephone, email or letter) and an offer will be made, as appropriate, to discuss with the complainant the following:
- An action plan for handling the complaint
  - Timescales for responding
  - The complainants expectations and desired outcome
  - Information in relation to the provider of independent advocacy services in their geographical area e.g. the Independent Complaints Advocacy Service or VoiceAbility
  - Consent for NHS England to pass the complaint to the service provider (as appropriate)
  - Consent for NHS England staff to handle the response provided by the service provider
- 40 The complainant can expect that:
- They will be kept up to date
  - Their complaint will be investigated and, where appropriate, they will receive an explanation based on facts
  - Assurance that the matter has been investigated and action has been taken to prevent a recurrence
  - To be informed of any learning
  - A remedy will be made where appropriate

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- 41 On receipt of the investigation report a response to the complaint will be prepared and the Case officer will include information on the next stages of the complaints procedure should the complainant wish to take matters further.
- 42 Where the complaint involves more than an NHS or social care body, NHS England will adhere to the duty to cooperate contained in the legislation. Where complaints involve more than one body, discussions will take place about the most appropriate body to take the lead in coordinating the complaint and communicating with the complainant.
- 43 Where NHS England receives a complaint involving several bodies, permission will be sought from the complainant before sharing or forwarding a complaint to another body. Consent will need to be obtained to forward the complaint to any provider.
- 44 As soon as it is reasonably possible after completing the investigation, and within the timescale agreed with the complainant, NHS England will send a formal response in writing to the complainant which will be signed by the Chief Accountable Officer or delegated deputy.

The response will include:

- An explanation of how the complaint has been considered
  - An apology
  - An explanation based on facts
  - Whether the complaint in full or in part is upheld
  - The conclusions reached in relation to the complaint including any remedial action that the organisation considers to be appropriate
  - Confirmation that the organisation is satisfied any action has been or will be actioned
  - Where possible, we will respond to people about any lessons learnt
- 45 A key consideration is to make arrangements flexible; treating each case according to its individual nature with a focus on satisfactory outcomes, organisational learning and those lessons should lead to service improvement.
- 46 If the complainant does not accept the offer to discuss the complaint, the Case Officer will determine the response period and notify the complainant in writing.

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### **Roles and responsibilities**

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

### **48 Chief Executive Officer**

#### Responsibilities:

- Overall accountability for ensuring that the NHS England Complaints Policy meets the statutory requirements as set out in the regulations
- Responsible for approving and signing complaints response letters. Regulation 4 (2) allows the functions of the responsible officer to be performed by any person authorised by NHS England to act on the responsible officer's behalf. For primary care complaints, NHS England has delegated responsibility in place for signing of complaints by the appropriate Area Team

### **49 Head of Corporate Operations**

#### Responsibilities:

- Oversees NHS England arrangements for complaints handling
- Ensure information from complaints is reported into appropriate clinical quality and risk committees and forums to enable organisational review and learning

### **50 Senior Customer Contact Manager**

#### Responsibilities:

- Management of the procedures for handling complaints and concerns through the National Customer Contact Centre, and for consideration of complaints made under the regulations
- Central management of complaints as stated in the regulations

### **51 Customer Contact Staff**

#### Responsibilities:

- Facilitation of the resolution of complaints and concerns through the National Customer Contact Centre
- Recording details of the complaint on a database, the outcome, and any learning from the complaint

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**52 Subject matter experts\***

Responsibilities:

- Provision of response for particular issues requiring specialist knowledge

\*Subject Matter Experts are identified by the National Customer Contact Centre as having specific knowledge or expertise relating to a complaint

**53 Area Teams**

Responsibilities:

- Management of the procedures for handling complaints and concerns through the Area Teams and for consideration of complaints made under the regulations
- Investigating and resolving complaints about local commissioned services in line with the NHS England Complaints Policy and process
- Delegated responsibility for signing off complaint responses on behalf of the NHS England CEO for complaints relating to primary care and specialised commissioning
- Use complaints information to assist organisational learning
- Use complaints information to inform local service commissioning

**54 National Operations Directorate**

Responsibilities:

- Consider emerging themes and learning from the complaints reporting mechanism and identify service improvements as a result of complaints and concerns being raised

**Referrals to the Parliamentary and Health Service Ombudsman**

55 If a complainant remains dissatisfied with the handling of the complaint by NHS England, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to review the case.

56 The PHSO may investigate a complaint where, for example:

- A complainant is not satisfied with the result of the investigation undertaken by NHS England
- The complainant is not happy with the response from NHS England and does not feel that their concerns have been resolved

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- NHS England has decided not to investigate a complaint on the grounds that it was not made within the required time limit  
NHS England will provide information on how to contact the PHSO when issuing the formal written response.

57 When informed that a complainant has approached the PHSO, NHS England will cooperate fully with the PHSO and provide all information that has been requested in relation with the complaint investigation. The relevant director will be informed that a request for investigation has been made so that the staff involved can be informed.

58 NHS England can also refer a complaint to the Parliamentary Health Service Ombudsman for a final decision.

### **Record keeping**

59 Keeping clear and accurate records of complaints is important and these should be retained for a period of ten years.

### **Monitoring and reporting**

60 NHS England will demonstrate how we use feedback to learn and improve. An annual report will be produced for the NHS England Board, which will detail:

- numbers of complaints received
- numbers of complaints received considered to be based on solid evidence or good reasons (complaints upheld)
- issues and key themes that the complaints have raised
- lessons learnt
- actions taken, or being taken, to improve services as a result of the complaints made
- number of cases which NHS England has been advised are being considered or referred to the Parliamentary and Health Service Ombudsman
- Equality impact data

Production of quarterly reports for the Clinical Quality and Risk Committee and Operations Executive that include identification of trends and highlight issues for audit.

### **Supporting staff**

61 All documentation relating to the investigation will be stored securely in the case file. Members of staff named in the complaint (personally or by role) should be informed of the complaint, and fully supported by their relevant line manager. The investigation should be comprehensive, fair and timely, and should not apportion blame. A number of supports are available for

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staff, including:

- Line manager
- Directorate manager
- Peer support
- Occupational health
- Professional bodies

### **Distribution and training**

62 NHS England will monitor that all staff and the general public are aware of the complaints policy and procedures via NHS England internet site. A global notice will be sent to officers to notify release of this document and a link to this policy will be provided from the Policy Directorate intranet site. Notification of this document will be included in the all staff email bulletin and staff briefings.

63 All officers within the Customer Contact Centre will be given training for implementation of this policy. A training needs analysis will be undertaken with other officers affected by this document. Based on the findings of that analysis appropriate training will be provided to staff as required. Training guidance will be provided on the Policy Directorate intranet site.

### **Quality assurance**

64 NHS England will monitor both the effectiveness of the complaints process, and how complaints information is being used to improve services and delivery of care. Specifically, the National Customer Contact Centre will provide a system to:

- Disseminate learning from complaints across the relevant parts of the organisation
- Include the use of complaints procedures as a measure of performance and quality
- Use complaints information to contribute to practice development, commissioning and service planning

### **Equality impact assessment**

65 An initial assessment of the potential impact of the policy in relation to the protected characteristics of the Equality Act 2010 has been carried out. The intention of the equality impact assessment is to eliminate unlawful discrimination, advance equality of opportunity and foster good relations as stated in the Equality Act.

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66 The assessment includes the protected characteristics of race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity) as well as to promote positive practice and value the diversity of individuals and communities.

67 At this stage, no adverse impacts have been identified that arise specifically from the policy. However, further information will be sought during wider consultation with patients and the public.

**Compliance and review**

68 Compliance with the policy and procedures laid down in this document will be monitored by the Senior Customer Contact Centre Manager, together with independent reviews by both Internal and External Audit on a periodic basis.

69 The Director of Corporate Development and the Senior Customer Contact Centre Manager are responsible for the monitoring, revision and updating of this document. This policy will be kept under review in light of operational experience and national guidance. The first review will take place one year from issue.

**Persistent and unreasonable complainants**

70 Detailed guidance on the management of persistent and unreasonable complainants is set out in Appendix 1.

**Associated documents**

71 Data Protection Technical Guidance Note: Disclosures to Members of Parliament carrying out constituency casework. Data Protection (Processing of Sensitive Personal Data) (Elected Representatives) Order 2002. S.I.2002 No. 2905

NHS Constitution updated March 2013

NHS England Confidentiality Policy April 2013

NHS England Data Protection Policy April 2013

NHS England Incident Management Policy (review in progress)

NHS England Safeguarding Policy (review in progress)

NHS England Whistleblowing policy (review in progress)

NHS England Risk management strategy and risk management policy  
(review in progress)

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Putting Patients First: The NHS England Business Plan for 2013/14 – 2015/16

## References

72 Caldicott Report 1997

Equality Act 2010

Freedom of Information Act 2000

Human Rights Act 1998

Listening, Responding and Improving – A Guide to Better Customer Care (2009) <http://dh.gov.uk>

Principles of good administration. Parliamentary and Health Service Ombudsman (2009) <http://www.ombudsman.org>

Principles of good complaints handling. Parliamentary and Health Service Ombudsman (2008) <http://www.ombudsman.org>

Principles for remedy. Parliamentary and Health Service Ombudsman (2007) <http://www.ombudsman.org>

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary February 2013

Superannuation Act 1972

The Data Protection Act 1998

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 <http://dh.gov.uk>

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## **Appendix 1: Guidance for dealing with persistent and unreasonable complainants**

### **1. Introduction**

This guidance covers all contacts, enquiries and complainants. It is intended for use as a last resort and after all reasonable measures have been taken to try and resolve a complaint within the NHS England Complaints Policy.

Persistent complainants may have genuine issues and it is therefore important to ensure that this process is fair and the complainant's interests have been taken into consideration.

### **2. Purpose of guidance**

To assist Officers to identify when a person is persistent or unreasonable, setting out the action to be taken.

### **3. Definition of persistent and unreasonable complainants**

There is no one single feature of unreasonable behavior. Examples of behavior may include those who:

- Persist in pursuing a complaint when the procedures have been fully and properly implemented and exhausted
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services e.g. Independent Advocacy Service (ICAS) or VoiceAbility could assist to help them specify their complaint
- Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice
- Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded
- Change the substance of a complaint or seek to prolong contact by continually raising further issues in relation to the original complaint. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately
- Consume a disproportionate amount of time and resources
- Threaten or use actual physical violence towards staff
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails)
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual

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- Make excessive telephone calls or send excessive numbers of emails or letters to staff

#### **4. Actions prior to designating a complainant as unreasonable or persistent**

It is important to ensure that the details of a complaint are not lost because of the presentation of that complaint. There are a number of considerations to bear in mind when considering imposing restrictions upon a complainant.

These may include:

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

Consideration should also be given as to whether any further action can be taken prior to designating the complainant unreasonable or persistent.

This might include:

- Raising the issue with a Director with no previous involvement, in order to give an independent view
- Where no meeting with staff has been held, consider offering this at a local level as a means to dispel misunderstandings (only appropriate where risks have been assessed)
- Where multiple departments are being contacted by the complainant, consider a strategy to agree a cross-departmental approach
- Consider whether the assistance of an advocate may be helpful
- Consider the use of ground rules for continuing contact with the complainant.

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Ground rules may include:

- Time limits on telephone conversations and contacts
- Restricting the number of calls that will be taken or agreeing a timetable for contacting the service
- Requiring contact to be made with a named member of staff and agreeing when this should be
- Requiring contact via a third party e.g. advocate
- Limiting the complainant to one mode of contact
- Informing the complainant of a reasonable timescale to respond to correspondence
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged
- Advising that the organisation does not deal with calls or correspondence that is abusive, threatening or contains allegations that lack substantive evidence. Request that the complainant provides an acceptable version of the correspondence or make contact with a third party to continue communication with the organisation
- Ask the complainant to enter into an agreement about their conduct
- Advise that irrelevant documentation will be returned in the first instance and (in extreme cases) in future may be destroyed
- Adopting a 'zero tolerance' policy. This could include a standard communication line, for example: "The NHS operates a zero tolerance policy, and safety of staff is paramount at all times. Staff have a right to care for others without fear of being attacked either physically or verbally"

## **5. Process for managing unreasonable or persistent behavior**

Where a complainant has been identified as unreasonable or persistent, the decision to declare them as such is made jointly by the Senior Contact Centre Manager and the Director of Corporate Development.

The Senior Contact Centre Manager will write to the complainant, informing them that either:

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

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

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

Review of the persistent status should take place at six monthly intervals.

#### **6. Urgent or extreme cases of unreasonable or persistent behavior**

In urgent or extreme cases, adopt safeguarding and zero tolerance policies and procedures. Discuss the case with the appropriate Director to develop an action plan that may include the use of emergency services in some circumstances. In these circumstances, carry out a review of the case at the first opportunity after the event.

#### **7. Record keeping**

Ensure that adequate records are kept of all contact with unreasonable and persistent complainants.

Consideration should be given as to whether the organisation should take further action, such as reporting the matter to the police, taking legal action, or using the risk management or health and safety procedures to follow up such an event in respect of the impact upon staff.

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Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
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