

VG P40

Complaints Policy

1. Document Control

1.1. Company Confidential

This document contains information which may be confidential. No part of this document should be reproduced or revealed to third parties without the express permission of the company.

1.2. Document Approval

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2. Process Quick Reference Guide -



Complaints – Quick Reference Guide (QRG)



This QRG provides a summary of the information in the Complaints Policy. It does not negate the need for those involved in the process to be aware of the detail of the policy and procedures associated with it.



Training

All staff are trained in Conflict Resolution to assist in dealing with complaints in a professional and timely manner



Local Resolution

Ideally minor complaints and issues should be actioned immediately and informally in a flexible manner which appropriate to their nature

If local resolution is not achieved


→

→

→


Record
Complaint on
Datix

Agree timeframe
for resolution with
complainant and
ensure this is inline
with Policy

Investigated and
improvements
identified

Formal letter of
response sent to
complainant

Further escalation ?



- For the minority of complainants that are not satisfied with the outcome, they have the option of asking for a further review by the Managing Director
- If the complaint is not upheld or the client is not satisfied with the outcome; offer details of the Parliamentary and Health Service Ombudsman

Vexatious Clients



- Vexatious Complainants can be deemed as persisting in perusing a complaint where the complaint procedure has been fully and properly implemented
- This group of complainants will be handled by the Senior Managers within Vocare in accordance with the details in the Complaints Policy

Please refer to the SOP for Complaints for full process.

3. Purpose

- 3.1. Vocare encourages compliments, comments, complaints and suggestions from patients, carers and the public. Should patients, carers or the public be dissatisfied with the care provided they have a right to be heard and for their concerns to be dealt with promptly, efficiently and courteously. Vocare is committed to ensuring there is a culture where under no circumstances should patients, relatives or carers be treated negatively as a result of making a complaint or raising a concern about the service

This policy documents how Vocare staff will handle complaints made to the organisation. Vocare has an obligation to manage the investigation and reporting of complaints in line with the National Health Service (Complaints) Regulations 2004 and the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. This Policy is based on the principles identified within NHS England's Complaints Policy (2017). This places emphasis on personal contact with the complainant so that the complaint can be fully understood, and that the response sought by the complainant can be identified. However, any agreed resolution should be proportionate to the content of the complaint and as well as realistic and achievable.

- 3.2 A complaint is an expression of dissatisfaction when expectations are not met. All complaints will be dealt with openly and transparently and will receive an evidence-based investigation. Complainants will receive support and guidance on how to complain and Vocare will ensure a thorough investigation takes place, with detail proportionate to the complaint made. Investigations will identify the cause of the complaint, and Vocare will take action and implement learning as a result. Complaints are an opportunity to review the quality and performance of the service and make amends, consider lessons learnt and identify improvements to patient care and service delivery as a result.

- 3.3 The aims of the policy are to:

- Ensure that our complaints procedure is easy to understand and simple to use.
- Make sure that investigations are thorough, fair, responsive, open and honest.
- Demonstrate that we will learn from complaints and use them to improve the services for patients.
- Ensure that our service is accessible to everyone.
- Enable our staff to answer complaints in a timely manner.
- Demonstrate how we will respect individuals' rights to confidentiality.
- Ensure that complaint information is shared transparently to the Board who are accountable for improving the quality of services.
- Ensure all staff are trained effectively to respond to complaints in order to achieve local resolution in a timely manner
- Enable staff to respond positively to complaints and endeavour to resolve issues locally as soon as possible.
- Satisfy complainants by giving our staff the tools to conduct a thorough investigation and provide a full explanation to concerns and complaints in a way agreed with the complainant.

3.4 Ensure that patients, relatives and their carers are not treated differently as a result of making a complaint.

4. Principles

Vocare will treat any complaint seriously and will endeavour to ensure that:

- All patients/service users will know how to make a complaint and can expect their complaint to be investigated thoroughly and fairly. Posters and leaflets are available at all Centres where Vocare provide services.
- All complainants receive information to enable them to understand the complaints procedure and feel supported throughout.
- Any ability for local resolution of verbal complaints will be sought, locally, at the time of the complaint.
- Complainants will always be treated with dignity, respect and courtesy and will be informed on how the concern will be investigated.
- Any high-risk issues identified during the investigation will be dealt with at the time. This will include a full Serious Case Initial Findings process (See Vocare incident Policy), where required, ensuring appropriate escalation and actions take place.
- All staff will be trained in complaints handling and also clear guidance will be given on when, how and with whom complaints are shared

5 Responsibilities

- 5.1 **Managing Director** – Holds overall accountability for Complaints within Vocare, delegated to the Director of Quality and Nursing regarding adherence of the Regional Teams to the Vocare Complaints Policy.
- 5.2 **Operational /Clinical Managers** –Will raise a complaint on DATIX, at the time the verbal complaint is made and document full details of any subsequent actions. They will attempt “local resolution” for all verbally received complaints at the time the complaint is made. If they are unable to achieve “local resolution”, they will advise the complainant that they will receive a call from the Governance Team. They should then note this on DATIX and request that the Governance Team contacts them to commence the formal complaints process. They will advise the Governance Team that a letter should be sent to explain the process of a formal complaint. Will provide local support and development to all staff to enable staff to recognise when a patient wishes to make a complaint, how to collate all the relevant details of the complaint to pass on to the Operational/Clinical Managers (including Operational Team Leaders) who will act as Investigating Officers and are responsible for ensuring they remain up to date with all policy, procedure, statutory/mandatory training and other training as required to be an Investigating Officer. They should ensure all staff required to be interviewed or write a statement are given the appropriate time off line/off the floor, to do this.
- 5.3 **Governance Team** – On receipt of a letter of complaint in writing, by email or via the website link, <https://vocare.org.uk/contact.php>, the Governance Team will be responsible for initial contact with complainant, acknowledging the complaint and offer to keep in touch at weekly intervals, should the complainant want this. They will be responsible for sending an acknowledgement letter to confirm the

conversation, (reason for the complaint, the expected resolution and seek consent (where it is not the patient complaining)) and they will be responsible for confirming the date by which the complaint response will be made (within 30 working days). The Governance Team will be responsible for sourcing all necessary information for the Investigating Officers, allocating complaints to Investigating Officers and supplying any information and support to the Investigating Officer on all aspects required to complete the investigation.

If there is a “failed local resolution” to a verbal complaint, the Governance team should contact the complainant and follow the same process as if the complainant had written a letter of complaint. If they are unable to make contact, a letter should be sent to explain this and to offer information on how to complain.

The Governance Team will send the final letter following the sign off by the Regional Team for a complaint investigation. The final letter should be sent within 30 working days from receipt of the complaint.

The Governance Team should inform the co provider or local Clinical Commissioning Group of the complaint when it is raised, if locally indicated. Otherwise, sharing this information monthly as part of the monthly contract monitoring meetings is sufficient.

- 5.4 **Investigating Officers** - Will be notified by the Governance Team and be the point of contact for written complaints requiring a full investigation. They will seek understanding of the reason for concern, expected resolution and complete an open, honest and fair investigation into their concerns, including speaking with staff involved, receiving statements, reviewing documentation, procedures and interviewing staff. Elements of all Vocare Policies and Procedures will be considered as part of the investigation. The Investigating Officer will complete the Investigating Officers Report in full and on time (including the action planning), seeking support as required and reviewing call audits, clinical input, and all evidence pertaining to the service delivery position at the time of the incident and if necessary further information from other providers of care, where relevant. They will notify the Regional Clinical Director (or nominated Deputy) if they are unable to meet the 20-day turnaround time to complete the investigation, including uploading the report onto DATIX.
- 5.5 **Regional Clinical Directors** (or nominated Deputy) are responsible for ensuring they have a pool of suitably trained Investigation Officers available to complete the volume of complaints received. They are responsible for ensuring all staff dealing with complaints have up to date with the Training identified in Section 7 of this Policy. They are also required to review and check the Investigating Officers Report and once a draft letter of response is compiled, approval should be given before the 25th working day following receipt of a complaint. They will ensure the implementation of all actions identified are completed and will ensure the draft letter, and the Investigating Officers Report is submitted to the Regional Team for approval and to the national governance team (via DATIX). They are also overall responsible for the formally reporting from DATIX on all complaint reporting standards, themes and trends, quality improvement requirements and training needs, to the Quality and Safety Committee and the Clinical Commissioning Group on a monthly basis.
- 5.6 The **national governance team** will collate nationally, themes and trends identified through learning from complaints. Where there are litigious implications, the national governance team should be informed at the earliest opportunity and subsequently identify as a potential claim. In addition, the national governance team are required to collate the Regional Monthly Reports for the Quality &

Safety Committee and identify the annual position of Complaints within Vocare in every Annual Quality Report. They will also to submit to the quarterly Hospital and Community Health Services Complaints Collection (KO41a) accepted by the Standardisation Committee for Care Information (SCCI). The national governance team will also undertake monthly audits for quality assurance of the complaint's responses.

5.7 All Staff

All staff are responsible for informing the shift lead, line manager or department manager of any concern raised by patients, their family, members of the public, contractors, other providers (this list is not exhaustive). Each staff member will be advised during induction of their responsibility regarding this and of to whom they should report any concerns on to. All shift leads, line managers and department managers will be aware of how to deal with any complaints referred to them via verbal routes or otherwise. It will be their responsibility to ensure these concerns are raised on Datix with details of discussion and closure or onward complaints investigation.

6 Consent

- Complaint information is confidential and will only be disclosed to those with a demonstrable need to know.
- Third party telephone call answering should maintain confidentiality and a request to speak with the complainant directly made.
- Consent can be obtained on the telephone and acknowledged in the acknowledgement letter, so long as it is clarified who the person is giving consent (by full name and DoB) and such calls are made on the designated recorded telephone line. Equally, consent can be agreed via email, so long as the email is from the person from whom consent is required.
- Complaints records will be kept separate from health records, subject to the need to record information which is strictly relevant to their health in the patient's health records.
- Correspondence about complaints will not be included in patient's records. Informal discussions about concerns can be documented in the clinical records, i.e. Aastra case notes. Correspondence should be attached to the electronic complaint file held within Datix, with entries made in the progress notes section. It is not necessary to obtain the patient's express consent to use personal information when investigating a complaint as the patient has implied their consent by asking Vocare to investigate the matter.
- Fraser guidelines state that a child below the age of 16 can consent for their own medical treatment if they demonstrate sufficient understanding. This principle is adopted within the complaints process and therefore, there is no minimum age for a young person to raise concerns about the care they have received. The young person will be offered support by the Complaints Team and signposted to any additional resources such as Advocacy and the Carers Support organisations if required.
- The treating clinician is responsible for determining whether a child who has had a complaint raised on their behalf is 'Fraser competent' and this will be determined on a case by case basis.
- Competence is specific to a specific decision, i.e., it is not a general or universal competence. This means that in relation to a complaint by parent on a child's behalf, the specific consent required relates to whether they agree with the complaint made on their behalf bearing in mind the implication that their parents will access the young person's medical records as part of the process. If, however, there is clear evidence that the child is Fraser competent, then their express authority should be obtained before responding to the complaint as it will involve disclosing confidential

patient information. Parents cannot overrule the child's consent when the child is judged to be 'Fraser competent'.

- Where a complaint is made on behalf of patient, consent must be obtained from the patient to disclose personal health information and the results of any investigation in order to maintain and uphold the duty of confidentiality to the patient. The complainant will be asked to return a consent form to the nominated governance team.
- The timescale to respond starts on day after the date of receipt of the completed consent form, however it is often in the best interest of all parties to proceed with the complaint investigation as soon as a level of information has been received to conduct an investigation appropriately.
- In cases where consent is requested, the complainant will be informed that the response will not be sent without consent being received. Awaiting consent will not be a determining factor in the investigating a complaint. Services have a duty to investigate concerns for service improvement purposes and to ensure learning.
- Where a complaint is made on behalf of a patient who has not authorised the complainant to act on their behalf, care must be taken not to disclose personal health information without the patient's consent. Matters of a non-personal or non-clinical nature e.g. system processes or elements relating to delays, such as general referral processes may be included within the response provided to the complainant.
- All letters regarding the complaint will be marked 'private and confidential'.
- By ensuring that all complaints are dealt with in the strictest of confidence the scope for patients, relatives or carers being treated differently as a result of the complaint will be minimised.
- In the event that a request for authorisation has not been returned, the governance team will resend the request at weekly intervals twice more. If at the end of this process, there is still not authority received back, the complainant is notified that the case has been investigated but the results cannot be shared due to lack of consent

7 Training

All staff dealing with complaints will be required to have achieved the following training:

- Statutory and Mandatory Training
- DATIX Training – For all staff involved in receiving complaints from patients
- Root Cause Analysis Training – For all staff taking on the role of an Investigation Officer and any other staff deemed appropriate by the Regional Team
- Conflict Resolution Training – for all Operational Team Leaders and Clinicians
- Duty of Candour Training – For all staff dealing with complaints
- Mental Capacity Act and Deprivation of Liberties Training – For all staff dealing with patients
- Safeguarding Training – For all staff dealing with patients
- PREVENT Training for all staff dealing with patients.

8 Process

8.1 Local Resolution Complaints

- If a complaint is made, the complainant is encouraged to speak directly with the

Operational/Clinical Manager at that time to assist with the complaint straight away and resolve any concerns at the time.

- Ideally, resolution of perceived problems, minor comments and issues should be actioned immediately and informally. This will be dealt with in a flexible manner which is appropriate to their nature. Such complaints if resolved should still be recorded in full on DATIX as a 'Informal Complaint' and marked as resolved with an outcome code.
- If the complainant remains dissatisfied, the complaint should be recorded in full on DATIX as "Formal Complaint" and dealt with accordingly

8.2 Formal (written) Complaints

- Complainants will be informed they have 12 months from the date on which the incident occurred; or if later, the date at which the matter which is the subject of the complaint came to the attention of the complainant, unless the complainant had good reasons for not making the complaint within the time limit and it is still possible to investigate the complaint effectively and fairly.
- Vocare will provide details of advice and advocacy support to those who wish or need such support, via Healthwatch or equivalent local advocacy service.
- The person first receiving the complaint will:

Enter the details of the complaint onto DATIX including the date of receipt

Use the Datix generated ID for the complaint and ensure it is on all documentation and subject heading of all emails.

9 Reporting Process

9.1 Metrics

The following metrics will be collated monthly for reporting requirements to the local Clinical Commissioning Group, Regional Quality Group and the Vocare Quality and Safety Committee. An overview of complaints by service, regional and organisation wide will also be part of the Vocare Annual Quality Account. It is expected that each Region will have a weekly/monthly reporting process to ensure focus on timeliness of complaint resolution.

9.2 Metrics required:

- Local resolution achieved within 48 hours (by month/by region)
- Unresolved through local resolution (by month/by region)
- Number of formal complaints received (by month/by region)
- Number of complaints upheld/not upheld/partially upheld
- Acknowledgement letter standard achieved within 3 working days
- Failure to achieve acknowledgement standard 3 working days and by reason (by month/by region)
- 20 working day investigation report completed (by month/by region)

- 5-day letter writing completed (by month/by region)
- 4-day Regional Team approval and sign off completed (by month/by region)
- 30 working day response standard achieved (by month/by region)
- 30 working day standard not achieved and reason (by month/by region)
- 40 working day achieved (by month/by region)
- 50 working day achieved (by month/by region)
- Themes and trends (by month/by region)
- Redress outcomes identified (by month/by region)

10 Involvement of External Partners

Monthly reporting on all the above metrics will be shared with Clinical Commissioning Groups as a service line report. Quarterly reporting to NHS Digital under the KO41A [The Hospital and Community Health Services Complaints Collection] process is undertaken by the national governance team

The complaints position for Vocare will be shared to all stakeholders and partners through the Vocare Annual Quality Account.

11 Out of Scope

This policy does not cover any of the following:

- Complaints made by other NHS organisations, private or independent providers. These would be dealt with under the Health Care Professional Feedback Standard Operating Procedure. If they are made about Vocare, Vocare should raise a complaint and deal with it in line with this Policy.
- Complaints made by an Employee, about their Employment. These would be dealt with through Vocare's Grievance Policy
- A complaint that was previously investigated and concluded under this policy. This would be dealt with under the "remains dissatisfied" and referred to the PHSO
- A complaint that was dealt with through a verbal complaints process which was locally resolved at the time.
- A complaint regarding a failure to comply with the Freedom of Information Act 2000.

12 Support and Assistance

Any complex or unusual complaint will be considered further by the national governance team, who can seek support from Totally Plc Clinical Quality Director or Head of Patient Safety, should it be required. Any concern or query regarding the process should be referred to the national governance team for clarification, particularly the following.

- Children under 18 years old, where these must be made in the best interests of the child and that there are reasonable grounds.
- Deceased – There must be clarity that the person making the complaint is the deceased's representative
- Physical/mental incapacity - If the person is unable to make a complaint or lacks capacity under

the Mental Health Act 2005. The person making the complaint must be doing so in the best interests of the patient.

- Where there is third party consent – A response should be sent to the third party and the patient
- Power of Attorney or delegated authority – Evidence of this should be sought prior to disclosing any confidential patient information.
- An MP acting on behalf of the patient under instruction from their constituent.
- All complaints must be investigated under strictest confidence and on a need to know basis, failure to maintain confidentiality will be dealt with under Vocare’s Disciplinary Policy.

This list is not exhaustive, and the national governance team is available to advise on any concerns that the Investigating Manager, Governance Team or anyone else involved in the Complaint may have.

13 Vexatious Complaints

The aim of this process is to define possible situations where the complaint might be considered to be habitual, vexatious or unreasonably persistent and to provide a framework for managing these complainants.

It is emphasised that identifying complainants as habitual, vexatious or unreasonably persistent should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the complaints procedures, for example through local resolution, conciliation, or involvement of advocacy services as appropriate. Judgement and discretion must be used in applying the criteria to identify potential habitual, vexatious or unreasonably persistent complainants and in deciding action to be taken in specific cases.

It can be difficult for staff to respond to or deal with these complainants and support may be needed.

13.1. Who are Habitual, Vexatious and Unreasonably Persistent Complainants?

Unreasonably persistent complainants are those that raise the same or similar issues repeatedly, despite having received a full response to all the issues they have raised. Habitual complainants may raise several complaints, either in series or contemporaneously, which may or may not have similar issues raised. Vexatious complainants can cause frustration, worry or actual concern for staff welfare. These terms are not mutually exclusive and a complainant may be any combination of the three or indeed all three.

13.2. Actions which may indicate a complainant might be considered habitual, unreasonably persistent or vexatious include:

- Persisting in pursuing a complaint where the complaints procedure has been fully and properly implemented and exhausted.
- Changing the substance of a complaint or continually raising new issues or seeking to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to disregard new issues which are significantly different from the original complaint. These might need to be addressed as separate complaints.)

- Being unwilling to accept documented evidence as being factual, e.g. drug records, nursing records or deny receipt of an adequate response in spite of correspondence specifically answering their questions, or do not accept that facts can sometimes be difficult to verify when a long period of time has elapsed.
- Not clearly identifying the precise issues which they wish to be investigated, despite reasonable efforts of staff and, where appropriate, advocacy services to help them specify their concerns, and/or where the concerns identified are not within the remit of our service to investigate.
- Focusing on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. (It is recognised that determining what is a 'trivial' matter can be subjective and careful judgement must be used in applying this criterion.)
- Threatening or using actual physical violence towards staff at any time - this will in itself cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be pursued through written communication. Where relevant the discussion and inclusion of a special patient note may be considered
- Having in the course of their complaint had an excessive number of contacts with the service and thus placing unreasonable demands on staff. A contact may be in person or by telephone, letter, email or fax. Discretion must be used in determining the precise number of "excessive contacts" applicable under this section, using judgement based on the specific circumstances of each individual case.
- Harassing or being personally abusive or verbally aggressive on more than one occasion towards staff dealing with their complaint. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety, or distress and should make reasonable allowances for this. They should document all incidents of harassment as an incident on Datix as well as in the Complainants module. Where relevant the discussion and inclusion of a special patient note may be considered Being racially abusive or showing any other kind of discrimination.
- Recording meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved, in contravention of the Data Protection Act 2018 and General Data Protection Regulation.
- Displaying unreasonable demands or patient/complainant expectations and failing to accept that these may be unreasonable, such as insisting on responses to complaints being provided more urgently than is reasonable, demanding staff dismissal, or providing a "penalty" for non-compliance with their wishes.
- Sending indecent or offensive items to staff or their families in the post, or hand delivering indecent or offensive items to staff or their families.
- Contacting staff members by any means outside of work – for example, ringing their home phone number or waylaying them in the street.
- Refusing to adhere to previously agreed communication plans sent to the complainant.

Please note this list is not exhaustive.

The Clinical Governance Manager will flag up to the CSM and national governance team any complainants he or she feels may be a concern. Together they will determine the point at which a specific complainant will be considered to be habitual, unreasonably persistent and/or vexatious. They will also agree on the appropriate course of action. This will vary on a case-by-case basis

It may be that one course of action is taken when the patient is identified as being habitual, persistent and/or vexatious and has then to be followed by others should the initial action prove unsuccessful.

Whatever the action to be taken, complainants should be informed of their right to go to the Ombudsman.

Possible courses of action that may help to manage these complainants include, but are not limited to:

- Placing time limits on telephone conversations and personal contacts.
- Restricting the number of calls, letters or emails that will be taken or made.
- Requiring contact to be made with a named member of staff.
- Requiring contact to be made through a third person, such as an advocate.
- Limiting the complainant to one mode of contact e.g. in writing only
- Requiring any contact takes place in the presence of a witness.
- Refusing to register and process further concerns or complaints about the same matter.
- Informing the complainant that future correspondence will be read and placed on file, but not acknowledged. In this case the complainant should receive a letter from the CSM stating they have responded fully to all points raised and have tried to resolve the complaint, but there is nothing more to add and continuing contact on the matter will serve no useful purpose.
- Advising that the organisation does not deal with correspondence that is abusive or contains allegations that lack substantive evidence. Request that the complainant provides an acceptable version of the correspondence or make contact through a third person to continue communication with the organisation.
- Advising that irrelevant documentation will be returned or filed.
- Drawing up a signed 'agreement' with the complainant (if appropriate, involving an advocate) which sets out a code of behaviour for the parties involved if Vocare is to continue processing the complaint.
- Informing the complainant that in extreme circumstances Vocare reserves the right to pass unreasonable or vexatious complaints to our solicitors.
- Temporarily suspending all contact with the complainant or investigation of a complaint whilst seeking legal advice or guidance from the Parliamentary and Health Service Ombudsman, or other relevant agencies.

- Advising the complainant in writing that they may be classified as an unreasonably persistent complainant and advise them to take account of the criteria in any further dealings with the service.
- If the complainant's contact is considered to be abusive and/or threatening, the Police may be contacted. If there is a threat of physical harm, the Police will be contacted.

Once a restriction is decided on, a report should be written by the Clinical Governance Manager stating why the patient is being deemed vexatious, unreasonably persistent and/or habitual, along with supporting rationale.

The Clinical Governance Manager will also draft a letter to the complainant to inform them about the decision and what it means for their future contact with the organisation; how long those restrictions will remain in place; and advise that they have the right to go to the Parliamentary and Health Service Ombudsman. It may also be appropriate for a final response letter to be sent listing every point the complainant has ever raised and the services answer to it; this will be at the discretion of the Clinical Governance Manager

Both the letter and the rationale will be given to the CSM, or nominated deputy, who will have the final say in whether they accept the rationale and sign the letter.

This notification may be copied for the information of others already involved in the complaint, e.g. GPs, Independent Complaint Advocacy Services and Members of Parliament. A record must be kept for future reference, in the complaint file of the reasons why a complainant has been classified as unreasonably persistent. This will not form part of their medical records, electronic or paper.

The Clinical Governance Manager is responsible for ensuring the rest of the Governance Team, and any relevant clinicians are informed.

Note that if a complainant is to have limits made on their contact with Vocare by phone or in person or has been advised that staff will not be discussing matters with them, it may be helpful for staff to have an agreed, prepared statement available to be used at such times. This must be shared with relevant administrative staff.

13.3 Withdrawing Habitual, Unreasonably Persistent or Vexatious Status

Once complainants have been deemed habitual, unreasonably persistent or vexatious there needs to be a mechanism for withdrawing this status, should the complainant subsequently demonstrate a more reasonable approach.

In the first instance, it will be the decision of the Clinical Governance Manager as to whether the status is withdrawn; this is because he or she has full knowledge of how that complainant has acted in the past and would be aware of any previous periods of compliance by the complainant which were later followed by non-compliance. Should the status be withdrawn, it would always be with the provision that it could be re-instituted at any time. This would be on the decision of the Clinical Governance Manager alone, who would prepare a letter for the CSM to sign but would not need to provide further rationale.

13.4 New Complaints from Habitual, Vexatious and/or Unreasonably Persistent complainants

It is important to remember that new complaints from these complainants will still need to be investigated should the Clinical Governance Manager decide they are indeed new complaints and not the same complaint but coming from a different angle. If the complainant is a habitual complainant, that is, complaining of many new issues, the Clinical Governance Manager will discuss the issue with the Regional Clinical Director to decide whether the new complaint should be responded to. It may be more appropriate to investigate the matter but not to respond to the complainant, so that any concerns are looked at fully.

However, restrictions placed on how a complainant may maintain contact with Vocare might still be considered appropriate in the management of any new issues

14. Managing joint complaints

Each Service Contract, when working in partnership with another provider should have documented integrated governance processes (Standard Operating Procedures) to manage complaints, identifying who collates information, who approves i.e Lead contractor and who signs off complaint on behalf of the joint working arrangements.

Where there are shared services, it is the lead contractor that is responsible for collating the required information and drafting a response to the complainant, based on the investigation findings from all providers therein the shared service.

Where there is shared call answering, the lead contract holders will take responsibility for the patients which they are contracted to provide service for, regardless of where the call was answered.