

# Complaints policy

February 2021

Version 4.0 Approved

**NHS fraud.  
Spot it. Report it.  
Together we stop it.**



## Version control

| Version     | Name           | Date       | Comment   |
|-------------|----------------|------------|---|
| Version 1.0 | Ann Sturgess   | 13/11/2017 | First issue with NHSCFA branding  |
| Version 2.0 | Ann Sturgess   | 07/11/2018 | Second issue  |
| Version 3.0 | Helen Fox      | 10/11/19   | Third issue, following annual review and interim amendment to escalation process for stage 3 complaints whilst order is sought under the Health Service Commissioners Act 1993 (HSCA 1993)          |
| Version 4.0 | Freedom Mackay | 01/02/20   | Fourth issue, following amendment to Health Service Commissioners Act 1993 (HSCA 1993) allowing escalation process for stage 3 complaints to go directly to Parliamentary Health Service Ombudsman. |

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|--------------------------|--|
| <b>Document status :</b> | External   |
| <b>Document name :</b>   | Complaints policy                                  |
| <b>Author(s) :</b>       | Organisational Development                         |
| <b>Owner :</b>           | Purdy Sian Davis, Organisation Development Manager |

Note: Printed copies are only valid on the date they were printed.

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## 1. Introduction

This policy sets out the overarching approach to managing complaints made about the NHS Counter Fraud Authority (NHSCFA) in line with the regulations<sup>1</sup> which apply to us.

The policy is available to the public on the NHSCFA website at <https://cfa.nhs.uk/about-nhscfa/contact-us#complaints>.

It should be read by the Board, the Senior Management Team, the Leadership Team and staff who are delegated to manage complaints. The policy is available for all NHSCFA staff to read on NHSCFA intranet and the Leadership Team should encourage all staff to become familiar with it.

## 2. What is a complaint?

The NHSCFA definition of a complaint is:

“An expression of dissatisfaction that requires a response”.

This includes dissatisfaction about the way in which we discharge our statutory functions, the service provided, the conduct of staff, or the process involved in deciding what action to take (or not to take). The following are examples of things that may be treated as complaints:

- claims that NHSCFA staff have been unhelpful or rude
- claims of unfair treatment by the NHSCFA
- dissatisfaction about the action of the NHSCFA, for example, timeliness, lack of clarity of information, mishandling of secure information
- claims that a poor standard of service has been provided by NHSCFA

## 3. Key Principles

The NHSCFA’s policy is that complaints should be resolved locally, quickly and informally wherever possible. In the event that complaints cannot be locally resolved, this procedure provides a consistent approach to handling formal complaints. The key issues taken into consideration when formulating this policy are that a complainant needs to:

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<sup>1</sup> Local Authority Social Services and National Health Service Complaints (England) Regulations (2009)

- know how to complain
- feel confident that their complaint will be dealt with seriously
- understand that their concerns will be considered in full and they will be informed of the findings of that review
- trust that NHSCFA will learn from complaints, feedback and praise and apply those lessons whilst also learning from and sharing effective practice

## 4. Scope

This policy applies to the manner in which we fulfil our statutory functions in England, deliver against our objectives, and deliver our range of services.

Our work falls into a number of areas

- Intelligence
- Investigation
- Fraud Prevention
- Standards and Quality and Compliance
- Staff and Organisational Development
- Communication
- Digitalisation and Technology

NHS Counter Fraud Authority (NHSCFA) acts as the principal lead for the NHS and wider health group in counter fraud intelligence work. We aim to deliver capability to produce intelligence on fraud risks impacting upon or threatening the NHS and wider health group; to enable pro-active fraud detection, and to drive improvements to all aspects of counter fraud work across the NHS.

We have national responsibility for 'leading work to protect NHS resources from crime': how we do this depends on the nature and extent of the fraud reported to us. By virtue of our investigatory, advisory and quality and compliance functions, we can consider acting upon information in a number of ways.

We have the capacity to initiate an investigation into reported concerns or allegations, or to refer the matter to the local health body concerned where the nature, complexity or seriousness of the matter does not meet the threshold for us to investigate it ourselves.

Where it appears that the matters raised in a complaint are not in fact related to our remit and functions, wherever possible we will assist in signposting people accordingly to the correct organisation.

Further information on what we do and how we do it can be found on our website

<https://cfa.nhs.uk/about-nhscfa/what-we-do>

## 5. How to make a complaint

Complaints may be made by email, in writing, or verbally.

Complaints may be made in writing to

NHS Counter Fraud Authority 4th Floor, Skipton House, 80 London  
Road London, SE1 6LH

or emailed to

[complaints@nhscfa.gsi.gov.uk](mailto:complaints@nhscfa.gsi.gov.uk)

### What information should be provided

As much information as possible should be provided to allow the NHSCFA to investigate the complaint. Where possible the following should be provided:

- name and a valid email or home address for reply
- a phone number in case we need to contact you for additional information
- a clear description of what the complaint is about and when this happened
- the name of the service or person you want to complain about
- any relevant correspondence

Please do not send information to us in removable media, for example CDs, DVDs, SD cards, or memory sticks, without contacting us first to discuss suitable arrangements for safe storage and review of the contents.

## 6. NHSCFA complaint timelines

### Resolution by departments (or informal complaints)

The NHSCFA will aim to resolve complaints at the earliest opportunity without escalating to the formal procedure. In most cases, complaints will be managed on an informal basis in the first instance by NHSCFA departments. This is intended to provide the complainant with a quick and satisfactory resolution. NHSCFA departments will aim to resolve informal complaints in no longer than 10 working days, where this is not possible the complainant will be kept informed of progress. If it is recognised that an informal complaint cannot be resolved quickly then an acknowledgement together with a brief summary of the complaint will be issued within 3 working days of receiving the complaint, with a revised timeline if possible.

## Complaints made in writing (including e-mail)

On receipt of the complaint we may: -

- Acknowledge and seek clarification of the matters being raised
- Respond in full
- Acknowledge receipt and set out the expected process for resolution, or
- Advise that we are not treating this as within the scope of this policy, and provide a corporate response

We will aim to acknowledge a written complaint within 3 working days of receipt. We will confirm what the complaint is about that we are reviewing. We will allocate a unique reference number on our first response and continue to use this in future correspondence. Where a complaint is made by email we will ask you to confirm whether you consent to communication continuing via the means.

## Complaints made verbally

Where a complaint has been made verbally, the complainant will be invited to follow this up in writing or via email. This process will be supported if a complainant requires assistance preparing a written formal complaint - in which case NHSCFA will make the written record of complaint. An acknowledgement letter together with a summary of the complaint will be issued within 3 working days of receiving the complaint. This will also give the complainant the opportunity to add any further comments or information they consider to be relevant within 7 working days of receiving the summary of the complaint. If no response is received within 7 working days, it will be made clear that the NHSCFA will consider the complaint summary to be accurate. The NHSCFA will also offer the complainant an opportunity to discuss and clarify the complaint, and assistance to enable them to understand the procedure in relation to complaints.

## Time limit for raising a complaint

A complaint should be raised with us within 12 months of the matter happening, or of it coming to your notice. NHSCFA may consider dealing with a complaint outside of this if there are good reasons for it not being made sooner, provided it is still possible to investigate the complaint effectively and fairly.

## Persons who may make complaints

A representative may make a complaint on behalf of another person who is

- a child
- has physical incapacity, or lack of mental capacity within the Mental Capacity Act 2005,
- or is deceased

We will not consider a complaint made by a representative until we are satisfied that there are reasonable grounds for the complaint being made by a representative. Where we are not

satisfied that there are reasonable grounds for representation the NHSCFA will notify in writing with the reason for the decision.

## Process of Review

A review will be carried out by a member of staff independent of the issue.

The review will comprise the following elements

- To establish what information we hold in relation to the matter
- To establish the facts
- To make a decision on whether the grounds of complaint are valid
- Consider what follow-up action should be taken

In some circumstances we may be unable to conduct this review at the time it is raised, and the formal review may need to be deferred pending the outcome of any ongoing fraud investigation, criminal prosecution, civil litigation or related matters. Where we are unable to investigate the complaint within 6 months, we will confirm the likely timeframe before the expiry of the 6 months.

## Response

The Chief Executive will review the draft response and the way in which the complaint has been handled and a written response to the complainant will be made within 25 working days of receipt of the complaint. The response will address the issues raised and notify the complainant of the review process should they remain dissatisfied.

Complainants will also receive an explanation of any lessons learnt or changes that will take place as a result of the findings of the investigation. Where we are at fault an apology will be issued.

If it is not possible to provide a response within 25 working days, the complainant will be informed of the reason for the delay as soon as possible (but no later than 25 working days of receipt) and a revised response date will be set.

## Withdrawal of complaint

If at any time during the complaint process the complainant or their representative or advocate decides they would like to withdraw the complaint this request can be made either verbally or in writing. The withdrawal of a complaint will be acknowledged in writing.

## **Persistent and unreasonable complainants**

In some circumstances a complaint will be classified as persistent and unreasonable. Guidance on identifying where there is unreasonable/and or inappropriate conduct from a complainant can be found in the 'NHSCFA complaints guidance for dealing with persistent and unreasonable contact' guidance in appendix A at the end of this document.

This appendix also sets out our process for managing persistent and unreasonable complaints.

## **7. Escalation of formal complaints**

### **Formal complaint – Stage 1**

Where attempts at local resolution have been exhausted, complainants have the option to make a formal complaint under this policy, which we will seek to resolve within 25 working days of receipt.

### **Formal complaint – Stage 2**

Stage 2 complaints are reviewed directly by the Chair of the Board within 15 working days.

### **Formal complaint – Stage 3**

When a complainant remains dissatisfied they can choose to escalate the complaint to the Parliamentary and Health Service Ombudsman (PHSO). The NHSCFA can also refer a complaint to the PHSO for a final decision.

## **8. Monitoring and reporting**

The Senior Compliance and Complaints Officer will provide a report to the NHSCFA Leadership Team, Senior Management Team, and Board including the following information:

- a. numbers of complaints received
- b. numbers of complaints upheld
- c. issues and key themes that the complaints have raised
- d. number of cases which have been escalated in line with paragraph 7 above

The NHSCFA Senior Management Team will be copied into these reports to identify any areas where feedback can be used to learn and improve services across the organisation.

## 9. Record keeping

A record of complaints will be kept in accordance with the organisation's records retention policy.

## 10. Annual review of complaints

A report will be prepared annually in order to consider the following themes: -

- a. actions taken, or being taken, to improve services as a result of the complaints made
- b. lessons learnt
- c. reporting on praise and other feedback and how that information has been shared

This will be reported to the Senior Management Team and any recommendations implemented.

## 11. Governance and compliance

The NHSCFA will monitor both the effectiveness of the complaints process, and how complaints information is being used to improve internal processes. NHSCFA management and Board will receive regular reports on complaint management and emerging themes. This helps:

- disseminate key lessons from complaints across the relevant parts of the organisation to contribute towards service planning and improvement
- use complaints procedures as a measure of performance and quality of service

This policy will be reviewed no less than annually.

## **Appendix A – NHSCFA complaints guidance for dealing with persistent and unreasonable contact**

### **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 NHSCFA Complaints Policy.

Persistent contact may be as a result of individuals having 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 the guidance**

To help identify where there is unreasonable and/or inappropriate conduct from a complainant and setting out the action to be taken.

### **3. Definition of persistent and unreasonable complainant behaviour**

Although every instance may be different, examples may include those who:

- Change the nature of a complaint or unnecessarily/maliciously prolong contact by continually raising further issues in relation to the original complaint. If there are new facts to be addressed these may need to be considered separately.
- Do not clearly highlight the exact issues they wish to be investigated, despite reasonable efforts by staff to seek clarity.
- 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.
- Harass, threaten, or use verbal (or written) abuse to cause harm or distress to staff.
- Threaten or use actual physical violence towards staff.
- Send excessive amounts of correspondence, emails or make excessive telephone calls to staff that are disproportionate to the matter in hand. Discretion must be exercised in deciding how many contacts are required to qualify as excessive, using judgement based on the specific circumstances of each individual case.

- Persist in pursuing a complaint when the procedures have been fully and properly implemented and the complainant has been informed of this.
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.

#### **4. Process for managing unreasonable or persistent behaviour**

Where there is behaviour as described above in section 3, the following actions can be taken:

- If the complaints lead believes a complaint is unreasonable or persistent this will be reviewed independently by a manager.
- The status of the complaint will be checked and the complainant made aware accordingly.
- Repeated abusive, persistent or unreasonable contact will be terminated with no acknowledgement.
- Records/evidence of any unreasonable and persistent contact, including any action to be taken will be logged.

The NHSCFA will consider taking further action if appropriate, such as reporting the matter to the police or taking legal action.