



PALS and complaints policy

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This policy progresses the following Authorisation Domains and Equality Delivery System (tick all relevant boxes):

Clear and Credible Plan	✓	Commissioning processes	
Collaborative Arrangements	✓	Leadership Capacity and Capability	✓
Clinical Focus and Added Value	✓	Equality Delivery System	✓
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Patient Advice and Liaison Service (PALS) & Complaints Policies and Procedures

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**Approved by Richmond Clinical Commissioning Group's Governing Body via
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NHS Policies and Primary Care Practitioners

NHS Richmond has prepared this policy in good faith for use by the Richmond Clinical Commissioning Group (CCG) and its directly employed staff.

The statutory legal obligations referred to within this policy do not extend to the activities of Primary Care Practitioners and their teams, who have a separate legal identity and remain accountable as such.

It is, however, recommended that where Primary Care Practitioners develop policies for their organisation to follow that they refer to NHS England's policy for best practice guidance and the statutory instrument 2009 No. 309 *The Local Authority Social Services and NHS Complaints (England) Regulations 2009*. In doing so it must be noted that the CCG cannot be held responsible for the adoption and implementation of these local policies.

Impact Assessment

The Complaints Policy and Procedures underwent impact assessment on 27 October 2005. No negative or adverse impacts were identified.

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1. Introduction

The Patient Advice and Liaison Service (PALS) and complaints management service both have the aim of providing prompt assistance in resolving queries, concerns and complaints raised by patients and other service users.

People with concerns and queries about primary care services that cannot be answered by talking to frontline staff should contact NHS England's Customer Contact Centre.

People with concerns and queries about commissioned services should contact Richmond CCG's PALS & Complaints team.

The NHS Complaints (England) Regulations 2009 clarified in Gateway Reference No. 13508 that it expects "PALS and others to apply common sense and to use their judgment whether they are dealing with a complaint or not". The PALS and complaints team has found that clients who contact the PALS team are generally content and agree to wait for longer than a day to receive a response to their query, where the query is more complex. A member of the PALS team will contact clients to keep them up to date with the progress of their enquiry if there is any delay.

When clients contact the PALS and complaints team to make a complaint about NHS services, a member of the team will explain to the client that they can either

- i) submit a formal written, oral or electronic complaint, or
- ii) request that the PALS team firstly follow up their concerns.

The majority of clients prefer to have their concerns followed up and resolved by a member of the PALS team, rather than make a formal written complaint, and are generally happy with the outcome provided by PALS.

However, if a client remains dissatisfied they are again advised of their right to submit a formal written complaint and will also be provided with details of the NHS Complaints Advocacy Service (provided by Voiceability) for support, if needed.

2. Patient Advice and Liaison Service (PALS) policy and procedures

2.1 Introduction

The NHS plan (2000) announced the commitment to establish PALS in every trust. In Richmond the service has evolved locally since it was established in 2002. The procedures set out in this policy have been drawn up with the guidance of a resource pack produced by the Department of Health.

2.2 Culture and role within Richmond CCG

PALS is an integral part of the organisation and, in providing a service for patients and the public, also enables the organisation to learn from the experiences of those using the services. This can prove to be a catalyst for improvement and change, and act as an early warning system for the CCG.

2.3 Functions of the service

- i) To be identifiable and accessible to patients, their carers, friends and families.
- ii) To provide prompt assistance in resolving concerns raised by service users and endeavour to negotiate speedy solutions through liaison with NHS staff, primary care services, and other appropriate organisations as necessary. By working across organisational boundaries PALS aims to provide a seamless service.
- iii) To provide accurate information to patients, carers and families about the CCG's services and other health related issues.
- iv) To act as a gateway to appropriate advice and support, including access to independent advocacy.
- v) To assist individuals wishing to access the complaints procedure.
- vi) To support and advise staff when issues are raised relating to the care of service users.
- vii) To support the further development of the PALS service and culture within the organisation.

2.4 Recording information

The Data Protection Act covers any information collected by the PALS team. The confidentiality of individuals, staff or service users is respected. The PALS team, however, has the discretion to share information where patient or public safety is threatened, or criminal activity is suspected.

- Information is recorded on a data collection sheet at the time of contact.
- The information is entered into the Datix database.
- Information is confidential, and data collection sheets are kept in a locked cabinet. Access to the Datix database is password protected and limited to a small number of registered users within the Quality team.
- Paper data sheets are kept until the issue has been resolved, or negotiation completed, and for a period of at least one year after this.
- Any information retrieval for reporting is anonymised and paper data sheets are ultimately shredded to preserve the confidentiality of the caller.

2.5. Reporting arrangements

Reporting arrangements are intended to ensure that the work of the PALS service is monitored and scrutinised. This will ensure that any issues or problems identified by the service have not only been dealt with appropriately, but have been referred to the appropriate Richmond CCG team to inform and initiate changes in the service where necessary.

Where appropriate, information arising from PALS contacts is referred to the relevant team to ensure managers are informed and able to take action where necessary.

Reporting arrangements are as follows:-

- **Quality, finance & performance sub group** considers the PALS and complaints report on a quarterly basis. The group, consisting of members of the quality team and representatives from the commissioning team, public health, finance, corporate office and medicines management, identify trends and any action already taken, or to be taken, to address these. The group also ensure that policies and procedures are followed, and make recommendations on how complaints investigations/PALS could be improved.
- **Richmond CCG Governing Body** receives regular reports regarding PALS and complaints as part of the quality, finance & performance (QFP) report and also an annual report.
- **Richmond CCG Annual Report** includes a summary of PALS and complaints activity for the financial year.

Healthwatch is represented on the Clinical Commissioning Group and is therefore able to monitor PALS and complaints activities closely.

2.6 Staffing and Structure

The Quality & Complaints Manager manages the PALS service, and the Quality Support Officer is responsible for handling the day-to-day enquiries.

2.7 Accessing the service

The PALS service is accessed by patients, carers, the public and staff. Office hours are from 8.00am to 5.00pm, and the answer phone is always available outside of these hours, or when the office is unmanned. The service aims to respond to calls within one working day.

Apart from direct contact by telephone, the PALS service is accessible by email, via the website or letter. Personal callers to the office can also be accommodated.

Information and advice can be made available in languages other than English by arrangement, either in written form or through the services of interpreters. Braille or large print versions can also be arranged, and a sign language interpreting service is available.

The PALS team actively seeks to increase the awareness of the service in the local community. This is achieved in a variety of ways, such as leaflet distribution, articles in the local press, attending local events or meeting and talking to community groups. Special attention is paid to the need to reach hard to reach groups, including identified disadvantaged communities and ethnic minority communities.

Procedures for dealing with PALS contacts

2.8 Information request

- Using the data collection form contact details and an outline of the issues are noted as appropriate.
- The caller is given the name and contact number for the PALS team member dealing with request. If the information requested is readily available it is provided to the caller. If it is not, the caller is assured of a response as soon as practicable.
- If it is necessary to share any information given by the caller with any other department, staff member or organisation, the caller's consent is requested and recorded.
- If another staff member will be responding to the query directly, he/she is required to confirm with the PALS service that the request has been dealt with.
- If the information requested refers to social services, or non-health related issues, the PALS team will help the caller to identify the relevant organisation or department able to assist.

2.9 Problem solving

- Using the data collection form contact details and an outline of the issues are noted as appropriate.
- Ensure the caller has the name and contact number for the PALS team member dealing with the request. The caller will be assured of a response as soon as practicable.
- If it is necessary to share any information given by the caller with any other department, staff member or organisation, the caller's consent is requested and recorded.

- If the caller presents their issue as a wish to make a complaint, the PALS team must inform them of the separate complaints procedure and put them in touch with the Quality & Complaints Manager.
- If the caller is not the patient concerned, but a relative or carer, consent of the patient must be obtained before information is shared or any intervention undertaken.
- The PALS service endeavours to provide a single point of contact for the caller by liaising with the relevant staff, departments or organisations in trying to resolve the issue satisfactorily. If the process is lengthy, the PALS team member will ensure that the caller is kept informed of progress.
- It may be that the issue raised is related, in total, to services in another Trust, and it would be in the caller's best interest to deal directly with them. There are two courses of action possible. With the caller's permission, the information will either be passed on to the PALS service, or equivalent, of the organisation concerned, or a contact number for the service will be given to the caller.

2.10 Enhanced PALS

Enhanced PALS are defined as issues identified by the caller who would have initially contacted the PALS & Complaints service and stated that they wished to complain or express a high level of dissatisfaction. Following an initial discussion with the Quality & Complaints Manager on how to take the issue forward, agreement is reached with the caller for the PALS team to try and resolve their concerns quickly and locally without the need for invoking the formal complaints process.

This approach to handling patient and public concerns was originally approved by the NHS Richmond Board in 2009/10 and remains in place today.

2.11 Declining support

The PALS service will withdraw support if:

- a) The issue raised is now being dealt with through the complaints procedure
- b) There is persistent verbal abuse
- c) The team member's personal safety is at risk.

This will be reported and discussed with the Quality & Complaints Manager and/or Chief Nurse.

2.12 Feedback on PALS service

Feedback on the service provided by the PALS team is collected either via a paper based survey which is posted to those people that have contacted the service or an online survey which is sent out by email.

The survey seeks feedback from service users about the way that their enquiry was responded to and how satisfied they were with the service from start to finish.

Survey results are collated quarterly and presented in the PALS and Complaints Annual Report.

2.13 Equality monitoring

Equality monitoring data is collected through the surveys sent to callers who have contacted the PALS service. The data is reviewed regularly with the Engagement Manager to ensure that the PALS service provided is equitable and accessible to all members of the local community.

3. Complaints Policy and Procedures

3.1 Introduction

This document reflects the legal requirement placed upon all NHS organisations to have written procedures in place which highlight the arrangements for the handling of complaints in accordance with the 2009 Local Authority Social Services and National Health Service Complaints (England) Regulations. This document also provides signposts to further information and gives procedural guidance on how complaints received by NHS Richmond will be managed.

This policy is drawn up in line with EL (96) 19 Implementation of the NHS Complaints Procedure and subsequent Directions and Guidance, including the NHS Constitution and the Parliamentary and Health Service Ombudsman's Principles of Good Complaint Handling. (Appendix 9)

It is important to note that Richmond CCG does not have any remit under the NHS Complaints (England) Regulations 2009 to deal directly with complaints about the care and treatment provided by NHS Trusts (including Foundation Trusts). In such cases, complainants should first be signposted to contact the NHS body concerned.

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

- made by one NHS organisation against another NHS organisation
- made by an employee of an NHS organisation relating to contractual matters
- which is being or has been investigated by the Parliamentary and Health Service Ombudsman

This policy also does not apply to complaints about the handling of a complaint made to another NHS organisation. In such cases, complainants should be directed back to the relevant NHS organisation, or to the Parliamentary and Health Service Ombudsman, as appropriate and in accordance with the NHS Complaints procedure.

3.2 Policy statement

Richmond CCG is committed to the early resolution of complaints and believes that all staff have a duty to recognise an expression of dissatisfaction at the earliest stage and to resolve it personally or refer promptly to the Quality & Complaints Manager.

Richmond CCG acknowledges that it can be difficult for clients and service users to complain during an episode of care, or when they feel unwell and vulnerable. Clients and service users should be reassured at every opportunity that they have the right to complain, and that they will not under any circumstances be discriminated against during or following a complaint investigation.

Richmond CCG also recognises that handling complaints can be stressful for employees and will ensure that appropriate training and support is available.

3.3 Responsible officers

Each 'responsible body' is required to designate someone as a 'responsible person' and identify a separate 'complaints manager'. For Richmond CCG, the Chief Officer is the responsible person. The main functions of the responsible person are to sign off the local resolution responses, to ensure that learning from complaints is prioritised and that action taken to minimise the risk of any reoccurrence of the same type of complaint is carried out. The responsibilities of the complaints manager are embodied within the role of Quality and Complaints Manager at Richmond CCG.

3.4 Definition of a complaint

A query or concern becomes a complaint when, having had immediate action taken to resolve concerns a person remains dissatisfied with any aspect of the services commissioned by Richmond CCG.

Complaints will vary in their degree of complexity and seriousness. The Richmond CCG PALS team can also provide assistance in resolving concerns raised by service users. The PALS service can help in many situations, but especially when the problem or concern is about ongoing treatment, where prompt intervention to resolve the problem can avoid the need for the service user to seek redress under the NHS complaints procedure. This approach is termed 'enhanced PALS'.

3.41 Enhanced PALS

Enhanced PALS is defined as issues identified by a person who would have initially contacted the PALS & Complaints service and stated that they wished to complain or express a high level of dissatisfaction. Following an initial discussion with the Quality & Complaints Manager on how to take the issue forward, agreement is reached with the person for the PALS team to try and resolve their concerns quickly and locally without the need for invoking the formal complaints process.

This approach to handling patient and public concerns was approved by the NHS Richmond Board in 2009/10 and remains in place today.

3.5 Aims

Richmond CCG aims to:

- Agree with the complainant how their complaint will be investigated according to their wishes and guided by NHS Complaints (England) Regulations 2009.
- Develop a 'being open' organisational culture which treats complaints honestly and thoroughly with a primary aim of resolving problems, improving care and satisfying the concerns of the complainant.
- Empower and support staff to recognise and deal with complaints.
- Give commissioning managers the responsibility for resolving and learning from complaints.
- Implement appropriate change in response to complaints received.
- Ensure complaints management is integral to clinical and corporate governance.

- Comply with the five rights and three pledges covering complaints and redress, set out in the NHS Constitution (see Appendix 9).
- Ensure that the complaint response complies with the six principles of set out by the Health Service Ombudsman in Principles of Good Complaint Handling.
 - 1) Getting it right.
 - 2) Being customer focused.
 - 3) Being open and accountable.
 - 4) Acting fairly and proportionately.
 - 5) Putting things right (including financial compensation for direct or indirect financial loss, loss of opportunity, inconvenience, distress, or any combination of these).
 - 6) Seeking continuous improvement.

3.6 Objectives

The policy objectives are:

- To provide ease of access for complainants using procedures that are simple, straightforward and well publicised in patient information leaflets.
- To be fair to staff and complainants alike by ensuring investigation without prejudice and supporting all parties.
- To facilitate a rapid, open process which makes it easy for the organisation to identify and implement service and quality improvements.
- To ensure that the policy is flexible enough to manage complaints about NHS services commissioned by Richmond CCG.
- To ensure that complainants whose concerns involve both Richmond CCG and Richmond Social Services are provided with a co-ordinated response to their complaint (see Appendix 7)
- To ensure that any disciplinary processes are managed separately from the complaints process.

3.7 Review

The complaints policy will be reviewed in April 2016.

3.8 Respect for patient confidentiality

- A patient's wishes should always be respected when disclosing information.
- It is good practice to explain to a patient that the content of information in his/her records may be reviewed by the investigating officer.
- Care should be taken at all times throughout the handling of a complaint to ensure that any information disclosed about a patient is confined to that which is relevant to the investigation. Confidential information will be disclosed only to those people with a demonstrable need to know for the purpose of investigating the complaint.
- All file notes and correspondence should be marked 'private and confidential' and kept separately from the patient's medical records.
- Where the complainant is not the patient, written consent from the patient or if deceased their next of kin must be obtained in writing before the complaint is investigated.

3.9 Access to health records

Any person denied access to their health records under the Data Protection Act 1998 may make a complaint under the complaints procedure. These should be referred to NHS England. Complaints about access to records which cannot be resolved can be reviewed by the Information Commissioner, at the patient's request.

3.10 Implications and support for patients

A patient's access to consultation and treatment will not be affected by making a complaint. Patients may be supported by a relative, friend, or NHS Complaints Advocacy Service throughout the process.

3.11 Implications and support for staff

- Richmond CCG recognises that complaints are potentially stressful for its employees.
- Staff will be supported by their line manager.
- Where appropriate, staff will be reminded of their right to seek support from their professional body.
- The purpose of the complaints policy is to learn and not necessarily to apportion blame to staff. The policy enables Richmond CCG to investigate complaints with the aim of satisfying complainants, while being scrupulously fair to staff, and to identify any learning points for improvements in service delivery. The investigating manager will interview any staff member who is the subject of a complaint, and any other member of staff who may be able to provide relevant information. The investigating manager will make detailed notes of these interviews. Where significant allegations have been made about staff, the staff concerned will be asked to complete and sign a written statement detailing what happened and their involvement in it.
- Statements will form part of the complaint file, and may be disclosed to the complainant, or to other external bodies, in accordance with the provisions of the Data Protection Act.
- Staff concerns regarding the delivery of care or services, or the running of Richmond CCG's business, will be dealt with outside of the complaints procedure.
- This complaints procedure is separate from Richmond CCG's disciplinary procedure. Any matters of a disciplinary nature in a complaint will be investigated under the disciplinary policy.

3.12 Training

Training in complaints awareness will be provided as appropriate.

3.13 Registering and recording complaints

A register of complaints received by Richmond CCG will be maintained and copies of documentation related to the complaint passed to the Quality & Complaints Manager for information and monitoring.

3.14 Complaints about possible fraud

Some complaints may allege or relate to fraudulent activity within Richmond CCG. Members of staff who think a complaint they have received may raise issues connected to fraud should contact the Local Counter Fraud Specialist as soon as possible. This will ensure that the proper procedures are followed and any potential investigation is not compromised.

4. Complaints handling procedure

This procedure was originally based on the documents: The National Health Service (Complaints) Regulations 2004 (the 'Complaints Regulations') which came into force on 30 July 2004, Guidance to support implementation of the National Health Service (Complaints) Regulations 2004, National Health Service (Complaints) Amendment Regulations 2006 (SI 2006 No. 2084), which came into force on 1 September 2006, and National Health Service, England, and Social Care England -The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (SI 2009 No. 309)

From 1 April 2009, a single complaints system was introduced for health and local authority adult social care services in England. The new arrangements encourage an approach that aims to resolve complaints more effectively and ensure that opportunities for services to learn and improve are not lost.

When all possible efforts at local resolution (stage 1) have been exhausted, a complainant has the right to ask the Health Service Ombudsman to consider their complaint (stage 2).

Local Resolution (Stage 1)

4.1 How complaints can be made

Wherever possible, all complaints will be resolved at a local level through an immediate response by frontline staff or their managers, who are empowered to deal with complaints in an open and non-defensive way. The intention is to be open, fair and conciliatory, and the complainant should be given the opportunity to understand all possible options for pursuing the complaint.

4.2 Service users have a right to know about the NHS Complaints policy, and the right to request independent review by the Health Service Ombudsman.

4.3 A complaint can be expressed in person, on the telephone, electronically or in writing, and whatever the route, the complainant should receive the same consideration and sensitive treatment. Complaints may come from a patient, or from a person authorised to make a complaint on their behalf – NHS Complaints Advocacy Service, MPs, advocates, staff/employees. As a result of the 2009 Regulations, the definition of who can make a complaint has been widened to include 'a person who is affected or likely to be affected, by the action, omission or decision of the responsible body which is the subject

4.4 A complaint should be made within 12 months of the event giving rise to it, except where a complainant was not aware that there was cause for complaint, or was so affected by events that they would have been unable to express their concerns before this time. The complaint should then be made within 12 months of becoming aware, or 12 months from the date of the event, whichever is earlier. However, complaints made outside these time limits can be investigated if it is possible to do so.

4.5 Literature about how to make a complaint should be freely available to patients and members of the general public, and included in leaflets and on Richmond CCG's website.

4.6 What complaints can Richmond CCG investigate, and what is excluded?

It is important to establish that Richmond CCG has a remit to investigate the matter/s complained about. In general, Richmond CCG can investigate complaints about its commissioning decisions.

Complaints about services commissioned by Richmond CCG and provided by other bodies, whether NHS or private provider, will be referred to the relevant organisation for consideration and response, with the response to be sent to Richmond CCG. However, in some circumstances it may be appropriate for Richmond CCG to lead on the investigation, with input as needed from the commissioned service.

Complaints about primary care providers will be forwarded to NHS England for investigation.

A checklist is attached (Appendix 6 – Remit to Investigate and Exclusions):

4.7 Who will receive and who should respond to a complaint?

A complaint may be made to any member of staff or their manager. All staff receiving a complaint have a duty to recognise it at the earliest stages and aim to resolve it personally, where it is in the scope of their ability to do so.

4.8 Staff should never deter people from complaining, and extra effort will be needed to help those with communication difficulties and those who do not speak English. This will include making available interpreting and signing as needed. A complainant may feel inhibited about making a complaint directly to those delivering the service, and other routes should be open to them, e.g. direct referral to a more senior level in Richmond CCG, or referral to the Patient Advice and Liaison Service (PALS) and NHS Complaints Advocacy Services.

4.9 Complainants should be reassured that information about the complaint should only ever be passed to staff who 'need to know' in order to help with the investigation. Whoever receives the complaint must follow the procedure and comply with time scales for acknowledgement and resolution.

4.10 Anyone receiving a complaint has to make a judgement and decide what they will do to resolve it. Options could be to resolve immediately, investigate and respond, or refer to another party for response.

All complaints should be acknowledged in writing within three working days of receipt.

All complainants will be offered the opportunity to discuss the handling of their complaint either by telephone or face to face.

4.11 If the complaint cannot be resolved immediately, the person receiving the complaint has a duty to give an interim response to the complainant, telling them what process they expect will be followed. The complainant must be kept informed of progress throughout the investigation.

4.12 Complaints could be received at any level in the organisation, commonly by staff, managers or the Chief Officer's office.

4.13 It is Richmond CCG's aim to investigate and respond in writing to the complaint within timescales that have been agreed with the complainant. The response letter will be signed by Richmond CCG's Chief Officer. (Prior to the NHS Complaints (England) Regulations 2009, the stated time limit to respond to complaints was 25 days).

4.14 Independent Review (Stage 2)

If the complainant remains dissatisfied with the final response to the complaint at the local resolution stage, when all possible efforts at local resolving outstanding concerns have been exhausted, the complainant has the right to ask the Health Service Ombudsman to consider their complaint (stage 2).

4.15 Performance monitoring and evaluation

- Complaints will be reviewed on a quarterly basis by the Quality, Finance & Performance subgroup. The group will monitor complaints for trends and action, including outcomes of action plans resulting from complaints.
- The CCG's Governing Body will receive a quarterly report for PALS and Complaints and an annual report detailing numbers, trends and actions taken as a result of complaints.

5. Complaints handling procedure for primary care complaints (including GPs, dentists, pharmacists, opticians)

5.1 Introduction

As independent contractors, GPs, dentists, pharmacists and opticians have their own practice-based complaints procedures, in line with NHS Complaints (England) Regulations 2009, through which any problems or complaints can be investigated. Patients may complain direct to the practice involved. If they prefer to make their complaint to someone else, the patient also has the right to ask NHS England to investigate. In some cases, the complainant chooses to make their complaint about primary care services via another agency, e.g. MP, NHS Complaints Advocacy Service, Health Service Ombudsman, General Medical Council or General Dental Council.

5.2 Local Resolution via practice complaints procedures (Stage 1)

Wherever possible, a complaint should be discussed with someone close to its cause, for example, a GP, nurse, receptionist or practice manager. This should be done as soon as possible after the problem arises, so that a quick but thorough response, which answers the concerns can be made.

5.3 Local Resolution

If it is not possible to resolve a patient's concerns in this way, or the patient would prefer to talk to someone who is not involved in their care, NHS England's Customer Contact Centre will be able to offer advice.

5.4 Timescales

Any complaint should receive acknowledgement within three working days and a response within agreed timescales with the complainant. The complainant must be kept informed about the progress of the complaint.

5.5 Independent Clinical Advice and Conciliation

Depending on the nature of a complaint, it may be helpful to provide an independent view from another appropriately qualified healthcare professional, possibly at a face to face meeting. Alternatively, and with the consent of all parties only, conciliation may be proposed as a means to resolve a complaint. (See Appendix 2 - Independent Clinical Advice and Conciliation)

5.6 Independent Review (Stage 2)

If the complainant remains dissatisfied, following all possible efforts to resolve their concerns via Local Resolution (stage 1), they have the right to ask the Health Service Ombudsman to consider their complaint (stage 2) should they remain dissatisfied.

5.7 Performance Monitoring

NHS England collates information from Primary Care Contractors (doctors and dentists) on complaints received and dealt with under practice complaints procedures. Data collected is reported to the NHS Information Centre on an annual basis. The complaints process is also monitored as part of practice contract monitoring and clinical governance visits.

NHS England also collates data from the Customer Contact Centre but as at January 2014 this has not been shared with CCGs.

NHS Regulations and Guidance on complaint handling

- 1) The National Health Service (Complaints) Regulations 2004
- 2) Guidance to support implementation of the National Health Service (Complaints) Regulations 2004
- 3) SI 1996 No. 698 - The National Health Service (Pharmaceutical Services) Amendment Regulations 1996
- 4) SI 1996 No. 704 – The National Health Service (General Dental Services) Amendment Regulations 1996
- 5) SI 1996 No. 705 – The National Health Service (General Ophthalmic Services) Amendment Regulations 1996
- 6) SI 2004 No. 291 – The National Health Service (General Medical Services Contracts) Regulations 2004
- 7) SI 2004 No. 627 – The National Health Service (Personal Medical Services Agreements) Regulations 2004
- 8) SI 2004 No. 865 – The General Medical Services and Personal Medical Services Transitional
- 9) HSC1998/059 - NHS Complaints Procedures: Confidentiality
- 10) National Health Service (Complaints) Amendment Regulations 2006 (SI 2006 No. 2084)
- 11) Health Service Ombudsman Principles of Good Complaint Handling (November 08)
- 12) Health Service Ombudsman Principles of Good Administration, March 2007
- 13) Health Service Ombudsman Principles for Remedy, October 2007
- 14) NHS Constitution, January, 2009
- 15) Department of Health, Making Experiences Count team - Reform of the Health and Social Care complaints arrangements – preliminary guidance for Early Adopters – August 2008
- 16) Healthcare Commission – Complaints Toolkit – March 2008
- 17) Healthcare Commission – Spotlight on complaints – a report on second stage complaints about the NHS, April 2008
- 18) The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Independent Clinical Advice and Conciliation

1) Independent Clinical Advice and Review

It is important to provide the fullest level of information needed to resolve a complaint at the local resolution stage. Depending on the nature of a complaint, it may be helpful to provide an independent view from another appropriately qualified healthcare professional. Richmond CCG will facilitate and commission the use of independent clinical advice and review where appropriate in dealing with complaints. In the case of complaints about primary care services this can take the form of a meeting between the complainant, the quality manager and the medical adviser or dental adviser. Richmond CCG will pay agreed costs in relation to independent clinical advice as needed.

2) Conciliation

Conciliation is a way of facilitating a dialogue to resolve an issue (usually raised as a complaint about NHS services, or about primary care services). It is an intervention whereby a third party helps the parties to reach a common understanding. It gives space to resolve issues, preserve on-going relationships and time to defuse or calm heightened situations. Richmond CCG has access to a pool of trained and totally independent conciliators.

General Principles of Conciliation

The approach used by a conciliator may vary from case to case. However, there are certain principles which apply:

- conciliation encourages and maintains the voluntary participation of all parties
- it is confidential
- it is without prejudice
- the conciliator is impartial, independent and non-judgemental
- it encourages the participation and self-determination of all the parties so that they retain responsibility for both the content of the conflict and the outcome of the conciliation
- conciliation encourages collaboration, working with people (rather than against them)
- it offers a structured and challenging approach to conflict resolution
- it seeks to help parties identify their own and others feelings and interests rather than defend positions.

Confidentiality

Although all information raised within a conciliation meeting should remain confidential, there are certain circumstances where a conciliator may feel they have to breach confidentiality. This might include where they became aware of issues relating to child safety or patient safety.

Outcome

Usually conciliators do not to make a formal report on the outcome of conciliation. Instead, with the agreement of both parties, any agreed action points or outcomes (e.g. apology) may be noted and shared. The conciliator will not make any judgements or recommendations. Any patient identifiable material will be kept in a safe place, and any medical records will be returned to the complaints manager for filing or shredding after use.

Managing Unreasonably Persistent Complainants

1. Introduction

- 1.1 Richmond CCG is committed to treating all complaints equitably and recognises that it is the right of every individual to pursue a complaint.
- 1.2 Generally, dealing with a complaint is a straightforward process, but in a minority of cases people pursue their complaints in a way which can either impede the investigation of their complaint or can have significant resource issues for authorities. These actions can occur either while their complaint is being investigated, or once an authority has concluded the complaint investigation.
- 1.3 In such cases the following procedure will apply.

2. Definition

- 2.1 Unreasonably persistent complainants are those complainants who, because of the frequency or nature of their contacts with Richmond CC, hinder the consideration of their or other people's, complaints.
- 2.2 Some of the actions and behaviors of unreasonable and unreasonably persistent complainants include:
 - Refusing to specify the grounds of a complaint, despite offers of assistance with this from complaints staff.
 - Refusing to co-operate with the complaints investigation process while still wishing their complaint to be resolved.
 - Refusing to accept that issues are not within the remit of a complaints procedure despite having been provided with information about the procedure's scope.
 - Insisting on the complaint being dealt with in ways which are incompatible with the adopted complaints procedure or with good practice.
 - Making what appear to be groundless complaints about the staff dealing with the complaints, and seeking to have them replaced.
 - Changing the basis of the complaint as the investigation proceeds and/or denying statements he or she made at an earlier stage.
 - Introducing trivial or irrelevant new information which the complainant expects to be taken into account and commented on, or raising large numbers of detailed but unimportant questions and insisting they are all fully answered.
 - Electronically recording meetings and conversations without the prior knowledge and consent of the other persons involved.

- Adopting a 'scattergun' approach: pursuing a complaint or complaints with Richmond CCG, at the same time, with a Member of Parliament/the council/the Care Quality Commission/NHS England/solicitors/the Ombudsman.
- Making unnecessarily excessive demands on the time and resources of staff whilst a complaint is being looked into, by for example excessive telephoning or sending emails to numerous members of staff, writing lengthy complex letters every few days and expecting immediate responses.
- Submitting repeat complaints, after complaints processes have been completed, essentially about the same issues, with additions/variations which the complainant insists make these 'new' complaints which should be put through the full complaints procedure.
- Refusing to accept the decision – repeatedly arguing the point and complaining about the decision.
- Combinations of some or all of these.

3. Deciding that someone is an unreasonably persistent complainant

3.1 Before deciding that someone is an unreasonably persistent complainant the Quality & Complaints Manager must be satisfied that:

- the complaint is being or has been investigated properly;
- any decision reached on it is the right one;
- communications with the complainant have been adequate; and
- the complainant is not now providing any significant new information that might affect the authority's view on the complaint.

3.2 Where the Quality & Complaints Manager is satisfied that someone is an unreasonably persistent complainant, then the Quality & Complaints Manager will notify the complainant, identify the behaviour that is considered to be unreasonable and ask the complainant to behave reasonably in future.

3.3 If the complainant is unable or unwilling to comply with this request then the Quality & Complaints Manager will develop a plan for all future contacts with the complainant.

4. Handling unreasonably persistent complainants

4.1 The plan for dealing with unreasonably persistent complainants could include all or some of the following:

- Placing time limits on telephone conversations and personal contacts.
- Restricting the number of telephone calls that will be taken (for example, one call on one specified morning/afternoon of any week).

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- Limiting the complainant to one medium of contact (telephone, letter, email etc) and/or requiring the complainant to communicate only with one named member of staff.
 - Requiring any personal contacts to take place in the presence of a witness.
 - Refusing to register and process further complaints about the same matter.
 - Where a decision on the complaint has been made, providing the complainant with acknowledgements only of letters, faxes, or emails, or ultimately informing the complainant that future correspondence will be read and placed on the file but not acknowledged. A designated officer should be identified who will read future correspondence.
- 4.2** A copy of the plan and the policy on unreasonably persistent complainants will be sent to the complainant along with details about how to appeal the decision and/or the details of the plan.
- 4.3** The plan will specify how long it will apply to the complainant and when it is to be reviewed.
- 4.4** When unreasonably persistent complainants make complaints about new issues these should be treated on their merits, and decisions will need to be taken on whether any restrictions which have been applied before are still appropriate and necessary.

5. Review

- 5.1** The plan will reviewed every 6 months or earlier if circumstances change.
- 5.2** The plan will be reviewed by the Chief Nurse.
- 5.3** The Quality & Complaints Manager will notify the complainant that the plan has been reviewed and the outcome of the review with reasons for the decision and the date of the next review.

6. Appeal

- 6.1** The complainant may appeal either the decision or the details of the plan or the review decision in writing or orally.
- 6.2** Appeals about the decision and/or the details of the plan will be considered by the Chief Nurse and the complainant informed in writing of the decision with reasons.
- 6.3** Appeals about the review decision will be considered by the Chief Officer and the complainant informed in writing of the decision with reasons.

6. Recording

- 7.1** All contacts with persons considered to be unreasonably persistent will be recorded on the complaints log.

Remit to investigate and exclusions

The following complaints are excluded from the scope of the NHS Complaints procedure.

- a) Complaint made by another NHS body about any matter relating to the exercise of NHS Richmond's functions
- b) Complaint made by a Richmond CCG member of staff about any matter relating to his contract of employment
- c) A complaint made orally and resolved within 24 hours
- d) A complaint , the subject matter of which has already been investigated
- e) A complaint relating to the superannuation scheme
- f) Complaint arising out of Richmond CCG's alleged failure to comply with a request for information under the Freedom of Information Act 2000¹

The NHS Complaints (England) Regulations 2009 clarified in Gateway Reference No. 13508 that it expects "PALS and others to apply common sense and to use their judgment whether they are dealing with a complaint or not". The PALS and complaints team has found that clients who contact the PALS team are generally content and agree to wait for longer than a day to receive a response to their query, where the query is more complex. A member of the PALS team will contact clients to keep them up to date with the progress of their enquiry if there is any delay.

¹ Richmond CCG can seek advice from the Information Commissioner about such complaints

Memorandum of Understanding

Reform of Health and Adult Social Care Complaints

1 Introduction

- 1.1 From April 2009, a single complaints system began operating in health and adult social care services in England.
- 1.2 The new procedure replaces the 2 stage process in health services and the 3 stage process used in local government, with a common, 'local resolution' stage followed by recourse to the relevant Ombudsman.
- 1.3 The new procedure puts the service user at the centre of the process, by making arrangements more accessible, encouraging people to come forward with complaints and concerns and by tailoring the response to their needs and wishes.

Richmond CCG will continue to handle and consider complaints about NHS services which Richmond CCG commissions

Primary Care and Independent Health providers will need to answer complaints under the new process, although complaints can also be made direct to NHS England.

Richmond Council will continue to deal with complaints about adult social care

Both will develop appropriate complaint handling tools to provide effective outcomes in their respective organisations

Pre existing arrangements for joint working/cross boundary complaints are being reviewed and strengthened

2 Key changes to complaints procedure

- 2.1 The emphasis will be on the local resolution of complaints by the organization or independent healthcare contractor providing the service. When all possible efforts at local resolution have been exhausted, the complainant will be able to ask the Health Service or Local Government Ombudsman to consider their complaint.

3 Principles

- 3.1 The process is underpinned by the following principles drawn up by the Parliamentary and Health Service Ombudsman and endorsed by the Local Government Ombudsman:
 - getting it right
 - being customer focused

- being open and accountable
- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

4 Organisations and officers affected

- 4.1 Those affected by the new regulations are local authorities, NHS bodies, primary care providers and independent health providers. These organisations are referred to in the regulations as 'responsible bodies'.
- 4.2 Each 'responsible body' is required to designate someone as a 'responsible person' and identify a separate 'complaints manager'. In local authorities the responsible person is the Chief Executive, although their duties can be devolved to someone else within the council. Similarly, at Richmond CCG, the Chief Officer is the responsible person. The main functions of the responsible person are to sign off the local resolution responses, to ensure that learning from complaints is prioritised and that action taken to minimise the risk of any reoccurrence of the same type of complaint is carried out.
- 4.3 The complaints manager who manages the procedure for handling and considering complaints does not have to be employed by the 'responsible body' in question and can be the complaints manager of another 'responsible body'.

5 Who can make a complaint and what can be complained about?

- 5.1 As with the old procedures, patients, service users or someone acting on their behalf can make complaints. However, the new regulations now widen this to include 'a person who is affected, or likely to be affected, by the action, omission or decision of the responsibly body which is the subject of the complaint'. On taking advice from the Department of Health they confirm that complaints should be taken from potential users as well as actual users of services. This may have the effect of increasing the overall number of complaints.

Self funding Adult Social Care customers will not have recourse to the new procedure. Within the regulations themselves there is no mention of either Direct Payments or Self Directed Support. However, in an attachment to a letter from the Department of Health to Directors of Adult Social Services (Gateway Reference:11380) it states;

'...Direct Payments and Individual Budgets are not explicitly part of the reformed arrangements, although complaints to a local authority are covered [by the new procedure] when they are about the process of allocating a Direct Payment or Individual Budget; about services that are provided directly by the local authority; or when the local authority manages the budget on behalf of the service user. The point of the exclusion is that the authority hands over money to the service user, and so decisions made by the service user are outside the procedure'.

6 Cross boundary complaints

6.1 When complaints involve more than one health and/or social care agency, the relevant organisations are required to work together to ensure coordinated complaint handling and if possible, to provide the complainant with a single response that represents each organisations' final view.

6.2 The current protocols on joint complaint handling agreed between Richmond CCG and Richmond Council will need to be updated and reinforced regarding the 'duty to cooperate' stated in the Regulations. Discussions have already taken place between the South West London Group of Local Authority Complaint Managers, (Sutton, Kingston, Merton and Wandsworth).

6.3 The service review will include understandings or agreements relating to:

Common processes/documentation for the release of patient's/service user's information once permission has been obtained from the complainant. The signed documentation should be acceptable to all responsible bodies.

Agreement to take part in investigations being carried out by another responsible body, or external person acting for that body.

Similar publicity documentation (it could not be exactly the same, but similar phrasing and common words should be in place). This could include joint posters and leaflets.

7 Advice and advocacy

7.1 The Regulations state that complainants should be helped in understanding the procedure and assisted in making their complaint. They should also be advised where further assistance or advocacy can be obtained. Where the NHS can call upon NHS Complaints Advocacy Service and PALS (Patient Advice and Liaison Service) to help complainants, there is no such equivalent to these organisations within Adult Social Care. Those requiring further support or advocacy in Richmond are signposted by the Council to Age Concern or Advocacy Partners (for complainants with learning disabilities).

8 Proposed introduction in Adult Social Care in LB Richmond and Richmond CCG

8.1 A number of the principles and practices described in the Regulations are already part of the complaint process in Richmond. A proportion of complainants have been contacted by phone to discuss their concerns, acknowledgment letters set out some detail asked for under the guidance and the organisation is now focused on learning from the complaints it receives. The Council and Richmond CCG will follow the procedure as below:

Each complaint will be acknowledged within 3 days.

All complainants will be offered the opportunity to discuss their complaint either over the phone or face to face. This role will normally be done by the complaints team. However, as the process has to be flexible to the needs of the complainant, that the relevant team will take this role and contact the complainant themselves.

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An assessment will be carried out to inform how the complaint should be handled, including whether the case should be dealt with as a Safeguarding issue.

For Richmond Council complaints an 'interim' response will be sent to complainants, setting out the Council's initial view. The complainant will be contacted to see if they are satisfied with this response and if they are not, what else to consider to resolve the outstanding issues.

For Richmond Council responses to complaints will be signed by the relevant AD and will include a section on learning and any action to be taken following the complaint.

Richmond CCG complaints will be signed off by the Chief Officer, and will continue to include a section on learning and any action to be taken following the complaint.

- 8.2 There will be a greater emphasis on services attempting to reconcile any differences of opinion with the service user or their representative. The use of conciliation or mediation between the service user and council staff, Richmond CCG staff, or primary care independent providers is strongly signposted by both Ombudsman and the Department of Health
- 8.3 The only timescales specified in the regulations are 3 days for acknowledgement of the complaint, six months maximum from the receipt of a complaint to its resolution, (can be extended with the agreement of the complainant), and a limit of one year for complaints to be made (older complaints may be allowed in certain circumstances). The guidance suggests that each complaint should have its own individual timescale set out as part of the complaint plan.
- 8.4 Most local authorities are retaining the 10 and 20 day limit as the 'response period', though this can be longer where agreed with the complainant if the issues appear complex. The Council will retain the current time limits which will allow for trends to be followed from previous years and the continuation of benchmarking.
- 8.5 Richmond CCG is retaining the previous 25 day target for a written response to a complaint, although the guidance allows for flexibility. This will enable the continuation of benchmarking of response time.

9 Equalities

- 9.1 The new procedure should allow for increased inclusion and access as all complainants will be offered a greater involvement in the complaint process. It is likely however that greater use of translation services and interpreters will be necessary as a result.

10 Resources

- 10.1 It is likely there will be more pressure on existing complaint teams as each complaint is dealt with individually and will demand additional processes to attempt to reach an agreed resolution.

11 Useful links and background papers

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Department of Health guidance 'Listening, responding, improving: a guide to better customer care' Department of Health - Publications

The Statutory Instrument 2009 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 No. 309

Local Government Ombudsman guidance 'Effective complaint handling: Investigating and resolving complaints'

Guidance for meeting complainants as part of Local Resolution

Part of Richmond CCG's toolkit for resolving complaints is to offer to meet complainants. This can take place as part of the agreed plan for investigation of a complaint, or can be offered when the complainant has had a written response signed off by the Chief Officer, but remains dissatisfied. The complainant may benefit from the opportunity to meet senior staff, to air their grievances or go through any points they do not understand.

The meeting may be quite informal, without any specific agenda other than to listen to the complainant. During the meeting a short written record of any agreed action points or outcomes. Notes made at a complaint meeting should be shared in draft format with all those who attended, to agree matters of fact and to check for any omissions.

Planning the meeting

1. On receipt of a request for a meeting by a complainant contact the relevant team and ask whom they think should be at the meeting and establish who would chair the meeting.
2. Arrange a pre-meeting with relevant staff to ensure that Richmond CCG staff who will attend the meeting are fully briefed.
3. Ensure the complainant has full information about NHS Complaints Advocacy Service (CAS) and let them know they can be accompanied by a relative/friend or NHS CAS representative, but not a solicitor.
4. Contact the complainant to ascertain: -
 - A list of their concerns to be covered
 - Who will be attending
 - If they or anyone accompanying them has any special needs e.g. requires translator or has particular access requirements
5. Quality & Complaints Manager books the meeting: -
 - Arrange date, time & venue (bearing in mind access issues). In some cases a neutral venue may be appropriate, and this will be at the client's choice.
 - Venue chosen should be appropriate for discussion of confidential information, and the environment should be comfortable, preferably with informal seating rather than "sit round a table" style.
 - Send out letters to all parties, confirming all details and enclosing map, parking advice, etc. as necessary
 - Arrange any special requirements, e.g. translator
6. Check complaint file is in date order and complete.

7. Check all staff involved have a copy of the relevant documentation, if possible five working days prior to the meeting

Pre-meeting

- Clarify who will be taking on the role of Chair
- Clarify the purpose of the meeting. What is the complainant's desired outcome?
- Discuss how to handle the session

Day of meeting

Arrive before complainant. Arrange room informally if possible. Provide a discreet supply of tissues. Water or tea/coffee should be available.

The aim is to put complainant at their ease, in what can be a very difficult situation for them. Undertake introductions and provide other "comfort" details.

After the meeting

The meeting chair should write to complainant, confirming any outcomes or actions arising from the meeting, within one week. This should be followed up by a letter from the Chief Officer after 2 weeks, to say understand that meeting was held, hope issues now resolved but advising what further action/options available if still dissatisfied.

NHS Constitution 2009

Complaint and redress*

You have the right to have any complaint you make about NHS services dealt with efficiently and to have it properly investigated.

You have the right to know the outcome of any investigation into your complaint.

You have the right to take your complaint to the independent Health Service Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS.

You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body.

You have the right to compensation where you have been harmed by negligent treatment.

The NHS also commits:

- to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and the fact that you have complained will not adversely affect your future treatment (pledge);
- when mistakes happen, to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively (pledge); and
- to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services (pledge).

*Extract taken from The NHS Constitution, 21 January 2009

PROCEDURE FOR RESRICTING COMPLAINANTS ACCESS TO RICHMOND CLINICAL COMMISSIONING GROUP (CCG) STAFF VIA PHONE, EMAIL AND EXCLUDING FROM CCG OFFICES

This procedure should be read as an addendum to Richmond CCG's PALS and complaints policy.

Context

Richmond CCG wants to make access to the services it commissions as easy as possible and also to ensure that it is easy for patients and service users to make a complaint if we get things wrong. However, the CCG does not expect its staff to tolerate behaviour by patients or complainants which is abusive, offensive, or verbally/physically threatening, and will take action to protect them from such behaviour.

Patients displaying such behaviour are only a very small minority but, from time to time, the only recourse available to protect staff, and the interests of other patients, is for the CCG to prohibit the individual from visiting CCG offices, offsite meetings or to access services.

To ensure that the CCG deals with each case fairly and consistently, the following policy and procedures have been adopted.

Action leading up to exclusion

The decision to exclude a patient or service user from the CCG's offices or offsite meetings will only be considered in the case of a persistent and vexatious complainant where:

- Members of staff feel threatened by their behaviour or language used.
- Their presence is threatening or causes harassment to members of the public.
- Their presence is disruptive to members of the public trying to use Council services.

Any incident involving physical/verbal abuse or offensive behaviour should be reported in writing within 24 hours to the quality and complaints manager. It is essential that the information recorded is accurate and factual and does not contain any personal assessments or assumptions about the patient.

The following procedure should be followed in identifying a persistent and vexatious complainant, in line with the CCG's existing guidance.

Stage 1

1. Telephone calls

- 1.1 Callers who are abusive, offensive or use inappropriate language should be advised that the call cannot continue unless they desist from such behaviour. If the behaviour continues, callers should be advised that the call cannot

continue and will be terminated and, if the behaviour continues, then we could take further action. If following the warning the behaviour continues, then the member of staff should advise the caller that they are terminating the call and do so.

- 1.2 In all cases, a factually correct file note should be made, recording the time, date and what was said by both parties and sent to the to the staff member's line manager and the quality and complaints manager.
- 1.3 The complainant, if name and address known, must be notified in writing by the quality and complaints manager that their behaviour is not acceptable, and why, and may result in the complainant's contact with the CCG being limited to written correspondence.

2. **E-mails/letters**

- 2.1 Where CCG staff receive emails or letters which use abusive, offensive or inappropriate language, the sender should be advised that further e-mails/letters received from them may not be responded to unless the language is moderated. In cases where the language appears to breach the provisions of the Equality Act, the sender should be warned that the CCG may take legal action against the sender and that the Police will be informed.
- 2.2 In all cases, a factually correct file note should be made, recording the time, date and along with the offending e-mail should be sent to the to the officer's line manager.
- 2.3 The complainant must be notified in writing by a senior executive that their behaviour is not acceptable, and why, and may result in the complainant's contact with the CCG being limited to written correspondence to a named individual or email inbox.

3. **Personal visits to CCG offices or public meetings**

- 3.1 Personal callers who are abusive, offensive or use inappropriate language should be asked to desist from such behaviour and, if they persist, should be asked to leave the premises. If they refuse to moderate their behaviour and/or leave, then the police should be called to remove them from the premises.
- 3.2 In all cases, a factually correct file note should be made, recording the time, date and what was said by both parties.
- 3.3 The complainant, if name and address known, must be notified in writing by a senior executive that their behaviour is not acceptable, and why, and may result in the complainant's contact with the CCG being limited to written correspondence.

Stage 2

4. If the complainant fails to comply with the restriction and his/her behaviour continues to be unacceptable, then a decision to impose further restrictions

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should be considered which may include any or all of the following depending what sanctions were used at stage 1:

- Requesting contact only by letter/email to a named individual or email inbox
- Restricting telephone calls to the complaints line
- Exclusion from CCG offices

- 4.1 A decision to exclude is a serious matter and should only be taken at chief officer level and following consideration of all written reports and discussion with the appropriate managers and the CCG's solicitor if appropriate. The object of exclusion is not to withhold healthcare services from the complainant, merely to restrict the manner in which they are able to request/access such services.
- 4.2 The chief officer will write and tell the complainant why we believe his/her behaviour is unacceptable and what action we are taking, and the duration of that action. The complainant must be told that the position will be reviewed at the end of the period and that he/she will be advised in writing if the restriction is to be removed or to continue. (If there have been no further incidents of unacceptable behaviour during the period in question then the restriction should be lifted.)
- 4.3 In the case of exclusion, the complainant must be made aware that an appeal should be made in writing to the chief officer within 14 days of the date of exclusion.
- 4.4 An appeal against exclusion should be heard within 21 days. Should the appeal be upheld then the exclusion will be lifted with immediate effect. In all cases a letter should be sent advising of the outcome which must include the contact details of the Parliamentary and Health Service Ombudsman.