

Complaints, Compliments, Patient Advice & Liaison Service (PALS) Policy 2020/21

Listening, Responding, Improving

Policy Revisions and Amendments

Date	Section	Reason for Change	Approved By

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1. Introduction

NHS Cheshire Clinical Commissioning Group (CCG) recognises the importance of listening, responding and improving, as a result of concerns raised by patients and service users. The information obtained from complaints and compliments is used to help improve and develop services, whilst recognising and acknowledging good practice. Patients and service users are encouraged to express complaints, concerns and views, both positive and negative, about the treatment and services they receive, in the knowledge that:

- They will be taken seriously.
- They will receive a speedy and effective response by a member of staff appropriately qualified and trained to respond.
- Appropriate action will be taken.
- Lessons will be learnt and disseminated to staff accordingly.
- There will be no adverse effects on their care or that of their families.

This policy and procedure sets out the process for complaints management and the standards that complainants and service users can expect. It also explains how complaints will be reviewed, monitored and how lessons learned will be implemented and improve services as a result. The policy aims to provide a fair and effective procedure for the management of complaints and ensure that complainants not only feel fully engaged in the process, but are actively involved in matters which relate to the care they have received and in the on-going complaints learning cycle.

Ensuring good practice in the handling of complaints is one way in which the CCG can help to improve quality for their patients. Monitoring trends and patterns in complaints and concerns highlighted by patients about commissioned services, facilitates early detection of systemic problems. The learning from complaints helps the CCG and our commissioned providers to continually improve the services they provide. Complaints are essential in identifying the users' perspective of the services provided and can act as an early indicator of a system issue, or a quality and safety issue which may be putting patients at risk. Appropriate trend analysis and triangulation of other factors such as reported incidents and patient experience surveys, combined with complaints, concerns and enquiries provide a valuable and powerful insight into health care areas which may require improvements to be made. We also welcome insight into patient experiences which have been well received and may be seen as good practice or exceptional. This informs the CCG of clinical or operational practice which can be shared with other areas of the healthcare community, in order to drive up quality of care.

When developing our commissioning plans, we consider feedback received across the organisation – including via our Patient Experience and Communications and Engagement teams. Patient Insight and Intelligence Reports, which collate patient feedback, are received by our Governing Body and shared across the organisation to help inform our commissioning priorities and approach.

Patients and the public are at the heart of everything the CCG does. Our approach to supporting patient and public involvement is spelt out in our Engagement and Communications Strategy. Regular feedback about the CCG's approach to Patient and Public Involvement is sought from workshops and the patient forums we attend and co-ordinate.

Our ongoing engagement with patient groups across Cheshire remind us of the importance of ensuring we are explicit about how the feedback we receive is utilised. Our [You Said, We Did framework](#) simply illustrates the many ways that feedback is received by our organisation and how that feedback is then collated to help inform and influence our work.

The CCG also monitors public involvement activity across partner organisations - primarily via contract and quality schedules which ensure statutory duties are met. We also work closely with partner organisations on joint patient and public involvement work, including formal public consultations.

2. Purpose

This policy sets out the framework that Cheshire CCG will follow when addressing concerns, feedback or complaints made by people registered with an NHS Cheshire CCG GP Practice (or their nominated representatives).

The policy incorporates the requirements of the [Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#) (hereon 'the regulations') and the rights of patients and service users set out in [The NHS Constitution](#)

The policy will ensure that the complaints service provided by the CCG, observes NHS England's [Assurance of Good Complaints Handling for Acute and Community Care – A toolkit for Commissioners](#) and applies the Parliamentary and Health Service Ombudsman (PHSO) [Principles of Good Complaints Handling](#) by:

- Getting it right;
- Being customer focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right, and;
- Seeking continuous improvement.

The regulations, NHS England guidance and PHSO principles all place emphasis on putting the patient at the heart of the handling of their complaint in order to ensure an inclusive investigative process which is conducted fairly and effectively and is outcomes driven.

The CCG embraces the PHSO, Local Government Ombudsman and Healthwatch vision for complaints handling entitled [My Expectations](#) .

3. NHS Cheshire Clinical Commissioning Group Obligations

The NHS complaints procedure provides for complaints to initially be dealt with at the source of the complaint. Cheshire Clinical Commissioning Group has a patient experience team designated to deal with complaints.

Any complainant who remains dissatisfied with the outcome of the investigation at local level has the right to request a review, and if they are still not satisfied, an investigation by the Parliamentary Health Service Ombudsman (PHSO). A flow chart showing how we handle complaints is attached at Appendix 1.

The responsibility of Cheshire Clinical Commissioning Group in handling complaints is to:

- Investigate complaints raised against Cheshire Clinical Commissioning Group itself and the services it provides.
- Support and advise Cheshire Clinical Commissioning Group staff and complainants as appropriate, in dealing with the issue raised.

Identify and address any issues, advising complainants of the actions being taken as part of the formal process and that Cheshire Clinical Commissioning Group learns any appropriate lessons.

4. What is a complaint?

One definition of a complaint is “*an expression of dissatisfaction that requires a response*”. Clearly this is an open definition and it is not intended that every minor concern should warrant a full-scale complaints investigation. However, the CCG should always ask the person how they would like their concern dealt with, whether informally through the Patient and Liaison Service, or formally using the complaints policy.

The spirit of this complaints policy is to have a user led system for raising concerns and complaints. The CCG wants to set out what good outcomes look like from the point of view of the person who has made a complaint.

All issues will be dealt with in a flexible manner, which is appropriate to their nature. Sometimes a complaint can be resolved quickly to the complainant’s satisfaction. Whenever there is a specific statement of intent on the part of the person that they wish their concerns to be dealt with as a complaint, they will be treated as such. Anybody who is dissatisfied with the initial response to a matter which has been dealt with as a problem solving issue will be advised of their right to pursue the matter further through the appeals procedure.

5. Exceptions

The following are excluded from the scope of this policy:

- Services provided by independent contractors, including GPs, pharmacists, dentists and opticians. NHS England is the responsible commissioner for managing complaints from these services.

- Complaints and grievances by members of staff, relating to their contract of employment.
- Complaints by third party organisations about contracts arranged by the respective CCG under its commissioning arrangements.
- Complaints which have previously been investigated under these or previous regulations and where no significant additional information is supplied.
- A complaint which is being or has been investigated by the Parliamentary & Health Service Ombudsman.
- Investigations and enquiries arising out of a CCG's alleged failure to comply with a data subject access request under the General Data Protection Regulations and Data Protection Act 2018, or a request for information under the Freedom of Information Act 2000.
- Complaints about privately funded health care treatment.

6. How do I make a complaint?

The CCG has a dedicated Patient Experience team who will handle your complaint. If you would like to submit a formal complaint then the service can be reached by telephone at 0800 132 996 or you can email the service at: cheshireccg.patientexperience@nhs.net. You can also write to:

*The Patient Experience Lead
Bevan House, Barony Court
Barony Rd, Nantwich
Cheshire
CW5 5RD*

Complaints can be received via post, email or telephone. Verbal complaints will be written up as a record by a member of our Patient Experience Team. The record will then be sent to the complainant with an acknowledgement and an invitation to confirm that it is an accurate representation of the complaint. The complainant and/or their representative will be asked to review and return it to the Patient Experience Lead. Upon receipt of the signed agreed statement, the Patient Experience Team will begin the investigation.

7. Advocacy

Cheshire Clinical Commissioning Group supports the use of independent help within the complaints procedure and any complainant wishing to access independent advocacy will be provided with information on how to obtain one. The Independent NHS Complaints Advocacy Service for Cheshire is provided by Healthwatch Cheshire CIC and can be contacted as follows:

Freephone Helpline: 0300 323 0006

Email address: info@icascheshire.org

Postal Address: Healthwatch Cheshire CIC, Sension House, Denton Drive, Northwich, Cheshire CW9 7LU

8. Who can complain?

In general terms, a complaint can be made by:

- Anyone who is receiving, or has received, NHS treatment or services commissioned or provided by NHS Cheshire CCG.
- Anyone who is affected by or likely to be affected by, an action, omission or decision of NHS Cheshire CCG (as a commissioner).

If a person is unable to make a complaint then someone can act on their behalf. A representative may make a complaint on behalf of an eligible person who is not able to make the complaint themselves. This includes where the person:

- Is deceased.
- Is unable by reason of physical incapacity or lack of capacity within the meaning of the Mental Capacity Act 2005.
- Has requested the representative to act on his or her behalf and provided written consent.
- Is a child.

Where the representative makes a complaint on behalf of a child, NHS Cheshire CCG:

- Must not consider the complaint unless it is satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child: and
- If it is not satisfied, must notify the representative in writing and state the reason for its decision.

Deciding who can complain can often be a complex issue. In the event of any uncertainty then contact should be made with the CCG Patient Experience Team for clarification and advice.

Normally a complaint should be made within twelve months from the date the incident occurred, or within twelve months of the date of discovering the problem. There is discretion for the Patient Experience Team to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complaint to have been made earlier, and where it is still possible to investigate the facts of the case effectively. Where it is decided not to investigate, the complainant will have the opportunity to approach the PHSO.

9. Consent

In order for a complaint to be taken further, the CCG requires consent from the patient or a person authorised to act on their behalf. The reason for this request is to comply with the General Data Protection Regulation 2018 (GDPR) and Data Protection Act 2018, together with NHS patient confidentiality guidelines. The main purposes of these Acts and guidance are to respect and protect the individual's rights, and ensure that any information about the person concerned is not disclosed without their consent.

Care will be taken at all times throughout the Complaints Policy and Procedure, to ensure that any information disclosed about the patient is confined to that which is relevant to the investigation of the complaint, and only disclosed to those people who have a demonstrable need to know it for the purpose of investigating the complaint. The investigation will begin when written consent is received either from the patient or designated third party.

10. Handling Complaints

All complaints received are logged and acknowledged within three working days of receipt. The Patient Experience Team will take reasonable steps to contact the complainant prior to an investigation in order to discuss how the complaint will be handled; clarify what the complaint is; what outcome the complainant expects; and the timescales involved.

Our intention is that complaints are dealt with flexibly; with the aim of achieving the desired outcome if that is possible, as early as possible. A meeting can be offered as part of the resolution process, and the Patient Experience Team can arrange dispute resolution to aid this process if needed.

11. Investigation and Time Limits for Response

Where the nature of the complaint relates to a CCG commissioned provider, the Patient Experience Team will discuss the points of concern with the most appropriate CCG Programme Team and Programme Lead. This will ensure that CCG commissioning managers are made fully aware of the concerns being received about the services which they have commissioned.

Upon receipt of patient consent, the Patient Experience Team shares the details of the complaint with the commissioned provider in order for an investigation to commence. Following receipt of the provider investigation response, the Patient Experience Team shares the outcomes and any lessons learned with the CCG Programme Lead, as part of the quality assurance process.

For complaints which relate to CCG services (e.g. Continuing Healthcare), these will be investigated directly by the CCG service and quality assured with the Executive Director of the directorate concerned.

Although there are no specific timescales stipulated in the regulations for responding to complaints, the CCG aims to complete their investigations and provide a

response within 55 working days. This timescale may be subject to variation, dependent upon the complexity of the complaint investigation and if the focus of the complaint is within the direct provision of the CCG or concerns a third party (i.e. a commissioned provider). If it is not possible to respond to the complainant within the agreed time scale, the complainant will be contacted and advised of the delay together with a new agreed response timescale.

The response may include an apology where this is appropriate, a full explanation of the issues and findings, details of any actions taken to prevent a recurrence of the incident and information about the CCG appeals process. Details regarding the rights of the complainant to further their case with the PHSO will also be included.

Where multiple commissioners are involved in a complaint, we will ensure there is agreement on which commissioning organisation leads the investigation.

Following investigation, all complaint responses are quality assured by the most appropriate CCG Executive Director and signed by the CCG Accountable Officer.

12. Appeals process

Should a complainant remain dissatisfied following receipt of the CCG response, they have a right of appeal. In this instance, the appeal must be submitted in writing to the CCG within 14 days of receipt of the CCG response. The appeal should clearly state the nature of the complainant's dissatisfaction with the CCG response and what outcome is being sought. The appeal will then be allocated to a different Executive Director in the CCG to the one who originally reviewed the response prior to the Accountable Officer's approval. The Executive Director will then review how the complaint was originally investigated and consideration will be given to the robustness of the first investigation and if any points raised by the complainant have not been addressed. Where this is the case, the Executive Director may confirm to the Accountable Officer that a partial or full re-investigation is necessary. In cases where the Executive Director requires a second opinion, they may approach the CCG Chair for their view. Should the Executive Director and CCG Chair uphold the original response, a letter with the outcome of this review will be sent to the complainant, who has a right to refer it to the PHSO. Details of this process are shown in Appendix 2.

13. Learning from complaints

The aim of a complaint investigation is to try to understand what went wrong and what actions, if any, should be taken as a result. Lessons learned from complaints are discussed by the CCG at a senior management level. The purpose of the discussion is to use the information to:

- Ensure any common themes are visible to the Clinical Commissioning Group.
- Make informed decisions about where service improvements can be made.
- Monitor progress against any action plans.

- Reduce the risk of a similar patient experience being repeated.

14. Service Improvements and Clinical Governance

CCG Programme Lead Managers should use the issues raised in individual complaints to explore and, where appropriate, initiate service improvements.

If information from complaints and/or evidence from other sources, including that provided by other staff, indicates that patients could be at risk, the commissioning manager will have the discretion to discuss the matter confidentially with the Executive Director of Quality & Patient Experience, and be guided by them as to the most appropriate action to be taken.

15. Parliamentary and Health Service Ombudsman (PHSO):

If the complainant remains dissatisfied following the CCG's investigation into their concerns, the complainant can ask the PHSO to investigate their case. The PHSO is completely independent of both the NHS and the Government, and can investigate complaints about how the complaints procedure is working. The PHSO is not obliged to investigate every complaint that is put to them and will not normally accept a case, which has not first been through the local NHS complaints procedure and exhausted attempts of local resolution.

Upon request from the PHSO, the CCG will:

- Ensure the Ombudsman is sent copies of the complaint investigation file within the timescale set by the Ombudsman;
- Liaise with the offices of the Ombudsman to provide additional information as requested;
- Report any complaint which has been accepted by the Ombudsman, to the CCG's Quality and Safeguarding Committee. Assurance and information will be provided to the Quality and Safeguarding Committee of any required actions as directed by the PHSO.

16. Duty of Candour

Cheshire CCG has a responsibility to investigate if a complaint includes reference to a breach of Duty of Candour or where there is evidence in a complaint response to suggest that the provider has not acted in an open and honest manner.

17. Persistent Behaviour

The CCG is committed to dealing with all people in a fair and impartial manner. However, we do not expect our staff to tolerate behaviour that is, abusive, offensive or threatening. In addition, where a complainant impinges on the consideration and management of the CCG's complaints service; due to the frequency of their contact, the CCG will consider taking action to manage such behaviour.

This part of the policy will be used as a last resort and after all reasonable measures have been taken to try and resolve complaints; for example, through local resolution

and conciliation. Judgement and discretion will be used in applying the criteria to identify persistent complainants and in deciding action to be taken in specific cases. The following procedure will only be implemented following careful consideration by and with the authorisation of the CCG Accountable Officer or Deputy in their absence.

Where complainants have been identified as persistent in accordance with the criteria, the CCG Accountable Officer will ultimately determine what action should be taken. The CCG Accountable Officer will implement such action and will notify complainants in writing of the reasons why their interaction with the CCG has been classified as persistent. A record will be kept, for future reference, of the reasons why a complainant has been classified as persistent.

The CCG Accountable Officer, in conjunction with the CCG's Chair may decide to deal with such complaints in one or more of the following ways:

Set out in a letter, a code of commitment and responsibilities for the parties involved, if the CCG is to continue to process the complaint. If these terms are contravened, consideration will then be given to implementing other action as indicated below.

- Decline contact with the complainant, either in person, by telephone, by fax, by letter, by e-mail or any combination of these, provided that one form of contact is maintained. This may also mean that only one named CCG Officer will be nominated to maintain contact (and a named deputy in their absence). The complainant will be notified of this person.
- Notify the complainant, in writing that the Accountable Officer has responded fully to the points raised and has tried to resolve the complaint but that there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant will be notified that the CCG will acknowledge and respond to new complaints in accordance with the NHS Complaint Procedures.
- The CCG does not intend to provide a response to any letters which are threatening or abusive or old issues, where a response has already been provided. The complainant will be advised that they are being treated as a persistent complainant.
- Inform the complainant that in extreme circumstances the CCG reserves the right to seek legal advice on unreasonable persistent complaints.
- Temporarily suspend all contact with the complainant, in connection with the issues relating to the complaint being considered persistent, while seeking advice or guidance from the appropriate sources.

18. Withdrawing Persistent Status

The CCG will consider withdrawing this status at a later date if, for example, a complainant subsequently demonstrates a more reasonable approach. As was the case in originally identifying a complaint as persistent, the CCG will use the same discretion in recommending that this status be withdrawn. Where this appears to be the case, discussion will be held with the CCG Accountable Officer and subject to their approval; normal contact with the complainant will then be resumed. The CCG Accountable Officer will advise the complainant of this, in writing.

19. Patient Advice and Liaison Service (PALS)

The PALS service is an impartial, open and confidential service for people who would like information or advice, or would like to comment about any aspect of their services provided by an NHS organisation. The PALS service was introduced to support patients and carers throughout their care and treatment, assisting timely and relevant access to information and services.

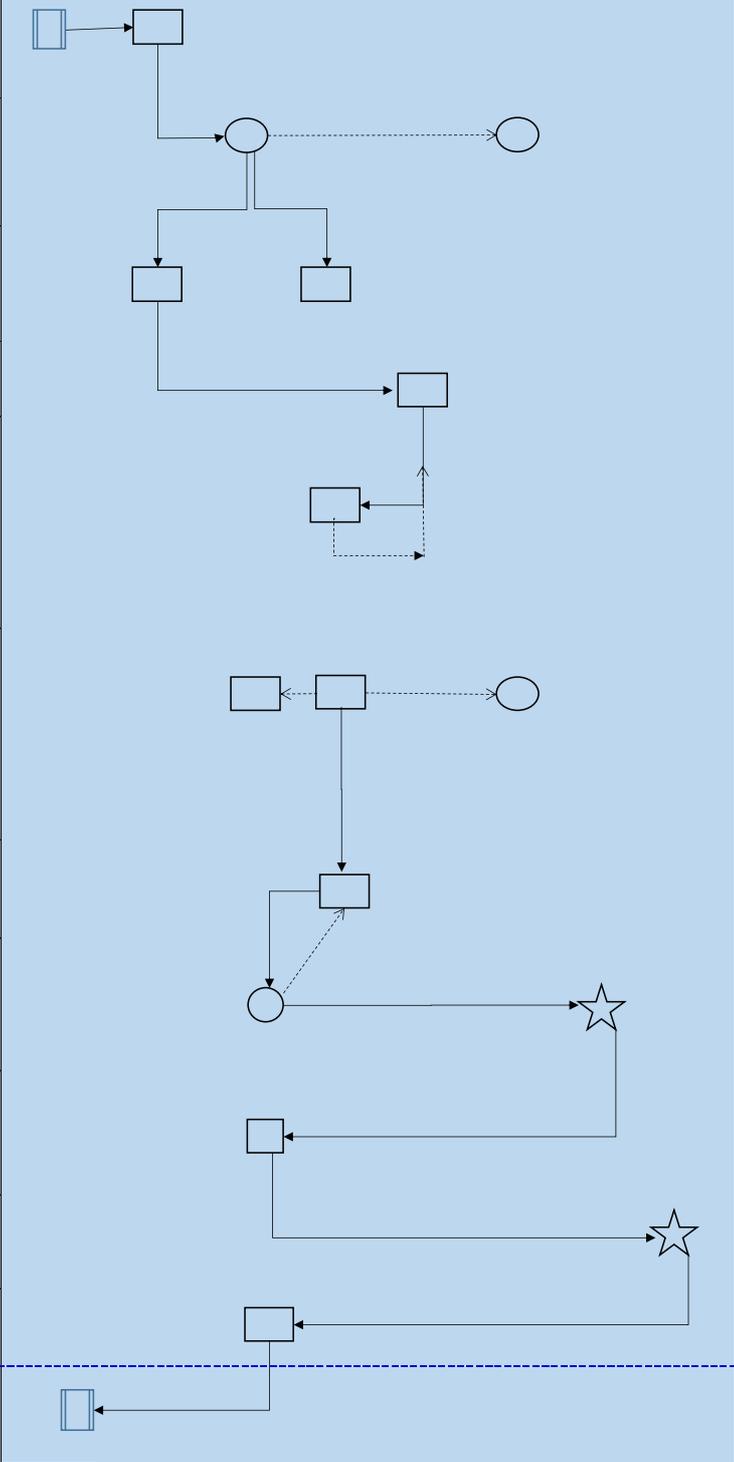
All patients, service users, carers, interested third parties and staff can access the PALS service. Where the issue is raised by a third party and it directly relates to the circumstances surrounding an individual, it will be necessary to gain consent from that individual before any action is taken.

The CCG's Patient Experience Team operates the PALS Service within normal office hours (Monday to Friday 9am – 5pm). The Patient Experience Team will aim to respond to contacts relating to concerns or enquiries within two working days.

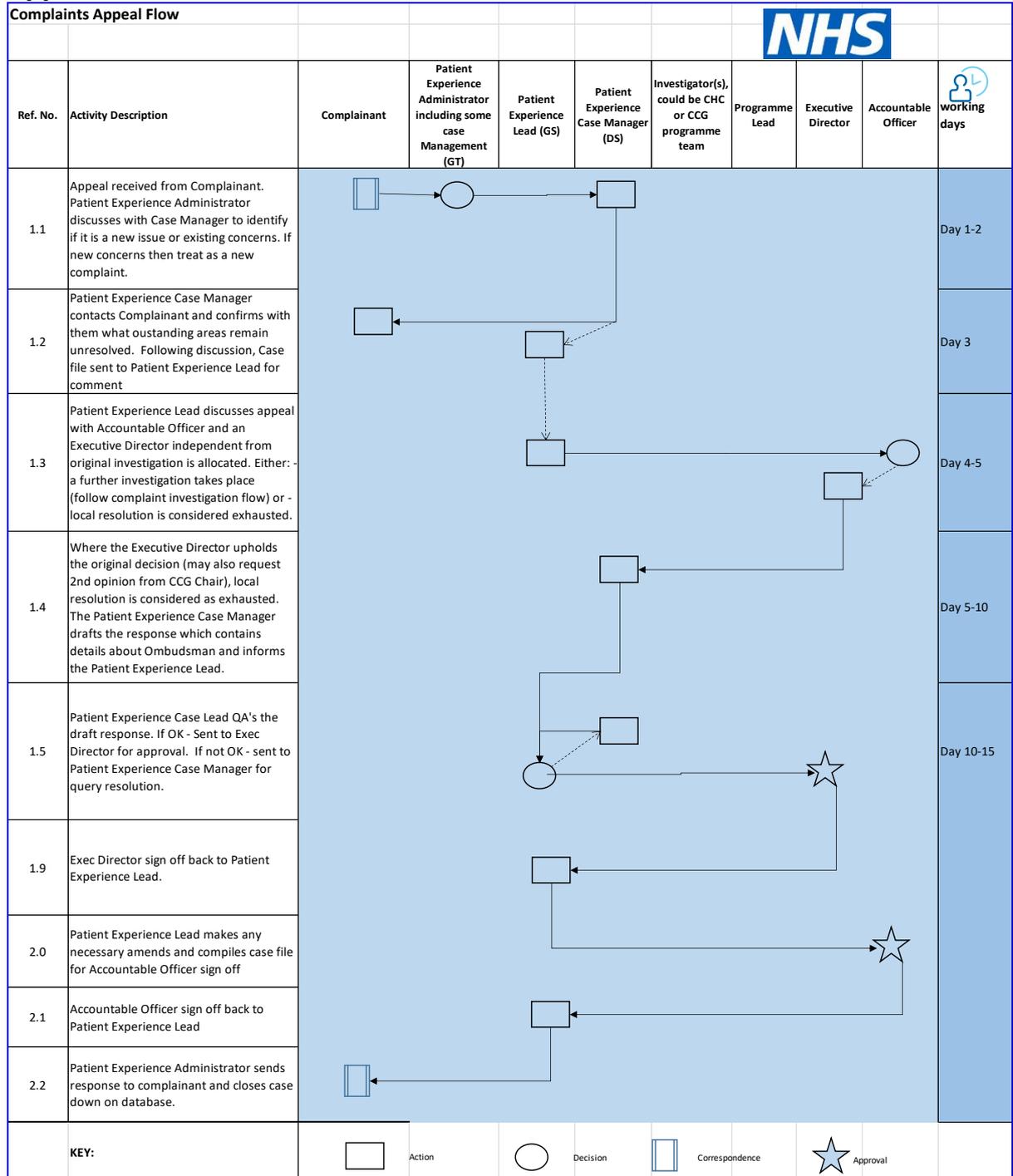
The PALS Service will:

- Signpost individuals to appropriate information sources about NHS services.
- Listen and respond to concerns, suggestions or queries.
- PALS staff will act as quickly and creatively as possible to support patients, their carers and families to deal with concerns, before they become more serious.
- An important part of PALS is to help people to talk through their concerns so they can identify the nature of the problem and work out options to resolve it. Concerns may be resolved by listening, providing relevant information, or by liaising with other organisations or staff on the individual's behalf and with their consent.
- Options may include making a formal complaint under the NHS Complaints Procedure and/or signposting complainants to Advocacy Services for free and independent advice and support.

Appendix 1

Complaints Process incl. where an MP is acting on behalf of a patient											
											
Ref. No.	Activity Description	Complainant	Patient Experience Administrator including some case Management (GT)	Patient Experience Lead (GS)	Patient Experience Case Manager (DS)	Investigator(s), could be commissioned provider, CHC or CCG programme team	Programme Lead	Executive Director	Accountable Officer	 working days	
1.1	Formal complaint received. Patient Experience Administrator logs, acknowledges and shares with Patient Experience Lead.									Day 1-2	
1.2	Patient Experience Lead considers actions to be taken alongside Programme Lead as appropriate and informs Patient Experience Administrator and Patient Experience Case Manager										Day 3-5
1.3	Patient Experience Administrator fields to commissioned Provider or CCG Programme Team or CHC Team for investigation. - Chasing where required.										Day 5-45
1.4	Investigation takes place by Provider/Programme Team/CHC Team.										
1.5	Patient Experience Case Manager receives investigation report/outcomes. If required, Patient Experience Case Manager actions query resolution with Provider/CHC Team (Investigators).										
1.6	Patient Experience Case Manager shares response with Patient Experience Lead for initial QA before sharing with Programme Lead for content review. If further content required based on review, Patient Experience Case Manager facilitates until satisfactory draft received.										Day 45-50
1.7	CCG Draft covering letter prepared by Patient Experience Case Manager and sent to Patient Experience Lead for final QA										Day 50
1.8	Patient Experience Lead review undertaken. If OK - Sent to Exec Director for approval. If not OK - sent to Patient Experience Case Manager for query resolution										Day 50-55
1.9	Exec Director sign off back to Patient Experience Lead.										
2.0	Patient Experience Lead makes any necessary amends and compiles case file for Accountable Officer sign off										
2.1	Accountable Officer sign off back to Patient Experience Lead										
2.2	Patient Experience Administrator sends complaint response to complainant and closes case down on database.										
KEY:			 Action	 Decision	 Correspondence	 Approval					

Appendix 2



Governance Backpage

Version: Version 1.0

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Responsible Committee: Quality & Safeguarding Committee

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